

# **Dublin AIDS Alliance**



## **Strategic Plan 2010–2012**

# Contents

Introduction ..... 1

Chairperson’s Foreword .....2

Executive Director’s Overview .....6

Strategic Pillars.....9

Strategic Objectives and Actions ..... 10

Appendix 1: Organisational Structure ...26

# Introduction

# 1

**Dublin AIDS Alliance (DAA)** is a registered charity operating at local, national and European level. The principal aims of the organisation are to improve, through a range of support services, conditions for people living with HIV and AIDS and/or hepatitis, their families and their caregivers, while further promoting sexual health in the general population. Since 1987, DAA has been pioneering services in sexual health education and promotion, and has consistently engaged in policy development while lobbying and campaigning on issues of HIV, sexual health and promotion of human rights.

We provide a range of services, which include information and advice, counselling, advocacy, community support (CS), outreach, and provision of education and training on HIV and sexual health. DAA has also worked in partnership with other agencies for a number of years on issues of HIV related stigma and discrimination. Our ethos broadly reflects a harm reduction model, which emphasises practical rather than idealised goals.

DAA is the non-governmental organisation (NGO) representative for the eastern region on the National AIDS Strategy Committee (NASC) and its Education and Prevention Subcommittee. DAA is a member of the HIV Services Network (HSN), the Prevention and Education Committee of the National Advisory Committee on Drugs (NACD), the Irish Association of Alcohol and Addiction Counsellors (IAAAC), the Gay Health Network (GHN), the Drugs Education Workers Forum (DEWF), Sex Workers Alliance Ireland (SWAI) and the Prevention and Education Subcommittee of the North Inner City Drugs Task Force (NICDTF). DAA is also a FETAC registered provider, and is affiliated to the Irish National Organisation of the Unemployed (INOUE) and the Inner City Organisations Network (ICON). Other initiatives supported by DAA include Narcotics Anonymous (NA) and the Union for Improved Services, Communication and Education (UISCE).

## Our Mission

Working to improve conditions for people living with HIV and AIDS, their families and their caregivers, while actively promoting HIV and sexual health awareness in the general population.

## Our Vision

To contribute to a reduction in the prevalence of HIV in Ireland.

## Organisational Objectives

-  To support those living with and affected by HIV and AIDS;
-  To confront the stigma and discrimination associated with HIV and AIDS;
-  To increase public awareness through the promotion of HIV and sexual health education;
-  To influence policy through partnership and active campaigning.

# Chairperson's Foreword

# 2

The *Strategic Plan 2010–2012* is the next stage in the development of DAA. It builds on the strategy of 2006–2008, which was prepared following a review of the organisation by Farrell Grant Sparks (FGS). The Board of Directors believed a less intensive process was needed due to the current economic climate, and to the fact that much of the existing plan is ongoing. The Board agreed to engage with Clarke Consulting to review the existing plan and to guide the direction of the next. It was decided to extend the previous plan until the end of 2009 to facilitate the preparation of a new one.

The mission and vision for the organisation continue to be of pertinence.. The strategic direction for DAA needs to be informed by a number of factors, primarily the fact that the incidence of HIV and sexually transmitted infections (STIs) has continued to increase in Ireland in recent years. The policy context of HIV, and its place on the government agenda, remains as important as it was in 2006, and the objectives of the organisation as outlined in the previous plan need to remain in place.

As long as the rate of HIV infection continues to increase, and those living with HIV continue to experience stigma and discrimination, the need for organisations such as DAA will remain. With its emphasis on education and prevention, as well as advocacy, care and support for those affected by HIV, DAA remains as relevant today as when it started 23 years ago.

*Maeve Foreman*

**Chairperson**

# Executive Director's Overview 3

The period of the *Strategic Plan 2010–2012* will be a challenging one for DAA. The rising figures in newly diagnosed cases of HIV, in addition to the rise in STIs, continue to create demand for our services. While important progress has been made nationally and globally with regard to medical treatment and access to antiretroviral treatment for HIV, many countries are reporting that new infections continue to outstrip the expansion of treatment programmes, and commitment to HIV prevention remains inadequate. This was well documented at the United Nations High-Level Meeting held in 2008 on the progress made and the developments in the HIV/AIDS response globally.

