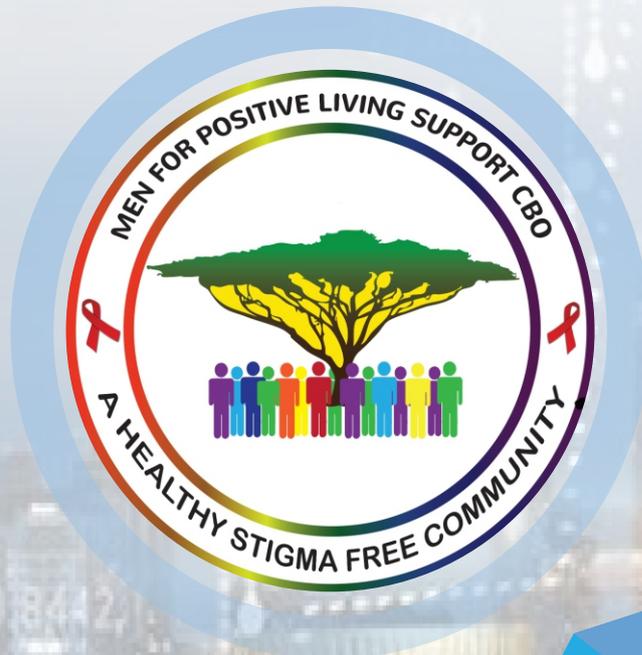


MEN FOR POSITIVE LIVING SUPPORT COMMUNITY BASED ORGANIZATION



STRATEGIC PLAN 2025 – 2027

A healthy stigma free community

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ABBREVIATIONS

AIDS	- Acquired Immune Deficiency Syndrome
ART	- Antiretroviral Therapy
ARV	- Antiretroviral Drugs
BoDs	- Board of Directors
CACC	- Constituency AIDS Control Committee
CBO	- Community Based Organization
COVID 19	- Coronavirus 19
DiCEs	- Drop in Centers
DSA	- Drugs and Substance Abuse
DSD	- Differentiated service delivery
GBMSM+	- Gay Bisexual and men having Sex with Men Living with HIV
GBV	- Gender Based Violence
HIV	- Human Immuno-Deficiency Virus
HTS	- HIV Testing Services
IEC	- Information Education Communication
IGA	- Income Generating Activity
LGBTQ	- Lesbian Gay Bisexual Transgender and Queer
KVC	- Key and Vulnerable Communities
MERL	- Monitoring Evaluation Reporting and Learning
MSM	- Men who have Sex with Men
NITA	- National Industrial Training Authority
PE	- Peer Educators
PEP	- Post Exposure Prophylaxis
PEPFAR's	- The U.S. President's Emergency Plan for AIDS Relief
PLHIV	- People Living with HIV
PrEP	- Pre-Exposure Prophylaxis
RM	- Resource Mobilization
SBCC	- Social Behaviour Change Communication
SRHR	- Sexual Reproductive Health & Rights
STI	- Sexually Transmitted Infections
TB	- Tuberculosis



MOPLS being the organization that work with key population Living with, at risk of and those affected by HIV has evolved into an organization that is driven by strong-shared values. The organizations' values impact the way it is governed allowing the Board of Directors to discharge their mandate and undertake the oversight roles in accordance to the MOPLS policies. As an organization whose strength lies in the greater and meaningful involvement of people living with HIV and those affected by TB and AIDS, we must always seek to strengthen our governance, leadership and management. Over the last 6 years since registration, MOPLS has grown to be an organization that is renowned for providing leadership, co-ordination and representation of GBMSMLHIV and affected communities at all levels. In order to adapt to changing times and serve the organization's mandate effectively, the Strategic plan II 2025-2027 will provide an opportunity for the organization to implement evidence-based Community interventions and respond to emerging community needs. MOPLS Strategic plan II aims to guide the Organization in program implementation and management procedures. The SP has been revised with the support of UHAI-EASHRI. On behalf of MOPLS let me thank UHAI-EASHRI for supporting the review of this strategic Plan. We also acknowledge the MOPLS board, Senior Management team and the other MOPLS staff who supported the review of this Strategic Plan. With the full implementation of this SP and with cooperation of MOPLS Senior management team (SMT), Board, Staff and community in general, we look forward to a better Strategic Direction, which will lead to a better delivery of MOPLS vision and mission statement.

