Jointed Hands Welfare Organisation

Strategic Plan
2025-2030

Acknowledgements

This strategic plan was not going to be a success if it was not for the Jointed Hands recipients of care, who diligently and objectively shared their perspectives from a lived experience on how the next 5 years should be shaped. A stakeholder consultation saw the much-needed contributions from, Civil Society Organisations, Ministry of Local Government, Ministry of Health and Child Care, Ministry of Women Affairs, Ministry of Primary and Secondary Education, Ministry of Public Service, Labour and Social Welfare, Ministry of Agriculture and the Ministry of Home Affairs

The Jointed Hands Board provided the much-needed technical input in multiple sessions including the 2-day strategic planning retreat as well as approval meetings. The staff was instrumental in packaging and providing content and most importantly the Strategic Information and Knowledge Management Department and the Harare office played leading roles.

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Contents

Acronyms

AI - Artificial Intelligence
ART - Antiretroviral Therapy
CBO - Community-Based Organization
CAD- Computer Aided Diagnostics
CSR - Corporate Social Responsibility
DRR - Disaster Risk Reduction
DRM - Disaster Risk Management
EPI - Expanded Program on Immunization
EWS - Early Warning Systems
FBO - Faith-Based Organization
GIS - Geographic Information Systems
HIV - Human Immunodeficiency Virus
HPV - Human Papillomavirus
ISALs - Internal Savings and Lending Schemes
JHWO - Jointed Hands Welfare Organization
MAF-TB - Multi-Sectoral Accountability Framework for Tuberculosis
MEAL - Monitoring, Evaluation, Accountability, and Learning
MEL - Monitoring, Evaluation, and Learning
M&E - Monitoring and Evaluation
NCD - Non-Communicable Disease
NGO - Non-Governmental Organization
PEPFAR - The U.S. President's Emergency Plan for AIDS Relief
PPP - Public-Private Partnership
RM - Resource Mobilization
RMNACH - Reproductive, Maternal, Newborn, Adolescent, and Child Health
SADC - Southern African Development Community
SDG - Sustainable Development Goal
SIKM - Strategic Information and Knowledge Management
SRHR - Sexual and Reproductive Health and Rights
TIMS - Tuberculosis in Mines in Southern Africa
UHC - Universal Health Coverage
UNDP - United Nations Development Programme
WHO - World Health Organization

1. Introduction

1.1 Overview

Jointed Hands Welfare Organization (JHWO) is a leading national Private Voluntary Organisation (PVO23/2013) with over 20 years of impactful experience, recognized nationally, regionally, and globally. Inspired by the World Health Organization's (WHO) holistic definition of health as complete physical, mental, and social well-being—not merely the absence of disease—JHWO strives to create a harm- and disease-free society. Its efforts focus on reducing harmful norms, practices, policies, attitudes and behaviour to improve health, social, economic, and safety outcomes.

JHWO addresses harmful norms- be it religious, traditional or otherwise, and challenging/ emerging public health concerns such as communicable (Tuberculosis (TB), HIV), non-communicable diseases (NCDs), and reproductive, maternal, newborn, adolescent, and child health (RMNACH), including pandemic prevention preparedness and response. Collaborating with government ministries, civil society, private sector actors, and local communities, the organization delivers sustainable socio-economic and health interventions that prioritize inclusivity and impact. As the host of the Stop TB Partnership in Zimbabwe, JHWO facilitates multisectoral TB Coordination and leads advocacy initiatives like the Multi-Sectoral Accountability Framework for TB (MAFTB), fostering collaboration to tackle TB and related challenges. The organisation is also the host to the Global TB Caucus.

1.2 Jointed Hands' Niche and Advocacy Approach

Jointed Hands specializes in advocacy, focusing on transforming harmful practices, behaviours, policies, and attitudes into positive outcomes. This expertise is rooted in extensive experience building and strengthening community systems and responses, such as Health Centre Committees (HCC), Community Case Workers (CCW), Community Health Workers (CHW), PMTCT Champions, TB Survivors and Champions, and Peer Educators, among others.

The organization leverages demand creation, awareness raising, social accountability, and advocacy, complemented by direct service delivery in collaboration with various ministries. Its success lies in a data-driven, evidence-based advocacy approach that has demonstrated proof of concept and established centres of excellence. Key examples include supporting the construction of waiting mothers' shelters in Gweru and Gwanda, ECD play centres, and the Riverdale Health Centre and Laboratory, which have been scaled up by various ministries to influence policy and practice.

Jointed Hands employs innovative models such as the Leadership Training for Transformation (LTF) targeting religious and traditional leaders, performance-based community hybrid screening and testing, the C3 Model, and Gender Equity and Equality Analysis, among others. These models drive impactful change and ensure sustainable outcomes across diverse communities.

Implementation experience

Guided by strategic pillars—Social Protection and Development, Health, Disaster Risk Management and Resilience Strengthening, Climate Change and Strategic Information and Knowledge Management—JHWO has a proven track record of implementing USAID/PEPFAR-supported HIV and TB interventions over the past 15 years. The organization's initiatives include HIV prevention strategies like Voluntary Medical Male Circumcision (VMMC) and Peer-led models targeting youth, women, and key populations in underserved areas. Notable successes include the Find Test and Treat 1000 (FTT1000) program, which identified and treated missed pediatric HIV cases.

In its role as a direct implementer under the USAID TB LON mechanism, JHWO demonstrated significant results in eight high-burden districts. The organization increased community-diagnosed TB cases from 8% to 23% and improved treatment success rates from 79% to 85% by the project's conclusion in 2024. Innovations such as hybrid contact investigations and community-based quality specimen production were instrumental in achieving these outcomes. Furthermore, these gains were complemented by Jointed Hands` own Riverdale Health Centre's laboratory, which continuously processed TB samples at a time when the country was facing cartridge stockouts thereby easing the burden on the public health laboratory diagnostic network resulting in quick TAT of results for 1370 samples processed between February 2022 and March 2024, with a 5% yield. Through the Leadership training for Transformation and Church Working groups, JHWO capacity developed faith and traditional leaders to influence communities to demand quality public health services. JHWO introduced an innovative solution in the OneImpact Zimbabwe application in thirteen districts with a plan to scale it up nationally. This digital mobile platform empowers people affected by TB to claim their rights, access quality health, and support services as well as report and eliminate TB stigma and discrimination. JHWO anticipates the integration of HIV indicators into existing data systems like the One Impact Zimbabwe platform to support quality improvement and community-led monitoring. Furthermore, the organization has been a leader in CSO, Private Sector, and community-inclusive capacity development and consultations for local to high-level interventions such as the United Nations High-Level Meeting (UNHLM). Jointed Hands facilitated the development of a UNHLM indicator tracker (2023-2027 targets) in response to the country's performance (achieving one out of six UNHLM 2018-2022 targets).

Other key achievements that bolster JHWO's capacity include

- Hosting Zimbabwe's Stop TB Partnership and driving the adoption of the Multi-Sectoral Accountability Framework for TB (MAFTB).
- Scaling up the use of innovative tools such as the TPT Treatment Literacy Toolkit to enhance community-level TB and HIV preventive therapy uptake.
- Leading cervical cancer screening initiatives for women living with HIV, positioning JHWO to expand these services comprehensively.
- Improving treatment outcomes for children and adolescents living with HIV and their caregivers through the implementation of orphans and vulnerable children's programs. This included strengthening index case finding, distribution of self-testing tests among at-risk populations, and linking identified cases to ART initiation and viral load monitoring.
- Launched a Lung Cancer project which will facilitate the launch of the National Cancer Care Plan, a document that will provide a strategic framework for addressing the growing cancer burden in the country.
- JHWO working with MOHCC led the Community Rights and Gender (CRG) Assessment in Zimbabwe which culminated in the development of the CRG action plan which informs a rights-based approach to TB programming.
- JHWO conducted the first TB Stigma Assessment in Zimbabwe to establish the burden of TB stigma which paves the way to the development of a national TB stigma reduction plan. Additionally, the organization spearheaded the Zimbabwe TB Key and Vulnerable Population Size estimation exercise which will culminate in targeted programming, improved efficiencies, and enhanced case detection of missed cases.

JHWO actively partners with governments, international organizations, and grassroots communities to deliver solutions aligned with global goals, such as Sustainable Development Goal No poverty (SDG 1), Zero hunger (SDG 2), Good health and well-being (SDG 3), Quality education (SDG 4), Gender equality (SDG 5), Clean water and sanitation (SDG 6),By combining local action with strategic advocacy, JHWO creates meaningful, lasting change.

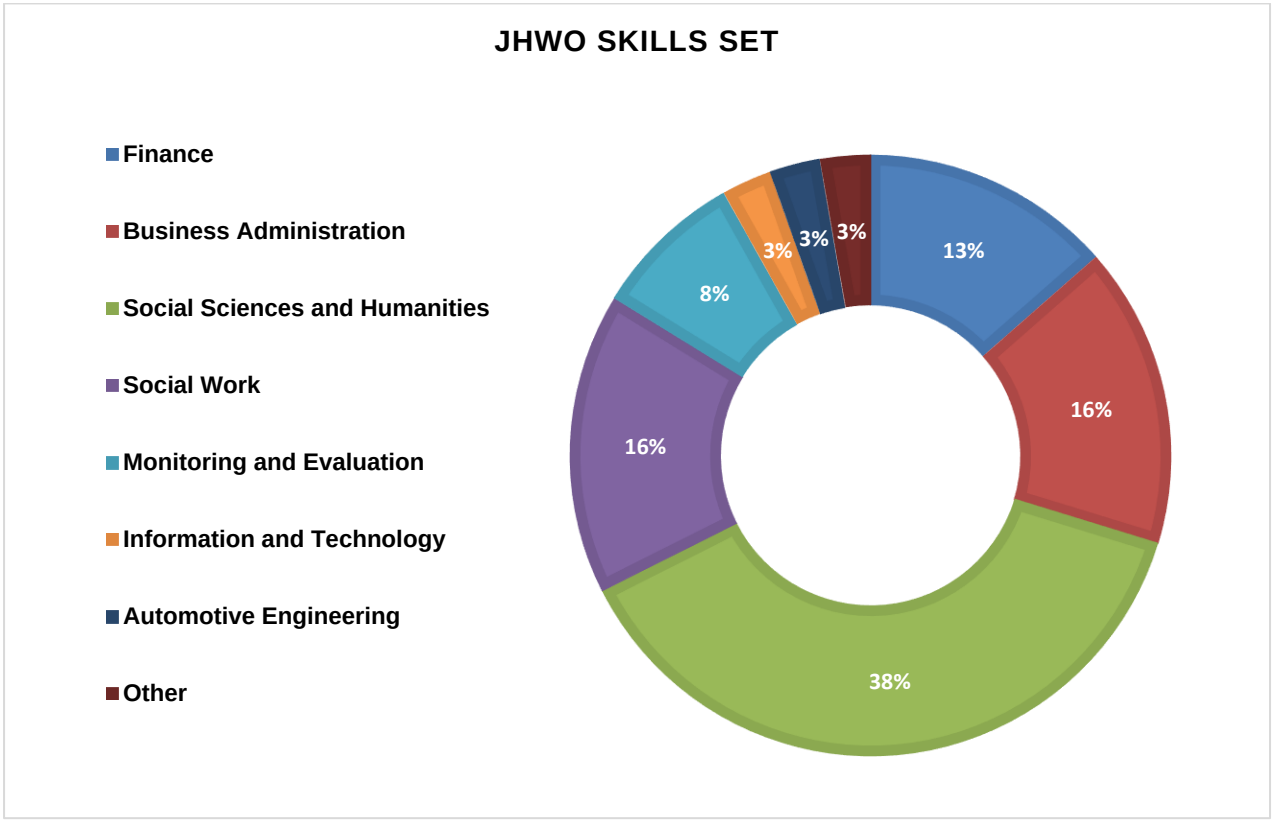
JHWO is a member of various coalitions and networks (see table 1 below), aligning with its priorities to enrich its expertise and amplify its impact. Over two decades, JHWO has built trust with communities, effectively identifying marginalized groups and tailoring interventions to address their unique needs. Its capacity to engage stakeholders at all levels—from grassroots to government—enhances its advocacy and program delivery. This adaptability enables JHWO to implement context-responsive, integrated, and sector-specific projects. Jointed Hands is in partnership with the Midlands State University`s Tugwi Mukosi Multi-Disciplinary Research Institute (TMMRI) and this provides additional academic and research prowess.

The organization's strength lies in its dynamic, expert workforce, which drives innovation and effectiveness. JHWO is committed to pioneering solutions for emerging challenges, including:

- **Innovative Interventions**: Leveraging the One Health approach to integrate human, animal, environmental, and food safety considerations.
- **Emerging Health Priorities**: Addressing lung cancer, NCDs, chronic obstructive pulmonary diseases (COPDs), and pandemic preparedness.
- **Climate Change Mitigation**: Designing climate-responsive interventions to address health and environmental vulnerabilities.