In 2008 the Minister of State with responsibility for Older People and Health Promotion launched the National *HIV and AIDS Education and Prevention Plan 2008–2012*. This report has very positive recommendations, including expanded provision of needle exchanges in a variety of settings, wider provision of HIV/STI testing and free availability of condoms. It also stresses the importance of HIV prevention and states that prevention 'can have a major impact in halting and reversing the spread of HIV and AIDS and can also impact in reducing sexually transmitted infections (STIs) and improving sexual health'. DAA welcomed this plan, and will play a key role in delivery of some of the actions outlined in this report.

New challenges have emerged in recent years that have demanded innovative approaches in engaging new communities in our services. Many of these services have been developed despite a reduction in funding.

Some of the achievements of the *Strategic Plan 2006–2008* continued throughout 2009, and are outlined hereunder:

-  Engagement of new communities living with HIV in Ireland;
-  Distribution of our *Don't Panic Guides* on sexual health in six languages with active involvement of new communities;
-  Recruitment and training of eight new volunteers who can speak sixteen different languages and who currently assist with our outreach programme;
-  Expansion of our outreach programme with a weekly information stand at Moore Street Mall and Baleskin Reception Centre for asylum seekers;

- Ⓡ Expansion of FETAC accreditation across all ‘training for trainers’ courses and secured FETAC quality assurance on all accredited programmes;
- Ⓡ Secured improvements to the office building, offering a safe and more welcoming environment for both people living with HIV and staff. This included repainting, refreshing, upgrading of furniture and some IT system upgrades;
- Ⓡ Increased engagement with the media, which has led to a raising of the profile of DAA and of the issue of HIV and AIDS. Press releases and interviews have been provided to national and local media, such as RTE 1 News, Morning Ireland, The Afternoon Show, The Nine O’Clock News, Today FM and a number of regional radio stations;
- Ⓡ Partnership building with key NGOs and stakeholders;
- Ⓡ Streamlined FÁS services within the organisation.

The new strategic plan incorporates the continuation, and some enhancement, of our existing services, in addition to the development of new services. The following is a snapshot of our planned activity in 2010–2012:

- Ⓡ Continue existing Community Support services, including the walk-in service, information and advice, advocacy, one-to-one counselling, street outreach and outreach to new communities;
- Ⓡ Provide a HIV testing service;
- Ⓡ Provide a backpack needle exchange service;
- Ⓡ Deliver a ‘capacity building’ course for people living with HIV;
- Ⓡ Develop an interactive website;
- Ⓡ Publish a ‘self-advocacy’ book for people living with HIV;
- Ⓡ Continue to support and promote sexual health initiatives run by the gay community through participation in networks and events;
- Ⓡ Complete a service audit for all services;
- Ⓡ Continue information and advice services;
- Ⓡ Provide advocacy for enhancement of existing services;
- Ⓡ Explore research opportunities;
- Ⓡ Continue to provide the full range of DAA education, prevention and training services, including the FETAC Level 5 courses;
- Ⓡ Continue to develop, deliver and enhance our training programmes;
- Ⓡ Continue to provide prevention and education initiatives through colleges, health fairs and for Irish AIDS Day and World AIDS Day;
- Ⓡ Deliver training and education to training colleges;
- Ⓡ Continue to deliver ‘HIV and AIDS: An Overview for Counsellors’ course at least once per year;
- Ⓡ Lobby the Department of Health for the development of a sexual health strategy;