Ochieng Arthur Onyango
Chair, MOPLS Board



The development of MOPLS Strategic Plan II: 2025 – 2027 started with an end term review (ETR) of the MOPLS strategic Plan I: 2020 – 2022. The plan responds to new and emerging developments at the global and national levels and is anchored on the global Sustainable Development Goals (SDGs) especially the health and human rights related aspects under goal 3 (on health and wellbeing), goal 5 (on gender equality and women empowerment, goal 10 (on reduced inequalities), goal 16 (on peace, justice and strong institutions) and goal 17 (on partnerships). The plan is an expression of celebration of the organization's growth and maturity of existence. MOPLS Strategic Plan II: 2025 – 2027 is a call to action to deliver on the 95.95.95 HIV treatment targets and enable MOPLS be part of the team to help put Kenya in the path to end AIDS as a public health problem by 2030. As with the previous strategy, this plan is MOPLS's roadmap to rally GBMSM living with, at risk of and those affected with HIV and TB behind the plan to ensure the delivery of integrated people-centered health services while paying keen attention to populations and regions with high HIV burden. With this plan, MOPLS will foster partnership with the ministry of health and partners to ensure that HIV infections, stigma and discrimination and AIDS related deaths among key populations living with HIV are brought to an end. At the regional level, this plan seeks to mobilize GBMSMLHIV and affected communities to contribute to the Kenya Vision 2030 and the national health goals. It is a call to action to deliver on the country's commitment to HIV – sensitive universal health coverage (UHC) through primary health care and, to ensure that key population living with, at risk of and affected by HIV have access to integrated services, including for HIV, TB, SRH, mental health, food and nutrition support and non-communicable diseases, especially at the community level. With this plan, MOPLS advocacy agenda remain steadfast in calling for stable formal health systems that are strongly linked with community structures and resourced by trained, capacitated and motivated personnel who can deliver integrated services to all in need. Our communication and empowerment agenda under this plan shall aim to ensure that HIV-related stigma and discrimination is eliminated especially within healthcare settings, in learning institutions and at workplaces. This plan will be reviewed and periodically updated to accommodate changing situations and progress made. MOPLS will pay keen attention to the reviews of national policies and guidelines and seek to learn from the emerging national good practices.

Tobias Ouma Onyango
Executive Director, MOPLS.

The development of this plan started with a comprehensive review of the organization's 1st strategy that was supported with Financial support from UHAI-EASHRI. We remain grateful to the UHAI-EASHRI. MOPLS will forever be forever be grateful to partners that supported the implementation to the previous plan.

We specifically acknowledge the technical support from the consultant, MOPLS Board, Community members and Staffs who started the work on this strategy.

We recognize and appreciate the staff, board, community representatives and other stakeholders who participated in the consultative meetings to inform the development of this plan. MOPLS director led the strategic planning process.

UHAI-EASHRI supported the workshop that enable the finalization of this plan. We are grateful for this partnership with support to print the initial copies of the plan.

1.0. INTRODUCTION

1.1. Preamble

The review of strategic plan 2020 – 2022 is a key milestone in the life of Men for Positive Living Support (MOPLS) since the process facilitated the realization of the new strategic plan (SP) for the period 2025 – 2027. The reviewed SP seeks to provide a revamp strategic direction to the organization for the said period by providing clear and focused pillars. The plan has been developed at a time when the county is reccuparating from double tragedy of COVID-19, punitive ligal and policy environment. This is also such a time when the country is struggling economically with inflation and global recession.

The plan has therefore been reviewed as an important tool to guide the organization as it seeks to respond to the emerging threats, challenges, and opportunities in the immediate and larger dynamic environment in which it operates.

1.2. Historical Background

MOPLS started in 2012 as Self Help Group and grow into a Community Based Organization which was registered on 27th September, 2018. f

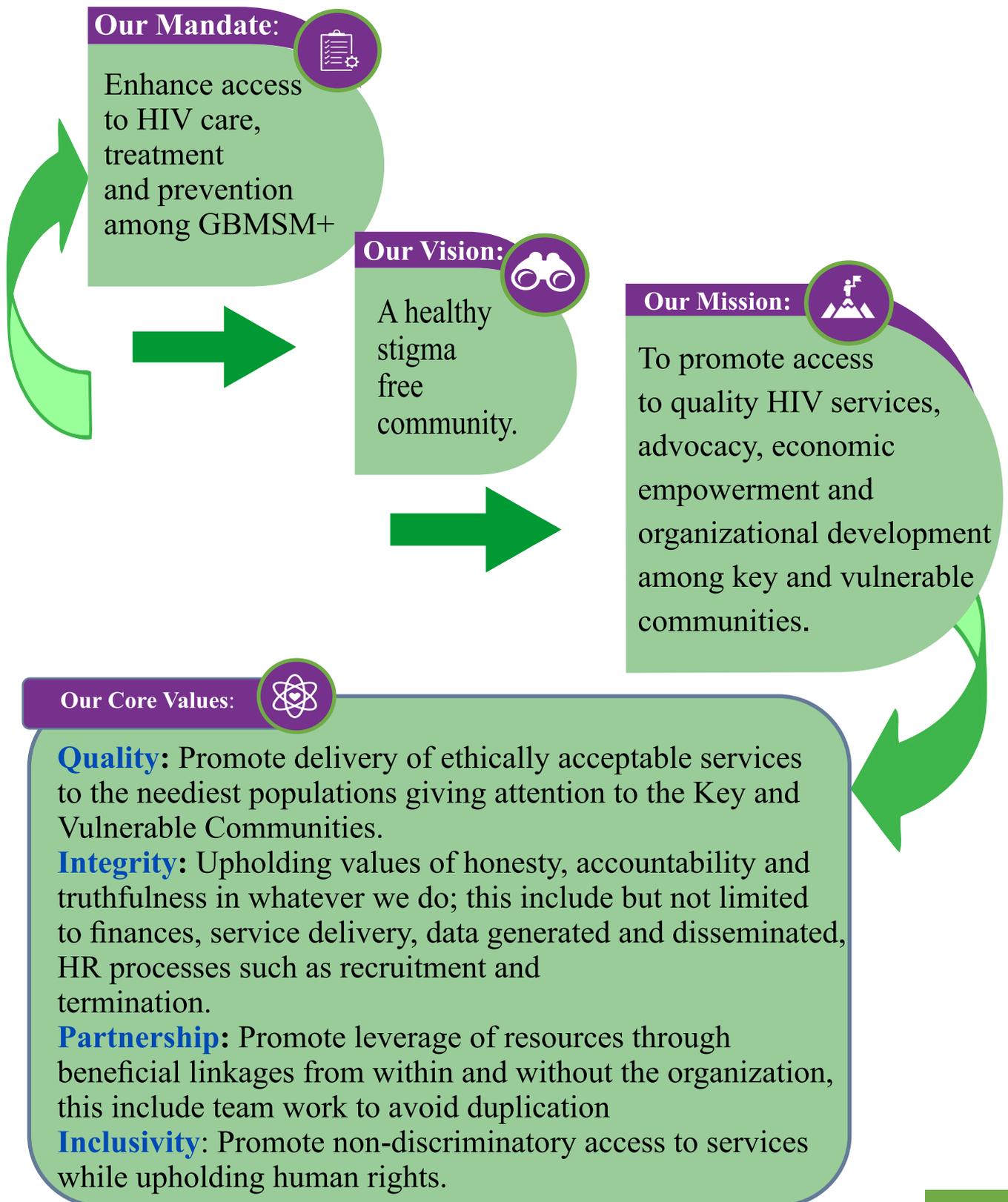
Men For Positive Living Support (MOPLS) was founded in August 2012, by GBMSM in Kisumu County living with HIV who experienced stigma and discrimination, family rejection that hinder access to ART and rentention in care. Due to stigma, drugs and substance abuse, most of GBMSM+ default from taking ART services affecting their viral suppression , thus creating more barriers towards achieving 95% tested: 95% linked to care 95%Viral suppression.