The organisation has won multiple awards and accolades including.

- 2017 Certificate awarded by World Education Inc. for Coordination with Government and Local Leadership.
- 2017 Certificate awarded by World Education Inc. for Effective National Representation
- 2018 Certificate award by Ministry of SME for coming second on HIV&AIDS Awareness
- 2022 -Trophy and Certificate awarded by CSR FOR Excellence in Community Empowerment and Social Impact.



No	Name of Network	Mandate
1	Advocacy Core Team (ACT)	Advocates for quality health delivery
2	Children AIDS Bureau of Southern Africa (CABSA)	Regional Religious Health and HIV advocacy
3	Education Coalition of Zimbabwe (ECOZI)	Advocates for equity education in Zimbabwe
4	Heads of Agencies (HoA)	Strategic NGO operations and policy discussion forum
5	Hospice and Palliative Care Association of Zimbabwe (HOSPAZ)	Supports Palliative care providers through capacity enhancement, setting and monitoring and evaluation standards of care, advocacy and membership coordination
6	Microsoft Philanthropies-TechSoup in Southern Africa Global Network	Technology Advancement
7	National Association of Non-Governmental)	Organization Coordination of NGO activities and represents the voice of NGOs in Zimbabwe (NANGO
8	Zimbabwe National Council for the Welfare of Children (ZNCWC)	Advocates for the rights and welfare of children
9	Zimbabwe AIDS Network	A network of AIDS Service Organisations
10	Diagnostic Equity Consortium (DEC)	a Global consortium that advocates for quality equitable diagnostics.
11	Fight AIDS Coalition (FAC)	A Global coalition of advocates fighting Advanced HIV Disease (AHD), Sickle Cell Disease and TB

1.3 Achievements

JHWO has achieved numerous milestones in its fight against TB and other public health issues including

- **Empowering Survivors**: The organization strengthened the National TB Survivors Network, enabling individuals affected by TB to influence policies, reduce stigma, and drive demand for services.

- **Health System Strengthening**: Through community-based interventions, JHWO facilitated a 300% increase in presumptive TB referrals and improved treatment success rates from 79% in 2019 to 85% in 2024. The organization's initiatives that include HIV prevention strategies like Voluntary Medical Male Circumcision (VMMC) and peer-led models targeting youth, women, and key populations in underserved areas have contributed to positive health outcomes. Other notable successes include the Find, Test

and Treat 1000 (FTT1000) program, which identified and treated 92 missed HIV paediatric cases in one targeted district by the organisation using the Door-to- door and the Community- clinic- collaboration model (C3).

- **Regional Leadership**: JHWO was the inaugural Chairperson for the SADC TB in Mines regional coordinating mechanism under the World Bank and then under Global Fund. This grant (2018-2024) facilitated remarkable milestones that includes Setting up of Occupational Health Service Centres, facilitation of compensation to Ex-Mine workers, cross boarder referral system, mine health and safety standards, CLM, CRG and country level implementation which Jointed Hands was also part of. The organisation was also a member of the Southern Africa Health Systems Strengthening Grant for SADC supported by World Bank as well.

- **Global Advocacy**: JHWO contributed to various global advocacy agenda not limited to but including the UNHLM (2018, 2023) and various another advocacy wins and milestones as embedded and more

- **Digital Health Solutions**: The introduction of the OneImpact Zimbabwe, a Community Led Monitoring tool, empowers communities to access quality health services, claim their rights and report challenges of access and combat stigma whilst holding service providers accountable.

- The Orphans and Vulnerable Children (OVC) program implemented by JHWO provides holistic support in the form of educational subsidies (uniforms, stationary, sanitary pads, school fees) to over 15,000 orphans and vulnerable children, along with their over 13 800 caregivers. The program focuses on key areas, including health and well-being, education and skills development, economic empowerment, social protection, adolescent support, and community engagement, ensuring comprehensive care and empowerment for the most vulnerable populations.

- JHWO has made remarkable contributions to knowledge generation through its active role in spearheading several critical assessments in Zimbabwe. These include the **TB Community Rights and Gender Assessment**, the **Community Rights and Gender Assessment in the Mining Sector**, and the **TB Stigma Assessment**. These efforts have provided valuable insights into the intersections of health, rights, and social determinants, particularly in vulnerable and underserved populations. This work underscores JHWO's commitment to addressing inequities and informing evidence-based interventions for improved health outcomes.

1.4 Innovative Programs

JHWO employs innovative approaches to address public health challenges which includes but not limited to:

1. **Community-Clinic collaboration Model**: Integrated models focus on active case finding, hybrid contact investigation, and treatment support at the community level.

2. **Digital Health Innovations**: The OneImpact Zimbabwe platform enables individuals to access services, report stigma, and monitor rights violations.

3. **Occupational Health Leadership**: Under the PACF grant in 2012, JHWO introduced integrated screening and testing in Artisanal and small scale miners in Gweru, KweK we and Gwanda and also implemented the TIMS grant and latter on working with Baines Occupational Health Services under the KNTB project

4. **Targeted Paediatric Interventions**: The organization successfully implemented the Find Test and Treat 1000 (FTT100) pilot to address paediatric TB cases.

5. **Family based case management approach** a holistic and sustainable approach to addressing the needs of orphans and vulnerable children (OVC) within the context of HIV programs. This approach leverages the family as a unit to ensure the well-being and resilience of children while addressing the social, emotional, and health challenges posed by HIV.

1.5 Objectives of the strategic planning process

The objectives of the strategic planning process are to:

1. Set Strategic Goals by Identifying key objectives the organization aims to achieve over a specific period. And ensure goals are Specific, Measurable, Achievable, Relevant, and Time-bound, extending and Rewarding (SMARTER).

2. Assess the Current Situation, analysing internal strengths and weaknesses., Examine external opportunities and threats through PESTLE analysis.

3. Develop a comprehensive understanding of the organization's current environment.

4. Prioritize Resources- Allocate financial, human, and material resources effectively to areas with the highest strategic value. Ensure alignment between resource allocation and organizational priorities.

5. Improve Decision-Making Use data, insights, and stakeholder input to guide organizational decisions. Ensure decisions are aligned with long-term goals.

6. Monitor and Evaluate Progress Establish key performance indicators (KPIs) and milestones to track progress. Create mechanisms for periodic review and adjustment of the plan based on performance and changing circumstances.

7. Engage Stakeholders- Involve key stakeholders (e.g., employees, clients, partners) in the planning process to ensure buy-in and support. Reflect stakeholder needs and expectations in the plan.

1.6 Methodology

The methodology used in developing the Jointed Hands Welfare Organization's (JHWO) strategic plan was participatory and consultative, ensuring inclusivity and responsiveness to stakeholder feedback. The process was carried out as follows:

1.6.1 Approaches Applied

- Visioning, Situation Analysis, and Brainstorming: These techniques facilitated stakeholder participation in shaping the organization's future.
- After-Action Review: This method evaluated the organization's performance during the previous strategic period (2021-2024) to inform the subsequent plan.

1.6.2 Stakeholder Analysis

- Stakeholders were identified based on their influence and interest in the organization, including donors, government entities, community leaders, recipients of care, partner organizations, media, and businesses.
- The analysis ensured their views, needs, and concerns were incorporated into strategic goals to enhance the relevance and impact of interventions.

1.6.3 Engagement and Consultation

- Stakeholders were engaged through tailored questionnaires via surveys addressing their specific roles and experiences, covering topics such as performance, collaboration opportunities, unmet needs, and potential improvements.
- A physical meeting with stakeholders and board members was conducted to reflect on the previous strategic plan and reach consensus on the current focus areas

1.6.4 Data Collection and Analysis

- Tools and methods were developed to collect qualitative and quantitative data from stakeholders across districts.
- Insights from the collected data were analysed to identify trends, gaps, and opportunities to refine the strategic approach.

This methodology ensured that the strategic planning process was thorough, evidence-based, and aligned with stakeholder expectations, resulting in a comprehensive plan for organizational growth and impact.

1.7 Theory of Change

Jointed Hands Welfare strategic framework is underpinned by the following assumptions and theory of change:

State Responsibility and Legal Frameworks

If the state fulfils its primary responsibility to address harmful norms through the effective implementation of laws and policies aligned with strategic pillars, then a harm- and disease-free society, as envisioned, will be achieved.

Rationale: Laws and policies provide a foundational framework for addressing harmful norms and behaviours at a structural level, creating an enabling environment for transformative change.

Context-Specific Interventions

If continuous research, monitoring, and analysis are supported, then interventions will be tailored to address the unique factors influencing harmful norms in specific communities where JHWO operates.

Rationale: Understanding the specific socio-cultural, economic, and environmental contexts ensures interventions are relevant, effective, and impactful.

Holistic and Multi-Sectoral Approaches

If holistic, multi-sectoral, and public-private partnership approaches are adopted, then interventions will achieve greater and more sustainable impact through coordinated efforts across multiple levels and timeframes.

Rationale: Addressing harmful norms requires multi-dimensional solutions that leverage diverse expertise, resources, and networks for long-term change.

Community Driven Change

If communities and JHWO collaborate to create and sustain inclusive social movements, then there will be transformative and sustainable changes in the lives of vulnerable women and girls.

Rationale: Empowering communities to lead and own change processes fosters collective accountability and resilience, embedding progress within social structures.

Empowerment of Women and Girls

If women and girls are empowered through education, information, and awareness of their rights, then they will drive the process of change and become agents of transformation in addressing gender inequality and violence.

Rationale: Centering the empowerment of women and girls as both the means and the end is the most effective way to dismantle the root causes of harmful norms and violence, fostering gender equality.

Social Change as a Pathway to Sustainability

If significant processes of social change are consistently engaged, then harmful acts and norms will be sustainably reduced at all levels—individual, community, and systemic.

Rationale: Sustainable reduction of harmful norms requires long-term engagement with deeply embedded societal attitudes, practices, and power structures.

Organisational Profile

1.8 Vision

A Harm and disease-free society.

1.9 Mission

Advocacy against harmful norms and mitigating the impact thereof.

1.10 Values

The core values of the organization are:

- Care and support,
- Transparency and Accountability
- Credibility,
- The dignity of humanity
- Integrity.

1.11 Previous Strategy

Jointed Hands Welfare Organisation (JHWO) Strategic Plan 2022–2024 focused on addressing health, social development, resilience building, disaster risk management, and strategic information and knowledge management. The objectives per pillar were, :

Health: Increase service uptake, prevent communicable/non-communicable diseases, and reduce maternal/child mortality.

- **Social Development**: Empower marginalized groups, improve access to services, and mitigate drug/substance abuse.
- **Resilience Strengthening**: Enhance food security and economic independence for vulnerable families.
- **Disaster Risk Management**: Improve community preparedness and response to natural and human-made disasters.
- **Knowledge Management**: Strengthen data collection and use for decision-making and evidence-based advocacy.

1.12 Approaches and Methodology

- Collaborative stakeholder consultations and workshops.
- Evidence-based programming aligned with national and global priorities, including SDGs and Zimbabwe's Vision 2030.
- Focus on Public-Private Partnerships (PPPs) and leveraging multi-sectoral collaboration for funding and program efficiency.

1.13 Implementation Mechanisms

- Capacity-building for staff and community volunteers.
- Institutional strengthening through governance reforms, MIS improvements, and resource mobilization strategies.
- A results framework with specific targets for health, education, disaster management, and resilience.

2. Context

JHWO's operating environment presents both opportunities and challenges that significantly shape the implementation of the strategic plan. The context is defined by a mix of socio-economic, political, cultural, and structural factors that influence the delivery of services and the effectiveness of interventions.

2.1 Environment

2.1.1 Socio-economic context

- Zimbabwe faces high levels of inflation, limited fiscal space, and economic instability, which constrain public health financing. High unemployment rates and poverty levels impact household capacity to afford healthcare, contributing to reliance on public health systems
- A significant portion of the health budget is supported by international donors, particularly for infectious diseases like HIV and TB. This dependence can create vulnerabilities if donor priorities shift or funding declines.
- Out-of-pocket expenditure on health is high, leading to catastrophic health costs for many households.

2.1.2 Health System Infrastructure

- The healthcare system faces shortages of essential medicines, diagnostic tools, and well-equipped facilities. Urban-rural disparities in health infrastructure limit access for rural populations, exacerbating health inequities.
- The migration of healthcare professionals to other countries due to low wages and poor working conditions has created a severe human resource deficit. There is an uneven distribution of health workers, with rural areas experiencing significant shortages.

2.1.2 Epidemiological Profile

- JHWO exists in a country that experiences a dual burden of communicable diseases (e.g., HIV, TB) and a rising prevalence of non-communicable diseases (e.g., diabetes, cancer, mental health conditions).
- High rates of co-infections, particularly HIV and TB, strain the health system.
- Outbreaks of diseases such as cholera and typhoid periodically disrupt health services and divert resources from long-term strategic priorities.