- Ⓡ Become a resource for the Department of Education in the area of sexual health education;
- Ⓡ Deliver briefings for government ministers and opposition spokespersons on issues relating to HIV and sexual health in Ireland;
- Ⓡ Enhance DAA's ability to affect policy through participation on government and NGO committees;
- Ⓡ Continue to enhance links with the Irish Prison Service;
- Ⓡ Build closer links with Irish Aid;
- Ⓡ Strengthen the work of the NGOs in the sector through the HIV services network;
- Ⓡ Enhance DAA's relationship with the media;
- Ⓡ Recruit a patron for the service;
- Ⓡ Explore opportunities for partnership with other NGOs, agencies and networks in the sector;
- Ⓡ Continue the development of the Board;
- Ⓡ Establish a service user forum;
- Ⓡ Finalise the review of DAA membership structure;
- Ⓡ Recruit additional members of staff;
- Ⓡ Support the development of management and staff;
- Ⓡ Continue to secure funding and seek to enhance funding opportunities;
- Ⓡ Enhance the quality of the service;
- Ⓡ Build relationships with the business community;
- Ⓡ Develop a fundraising strategy;
- Ⓡ Secure tenants for the office building;
- Ⓡ Enhance the DAA website;
- Ⓡ Review policies and procedures in line with best practice;
- Ⓡ Maintain FETAC quality assurance and conduct internal and external reviews as required by FETAC;
- Ⓡ Undertake a mid-term and final review of the DAA *Strategic Plan 2010–2012*.

**We believe that DAA delivers quality services and will continue to develop innovative responses to the issues of HIV and sexual health in Ireland despite the economic challenges that face us all in the coming years.**

Mary O' Shea

**Executive Director**

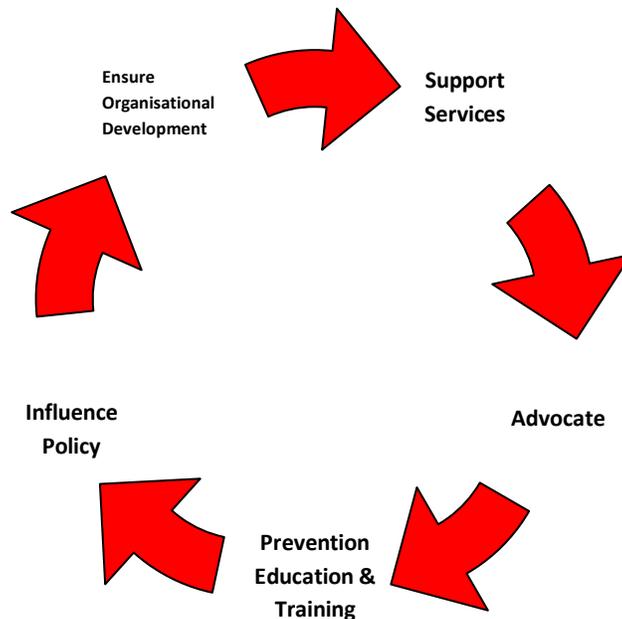
# Strategic Pillars

# 4

The five strategic pillars for 2010–2012 are:

1. Support Services
2. Advocacy
3. Prevention Education and Training (PET)
4. Policy and External Relations
5. Organisational Development

The first four pillars of our strategy are linked to our organisational objectives and service provision. The strength of the fifth pillar underpins the work we accomplish.



# Strategic Objectives and Actions 5

## Support Services

To support those living with and affected by HIV and AIDS.

**It is our aim to support those living with and affected by HIV and AIDS through high-quality, best evidence-based service provision.**

The number of newly diagnosed cases of HIV reported to the Health Protection Surveillance Centre (HPSC) in 2009 was 395. The total number of HIV infections reported up to the end of 2009 was 5,637. This compares with 3,764 on our last strategic plan, and represents a 67% increase. Additionally, figures released in 2009 for notifications of STIs in 2007 showed an increase of 20% on 2006 figures.

These figures continue to create demand for our services and highlight the need to urge the government to place the issue of HIV and AIDS as a higher priority on the government agenda.

In 2009, 310 HIV positive people availed of the DAA's CS services, an increase of 27 people from 2008. Just over a third of these (n = 107) were from new communities living in Ireland.

The number of the general public using DAA's in-house services rose significantly to 2,165 in 2009. This was an increase of 57% on those accessing the service in 2008.