Since its formation , the organization has taken proactive steps in engaging beneficiaries on behavior change communication .This was to improve the wellbeing of GBMSM living with HIV, by reducing stigma to enhance access to ART and retention in care.

The organization developed its first strategic plan 2020 – 2022 which has been reviewed to guide MOPLS benging 2025 – 2027. The review process brought key stakeholders of the organization together to identify the next strategic direction to respond to the emerging opportunities, challenges and threats in the immediate and larger dynamic in Kisumu County and its environs.

2.0. REASON FOR OUR EXISTENCE: THE PURPOSE

2.1. Mandate, Vision, Mission and Core Values



2.2. Organizational Past Experience

MOPLS has grown and expanded its operations that have been met with interesting experiences some of which were encouraging while others were challenging. Some of the significant experiences are explained in sub-headings below:-

2.2.1. Our uniqueness

- I. MOPLS is the First GBMSM+ support group in Kisumu County.
- ii. MOPLS is the only GBMSM+ organization in Kisumu County with support group.

2.2.2. Key Achievements

- Strengthened the partnership between our stakeholders through networks (NEPHAK, Transform Health, Kisumu County Domestic Resource Mobilization Network and Kisumu County Development Trust) and direct engagements.
- We have worked with 3 funder (LVCT Health, Grant Hub, UHAI EASHRI).
- We have sustain organization financial audit.
- Safe space.
- Established governance system with a functional board of directors.
- The organization has trained and certified beneficiaries on economic empowerment in collaboration with National Industrial Training Authority (NITA).
- Office space with basic working tools and infrastructure.
- Developed governance manual, HR policy, Board TOR, Safeguarding policies, finance and procurement, constitution and organizational profile.
- MOPLS have develop strong referral network for GBMSM+ who need care and support.
- Consistent reporting through the Government / Department of Health has contributed our data contributing to the national grid. As a result, MOPLS received compliance certificate and periodically invited to participate in key policy meetings at the county level including development of Kisumu County Strategic Plan
- A well established service delivery space which is accessible to our clients and partners

2.2.3. Challenges

In spite of the above successes, MOPLS has continued to experience the following challenges;

- Low level of access and adherence to ART due to stigma and discrimination.
- Minimum package – Inability to offer the full package to our clients. We are currently able to offer counselling, psychosocial support, risk reduction counselling, while missing out on ART, HTS, STI screening and treatment – we just offer referral service.
- Inadequate funds to offer sensitization on our programs and needs of Key and Vulnerable Communities to all the health facilities where our beneficiaries access other services.
- Hostile policy and legal environment in the country, regional and globally.
- Low level of safety and security of key and vulnerable population.
- Poor economic outcomes among key and vulnerable populations.

2.2.4. Lessons learnt

- Awareness creation is a powerful tool in reducing stigma and discrimination. MOPLS's initiatives, through public gatherings and peer education have seen more support of the local administration, more people coming out and knowing their HIV status, more people who are positive joining support groups. These have led to low defaulting rates, easier defaulter tracing and viral suppression achievement.
- There is a need for more targeted sensitization of the link health facilities and partners on what MOPLS does, needs and rights of Key and Vulnerable Communities.
- Continuous mentorship and empowerment support programme is required to promote organizational systems strengthening to specifically target MOPLS and beneficiaries.
- Partnering with other organizations is more beneficial for leverage of resources.