2.1.3 Governance and Policy Environment

- Zimbabwe has made commitments to international health frameworks, including the Sustainable Development Goals (SDGs) and the Abuja Declaration, which align with the

strategic plan's goals. However, policy implementation often faces delays due to resource constraints and administrative inefficiencies.

- Efforts to decentralize health governance present an opportunity for community-driven solutions but require capacity-building at the local level to succeed.

2.1.4 Socio-Cultural Dynamics

- Cultural beliefs and stigma, particularly surrounding HIV, TB, and mental health, hinder early diagnosis and treatment.
- Limited awareness and misconceptions about NCDs further delay health-seeking behaviour
- Women and girls face unique barriers, including limited access to maternal health services and exposure to gender-based violence, impacting their health outcomes.

2.1.5 Technological and Innovative Opportunities

- Increasing access to mobile technology provides opportunities to implement eHealth solutions for telemedicine, health education, and data management.
- However, internet connectivity and digital literacy remain barriers, particularly in rural areas.

2.1.6 Environmental and External Factors

- Changing weather patterns and recurrent droughts impact food security and nutrition, contributing to health challenges like malnutrition and NCDs.
- Outbreaks of vector-borne diseases (e.g., malaria) may increase due to shifting climatic conditions.
- Global health challenges such as pandemics (e.g., COVID-19) have highlighted the need for stronger epidemic preparedness and response systems.

2.2 Resources

To effectively implement the strategic plan, JHWO must have a combination of financial, human, physical, technological, and institutional resources tailored to Zimbabwe's operating environment. Since the organisation relies on donor funding, the following will be pursued to support this plan.

- Mobilise funds through grant and proposal writing to adequately allocate financial resources to cover operational and programmatic costs. Leverage donor funding, particularly from major contributors like the Global Fund, WHO, and PEPFAR.
- Social Contracting with government and private sector
- Pursue innovative financing such as partnerships with private sector stakeholders to co-fund infrastructure and service delivery initiatives.
- Recruit skilled professionals and dedicated personnel for project management, monitoring and evaluation (M&E), and resource mobilization.
- Establish strong alliances with NGOs, faith-based organizations, academic institutions, and private healthcare providers.

- Develop mobile applications for community health education, self-management of NCDs, and follow-ups.
- Establish a grassroots structure with CBOs and community health workers (CHWs) to deliver services at the grassroots level, particularly in rural areas.

2.3 Stakeholders

To successfully implement this strategic plan, JHWO requires active collaboration and coordination among various stakeholders, each bringing unique expertise, resources, and influence. Below are the key stakeholder groups:

2.3.1 Government Stakeholders

Ministry of Health and Child Care (MoHCC)

- The primary agency responsible for national health policy, planning, implementation, and monitoring.
- Provides oversight and coordination of all health-related activities.

2.3.2 Other Government Ministries

- Ministry of Finance and Economic Development: Allocates funding to the health sector.
- Ministry of Primary and Secondary Education: Promotes school health programs, including SRHR and NCD prevention.
- Ministry of Public Service, Labour, and Social Welfare: Supports vulnerable populations through social protection programs.
- Ministry of Agriculture: Collaborates on nutrition and food security initiatives linked to NCD prevention.
- Provincial and District Health Offices: Facilitate localized planning, implementation, and monitoring of health programs.
- Local Government Authorities: Provide resources and coordinate health services at community levels.

2.3.3 Health Service Providers

- Public Healthcare Facilities: Deliver primary, secondary, and tertiary healthcare services to the population.
- Private Sector Health Providers: Private clinics, hospitals, and pharmacies that complement public services.
- Faith-Based Organizations (FBOs): Operate mission hospitals and clinics, often serving remote areas.
- Community Health Workers (CHWs): Act as frontline workers delivering health education, referrals, and basic services at the community level.

2.3.4 Development Partners and Donors

- Global Health Organizations**:** Support with technical expertise and funding.

2.3.5 Civil Society Organizations (CSOs)

- Non-Governmental Organizations (NGOs): Provide advocacy, capacity-building, and grassroots service delivery.
- Community-Based Organizations (CBOs): Promote community health education and mobilization, particularly in rural and underserved areas.
- Advocacy Groups: Advocate for health equity, increased funding, and policy reform.

2.3.6 Community and Traditional Leaders

- Influence community health-seeking behaviour and mobilize support for health initiatives.

2.3.7 Academic and Research Institutions

- Conduct operational research to inform evidence-based decision-making.
- Develop innovative technologies and approaches for disease prevention and management.

2.3.8 The Private Sector

- Corporate Partners: Support workplace wellness programs and contribute resources through corporate social responsibility (CSR) initiatives.
- Technology Companies: Collaborate on digital health solutions, such as telemedicine and eHealth platforms.

2.3.9 Media and Communication Outlets

- Traditional Media: Radio, television, and print media amplify health messages and promote public awareness.
- Social Media Platforms: Facilitate youth engagement and dissemination of health education campaigns.
- Journalists and Health Correspondents: Investigate and report on health issues to inform policy and community action.

2.3.10 Vulnerable and Priority Populations

- Target Beneficiaries: Individuals and households directly impacted by HIV, TB, NCDs, and mental health issues.
- Groups include women, children, adolescents, persons with disabilities, and marginalized communities.

2.4 External Opportunities and Threats

2.4.1 Threats

- Economic Instability: Persistent hyperinflation and currency challenges undermine healthcare funding and affordability.
- Donor Dependency: Over-reliance on external funding risks disruptions if donor priorities shift.
- Health Workforce Shortages: Emigration of healthcare professionals weakens service delivery capacity.

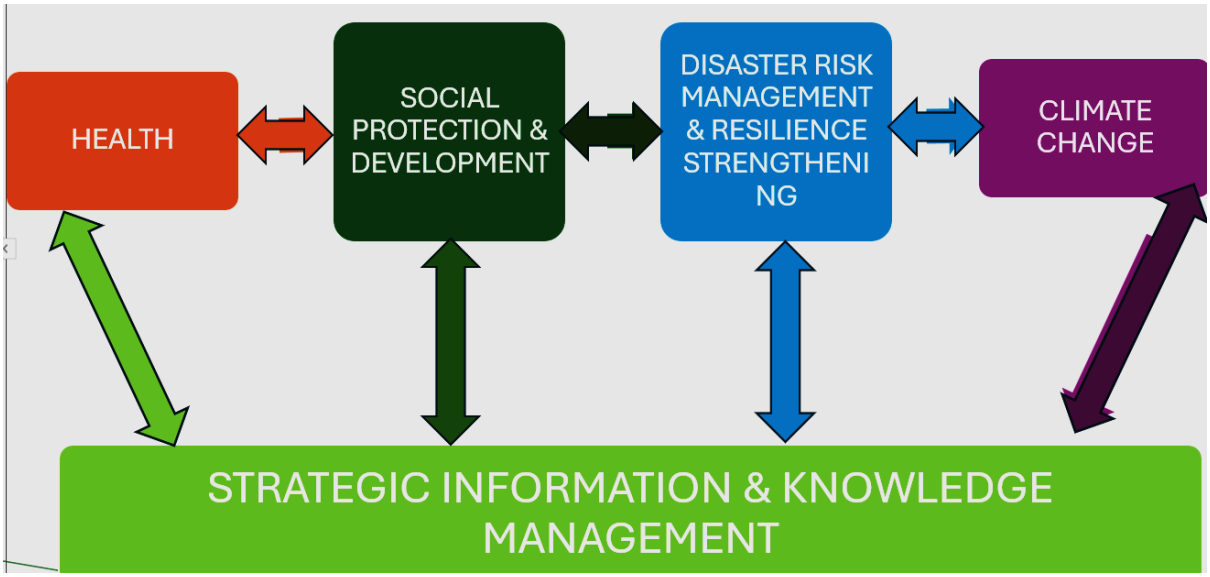
- Stigma and Cultural Barriers: Stigma around HIV, TB, and mental health reduces health-seeking behaviors.
- Climate Change: Increased droughts, floods, and vector-borne disease outbreaks exacerbate health challenges.

2.4.2 Opportunities

- National Development Strategy 1 (NDS1): The government's commitment to health sector reforms under NDS1 emphasizes universal access, quality service delivery, and resilience in health systems. This plan will contribute significantly to this national strategy
- Public Health Financing Reforms: The introduction of innovative financing mechanisms, such as health insurance schemes and health levies (e.g., AIDS Levy), provides sustainable funding sources. Creates an opportunity to lobby for levies to support other diseases such as TB and Cancer.
- Free Healthcare for Vulnerable Groups: Policies offering free maternal and child healthcare create opportunities to reduce health disparities.
- Collaboration on Immunization Campaigns: Partner with government-led Expanded Program on Immunization (EPI) initiatives to increase vaccine outreach in hard-to-reach communities.
- Decentralized Health Systems: Work with local authorities to implement community-based healthcare programs in district and provincial health centers.
- Youth-Centered Health Initiatives: Develop and implement youth-friendly SRHR, mental health, and HIV prevention programs that align with national adolescent health strategies.
- Integration of Non-Communicable Disease (NCD) Services: Incorporate NCD screening, education, and management into existing community health programs to strengthen local health outcomes.
- Engagement with Traditional Leaders and Communities: Partner with traditional leaders and local influencers to promote health awareness and foster acceptance of modern healthcare practices.
- Collaborate with government-led initiatives like the Harmonized Social Cash Transfer (HSCT) program to support vulnerable households with health, nutrition, and education interventions.
- Partner with social protection schemes promoting income-generating activities to improve the socio-economic status of communities, indirectly enhancing access to health services and healthier lifestyles.
- Adoption of Digital Health Tools: Utilize government-supported e-Health platforms to enhance data collection, patient tracking, and delivery of telehealth services at the community level.

3. Strategic Focus Areas

Strategic pillars



3.0 HEALTH

3.1 Preamble

Zimbabwe faces a dual burden of communicable and non-communicable diseases that significantly impact public health and socio-economic development. Communicable diseases such as HIV and tuberculosis (TB) remain persistent challenges, with Zimbabwe ranking among the countries with the highest HIV prevalence globally. While substantial progress has been made in expanding access to antiretroviral therapy (ART) and reducing new infections, gaps in prevention, stigma, and co-infections with TB continue to strain healthcare systems. Simultaneously, non-communicable diseases (NCDs) like cancer, diabetes, and mental health conditions are emerging as significant contributors to morbidity and mortality. Rapid urbanization, lifestyle changes, and limited health infrastructure for NCD screening and management exacerbate the problem. Mental health challenges, particularly among youth, are compounded by stigma, insufficient resources, and inadequate integration into primary healthcare. JHWO in line with the National Health Strategy, the country's Vision 2030 and Sustainable Development Goal 3 (Good Health and Well-being), recognizes the need for a holistic approach to tackle these health challenges. This strategic plan addresses both communicable and non-communicable diseases, leveraging existing health infrastructure while advocating for innovative, community-driven solutions. Through a focus on prevention, treatment, and system strengthening, this plan aims to improve health outcomes, reduce health disparities, and create a foundation for a resilient healthcare system capable of

managing current and future health threats. It integrates international best practices with localized interventions tailored to Zimbabwe's unique socio-economic and cultural context, ensuring sustainable progress toward universal health coverage.

3.2 Goal

Enhance health outcomes by addressing both communicable and non-communicable diseases through targeted interventions, resource optimization, and community engagement.

3.3 Objectives

Reduce the Burden of Communicable Diseases:

- Decrease new HIV infections and improve access to treatment and care.
- Reduce TB incidence and improve treatment success rates, particularly for multidrug-resistant TB (MDR-TB).

Address the Rising Impact of Non-Communicable Diseases (NCDs):

- Improve early detection and management of NCDs, including cancer, diabetes, and hypertension.
- Promote healthy lifestyles to reduce NCD risk factors such as smoking, unhealthy diets, and physical inactivity.

Enhance Mental Health Outcomes:

- Increase access to mental health services and reduce stigma associated with mental health disorders.
- Decrease suicide rates and improve community awareness of mental health issues.

Strengthen Health Systems:

- Build resilient healthcare infrastructure and ensure equitable access to services across rural and urban areas.
- Support the availability of skilled healthcare professionals and improve their retention through capacity development.
- Ensure consistent availability of essential medicines and supplies.
- Ensure Community clinic collaboration
- Strengthen Community Systems and responses

Implement the One Health Approach

The One Health approach is a collaborative, multi-sectoral, and transdisciplinary strategy that recognizes the interconnectedness of human health, animal health, and environmental health. It emphasizes that the health of humans, animals, and ecosystems are interrelated, and that addressing health issues requires a coordinated effort across various disciplines and sectors.