# Key Actions

## **Action 1.1                      Continue to provide walk-in service**

Key Lead/Asst by: CS Coordinator / CS Team  
Resources: Staff, time, within existing budget  
Timeframe: Ongoing with annual reviews  
Expected Outcome: Counselling and support services will continue to be accessible Monday to Friday

## **Action 1.2                      Continue to provide street outreach service**

Key Lead/Asst by: CS Coordinator / CS Team  
Resources: Staff, time, within existing budget  
Timeframe: Ongoing with annual reviews  
Expected Outcome: Continuation of street outreach services

## **Action 1.3                      Continue to provide outreach service to new communities**

Key Lead/Asst by: CS Coordinator / CS Team  
Resources: Staff, time, within existing budget  
Timeframe: Ongoing with annual reviews  
Expected Outcome: Continuation of outreach service to new communities

## **Planned New Activities for this period**

### **\* Action 1.4                      Provision of a HIV testing service**

Key Lead/Asst by: Executive Director / CS Coordinator and Team  
Resources: Staff, time, seeking partnership with health-care provider  
Timeframe: From 2011  
Expected Outcome: New HIV testing service in operation

**\*Action 1.5                      Develop a backpack needle exchange service**

Key Lead/Asst by:            Executive Director / Management Team and staff  
Resources:                    Staff, time, seeking partnership with another agency  
Timeframe:                    2011  
Expected Outcome:           New backpack needle exchange service in operation

**\*Action 1.6                      Development and delivery of a ‘capacity building’ course for people living with HIV**

Key Lead/Asst by:            CS Coordinator / Management Team / Executive Director  
Resources:                    Staff, time, submission of grant application  
Timeframe:                    Developed in 2011 and delivered annually thereafter  
Expected Outcome:           Capacity building course developed and delivered on an annual basis

**Action 1.7                        Develop an interactive website for people living with HIV in Ireland**

Key Lead/Asst by:            CS Coordinator / CS staff  
Resources:                    Staff, time, budget  
Timeframe:                    End of 2010, reviewed annually  
Expected Outcome:           Interactive website developed

**Action 1.8                        Complete ‘self-advocacy’ book for people living with HIV in Ireland**

Key Lead/Asst by:            CS Coordinator / PET Coordinator / CS and PET Teams  
Resources:                    Staff, time, budget  
Timeframe:                    2010  
Expected Outcome:           Self-advocacy book completed

**Action 1.9**                      **Continue to actively engage volunteers in outreach/events**

Key Lead/Asst by:              CS Coordinator / PET Coordinator / Office Manager

Resources:                      Staff, time, budget

Timeframe:                      End of 2010, review annually

Expected Outcome:            Increase in the number of volunteers in outreach/events

**Action 1.10**                      **Continue to support and promote sexual health initiatives run by the gay community through participation in networks and events**

Key Lead/Asst by:              PET Coordinator / Executive Director / Management Team

Resources:                      Staff and time

Timeframe:                      Ongoing

Expected Outcome:            Continued support and engagement by DAA

**\*Action 1.11**                      **Complete a service audit of all services in DAA**

Key Lead:                        Executive Director / external evaluator

Resources:                      Staff, time and budget dependent

Timeframe:                      2012

Expected Outcome:            Audit completed and any change required identified

**\*Funding dependent**

# Advocacy

To confront the stigma and discrimination associated with HIV and AIDS.

**We aim to advocate for a comprehensive sexual health strategy and to ensure that stigma and discrimination of people affected by HIV and AIDS are no longer a barrier to accessing health care and support.**

## Key Actions

### **Action 2.1**                      **Continuation of information and advocacy service**

Key Lead/Asst by:              CS Coordinator / CS Team

Resources:                      Staff, time, within existing budget

Timeframe:                      Ongoing with annual review

Expected Outcome:            Continuation of current level of service delivery in this area

### **Action 2.2**                      **Seek research opportunities in area of HIV and sexual health**

Key Lead/Asst by:              Executive Director / Chairperson

Resources:                      Staff, time, partner with a university

Timeframe:                      Completed 2012

Expected Outcome:            To have completed and disseminated research in this field