3.0. SWOTANALYSIS

3.1. Strengths

1. The system of governance has been established and Board of Director (BoDs) appointed as outlined in the constitution.
2. A clear organizational structure with defined roles and responsibilities has been developed. The structure is supported by staffs and volunteers.
3. There is a team of staff that work with commitment and demonstrate a sense of drive and self-motivation in their work despite working in a high stigma and limited funding.
4. Technical knowledge and experience in integrated HIV prevention, care and support.
5. Key policies have been developed and are operational. These include governance manual, finance and procurement policy, human resource policy, constitution and organizational profile.
6. The organization has a functional office with basic equipment and furniture. This has provided a base from which the programmes and activities are coordinated and the community easily connects with the organization for consultation and services access
7. There exists strong relationship and goodwill with community members, community leaders, local administration, and institutions in the target areas. This has been instrumental in supporting programmes and activities being implemented by the organization. We work closely with and a number of Peer Educators (PEs)
8. The organization has developed relationships with a number of organizations and agencies (county government ministries and departments, other like-minded organisations) that support its work through collaboration, financial and material support.
9. MOPLS have received different support from different agencies.
10. The organization has also developed strong networks and partnerships for referrals for service delivery to the beneficiaries more prudent and timely.
11. MOPLS has an Income Generating Activity which is one of the sustainability strategy, that is, catering service.

3.2. Weaknesses

1. Inadequate strategy to address the high expectations from the community that we serve.
2. The policies that have been developed have not been internalized and fully made operational.
3. Whereas the staffs have the basic qualifications needed for their positions, the experience level, technical and management capacities in specific areas are relatively low.
4. The organization has inadequate infrastructure for service delivery, these include laptops, furniture and other office equipment.
5. The financial resource base is still low considering that we do not have wide/diversified funding bases
6. The systems for communication are not sufficiently streamlined and this at times affects work systems – inadequate airtime and phones
7. Inadequate information education and communication (IEC) materials developed and disseminated by the organization.

3.3. Opportunities

1. For a vote head at the county for community programs and advocacy.
2. The developments in technology, particularly in social media and information technology provides a platform through which MOPLS can advance some of its programme and activities particularly with the Key The target areas covered by MOPLS are dynamic and vibrant with a large number of Key and Vulnerable Communities who are largely at risk and are threatened by the high rate of HIV infection, stigma and violence.
3. MOPLS is the only CBO which transitioned from a support group that support GBMSM+ in the county hence a chance to maximize on this.
4. Current donors especially PEPFAR's plan to fund local indigenous organization such as MOPLS is a perfect chance for strengthening internal system for future funding.

5. The devolved county government has opened up opportunities for MOPLS to explore funding from within and also advocating and Vulnerable Communities network.
6. Opportunity to Intergrate DICES to public facilities is highly to increase government commitment in service provision to key and vulnerable population.

3.4. Threats

1. Widespread stigma and discrimination against key and vulnerable population resulting to oppressive and hostile community.
2. The high cost of living in the country This has encouraged dependency syndrome with most people preferring handouts as opposed to long-term sustainable interventions
3. Changing donor interests/ limited donors funding Key and Vulnerable Communities programming. Increase adoption of policies and legislation laws that promote violation of human rights at global, Regional, National, County levels..
4. Political landscape especially during elections and demos, which at time put the community at risk as people may take advantage of chaotic situation to confront Key and Vulnerable Communities especially the GBMSM+ and LGBTQ at large
5. Unreable supply chain for health promotion and disease prevention commodities.
6. Increased risk of mismanagement of DICES that are intergrated to government facilities.