Key components of the One Health approach will include:

- **Integration of Disciplines**: Involving collaboration between veterinarians, medical professionals, environmental scientists, policymakers, and public health experts to address health challenges comprehensively.

- **Focus on Zoonotic Diseases**: Many diseases are transmitted between animals and humans (zoonoses). One Health monitors and controls these diseases to prevent outbreaks, as seen with illnesses like rabies and COVID-19.

- **Environmental Health**: Recognizes the role of the environment in health outcomes, considering factors such as pollution, climate change, and habitat destruction, which can impact both human and animal health.

- **Sustainable Practices**: Promotes sustainable agricultural and environmental practices to ensure the health of ecosystems, which in turn supports the health of humans and animals.

- **Data Sharing and Communication**: Emphasizes the importance of sharing data and information across sectors to improve surveillance, response, and prevention strategies.

The One Health approach will be recognized as vital in addressing global health challenges, including pandemics, food security, and biodiversity loss, and support is expected to come from various international organizations like the World Health Organization (WHO), the World Organization for Animal Health (OIE), and the United Nations Environment Programme (UNEP).

3.4 Guiding Principles

The implementation of this plan will be guided by the following principles:

People-Centred Approach: Ensuring that the needs and voices of patients and communities are at the core of health service delivery.

Equity and Inclusion: Addressing health disparities to improve access and outcomes for marginalized and vulnerable populations, including women, children, and people living with disabilities.

Integration: Recognizing the interconnectedness of communicable and non-communicable diseases and promoting holistic, integrated health services.

Sustainability: Building resilient health systems capable of adapting to evolving challenges, including pandemics and climate-related health threats.

Data-Driven Decision-Making: Utilizing robust health data to inform policies, allocate resources efficiently, and monitor progress.

3.5 Key indicators

Achievement of the objectives will be measured using and contribution to the following key indicators:

Reduce the Burden of Communicable Diseases

- HIV New Infection Rate: Number of new HIV infections per 1,000 uninfected population per year.
- HIV Viral Suppression Rate: Percentage of people living with HIV achieving viral suppression.
- TB Incidence Rate: Number of new and relapse TB cases per 100,000 population annually.
- TB Treatment Success Rate: Percentage of TB patients who complete treatment successfully.

Address the Rising Impact of Non-Communicable Diseases (NCDs)

- NCD Screening Coverage: Proportion of eligible population screened for cancer, diabetes, and hypertension.
- Early Detection Rate: Percentage of cancers, diabetes, and hypertension cases diagnosed early.
- NCD Mortality Rate: Age-standardized mortality rate from NCDs per 100,000 population.
- Integrated Service Delivery Coverage: Percentage of health facilities offering both communicable and NCD services.

Enhance Mental Health Outcomes

- Mental Health Awareness Coverage: Percentage of the population reached by mental health awareness campaigns.
- Access to Mental Health Services: Proportion of individuals with mental health conditions receiving treatment.

Strengthen Health Systems

- Healthcare Workforce Density: Number of healthcare workers (doctors, nurses, midwives) receiving training on new HIV, TB and Cancer guidelines.
- Community Led Monitoring: Proportion of health facilities with a functional CLM mechanism
- Community Feedback Participation: Proportion of communities engaged in health service evaluation.
- Technology Adoption: Proportion of health facilities using digital health tools (e.g., electronic medical records).
- Gender Parity Index in Health Access: Ratio of men to women accessing key health services.

Promote Prevention and Health Awareness

- Vaccination Coverage: Percentage of the target population receiving essential vaccines (e.g., HPV, measles).
- Disease Awareness Reach: Proportion of the population reached by public health campaigns for TB, HIV and Cancer.
- Proportion of adolescents aged 10-19 accessing adolescent-friendly sexual and reproductive health services, including contraception and STI/HIV testing.
- Proportion of adolescents with comprehensive knowledge about HIV prevention, including modes of transmission and protection methods.
- Proportion of at-risk populations accessing HIV testing services

3.6 Target groups

- People Living with HIV/AIDS and TB: Individuals requiring prevention, treatment, and care for HIV and TB, including those with co-infections.
- People with Non-Communicable Diseases (NCDs): Individuals at risk of or diagnosed with cancer, diabetes, hypertension, and other NCDs.
- Individuals with Mental Health Conditions: Those experiencing mental health challenges, including depression, anxiety, and substance abuse disorders.
- Women and Girls: Focus on maternal health, cervical cancer prevention (HPV vaccination and screening), and gender-sensitive interventions.
- Children and Adolescents: Addressing immunization, nutrition, HIV prevention, mental health, and school-based health education.
- Rural and Underserved Populations: Communities with limited access to healthcare services, including remote and marginalized areas.
- Health Workforce: Healthcare professionals and community health workers who require training, support, and retention programs.
- Elderly Population: Individuals over 60 years old who are more vulnerable to NCDs and require age-appropriate healthcare.
- Vulnerable and At-Risk Groups: Populations such as orphans, street children, people with disabilities, and internally displaced persons.
- Youth and Young Adults: Those needing targeted interventions for sexual and reproductive health, mental health, and lifestyle-related NCD risks.
- Prisoners and people in rehabilitation centres-Youths in contact and conflict with the law.

3.7 Strategic approach

The strategic approach outlines a comprehensive, inclusive, and sustainable framework to address Zimbabwe's dual burden of communicable (HIV, TB) and non-communicable diseases (Cancer, Diabetes, Mental Health, Antibiotic Resistance (AMR), Sickle cell disease and emerging diseases). This approach is anchored in evidence-based interventions, multi-sectoral collaboration, and community empowerment.

Integration of Services:

- Facilitate the development of an integrated model of care that addresses both communicable and non-communicable diseases in a single delivery system.
- Enhance health workforce capacity through targeted training and equitable distribution, particularly in rural and underserved areas.

Infrastructure Development:

- Upgrade and equip health facilities (Riverdale HC) to provide comprehensive care, including diagnostic and treatment services for NCDs and communicable diseases.
- Expand mobile and digital health platforms to improve access in remote areas.

Universal Health Coverage (UHC):

- Advocacy for strengthening health financing systems to reduce out-of-pocket expenditure and ensure affordable healthcare access for all.

Behavioural Interventions:

- Promote healthy lifestyles through campaigns that encourage physical activity, balanced nutrition, and reduction in tobacco and alcohol use.
- Engage communities and schools to raise awareness about HIV, TB, cancer screening, and diabetes management.

Vaccination and Screening:

- Scale up vaccination programs, including HPV and TB, and expand access to routine cancer screenings (e.g., cervical, lung, and breast cancer).

Health Policies:

- Advocate for the enforcement of laws and regulations to curb NCD risk factors, such as tobacco and alcohol use, and ensure equitable access to care.

Intersectoral Partnerships:

- Engage stakeholders across sectors such as education, agriculture, and transport to address social determinants of health.
- Foster public-private partnerships to leverage resources and expertise.

Community Engagement:

- Strengthen community-based health committees, and leadership to ensure grassroots involvement in health planning and monitoring.

Operational Research:

- Conduct research on local disease patterns and intervention effectiveness to inform policy and program adjustments.

Technological Integration:

- Leverage innovations such as telemedicine, artificial intelligence for diagnostics, and mobile health apps for disease management.

Equity and Inclusion

- Prioritize access for women, children, adolescents, rural communities, and marginalized groups.
- Ensure that interventions address gender disparities and protect the rights of persons with disabilities.
- Uphold the principles of equity, accessibility, and patient-centered care to achieve universal health rights.

Data-Driven Decision Making:

- Develop robust M&E frameworks to track progress on health indicators and ensure accountability.
- Use real-time data collection systems to monitor disease trends and service delivery.

Periodic Reviews:

- Conduct mid-term and end-term evaluations to assess impact, identify gaps, and refine strategies as necessary.

Cost-Effectiveness:

- Optimize resource allocation by focusing on high-impact, cost-effective interventions.

3.8 Programs/activities

Strengthening Health Systems

- Conduct a nationwide needs assessment of health infrastructure and equipment for managing cancer and other NCDs.
- Expanding the Riverdale Health Centre Lab to accommodate the One Health Approach including constructing an incinerator, nurses houses and improving the water system
- Implement continuous professional development programs for healthcare workers focusing on integrated disease management.
- Support the expansion of mobile health clinics to reach underserved rural populations with screening, treatment, and vaccination services.
- Support the development and deployment of a national **eHealth system** for real-time data collection and patient tracking.
- Strengthen systems for a sustainable supply chain for essential medicines and diagnostics, ensuring consistent availability at all health facilities.

Prevention and Health Promotion

- Organize community-based health awareness campaigns on HIV prevention, TB control, and the benefits of early cancer screening.
- Launch school-based health clubs to promote healthy lifestyles, including physical activity and nutrition education.
- Support the scale-up of HPV vaccination programs for adolescent girls and integrate them into routine immunization schedules.
- Collaborate with media outlets to disseminate health messages on reducing NCD risk factors such as smoking and alcohol consumption.
- Implement a national "Know Your Status" initiative for NCD screening.

Policy and Governance

- Support the development and dissemination of updated national guidelines for the integrated management of communicable and non-communicable diseases.
- Advocate for the enforcement of existing policies regulating the marketing and sale of tobacco, alcohol, and sugar-sweetened beverages.
- Organize stakeholder forums to align provincial and local health governance structures with national priorities.
- Facilitate workshops to train policymakers and health officials on evidence-based decision-making and resource allocation.
- Advocate for increased national health budget allocation to meet the 15% Abuja Declaration target.

Multi-Sectoral Collaboration

- Partner with the education sector to integrate health promotion into school curricula and extracurricular programs.
- Collaborate with agriculture and food sectors to promote access to affordable, nutritious foods through community gardens and subsidies.
- Establish public-private partnerships for constructing and upgrading health facilities.
- Engage community leaders and civil society organizations in health advocacy and program implementation.

Research and Innovation

- Conduct baseline surveys on the prevalence of cancer and other NCDs.
- Develop a Bio- Bank at Riverdale

- Develop operational research projects to assess the effectiveness of integrated care models.
- Pilot telemedicine programs for remote consultations and follow-up care in rural areas.
- Establish partnerships with academic institutions for innovation in diagnostics and treatment technologies.
- Publish findings and share lessons learned from pilot interventions to inform policy adjustments.

Equity and Inclusion

- Facilitate the setting up of adolescent-friendly health service centers to provide comprehensive SRHR services.
- Train healthcare providers on inclusive care practices for persons with disabilities.
- Conduct outreach programs targeting marginalized groups, such as rural communities, mining, and informal settlements.
- Address gender-based violence through integrated services for survivors, including counselling and medical care.

Monitoring and Evaluation (M&E)

- Develop a unified M&E framework to track the progress of communicable and NCD interventions.
- Train health facility staff on data collection and reporting protocols using digital tools.
- Conduct annual health sector performance reviews to evaluate progress and identify gaps.
- Publish periodic reports on key health indicators for transparency and stakeholder engagement.
- Use community feedback mechanisms to improve service delivery.

4. SOCIAL PROTECTION AND DEVELOPMENT

4.0 Preamble

Social development is about improving the well-being of every individual in society so that they can reach their potential. The contraction of global economies aided by the drought induced El Nino has presented social challenges that JHWO is fighting to ensure the attainment of SDGs in Zimbabwe. Society is exposed to socio-economic challenges and as such there is a need to invest in people to better equip them to meet their basic needs and be successful. The main objectives of **Social Protection and Development** typically focus on enhancing the well-being of individuals and communities, especially the most vulnerable. These objectives are aimed at reducing poverty, promoting social inclusion, and strengthening resilience to economic, social, and environmental shocks.

4.1 Goal

Contributing towards the reduction of poverty, inequalities, and vulnerabilities among marginalized communities by 2030

4.2 Objectives

Reduce Poverty and Inequality

- Address income disparities and ensure equitable access to services.
- Support marginalized groups, including women, children, and persons with disabilities.

Enhance Social Protection Systems

- Implement safety nets like cash transfers, food aid, and subsidies.
- Strengthen adaptive systems to respond to emergencies and crises.
- Promote effective parenting practices.

Ensure Access to Basic Services

- Expand access to health care and education for underserved populations.
- Remove barriers such as discrimination and geographic isolation.

Address Gender and Social Inequalities

- Empower women and girls through education, rights, and economic opportunities.
- Prevent gender-based violence and discrimination.

Protect Vulnerable Groups

- Support orphans, the elderly, persons with disabilities, and displaced populations.
- Develop child protection systems and mainstream disability inclusion.
- Mitigate substance abuse and addiction risks.

4.3 Key indicators

Social Inclusion

- Proportion of marginalized groups (women, youth, persons with disabilities, ethnic minorities) accessing education, employment, and healthcare.
- Percentage of affirmative action beneficiaries achieving targeted milestones (e.g., job placement, educational attainment).