### **Action 2.3**                      **Advocate for the introduction of a national sexual health strategy**

Key Lead/Asst by:              Executive Director / NASC Committee / HSN

Resources:                      Staff, time

Timeframe:                      By end of 2012

Expected Outcome:            National sexual health strategy in place

**Action 2.4**                    **Continue to challenge the irrationality of stigma and discrimination for people living with HIV**

Key Lead/Asst by:            Executive Director / Staff / NASC Committee / HSN

Resources:                    Staff, time, inter-agency work

Timeframe:                    Ongoing

Expected Outcome:         Influence policy to reduce HIV related stigma

# Prevention Education and Training

To increase public awareness through the promotion of HIV and sexual health education.

**It is our aim to be at the cutting edge of service provision and education for people affected by HIV and AIDS, in addition to education for people whose work is impacted by HIV and AIDS and for the general public.**

HIV is a preventable illness. Research, such as the *UNAIDS Policy Position Papers*, is continuing to demonstrate that sustained prevention and education programmes are a key variable in the reduction of the incidence of HIV and sexually transmitted infections.

For example, Stover *et al.*<sup>1</sup> estimate that prevention initiatives could reduce up to 63% of new HIV infections.

The Irish *HIV and AIDS Prevention and Education Plan 2008–2012* states that 'HIV prevention, if adequately resourced, can have a major impact in halting and reversing the spread of HIV and AIDS and can also impact in reducing sexually transmitted infections (STIs) and improving sexual health'.

Supporting people who are living with HIV to adopt a healthy lifestyle and to practise safer sex is a major component in preventing the spread of HIV. Similarly, the prevention of needle sharing among injecting drug users is also a key factor in achieving this goal.

The DAA's PET programme provides targeted HIV/hepatitis prevention and sexual health promotion initiatives, while combating the prejudice, stigma and discrimination associated with HIV and AIDS through informational and experiential workshops. The provision of evidence based education and information will continue to play a central role in the work of the DAA.

---

<sup>1</sup> 'Can we reverse the HIV/AIDS pandemic with an expanded response?', *The Lancet*, 2002, 360, 73–77.

# Key Actions

**Action 3.1**                      **Continue to provide full range of DAA PET services**

Key Lead/Asst by:            PET Coordinator / PET Team  
Resources:                      Staff, time, within existing budget  
Timeframe:                      Ongoing with annual reviews  
Expected Outcome:            Continuation of current PET services

**Action 3.2**                      **Continue to provide ‘training for trainers’ courses in sexual health and drug awareness training and safer sex negotiation skills training in line with actions of National Drugs Strategy**

Key Lead/Asst by:            PET Coordinator / PET Team  
Resources:                      Staff, time, within existing budget  
Timeframe:                      Ongoing with annual reviews  
Expected Outcome:            Continuation of ‘training for trainers’ courses

## Planned New Activities for this period

**Action 3.3**                      **Deliver HIV and sexual health education to training colleges**

Key Lead/Asst by:            Executive Director / PET Coordinator Team  
Resources:                      Staff, time, budget  
Timeframe:                      Commence September 2010  
Expected Outcome:            2010: developed links with colleges; 2011 and 2012: new training course delivered as part of induction programme

**Action 3.4**                      **Continue to deliver one-day ‘HIV and AIDS: An Overview for Counsellors’ course annually**

Key Lead/Asst by:            CS Coordinator / PET Coordinator / CS and PET Teams

Resources:                    Staff, time, within existing budget

Timeframe:                    Commence 2010, review annually

Expected Outcome:        Training course delivered at least once per year

**Action 3.5**                      **Continue to deliver and enhance prevention and education initiatives on an annual basis in colleges, at health fairs and for Irish AIDS Day and World AIDS Day**

Key Lead/Asst by:            PET Coordinator / CS Coordinator / PET and CS Teams

Resources:                    Staff, time, within existing budget

Timeframe:                    Ongoing

Expected Outcome:        Continued development of prevention and education initiatives