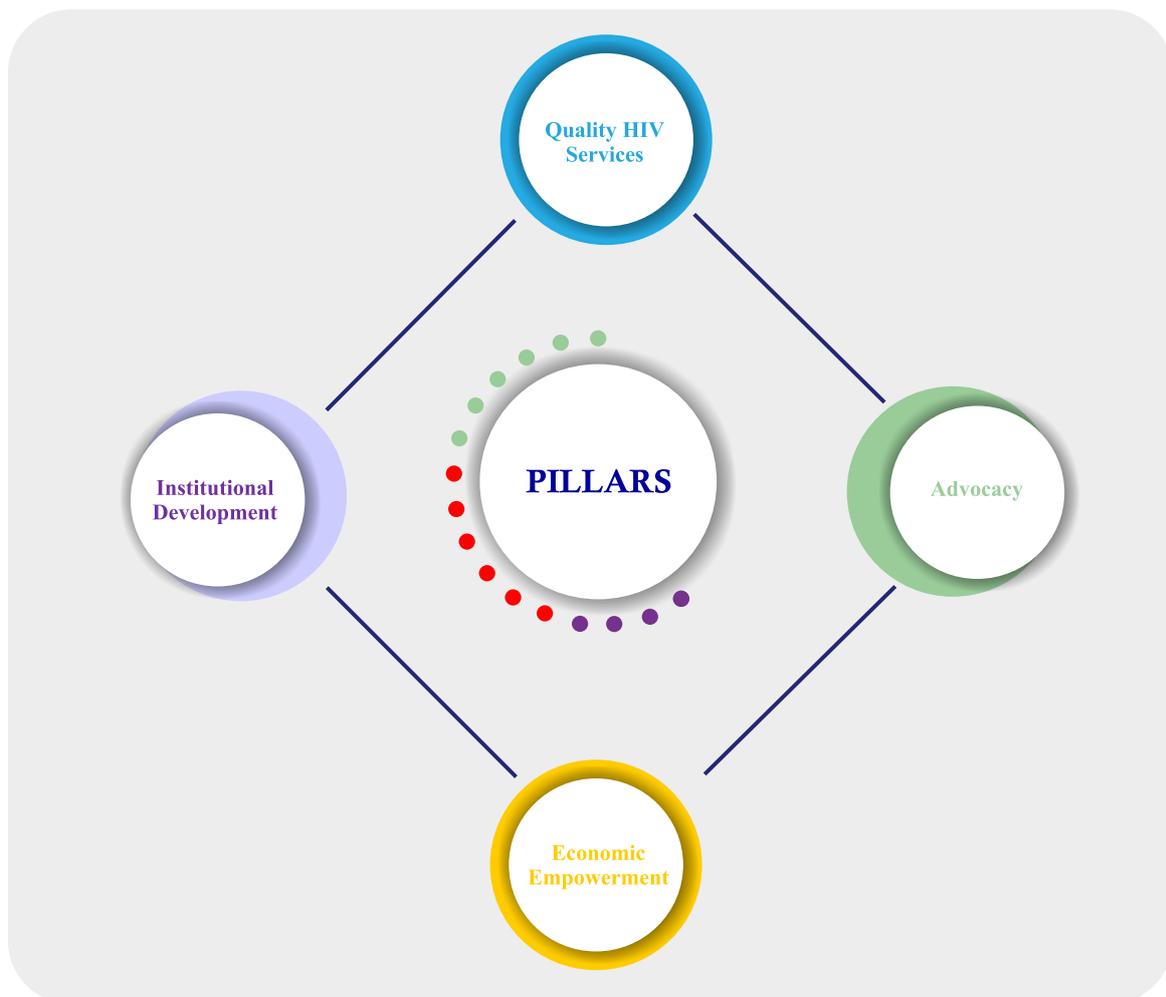
4.0. STRATEGIC FOCUS

4.1. Overview

The reviewed Strategic Plan sets out MOPLS's priorities for the period 2025 – 2027. The identified key pillars in this plan are based on reflection on the current and past interventions, and analysis of both internal and external environment in which the organization operates. While it is recognized that many issues have emerged, MOPLS will focus mainly on those issues that touch on the Key and Vulnerable Communities – the population that MOPLS serves.

MOPLS will use the experience it has acquired over the years and its competencies to work towards provision of Quality HIV services, advocacy, economic empowerment and organizational development for the next three years.

4.2. Pillars



4.3. Pillars, Strategic Objectives and Key Interventions

Pillar	Strategic Objective	Key Intervention
Quality HIV Services	To facilitate access to comprehensive HIV services by Key and Vulnerable Communities in Kisumu County by 2027.	<ul style="list-style-type: none"> ▪ Provide combination services. <ul style="list-style-type: none"> ✓ Behavioural services. ✓ Biomedical services. ✓ Structural services.
Advocacy	To promote policy influence for effective programming Key and Vulnerable Communities in Kisumu County by 2027.	<ul style="list-style-type: none"> ▪ Social behaviour change communication. ▪ Human rights events. ▪ SRHR services and commodities. ▪ Identification and participation on relevant policy development including resource allocation and utilisation.
Economic Empowerment	To enhance capacities of Key and Vulnerable Communities for sustainable economic initiatives in Kisumu County by 2027.	<ul style="list-style-type: none"> ▪ Mapping, identification and/or registration of groups / beneficiaries. ▪ Conduct trainings / sensitization on business opportunities and entrepreneurial skills targeting. <ul style="list-style-type: none"> ✓ Community led support groups. ✓ Individuals. ▪ Strengthen linkages for the opportunities / start ups capital, and other kitties.
Institutional Development	To strengthen capacity of MOPLS for efficient and sustainable operations by 2027.	<ul style="list-style-type: none"> ▪ Strengthen institutional income generating activities, that is, outside catering (marketing, registration as a social enterprise). ▪ Establish monitoring, Evaluation, Learning and Research (MERL) system. ▪ Review and operationalize existing internal policies. ▪ Skills building / human resource development. ▪ Expand resource mobilization (RM) processes including development and implementation of RM strategy.

5.0. MONITORING AND EVALUATION

5.1. Overview

The MOPLS Monitoring and Evaluation (M&E) framework is a robust system that will be enhanced to ensure continuous reflection and improvement of program interventions. The M&E unit will be integral in tracking progress, measuring performance, and guiding strategic actions across all organizational levels. By integrating M&E tools and processes into routine work, MOPLS aims to enhance communication, learning, and decision-making, thereby achieving its strategic objectives in HIV service provision, advocacy, economic empowerment, and institutional development.

5.2. M&E Structure

Monitoring and evaluation responsibilities will be distributed across all staff levels within MOPLS. The M&E efforts will be led by the Monitoring, Evaluation, Research and Learning (MERL) Lead, who will work in close collaboration with the Programs Director. The M&E Lead will oversee the design and implementation of the M&E framework, ensure the quality and accuracy of data, and prepare comprehensive reports. Additionally, the M&E Lead will analyze collected data to identify trends, measure outcomes, and assess the impact of various projects. Supporting the MERL Lead, project officers, M&E officers, and data clerks will be responsible for collecting data on the ground. They will engage with beneficiaries directly and provide real-time

feedback to ensure accurate and timely monitoring. This collaborative approach will enable MOPLS to maintain a robust and effective M&E system, ensuring that all activities are continuously monitored and evaluated for optimal performance and impact.

5.3. Data Collection and Management

The M&E framework for MOPLS is grounded in simplicity, measurability, demonstrable achievement, practicality, and alignment. It will use straightforward indicators to ensure results are objectively measured. The framework will demonstrate success through cost-effective evaluations and align monitoring actions with project activities and the organization's strategic objectives.