Education and Skills Development

- Gross enrolment, attendance, and completion rate for primary, secondary, and vocational education among vulnerable populations.
- Gross pass rate for primary, secondary, and vocational education among vulnerable populations
- Percentage of youth and adults who complete technical and vocational training aligned with labour market demands.

Gender Equality

- Proportion of women and girls completing secondary education or higher.
- Number of women accessing financial services and economic opportunities.
- Reduction in reported cases of gender-based violence and abuse.
- Proportion of development programs that incorporate gender mainstreaming.

Protection of Vulnerable Populations

- Number of children in need benefiting from child protection services (e.g., foster care, adoption, psychosocial support).
- Percentage of public buildings and services compliant with universal design standards for disability inclusion.
- Reduction in cases of abuse, neglect, or exploitation of vulnerable groups (children, elderly, displaced persons).
- Number of assistive devices or technologies distributed to persons with disabilities.

Behavioural Change and Social Norms Transformation

- Percentage of community members reporting a positive change in attitudes toward harmful practices (e.g., child marriage, discrimination).
- Reduction in prevalence of harmful practices (e.g., child marriage rates, substance abuse rates).
- Number of participants in community-based behavioral change programs.
- Reach and effectiveness of media campaigns promoting inclusive social norms.

4.4 Target groups

- Women and Girls: Especially in rural, underserved areas and those facing gender-based violence, discrimination, or early marriage.
- Children and Youth: Including orphans, street children, adolescents, and those affected by poverty, conflict, or lacking access to education and skills development.
- Persons with Disabilities: Spanning physical, sensory, intellectual, or psychosocial impairments, requiring inclusive support.
- Elderly Individuals: Particularly those without family or community support and living in poverty or isolation.

- Ethnic and Cultural Minorities: Facing exclusion, discrimination, and barriers to accessing essential services.
- Households in Extreme Poverty: Families struggling with food insecurity, malnutrition, and lack of access to basic services such as health and education.
- Disaster- and Climate-Affected Communities: Populations in areas prone to floods, droughts, and other climate shocks, as well as urban slum dwellers
- Survivors of Abuse and Exploitation: Including victims of gender-based violence, human trafficking, child abuse, and exploitation.
- Persons Facing Health Challenges: Including individuals with chronic illnesses (e.g., HIV/AIDS), mental health disorders, and maternal and child health needs.
- Caregivers and Family Units: Those caring for individuals with disabilities or chronic illnesses, and families requiring support to enhance resilience and parenting practices.

4.5 Strategic approach

Strategic Approaches to Social Development and Protection will be premised on the following strategic initiatives:

Promote Social Inclusion

- Address barriers to inclusion for marginalized groups, such as women, youth, persons with disabilities, and ethnic minorities.
- Implement affirmative action policies and programs to ensure equitable access to opportunities and resources.
- Combat stigma and discrimination through public awareness campaigns and education.

Invest in Education and Skills Development

- Expand access to quality education, particularly for vulnerable and marginalized groups.
- Promote technical and vocational training to build skills aligned with market demands.

Enhance Access to Health Care

- Strengthen primary healthcare systems, especially in underserved and remote areas.
- Ensure access to universal health coverage through subsidies or free services for vulnerable populations.
- Address malnutrition, preventable diseases, and mental health as key components of social protection.

Address Gender Inequality

- Empower women and girls through education, leadership opportunities, and access to financial services.
- Prevent and respond to gender-based violence through legal frameworks, shelters, and psychosocial support.
- Mainstream gender in all social development and protection programs.

Protect Vulnerable Populations

- Establish child protection systems to safeguard against abuse, neglect, and exploitation.
- Ensure disability inclusion in all programs by adhering to universal design principles and promoting assistive technologies.

Promote Behavioural Change and Social Norms Transformation

- Conduct community-based campaigns to challenge harmful norms and practices (e.g., child marriage, substance abuse, and discrimination).
- Promote positive parenting and family dynamics through education and counseling programs.
- Use media and cultural platforms to spread messages of inclusion, equity, and resilience.

4.6 Programs/activities

Social Inclusion

- Organize events to combat stigma and discrimination against marginalized groups.
- Celebrate cultural diversity through festivals, dialogues, and storytelling.
- Assess and modify public spaces, schools, and workplaces to ensure inclusivity.

Capacity-Building for Marginalized Groups:

- Provide leadership training, advocacy workshops, and self-help group support.

Education and Skills Development

- Technical and Vocational Training: Offer market-aligned courses (e.g., IT, construction, handicrafts) with job placement support.
- Teacher Training Programs: Equip educators with skills for inclusive and quality teaching practices.

Addressing Gender Inequality

- Women's Leadership Programs: Train women in leadership, decision-making, and public service roles.
- Safe Spaces for Women and Girls: Establish community centers for skills training and support against violence.
- Legal Aid Clinics: Provide free legal services for survivors of gender-based violence.
- Economic Empowerment Initiatives: Support female entrepreneurship through grants and microloans.

Protection of Vulnerable Populations

- Child Protection Committees: Form community-level groups to monitor and respond to child abuse cases.
- Elderly Care Programs: Offer home care services, day centers, and social support networks for older persons.
- Assistive Technology Workshops: Provide tools and training for persons with disabilities.

Behavioural Change and Social Norms Transformation

- Community Dialogues and Forums: Facilitate discussions with traditional and faith leaders to address harmful practices.
- Media Campaigns: Use radio, TV, and social media to spread messages on positive norms and behaviours.
- Parenting Skills Workshops: Educate parents on effective child-rearing practices and the importance of education.
- Youth-led initiatives: Support youth-driven projects addressing substance abuse, child marriage, and social equity.

5. DISASTER RISK MANAGEMENT & RESILIENCE STRENGTHENING

5.0 Preamble

In the past, community responses to disasters were largely reactive, focusing on relief and recovery. In recent decades, there has been a shift from reactive to proactive disaster risk reduction (DRR), emphasizing preparedness, mitigation, and resilience-building. Frameworks like the Hyogo Framework for Action (2005-2015) and the Sendai Framework for Disaster Risk Reduction (2015-2030) have influenced community-level DRM by promoting risk assessment, inclusive participation, and local capacity building. Disaster Risk Management (DRM) at the community level is a localized, participatory approach to reducing vulnerabilities, and preparing for, and responding to disasters. It focuses on empowering communities to identify and address the risks they face, leveraging their knowledge, resources, and capacities. This approach recognizes that communities are the first responders during disasters and have a critical role in building resilience. JHWO is cognisant of the need to be proactive and build resilient communities through mainstreaming disaster risk management in all its activities.

5.1 Objectives

Disaster Risk Management (DRM) aims to minimize the adverse impacts of disasters by proactively reducing risks, preparing for potential events, and ensuring effective response and recovery. The following are the core objectives of DRM:

Risk Reduction

- Minimize Vulnerabilities: Reduce exposure to hazards by addressing the root causes of vulnerability, such as poverty, weak infrastructure, and environmental degradation.
- Mitigate Hazards: Implement measures to lessen the likelihood or impact of disasters, such as flood defenses, reforestation, and zoning regulations.
- Promote Resilient Livelihoods: Encourage the adoption of sustainable and climate-resilient practices in agriculture, fisheries, and other income-generating activities.

Enhance Preparedness

- Develop Early Warning Systems (EWS): Establish and improve systems to detect and communicate risks to at-risk populations in a timely manner.
- Conduct Training and Drills: Equip communities, institutions, and responders with the skills and knowledge needed to act effectively during disasters.
- Community-Based Planning: Empower communities to develop disaster preparedness plans tailored to their specific risks and needs.

Effective Response and Recovery

- Save Lives and Livelihoods: Ensure timely and efficient response during disasters to minimize loss of life, injuries, and damage.
- Strengthen Coordination: Establish mechanisms for coordination among stakeholders, including government agencies, NGOs, community groups, and international organizations.

- Post-Disaster Recovery: Facilitate recovery by restoring infrastructure, livelihoods, and social systems while integrating risk reduction into rebuilding efforts (Build Back Better approach).

Foster Resilience

- Promote Community Engagement: Encourage participation in DRM activities to build local ownership and strengthen community cohesion.
- Build Adaptive Capacity: Equip communities and systems to adjust and adapt to changing conditions, particularly climate change.
- Social Protection: Establish safety nets such as insurance schemes, savings groups (ISALs) cash transfers, or food assistance for vulnerable populations.

Ensure Equity and Inclusivity

- Address Vulnerable Groups: Focus on the needs of women, children, elderly, persons with disabilities, and marginalized communities.
- Empower Local Leadership: Support local governments, community organizations, and grassroots initiatives in implementing DRM activities.
- Promote Gender Equality: Ensure that women have equal opportunities and voices in planning and decision-making processes.

Strengthen Governance and Policy Frameworks

- Enhance DRM Policies: Develop and enforce legal, institutional, and policy frameworks for DRM.
- Capacity Building: Strengthen the technical, financial, and operational capacities of institutions and communities.
- Data and Knowledge Management: Promote risk assessments, data collection, and research to inform DRM strategies.

5.2 Key indicators

Achievement of the objectives will be measured using the following key indicators:

Risk Assessment and Awareness

- Community Risk Assessment Conducted: Percentage of communities with completed hazard, vulnerability, and capacity assessments.
- Risk Maps and Plans Available: Number of communities with updated risk maps and contingency plans.
- Community Awareness Levels: Percentage of community members who can identify local hazards and mitigation measures.
- Participation in Risk Assessment: Proportion of community members, especially women and marginalized groups, involved in the risk assessment process.

Disaster Preparedness

- Early Warning Systems (EWS): Number of functional early warning systems at the community level.
- Percentage of community members who receive and understand EWS alerts.
- Preparedness Training: Number of people trained in first aid, search and rescue, and disaster response protocols.
- Frequency of community disaster simulation drills conducted.

Risk Mitigation and Resilience Building

- Adoption of Resilient Livelihood Practices: Percentage of households adopting climate-resilient farming or income diversification strategies.
- Increase in crop yields or income from resilient practices.
- Caregivers participating in savings groups (ISALs)

Disaster Response Capacity

- Time to Activate Response Plans: Average time taken to implement community disaster response plans following a hazard warning.
- Access to Emergency Services: Percentage of affected households receiving emergency assistance (food, water, medical care) within 72 hours
- Proportion of community members engaged in decision-making and implementation of recovery efforts.

Social and Behavioural Indicators

- Inclusivity in DRM Activities: Proportion of vulnerable groups (women, elderly, persons with disabilities) involved in DRM activities.
- Behavioural Change: Increase in the number of households adopting DRM-recommended practices (e.g., safe building techniques, evacuation protocols).
- Community perception of improved safety and preparedness.

5.3 Target groups

- Local Communities. Residents, vulnerable groups (women, children, elderly, persons with disabilities), community leaders, and local organizations are directly affected and critical for disaster risk management (DRM).

- Local Governments and Authorities. Municipal officials, emergency services, and educators are responsible for local planning, response coordination, and DRM education.

- Vulnerable and Marginalized Groups. Women, children, elderly, persons with disabilities, and indigenous/minority groups requiring targeted, inclusive, and culturally sensitive DRM strategies.

- Non-Governmental Organizations (NGOs) and Civil Society. NGOs, faith-based organizations, and advocacy groups driving community-based risk reduction, humanitarian aid, and policy change.

- Private Sector' Businesses, corporate partners, and service providers vital for economic recovery, resource mobilization, and maintaining critical infrastructure.

- National Governments and Policymakers. Ministries, parliamentarians, and emergency agencies responsible for national DRM policies, laws, and resource allocation.

- Academic and Research Institutions. Researchers, scientists, and educational entities providing risk assessments, innovative solutions, and capacity-building.

- Regional and International Organizations. Regional bodies, UN agencies, donors, and development partners supporting cross-border DRM collaboration and funding.

- Media and Communication Platforms. Traditional and digital media disseminating risk awareness, early warnings, and disaster updates.

- Technology and Innovation Stakeholders. Innovators, data analysts, and GIS experts developing tools for early warning, risk assessment, and disaster monitoring.

5.4 Strategic approach

- JHWO will focus on participatory, inclusive, and sustainable practices. Key strategies include conducting community-led risk assessments, hazard mapping, and awareness campaigns to identify and address vulnerabilities.
- Developing localized preparedness plans, training community members in emergency response, and organizing simulations to strengthen readiness will be a key part of the strategy.
- Risk reduction measures focus on promoting sustainable practices, such as reforestation and climate-smart agriculture, and building resilient infrastructure.
- JHWO will focus on establishing early warning systems and ensure effective communication during emergencies.
- In response and recovery, focus will be on mobilizing community-based rapid response teams, ensure fair relief distribution, and adopt "Build Back Better" principles for reconstruction.
- Advocacy and partnerships with local governments, NGOs, and private sectors enhance resource mobilization and policy integration. Monitoring, evaluation, and knowledge sharing ensure learning and adaptation of strategies.
- The organisation will also integrate climate adaptation measures, promote gender-sensitive approaches, and empower marginalized groups. By fostering local ownership and leveraging partnerships, JHWO seeks to enhance community resilience, reduce risks, and enable sustainable recovery, making them essential in DRM efforts.