MOPLS's data collection, analysis, and reporting framework involves using specific project data collection tools and procedures, with project staff developing necessary tools with M&E Lead's assistance. Data is disaggregated by age, KP type, location, and intervention. Reporting supports government targets and donor requirements, with M&E officers ensuring data flows into government systems like COBPAN and MOH 711 and summary reports submitted to donors.

5.4. Processes

MOPLS's M&E approach includes multiple mechanisms for reviewing plan implementation, such as monthly, quarterly, annual, mid-term, and end-term evaluations, along with routine field monitoring. Monthly technical review meetings involve the senior management team assessing progress against targets, while quarterly reviews involve all program staff to monitor and plan future actions. Annual reviews evaluate performance against yearly goals, informing next year's planning. Mid-term evaluations assess progress and necessary adjustments, and end-term evaluations measure outcomes against objectives to determine MOPLS's impact on national strategy. The M&E unit defines parameters for report reviews, involving key personnel to ensure thorough evaluations..

5.5. M&E Framework (2025 – 2027)

PILLAR ONE: QUALITY HIV SERVICES				
STRATEGIC OBJECTIVE ONE	MAIN ACTIVITY	OUTPUT INDICATOR	MEANS OF VERIFICATION	KEY STRATEGIES
To facilitate access to comprehensive HIV services by Key and Vulnerable Communities in Kisumu County by 2027.	1.1 Provide Behavioral Services including: Peer education, Condom education, Mental health sessions, risk reduction counselling, IEC, TB & STI education, GBV prevention, Alcohol and drug abuse counselling.	<ul style="list-style-type: none"> Number of services provided Number of clients reached. 	<ul style="list-style-type: none"> Peer Outreach calendar Outreach worker summary. 	<ul style="list-style-type: none"> Delivery of combination. prevention services. Partnerships. Capacity Building. Referral and linkages.
	1.2 Provide Biomedical Services including; Community ART delivery, HTS, PEP, PrEP, STI screening and treatment, TB services, condom distribution.	<ul style="list-style-type: none"> Number of services provided Number of clients reached. 	<ul style="list-style-type: none"> Clinic Visit Form summary Report. 	
	1.3 Provide Structural Services including; Violence response, addressing social norms for stigma and discrimination reduction, advocacy especially at the community level.	<ul style="list-style-type: none"> Number of services provided Number of clients reached. 	<ul style="list-style-type: none"> Structural service delivery report. 	

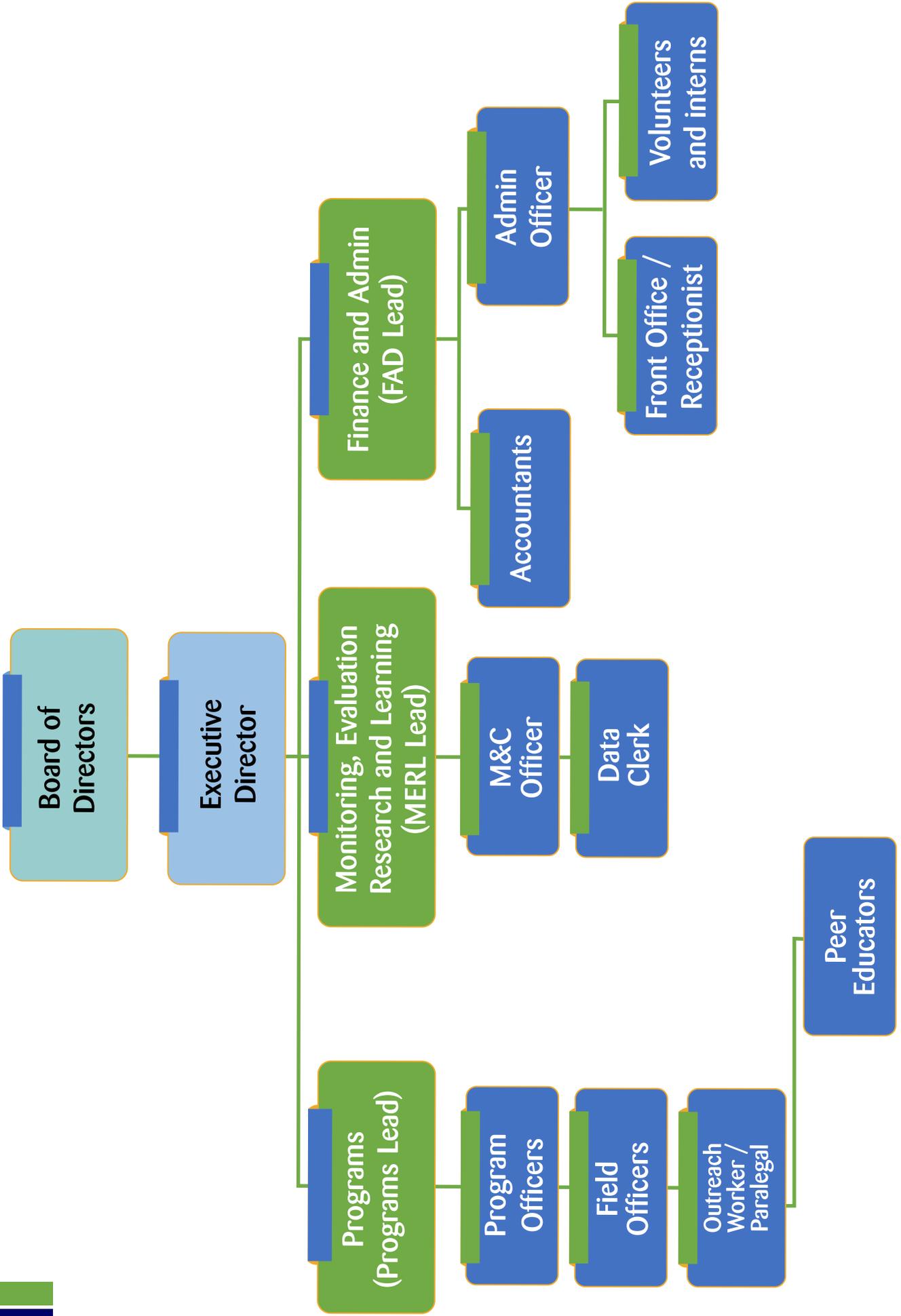
PILLAR TWO: ADVOCACY				
STRATEGIC OBJECTIVE TWO	MAIN ACTIVITY	OUTPUT INDICATOR	MEANS OF VERIFICATION	KEY STRATEGIES
To promote policy influence for effective programming Key and Vulnerable Communities in Kisumu County by 2027.	2.1. Stigma and discrimination reduction campaigns.	<ul style="list-style-type: none"> Stigma and discrimination cases 	<ul style="list-style-type: none"> Advocacy reports. 	<ul style="list-style-type: none"> Social behaviour change communication (SBCC). Mapping. Prioritization of key issues / agenda. Presentation of findings / issues .
	2.2. Promote and participate on human rights events.	<ul style="list-style-type: none"> Number of events and key issues pushed forward 	<ul style="list-style-type: none"> Activity reports. 	
	2.3. Influence availability and accessibility of SRHR services and commodities.	<ul style="list-style-type: none"> Status / availability and accessibility of SRHR 	<ul style="list-style-type: none"> SRHR services and commodity report. 	