5.5 Programs/activities

Risk Identification and Assessment

- Conduct Participatory Risk Assessments: Organize community workshops to identify local hazards, vulnerabilities, and capacities.
- Develop Hazard Maps: Engage community members in mapping risk-prone areas, such as flood zones or landslide-prone regions.
- Vulnerability Surveys: Survey households to understand socio-economic vulnerabilities, including at-risk populations like women, elderly, and persons with disabilities.

Awareness and Education

- Community Awareness Campaigns: Use drama, posters, and local radio to educate on risks and preparedness.
- School-Based DRM Programs: Introduce DRM topics in school curricula and conduct student-led awareness activities.

- Simulation Drills: Conduct evacuation and emergency response drills to prepare for disasters.

Preparedness Activities

- Develop Community Disaster Plans: Collaboratively design plans for evacuation, communication, and relief distribution.
- Establish Emergency Supplies: Set up and maintain emergency storage for food, water, medicine, and other essentials.
- Train Local Emergency Teams: Build capacity in first aid, search and rescue, and disaster management techniques.

Risk Reduction and Mitigation

- Infrastructure Projects: Work with communities to build flood barriers, improve drainage systems, or retrofit vulnerable homes.
- Promote Sustainable Practices: Encourage tree planting, soil conservation, and the use of drought-resistant crops.
- Restore Ecosystems: Support reforestation, wetland rehabilitation, and other nature-based solutions to reduce risks.

Early Warning Systems (EWS)

- Community Watch Groups: Create volunteer teams to monitor and communicate risks.
- EWS Training: Train residents to interpret and act on warnings.

Disaster Response

- Form Rapid Response Teams: Mobilize trained community volunteers to assist during emergencies.
- Coordinate Relief Efforts: Work with local authorities and NGOs to distribute food, water, and other essential supplies.
- Establish Safe Shelters: Identify and prepare safe locations for evacuation during emergencies.

Post-Disaster Recovery

- Livelihood Restoration Programs: Provide training and resources for alternative income generation or rebuilding businesses.
- Psycho-Social Support: Organize counselling sessions for trauma-affected individuals, especially children.

Advocacy and Policy Engagement

- Participate in Local DRM Committees: Advocate for community needs in disaster management planning.
- Promote Inclusive Policies: Push for DRM strategies that prioritize marginalized groups.
- Lobby for Resources: Advocate with local government for budget allocations for DRM activities.

Climate Change Adaptation

- Awareness of Climate Risks: Educate communities on the links between climate change and disaster risks.

Monitoring and Evaluation

- Establish Community Monitoring Teams: Train volunteers to track the progress of DRM activities.

- Conduct After-Action Reviews: Evaluate the effectiveness of response efforts after a disaster.
- Document and Share Lessons Learned: Facilitate learning exchanges between communities to replicate successful strategies.

Resource Mobilization

- Community Savings Schemes: Initiate savings groups for small-scale DRM projects.
- Partner with NGOs and Donors: Secure funding for larger-scale risk reduction and preparedness initiatives.
- Organize Fundraising Events: Conduct local events to raise awareness and resources for DRM efforts.

Social and Cultural Integration

- Engage Cultural Leaders: Work with traditional or religious leaders to promote DRM practices.
- Incorporate Traditional Knowledge: Leverage local knowledge for sustainable risk reduction strategies.
- Celebrate Resilience Days: Organize community events to honor achievements in building resilience.

6. CLIMATE CHANGE

6.0 Preamble

Climate change represents a significant and lasting alteration in temperature, precipitation, wind patterns, and other elements of the Earth's climate system. Its consequences now include, among others, intense droughts, water scarcity, severe fires, rising sea levels, flooding, melting polar ice, catastrophic storms, and declining biodiversity. These environmental changes not only threaten ecosystems but also challenge the stability of human societies, leading to food insecurity, displacement, and increased health risks. Climate change poses substantial threats to both human society and natural ecosystems, prompting global efforts for mitigation and adaptation. The health implications of climate change are profound, as it exacerbates existing inequities related to socioeconomic status, geography, and access to healthcare. Vulnerable populations, particularly those living in low-income communities or developing nations, are often the hardest hit, exhibiting higher rates of mortality and morbidity due to climate-related health issues. JHWO acknowledges that climate change is deeply intertwined with other social determinants of health, such as poverty, education, and access to resources, and seeks to address the disproportionate burden of climate change impacts on marginalized and vulnerable populations, who often have limited resources and support systems to adapt effectively. It is essential to ensure that grassroots voices are heard in addressing climate impacts, advocating for policies that prioritize environmental justice and inclusion in decision-making processes. A critical aspect of the JHWO's conceptualization is recognizing the direct and indirect links between climate change and health outcomes, which disproportionately affect disadvantaged groups. By leveraging community engagement and promoting public awareness, JHWO aims to empower individuals and communities to advocate for their health and well-being in the face of climate change. The organization intends to play a vital role in addressing these socio-economic and biological challenges through awareness, advocacy, and action, fostering partnerships with various stakeholders to develop effective interventions that promote resilience and adaptability in the face of climate shocks.

6.1 Goal

To ensure equitable and inclusive climate change, adaptation and mitigation action by empowering vulnerable communities, addressing their specific needs, and promoting fair distribution of resources and opportunities. It aims to build local resilience, protect human rights, and enable grassroots participation in decision-making, fostering a sustainable and just transition to a climate-resilient future.

6.2 Specific Objectives

Enhance Community Resilience

- Build adaptive capacity through sustainable livelihoods, climate-resilient infrastructure, and resource management.

Promote Social Equity

- Ensure that marginalized groups, including women, youth, and indigenous populations, are central to climate decision-making processes.

Advocate for Policy Change

- Engage with local and national policymakers to influence equitable climate action policies.

Foster Climate Education

- Increase awareness of climate change causes, impacts, and solutions within the community.

Empower Local Leadership

- Strengthen the capacity of community leaders to advocate for climate change adaptation at local, regional, and national levels.

6.3 Key Principles of Climate Change

Equity and Fairness

- Acknowledge the disproportionate impacts of climate change on low-income and marginalized communities.
- Advocate for the equitable distribution of resources, benefits, and burdens associated with climate action.

Community-Led Solutions

- Promote locally driven, culturally appropriate responses to climate challenges.
- Empower communities to design, implement, and monitor initiatives that address their unique needs.

Intergenerational Justice

- Address the needs of current generations without compromising the ability of future generations to thrive.
- Advocate for sustainable practices that ensure long-term ecological and social health.

Human Rights-Based Approach

- Frame climate action within the broader context of protecting basic rights such as access to water, food, shelter, and health.

Inclusivity and Representation

- Ensure the voices of historically excluded groups—such as women, indigenous peoples, youth, and disabled individuals—are central in planning and decision-making processes.

JHWO is uniquely positioned to address climate change due to its proximity to and deep understanding of local communities. Its role includes:

Raising Awareness

- Educate communities on the causes, impacts, and solutions to climate change, linking them to local realities.
- Use culturally relevant approaches to communicate complex climate issues.

Building Local Resilience

- Implement community-driven adaptation and mitigation initiatives, such as reforestation, water conservation, and disaster preparedness.
- Foster climate-smart agriculture, renewable energy adoption, and sustainable livelihood practices.

Advocating for Systemic Change

- Serve as a bridge between local communities and policymakers, advocating for the inclusion of grassroots perspectives in climate action plans.
- Push for policies that reflect the principles of climate change, such as fair compensation for loss and damage and equitable access to climate financing.

Fostering Collaboration

- Strengthen networks and partnerships with other grassroots organisations, NGOs, government bodies, and international agencies to scale up impact.
- Act as a conduit for knowledge sharing, ensuring best practices are disseminated widely.

Promoting Accountability

- Monitor and evaluate climate actions to ensure they deliver tangible benefits to vulnerable communities.
- Hold governments, corporations, and other stakeholders accountable for their commitments to climate change.

6.4 Key Indicators

Equity and Inclusion

- Proportion of women, youth, and marginalized groups participating in climate-related decision-making.
- Number of community initiatives led by underrepresented groups.

Policy and Advocacy

- Number of policies influenced by community advocacy.
- Level of community representation in regional and national climate discussions.

Awareness and Education

- Percentage increase in climate literacy within the community.
- Number of educational campaigns and workshops conducted annually.

Local Leadership and Capacity

- Number of community leaders trained in climate change advocacy.
- Instances of community-led climate change initiatives implemented.

6.5 Target Groups

- **Children**: Susceptible to malnutrition, waterborne diseases, and respiratory infections.
- **Elderly**: At higher risk of heat-related illnesses and exacerbations of chronic conditions.
- **Women and Girls**: Face disproportionate burdens due to gender roles, caregiving responsibilities, and barriers to accessing healthcare and resources.
- **Marginalized Communities**: Often reside in areas with poor infrastructure, increasing exposure to climate-related hazards and limiting access to healthcare.

6.6 Strategic Approach

The strategic approach for a JHWO to promote climate change adaptation and mitigation will be participatory, inclusive, and transformative and is underpinned by the following

Participatory Action

- Facilitate community-led vulnerability and needs assessments to identify climate-related challenges and solutions.
- Co-develop action plans that align with local priorities.

Capacity Building

- Organize workshops, training sessions, and knowledge-sharing platforms to enhance skills in climate resilience and advocacy.

Partnerships and Networking

  - Build alliances with NGOs, government agencies, academic institutions, and international organizations to amplify the community's voice.
- **Resource Mobilization**
  - Secure funding from grants, donors, and development partners for climate adaptation and mitigation projects.
- **Policy Engagement**
  - Document community experiences and evidence to inform advocacy efforts.
  - Engage in dialogue with policymakers to push for climate change adaptation and mitigation strategies.
- **Innovative Solutions**
  - Pilot and scale up climate-smart technologies and practices tailored to local contexts.
- **Monitoring and Evaluation**
  - Establish a robust system to track progress, assess impact, and adjust strategies based on lessons learned.

7. STRATEGIC INFORMATION & KNOWLEDGE MANAGEMENT

7.0 Preamble

Strategic Information and Knowledge Management (SIKM) is essential for Jointed Hands Welfare Organisation as it operates in dynamic and resource-constrained environments. It facilitates informed, evidence-based decision-making, which is crucial for designing targeted interventions that address root causes effectively, particularly when working with vulnerable populations By optimizing resource use, SIKM identifies successful strategies, eliminates inefficiencies, and ensures that limited resources are directed toward impactful initiatives It also strengthens partnerships by fostering knowledge sharing and goal alignment among governments, private sectors, and other stakeholders Furthermore, SIKM enhances organizational resilience by enabling nonprofits to adapt to changes in funding, policies, and community needs Lastly, it builds credibility and trust through transparency and accountability, which are critical for maintaining stakeholder confidence. By bridging the gap between information and action, SIKM empowers the organisation to achieve sustainable impact and operational excellence**.**

Strategic Information and Knowledge Management (SIKM) involves systematically collecting, analysing, storing, sharing, and using information and knowledge to achieve an organization's goals. SIKM at Jointed Hands Welfare Organization covers the following areas:

1. Data Collection and Analysis: Gathering and interpreting data on programs, beneficiaries, donors, and external environmental factors.
2. Knowledge Creation and Documentation: Capturing best practices, lessons learned, and institutional memory.
3. Information Storage and Accessibility: Maintaining databases and repositories that are secure, organized, and easily accessible.
4. Knowledge Sharing: Disseminating knowledge within the organization and among stakeholders, including project participants, donors, and partners.
5. Monitoring and Evaluation (M&E): Tracking progress, assessing impact, and identifying areas for improvement.
6. Decision Support: Providing evidence-based insights for strategic planning and decision-making.

7.1 Goal

To establish and maintain a robust system for the generation, management, and dissemination of accurate, timely, and relevant information and knowledge to support evidence-based decision-making, programming, and policy formulation.

7.2 Specific Objectives

To Enhance Data Collection and Analysis Capabilities:

- Develop and implement systematic approaches for gathering quantitative and qualitative data.
- Strengthen tools and methodologies for real-time data collection and monitoring.

- Build capacity for advanced analytics to inform programmatic and policy decisions.

To Ensure Data Quality and Reliability:

- Establish standards and protocols for data quality assurance and validation.
- Implement regular data audits and reviews to maintain accuracy and consistency.

To Promote Knowledge Sharing and Collaboration:

- Facilitate the development of platforms and networks for knowledge exchange among stakeholders.
- Encourage cross-sectoral collaboration to integrate diverse insights and expertise.
- Organize workshops, seminars, and learning forums for capacity-building.

To Support Evidence-Based Decision-Making:

- Translate data and evidence into actionable insights for program design and policy development.
- Develop user-friendly dashboards and reporting systems for stakeholders.

To Strengthen Information Systems and Infrastructure:

- Invest in technology and systems for secure data storage, retrieval, and sharing.
- Leverage innovative technologies like Geographic Information Systems (GIS) and artificial intelligence to improve data visualization and forecasting.

To Advance Research and Innovation:

- Promote operational research to generate new knowledge and address gaps in existing evidence.
- Foster partnerships with academic institutions and research organizations to drive innovation.

To ensure Inclusivity in Information Management:

- Incorporate the voices of marginalized and vulnerable populations in data collection and analysis.
- Use participatory approaches to ensure the relevance and cultural sensitivity of knowledge outputs.

To strengthen Communication and Advocacy Efforts through

- Developing targeted communication strategies to share insights with policymakers, donors, and the public.
- Using multimedia approaches to reach diverse audiences and promote informed actions.
- Provide training and technical support for staff and partners involved in information and knowledge management through
- Developing guidelines and toolkits to institutionalize best practices in SIKM.

7.3 Key indicators

Achievement of the objectives will be measured using the following key indicators:

Data Collection and Quality

- Percentage of data collection tools and processes meeting established quality standards.
- Frequency of on-time data submissions from field offices or partners.

- Number of data audits conducted annually.

Data Analysis and Utilization

- Average turnaround time for processing and analysing data.
- Percentage of reports that include actionable insights or recommendations.
- Number of evidence-based decisions influenced by SIKM outputs.

Knowledge Sharing and Dissemination

- Number of knowledge products (e.g., reports, briefs, dashboards) disseminated annually.
- Frequency and attendance of knowledge-sharing events (workshops, webinars, forums).
- Number of active users accessing SIKM knowledge platforms

Stakeholder Engagement

- Percentage of stakeholders reporting satisfaction with SIKM outputs.
- Diversity of stakeholders involved in knowledge-sharing activities

Capacity Building

- Number of staff trained on data and knowledge management tools annually.
- Percentage of trainees demonstrating improved skills post-training.

Technological Advancements

- Percentage of SIKM activities utilizing innovative technologies (e.g., GIS, AI).

Research and Development

- Number of research studies or evaluations conducted or supported annually.
- Percentage of research findings translated into actionable programmatic recommendations.

Inclusivity and Equity

- Percentage of data collected that disaggregates information by sex, age, disability, and other relevant criteria.
- Representation of vulnerable groups in knowledge-sharing activities.

Communication and Advocacy

- Reach and engagement metrics for published materials (e.g., downloads, views, shares).
- Number of advocacy campaigns or initiatives supported by SIKM data.

Monitoring and Evaluation

- Percentage of SIKM initiatives achieving intended outcomes as defined in work plans.
- Frequency of SIKM performance reviews.
- Number of process improvements implemented based on evaluation findings.

7.4 Target groups

The Strategic Information and Knowledge Management (SIKM) unit works with a diverse range of target groups to achieve its goals of fostering evidence-based decision-making, effective knowledge sharing, and inclusive participation. These groups are categorized based on their roles, influence, and needs in relation to the organization's objectives.

Internal Stakeholders

- Target Groups: Senior Management, Program Teams, MEAL Teams. to provide actionable insights, enhance internal capacity for data use.

Government and Policymakers

- Target Groups: National/local authorities, ministries (Health, Agriculture, etc.) to Support evidence-based policymaking, integrate systems with SIKM tools.

Donors and Development Partners

- Target Groups: Donors (bilateral, multilateral), international agencies (e.g., UN) to ensure transparency, align outputs with donor priorities.

Implementing Partners

- Target Groups: NGOs, CBOs to Strengthen capacity in strategic information, promote knowledge sharing.

Academic and Research Institutions

- Target Groups: Universities, think tanks to Collaborate on research, use academic rigor to validate findings.

Vulnerable and Marginalized Populations

- Target Groups: Communities affected by vulnerabilities, underrepresented groups. To ensure inclusive data collection, address specific group needs through disaggregated data.

Private Sector and Technology Providers

- Technology companies, private sector entities to Enhance data systems through innovation, foster public-private partnerships.

Media and Advocacy Groups

- Journalists, advocacy organizations to support evidence-based advocacy, collaborate on campaigns.

International and Regional Networks

- Target Groups: Regional/global knowledge networks and bodies.
- Focus: Share best practices, contribute to global data repositories.

General Public

- Target Groups: Individuals and communities benefiting from programs.
- Focus: Raise awareness of impacts, promote public engagement.

7.5 Strategic approach

The Strategic Information and Knowledge Management (SIKM) unit adopts a holistic and forward-looking approach aimed at fostering data-driven decision-making, promoting knowledge sharing, and ensuring the effective use of information resources.

Evidence-Driven Decision-Making

Focus: Establishing a robust system to generate and disseminate high-quality, timely, and actionable data.

Key actions:

- Develop and standardize tools for data collection and analysis.
- Build capacity for advanced analytics, including predictive modelling and geospatial analysis.
- Use data visualization platforms and dashboards for clear, actionable insights.

Integration and Inclusivity

Focus: Aligning information systems and ensuring inclusivity in knowledge processes.

Key Actions:

- Employ participatory approaches to include marginalized and vulnerable populations.
- Ensure data is disaggregated by gender, age, and other equity-focused criteria.

Knowledge Generation and Dissemination

Creating and sharing knowledge products that inform policies, programs, and advocacy efforts.

Key Actions:

- Produce research, policy briefs, situation reports, and best practice guides.
- Use multi-channel communication strategies, including digital platforms, print media, and workshops, to disseminate knowledge.
- Foster partnerships with research institutions, universities, and think tanks to drive innovation.

Capacity Building and Collaboration

Strengthening institutional and individual capacities to manage and use strategic information.

Key Actions:

- Train staff and stakeholders on data systems, tools, and knowledge management practices.
- Promote peer-to-peer learning and mentorship opportunities.
- Create networks for collaboration across sectors and among stakeholders.

Technology and Innovation

Leveraging advanced technologies to enhance efficiency and effectiveness.

Key Actions:

- Invest in cutting-edge tools like Geographic Information Systems (GIS), artificial intelligence, and real-time monitoring systems.
- Establish secure, scalable, and interoperable information systems.
- Use automation and digital platforms to streamline knowledge management processes.

Sustainability and Continuous Improvement

Building systems and practices that are resilient, adaptable, and sustainable.

Key Actions:

- Regularly review and update SIKM processes and protocols based on feedback and emerging trends.
- Develop strategies to ensure long-term funding and resource mobilization for the unit.
- Institutionalize knowledge-sharing practices to ensure continuity despite staff or leadership changes.

Advocacy and Communication

Positioning the SIKM unit as a trusted source of information and a key player in advocacy.

Key Actions:

- Develop compelling narratives and visuals to communicate the impact of strategic information.
- Engage with policymakers, donors, and the public to promote evidence-based action.
- Build the unit's brand as an authoritative source of strategic knowledge.

7.6 Programs / Activities

Activities to Implement the Strategic Approach for the SIKM Unit

Below is a comprehensive list of activities that align with the strategic approach of the Strategic Information and Knowledge Management (SIKM) unit. These activities are designed to strengthen evidence-based decision-making, promote knowledge sharing, and enhance inclusivity.

Data Collection and Analysis

- Develop and distribute standardized tools for data collection (e.g., surveys, templates, mobile apps).
- Conduct regular data collection missions, including baseline, midline, and end-line surveys.
- Train field teams and partners on data collection protocols and tools.
- Set up real-time data monitoring systems using digital platforms (e.g., dashboards, mobile applications).
- Analyze and visualize data for programmatic and policy insights using tools like Power BI, GIS, or Tableau.

Data Quality Assurance

- Perform regular data quality audits to validate and verify information.
- Establish data validation protocols and automated checks within digital systems.
- Organize refresher training sessions on data management best practices for staff and partners.

Knowledge Generation and Documentation

- Produce knowledge products, including situation reports, policy briefs, success stories, and case studies.
- Conduct operational research to address knowledge gaps and inform program strategies.
- Document lessons learned and best practices from ongoing and completed programs.
- Develop and maintain a knowledge repository or database accessible to stakeholders.

Knowledge Sharing and Dissemination

- Organize regular knowledge-sharing events such as workshops, webinars, and conferences.
- Create and maintain online knowledge platforms or portals for accessing resources.
- Publish newsletters, infographics, and visual reports to communicate findings.
- Translate key materials into local languages to ensure accessibility.
- Share information through social media, email lists, and community radio programs.

Capacity Building

- Provide training for staff and partners on data collection, analysis, and visualization tools.
- Conduct workshops on knowledge management practices and principles.
- Develop user manuals, toolkits, and e-learning modules for data and knowledge management.
- Facilitate peer-to-peer learning exchanges between stakeholders.

Technology and Innovation

- Implement Geographic Information Systems (GIS) for mapping and spatial analysis.
- Leverage artificial intelligence (AI) for predictive analytics and trend forecasting.
- Invest in digital platforms for data collection and management (e.g., CommCare, KoboToolbox).
- Pilot and scale innovative solutions such as mobile-based data collection and community feedback apps.

Stakeholder Engagement

- Establish multi-stakeholder working groups to review and validate knowledge outputs.
- Conduct regular feedback sessions with stakeholders to ensure alignment with their needs.
- Organize forums for dialogue between policymakers, implementers, and communities.

Inclusivity and Participatory Approaches

- Use participatory data collection methods to engage vulnerable groups (e.g., focus group discussions, community mapping).
- Ensure data is disaggregated by gender, age, disability, and other relevant factors.
- Involve marginalized populations in knowledge-sharing events and decision-making processes.

Advocacy and Communication

- Develop evidence-based advocacy materials, including position papers and fact sheets.
- Organize campaigns targeting policymakers and donors to promote evidence-based decision-making.
- Use storytelling and multimedia approaches to amplify the voices of affected populations.

Monitoring, Evaluation, and Learning (MEL)

- Develop and implement an MEL framework for the SIKM unit.
- Conduct periodic evaluations to assess the impact of knowledge management activities.
- Use monitoring data to refine processes and improve the quality of knowledge products.
- Establish feedback mechanisms to continuously improve knowledge-sharing platforms.

Partnership Development

- Build partnerships with academic institutions for collaborative research.
- Engage with technology providers to develop customized solutions for data and knowledge management.
- Join regional and international knowledge networks to share and learn best practices.

Sustainability Planning

- Develop a resource mobilization strategy to secure funding for SIKM activities.
- Institutionalize knowledge management practices within organizational processes.
- Train staff on knowledge retention and succession planning to ensure continuity.

ANEX 1. RESULTS FRAMEWORK

Strategic Objective	Key Performance Indicators	Baseline	Target 2030	Data Source	Frequency	Responsible	Budget
HEALTH							
Goal: Enhance health outcomes by addressing both communicable and non-communicable diseases through targeted interventions, resource optimization, and community engagement.							
Reduce the Burden of Communicable Diseases							
Decrease new HIV infections	HIV new infection rate per 1,000 uninfected population of AGYW and adolescent boys	TBD	% Reduction	Health facility data, Surveys	Annual		
Improve HIV treatment outcomes	HIV viral suppression rate (%)	TBD	% Achieved	Health facility data, ART registers	Bi-annual		
Reduce TB incidence	TB incidence rate per 100,000 population	TBD	% Reduction	TB registers, Surveys	Annual		
Improve TB treatment success rates	TB treatment success rate (%)	TBD	95 % Achieved	TB treatment data, Reports	Annual		
Address the Rising Impact of Non-Communicable Diseases (NCDs)							
Improve NCD screening coverage	Proportion screened for cancer, diabetes, and hypertension (%)	TBD	X% Coverage	Health records, Surveys	Bi-annual		
Early detection of NCD cases	Early detection rate (%)	TBD	X% Increase	Facility records, Screening logs	Bi-annual		
Reduce mortality from NCDs	NCD mortality rate per 100,000	TBD	X% Reduction	Death records, Surveys	Annual		
Enhance Mental Health Outcomes							
Increase mental health awareness	Coverage of awareness campaigns (%)	TBD	X% Coverage	Campaign reports, Surveys	Annual		
Improve access to mental health services	Proportion receiving treatment (%)	TBD	X% Increase	Facility data, Surveys	Bi-annual		