PILLAR FOUR: INSTITUTIONAL DEVELOPMENT				
STRATEGIC OBJECTIVE FOUR	MAIN ACTIVITY	OUTPUT INDICATOR	MEANS OF VERIFICATION	KEY STRATEGIES
To strengthen capacity of MOPLS for efficient and sustainable operations by 2027	4.1. Strengthen institutional income generating activities	<ul style="list-style-type: none"> • % income generated 	<ul style="list-style-type: none"> • IGA report • Registration certificate 	<ul style="list-style-type: none"> • Marketing • Training needs assessment • Capacity building / technical trainings/ workshops • Partnerships • Consultations
	<ul style="list-style-type: none"> • Outside catering • Registrar as a social enterprise 			
	4.2. Establish monitoring, Evaluation, Learning and Research (MERL) system	<ul style="list-style-type: none"> • MERL system established 	<ul style="list-style-type: none"> • Copy of MERL system / policy 	
	4.3. Review and operationalize existing internal policies including:	<ul style="list-style-type: none"> • Number of policies reviewed 	<ul style="list-style-type: none"> • Copies of policies reviewed 	
	<ul style="list-style-type: none"> • Constitution, governance manual, HR policy, Finance and Procurement Policy etc 			
	4.4. Skills building / human resource development on key areas of operations	<ul style="list-style-type: none"> • Key areas identified for training 	<ul style="list-style-type: none"> • Training reports 	
4.5. Develop resource mobilization strategy	<ul style="list-style-type: none"> • Mobilization strategy developed 	<ul style="list-style-type: none"> • Copy of the strategy 		
4.6. Strengthen fundraising efforts / processes	<ul style="list-style-type: none"> • % of annual income 	<ul style="list-style-type: none"> • Income report 		

		services and commodities		affecting key and vulnerable communities
		<ul style="list-style-type: none"> Number of policy/stakeholder sessions identified and participated Key issues presented / discussed 	<ul style="list-style-type: none"> Policy / stakeholder engagement report 	<ul style="list-style-type: none"> Lobbying Creation of beneficial partnerships
	2.4. Identify and participate on relevant policy / stakeholder sessions including resource allocation and utilisation			

PILLAR THREE: ECONOMIC EMPOWERMENT				
STRATEGIC OBJECTIVE THREE	MAIN ACTIVITY	OUTPUT INDICATOR	MEANS OF	KEY STRATEGIES
To enhance capacities of Key and Vulnerable Communities for sustainable economic initiatives in Kisumu County by 2027	3.1. Identify agroups / beneficiaries	<ul style="list-style-type: none"> Number of beneficiaries identified 	<ul style="list-style-type: none"> List of beneficiaries supported / served 	<ul style="list-style-type: none"> Mapping of beneficiaries Needs assessments Capacity building Networking Community engagement
	3.2. Identify gaps on economic empowerment including issues around entrepreneurship, starting and growing your business, book keeping etc	<ul style="list-style-type: none"> List of gaps identified 	<ul style="list-style-type: none"> Assessment report / summary 	
	3.3. Conduct trainings based on the gaps identified on business opportunities and entrepreneurial skills targeting <ul style="list-style-type: none"> Community led support groups Individual beneficiaries 	<ul style="list-style-type: none"> Number of trainings conducted Number of beneficiaries trianed 	<ul style="list-style-type: none"> Training reports 	
	3.4. Strengthen linkages for the opportunities / start ups capital, and other kitties	<ul style="list-style-type: none"> Number of linkaged developed Opportunities identified 	<ul style="list-style-type: none"> Linkage report 	