Strengthen Health Systems							
Build resilient healthcare infrastructure	Proportion of facilities upgraded (%)	TBD	X% Coverage	Infrastructure reports	Annual		
Increase trained workforce	Healthcare workforce density (# per 10,000)	TBD	X% Increase	Training logs, HR data	Annual		
Enhance community participation	Community feedback participation (%)	TBD	X% Increase	Surveys, Feedback forms	Bi-annual		
Promote digital health adoption	Facilities using digital tools (%)	TBD	X% Adoption	IT Reports, Audits	Bi-annual		
Strategic Objective	**Key Performance Indicators**	**Baseline**	**Target 2030**	**Data Source**	**Frequency**	**Responsible**	**Budget**
SOCIAL PROTECTION AND DEVELOPMENT							
Goal: Contributing towards reducing poverty, inequalities, and vulnerabilities among marginalized communities by 2030.							
Reduce Poverty and Inequality							
Address income disparities	Proportion of marginalized groups accessing services (%)	TBD	X% Increase	Surveys, Reports	Annual		
Support marginalized groups	Percentage of affirmative action beneficiaries achieving milestones (%)	TBD	X% Increase	Program records, Surveys	Annual		
Enhance Social Protection Systems							
Implement safety nets	Number of individuals receiving cash transfers and subsidies	TBD	X% Increase	Payment records, Surveys	Bi-annual		
Strengthen emergency response systems	Timely response rate to crises (%)	TBD	X% Response Rate	Emergency reports, Surveys	Annual		
Ensure Access to Basic Services							
Expand access to health and education	Enrolment and attendance rates among vulnerable groups (%)	TBD	X% Increase	Education and Health Records	Bi-annual		
Remove barriers to services	Number of public spaces made inclusive	TBD	X% Accessible	Inspection reports, Audits	Annual		
Address Gender and Social Inequalities							

Empower women and girls	Proportion of women completing secondary education or higher (%)	TBD	X% Increase	Education data, Surveys	Annual		
Prevent gender-based violence	Reported cases of gender-based violence (%)	TBD	X% Reduction	Police reports, Surveys	Annual		
Protect Vulnerable Groups							
Support vulnerable populations	Number of children receiving child protection services	TBD	X% Increase	Service records, Surveys	Bi-annual		
Ensure disability inclusion	Percentage of public buildings compliant with disability standards	TBD	X% Compliance	Inspection reports, Audits	Annual		
Promote Behavioural Change and Social Norms Transformation							
Transform harmful practices	Percentage of community members reporting positive change in norms (%)	TBD	X% Increase	Surveys, Focus Groups	Annual		
Reduce substance abuse rates	Reduction in substance abuse rates (%)	TBD	X% Reduction	Surveys, Police Reports	Annual		
Strategic Objective	**Key Performance Indicators**	**Baseline**	**Target 2030**	**Data Source**	**Frequency**	**Responsible**	**Budget**
DISASTER RISK MANAGEMENT & RESILIENCE STRENGTHENING							
Goal: Strengthen disaster resilience and reduce vulnerabilities through risk reduction, preparedness, effective response, and recovery strategies by 2030.							
Risk Reduction							
Minimize vulnerabilities	% of communities with completed risk assessments	TBD	X% Completion	Surveys, Reports	Annual		
Mitigate hazards	% of flood defenses and infrastructure projects completed	TBD	X% Completed	Inspection reports, Logs	Annual		
Promote resilient livelihoods	% of households adopting climate-resilient practices	TBD	X% Adoption	Household surveys, Reports	Bi-annual		
Enhance Preparedness							
Develop Early Warning Systems (EWS)	% of functional EWS implemented	TBD	X% Coverage	System tests, Reports	Quarterly		

Conduct training and drills	% of population trained in disaster response	TBD	X% Trained	Training logs, Drill reports	Annual		
Community planning	% of communities with disaster preparedness plans	TBD	X% Plans Developed	Planning records, Audits	Annual		
Effective Response and Recovery							
Save lives and livelihoods	% of affected households receiving aid within 72 hours	TBD	X% Response Time Met	Response records	Quarterly		
Strengthen coordination	% of coordinated response efforts across stakeholders	TBD	X% Coordination	Meeting minutes, Reports	Annual		
Post-disaster recovery	% of infrastructure restored within set timeframe	TBD	X% Restored	Progress reports, Audits	Annual		
Foster Resilience							
Promote community engagement	% of communities participating in DRM activities	TBD	X% Participation	Surveys, Reports	Annual		
Build adaptive capacity	% increase in adaptive strategies adopted by communities	TBD	X% Adoption	Household surveys	Bi-annual		
Ensure Equity and Inclusivity							
Focus on vulnerable groups	% of vulnerable groups participating in DRM activities	TBD	X% Inclusion	Reports, Surveys	Annual		
Promote gender equality	% of women participating in DRM planning	TBD	X% Inclusion	Program records	Annual		
Strategic Objective	**Key Performance Indicators**	**Baseline**	**Target 2030**	**Data Source**	**Frequency**	**Responsible**	**Budget**
CLIMATE CHANGE							
Goal: Empowering vulnerable communities, addressing their specific needs, and promoting fair resource distribution will ensure equitable and inclusive climate action.							
Enhance Community Resilience							
Build adaptive capacity	% of households adopting climate-resilient practices	TBD	X% Adoption	Surveys, Reports	Bi-annual		
Develop infrastructure	% of climate-resilient infrastructure completed	TBD	X% Completion	Infrastructure audits	Annual		

Promote resource management	% of communities practicing sustainable resource management	TBD	X% Practice	Community reports	Bi-annual		
Promote Social Equity							
Include marginalized groups	% of women, youth, and indigenous groups in decision-making	TBD	X% Participation	Meeting logs, Surveys	Annual		
Support underrepresented groups	# of community-led initiatives by marginalized groups	TBD	X Initiatives	Program logs, Surveys	Bi-annual		
Advocate for Policy Change							
Influence policies	# of climate policies influenced	TBD	X Policies	Policy tracking reports	Annual		
Increase representation	% of community representation in climate forums	TBD	X% Representation	Forum records, Reports	Annual		
Foster Climate Education							
Increase awareness	% increase in climate literacy levels	TBD	X% Increase	Surveys, Focus Groups	Bi-annual		
Promote education programs	# of educational campaigns and workshops conducted	TBD	X Programs	Campaign logs, Reports	Bi-annual		
Empower Local Leadership							
Build leadership capacity	# of community leaders trained in climate change advocacy	TBD	X Leaders Trained	Training logs	Annual		
Encourage local initiatives	# of community-led climate actions implemented	TBD	X Actions	Reports, Audits	Bi-annual		
Strategic Objective	**Key Performance Indicators**	**Baseline**	**Target 2030**	**Data Source**	**Frequency**	**Responsible**	**Budget**
RESOURCE MOBILISATION							
Goal: To ensure sustainable and diversified resource mobilization strategies, enabling JHWO to enhance impact, expand programs, and maintain financial stability.							
Increase Financial Resources							
Raise financial resources by 50%	% increase in annual funding secured	TBD	50% Increase	Financial reports, Audits	Annual		

Enhance donor contributions	# of new donors secured	TBD	X New Donors	Donor database, Records	Bi-annual		
Diversify Funding Sources							
Reduce reliance on a single funding stream	% of funds from diverse sources	TBD	X% Diversified	Financial records, Donor logs	Annual		
Leverage corporate sponsorships	# of corporate sponsors engaged	TBD	X Sponsors	CSR reports, Agreements	Annual		
Strengthen Partnerships							
Expand strategic partnerships	# of partnerships formed with stakeholders	TBD	X Partnerships	Partnership agreements, Logs	Annual		
Build collaborations with academic institutions	# of joint research and funding proposals submitted	TBD	X Proposals	Research logs, Proposals	Annual		
Enhance Organizational Visibility							
Increase public awareness of JHWO	% increase in media and online presence	TBD	X% Increase	Media analytics, Social media reports	Quarterly		
Attract new supporters and donors	# of new followers and subscribers	TBD	X Followers	Digital engagement reports	Quarterly		
Build Capacity for Resource Mobilization							
Train staff in resource mobilization	# of staff trained in donor engagement	TBD	X Trained Staff	Training logs, Evaluations	Annual		
Evaluate RM strategies	% of strategies successfully implemented	TBD	X% Success Rate	Annual review reports	Annual		
Strategic Objective	**Key Performance Indicators**	**Baseline**	**Target 2030**	**Data Source**	**Frequency**	**Responsible**	**Budget**
STRATEGIC INFORMATION AND KNOWLEDGE MANAGEMENT (SIKM)							
Goal: To establish and maintain a robust system for generating, managing, and disseminating accurate, timely, and relevant information and knowledge to support evidence-based decision-making, programming, and policy formulation.							
Enhance Data Collection and Analysis							

Develop systematic data collection approaches	% of tools meeting quality standards	TBD	X% Compliance	Data quality audits, Surveys	Annual		
Build capacity for real-time data monitoring	% of programs using real-time monitoring systems	TBD	X% Implementation	System reports, Surveys	Annual		
Ensure Data Quality and Reliability							
Establish data validation protocols	% of validated datasets submitted	TBD	X% Validated	Data validation logs	Bi-annual		
Improve consistency in data reporting	% of reports submitted on time	TBD	X% Timely Submissions	Reporting logs	Quarterly		
Promote Knowledge Sharing and Collaboration							
Disseminate knowledge products	# of reports, briefs, and dashboards shared	TBD	X Products Shared	Distribution logs	Quarterly		
Organize workshops and forums	% increase in stakeholder participation	TBD	X% Increase	Event attendance logs	Annual		
Support Evidence-Based Decision-Making							
Provide actionable insights	% of reports with recommendations adopted	TBD	X% Adoption	Program reports, Reviews	Annual		
Influence policies and programs	# of policies informed by SIKM outputs	TBD	X Policies	Policy reviews	Annual		
Strengthen Information Systems and Infrastructure							
Invest in secure data systems	% of programs using advanced tools (GIS, AI)	TBD	X% Adoption	System logs, IT reports	Annual		
Enhance data storage and accessibility	% of data securely stored and accessible	TBD	X% Compliance	IT audits, Logs	Bi-annual		
Advance Research and Innovation							
Conduct research studies	# of research projects completed	TBD	X Projects	Research logs	Annual		
Translate findings into practice	% of findings applied to programming	TBD	X% Application	Program reports	Bi-annual		

ANEX 2. RESOURCE MOBILISATION PLAN

Resource Mobilization is critical for the sustainability and growth of Jointed Hands Welfare Organisation's (JHWO) work. By diversifying funding sources and strengthening partnerships, JHWO will continue and sustain its vital work during the 2025-2030 period. Through concerted effort and strategic planning, JHWO is committed to mobilizing resources that will enable it to enhance its impact in the communities it serves.
This Resource Mobilization Plan outlines strategies JHWO will employ to secure financial and non-financial resources essential for sustaining and expanding its work and programs.

Objectives

The RM objectives for JHWO are:

- To increase the financial resources available to JHWO by 50% over the next five years.
- To diversify funding sources, reducing reliance on a single funding stream.
- To strengthen partnerships with governmental, non-governmental, and private sector stakeholders.
- To enhance the visibility of JHWO to attract new supporters and donors.

Target Audience

- Government Entities- National and local health departments, donors, and international organizations.
- Private Sector-Corporations and businesses with corporate social responsibility (CSR) programs focused on JHWO areas of focus.
- Foundations and Trusts -Local and international foundations.
- Community Organizations for collaborative funding efforts.
- Individuals- Major donors, philanthropists, and the public through fundraising campaigns and sponsorship appeals.

Strategies for Resource Mobilization

- Grant Writing and Proposal Development.
- Identify relevant funding opportunities from governmental programs, international organizations, and private foundations.
- Develop a calendar of funding proposals to ensure timely submission of applications.
- Strengthen the Business Development Unit to ensure increase in unrestricted funds for the organisation.
- Strengthen grant writing capacity through training for staff members and involving experienced consultants.

JHWO BUSINESS DEVELOPMENT FI

Strategic Partnerships

- Establish partnerships with private sector stakeholders to enhance program outreach and share resources.
- Collaborate with local and international NGOs to undertake joint projects that can leverage shared funding opportunities.
- Engage academic institutions for research partnerships, joint grant funding applications and data mining.

Fundraising Campaigns

- Launch targeted fundraising campaigns that highlight the impact of JHWO's programs, focusing on stories of beneficiaries to attract individual and corporate donations.
- Organize fundraising events, such as charity runs, dinners, and family events to raise awareness and resources for the organization.
- Use social media and digital fundraising tools to reach a broader audience and engage younger donors.

Corporate Sponsorships and CSR Engagement

- Approach local and multinational corporations to establish sponsorships for ongoing programs, while aligning initiatives with their CSR objectives.
- Develop sponsorship packages that outline potential benefits to businesses, including recognition in promotional materials and events.

Capacity Building

- Invest in training and capacity-building for JHWO staff in resource mobilization, donor engagement, and relationship management.
- Ensure regular evaluation of resource mobilization efforts to adapt strategies based on outcomes and feedback.

Monitoring and Evaluation

- Implement a framework to track the progress of resource mobilization efforts, including funding levels, partnerships formed, and campaign outcomes.
- Conduct annual evaluations to assess the effectiveness of RM strategies and make necessary adjustments.

ANNEX 3. ORGANOGRAM