APPENDIX 1 – Organogram

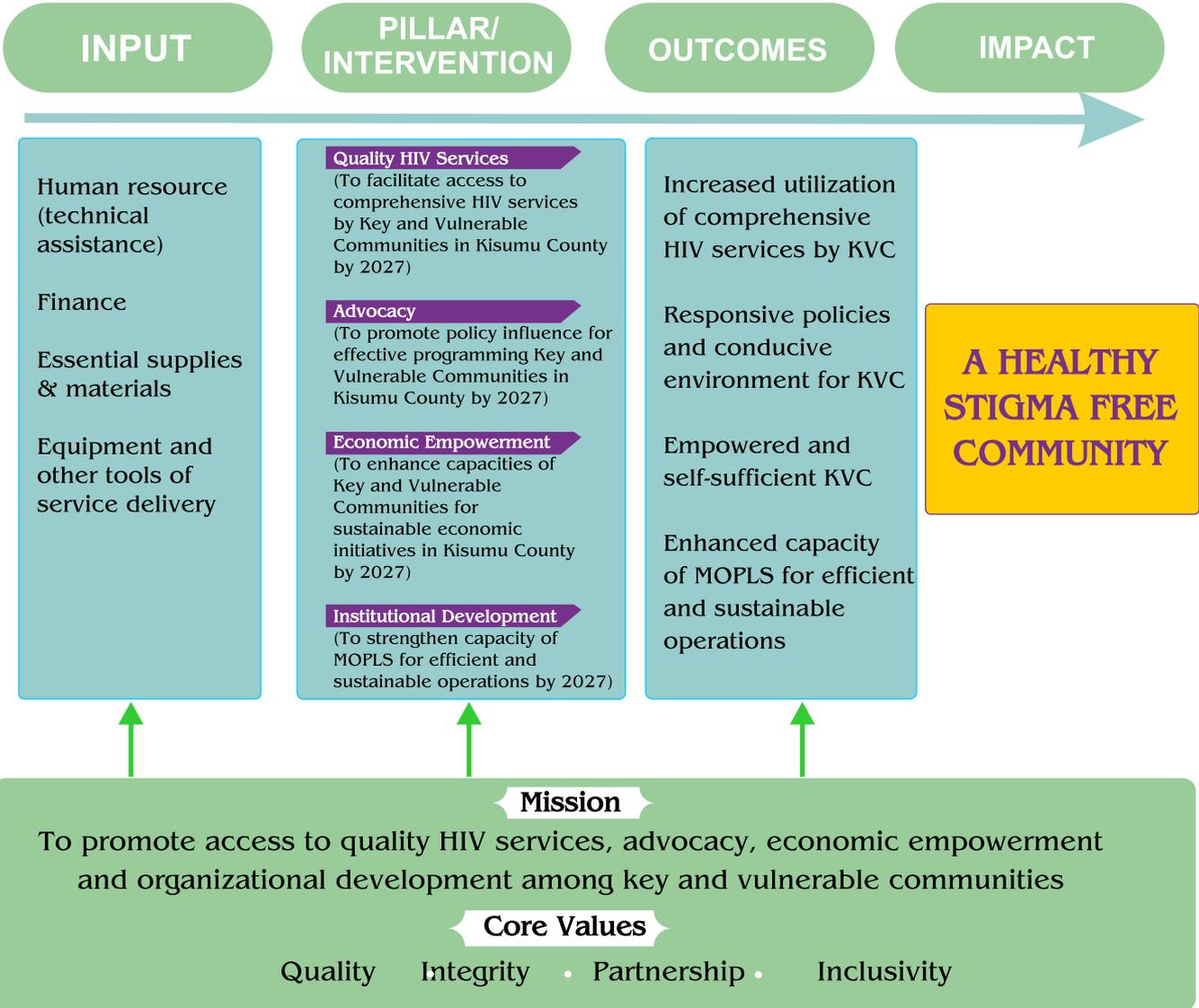


APPENDIX 2 – THEORY OF CHANGE

THEORY OF CHANGE (ToC)
Strategic Plan 2025 – 2027

KEY ISSUES

1. Stigma and discrimination influenced by cultural norms
2. Inadequate resources to support key and vulnerable communities (KVC)
3. High levels of poverty among the beneficiaries and in the communities where MOPLS operates
4. Controversial policies and laws against LGBTQ community
5. Inadequate organizational capacity to support interventions



APPENDIX 3 – LIST OF CONTRIBUTORS

BOARD MEMBERS

NAMES	POSITION
Arthur Onyango	- Chair
Yvonne Okundi	- Member
Gregory Brian	- Member
Nixon Muok	- Member
Tobias onyango	- Secretary

NAMES	ORGANIZATION
Dancun Ojuka	- MOPLS
Velma Muhonja	- MOPLS
Richard opiate	- MOPLS
Samuel Okene	- MOPLS
Dishone Odero	- MOPLS
Daniel P. Onyango	- Let Good Be Told In Us
Fred Abayo	- Vision Brother CBO
Elly Ochieng	- Salina CBO
Fredrick O. Otieno	- Community
Jared Olwal	- Ciheb
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