**\*Action 3.6**                      **Maintain FETAC quality assurance and develop new procedures when required, conduct annual review and commission an external evaluation in line with FETAC quality assurance agreement with DAA**

Key Lead/Asst by:            PET Coordinator / PET Team

Resources:                    Staff, time, budget dependent

Timeframe:                    Ongoing

Expected Outcome:        External evaluation commissioned by 2012

**Action 3.7**                      **Continue to disseminate information materials on HIV and sexual health through our library service**

Key Lead/Asst by:            PET Coordinator/ PET Team

Resources:                    Staff, time, within existing budget

Time Frame:                    Ongoing

Expected Outcome:        Continue to maintain request for this service

# Policy and External Relations

To influence policy through partnership and active campaigning.

**We aim to continue as a leading voice in the sector and work in partnership with all stakeholders so that we are the first port of call on issues of policy, service and resources.**

Our target is to enhance our good relationships with government and other key stakeholders.

## Key Actions

**Action 4.1**                      **Become a resource for the Department of Education in the area of sexual health education**

Key Lead/Asst by:              Executive Director / PET Coordinator

Resources:                      Staff, time, budget

Timeframe:                      Sept 2010

Expected Outcome:            Department of Education will use the knowledge and resources available from DAA in the development and delivery of sexual health education

**Action 4.2**                      **Deliver briefings for government ministers and opposition spokespersons**

Key Lead/Asst by:              Executive Director / HSN

Resources:                      Staff, time

Timeframe:                      Commence October 2010

Expected Outcome:            Political briefings delivered on an annual basis highlighting the needs of the sector; enhanced engagement of political parties in the HIV and AIDS debate

**Action 4.3                    Enhance DAA’s ability to influence policy through participation on government and NGO committees**

Key Lead/Asst by:        Executive Director / Management Team  
Resources:                Staff, time  
Timeframe:                Ongoing  
Expected Outcome:        Increased participation on key policy groups and NGO committees

**Action 4.4                    Enhance links with the Irish Prison Service**

Key Lead/Asst by:        Executive Director / CS Coordinator  
Resources:                Staff, time  
Timeframe:                Commence work 2010  
Expected Outcome:        Delivery of DAA services within the prison setting

**Action 4.5                    Build closer links with Irish Aid**

Key Lead/Asst by:        Executive Director  
Resources:                Staff, time  
Timeframe:                Commence work 2010  
Expected Outcome:        By 2012 Irish Aid more actively involved in Irish AIDS Day and World AIDS Day, and availing of the skills of DAA for work placements abroad

**Action 4.6                    Strengthen the work of NGOs in the sector through the HSN**

Key Lead/Asst by:        Executive Director and HSN Committee  
Resources:                Staff, time  
Timeframe:                Ongoing  
Expected Outcome:        HSN preparing joint briefings and holding at least one event per year focused on HIV and AIDS

**Action 4.7                      Enhance DAA’s relationship with the media**

Key Lead/Asst by:            Executive Director/Board  
Resources:                      Staff, time  
Timeframe:                      Ongoing  
Expected Outcome:           Increase in media coverage

**Action 4.8                      Recruit a patron for DAA**

Key Lead/Asst by:            Executive Director / Board  
Resources:                      Staff, time  
Timeframe:                      Mid 2011  
Expected Outcome:           New patron in place

**Action 4.9                      Explore opportunities for partnership with other NGOs, agencies and networks**

Key Lead/Asst by:            Executive Director / Management Team  
Resources:                      Staff, time  
Timeframe:                      Ongoing  
Expected Outcome:           Additional partnerships developed and maintained to enhance the education training and services provided to people living with and affected by HIV and AIDS in Ireland

# Organisational Development

**We aim to have grown the organisation and expanded the services to meet the needs of our client population.**

In the period of the strategic plan the needs of the population in terms of HIV prevention will continue to be of major concern, and will require an expansion of services to meet the national prevention objectives. Our organisation will continue to work to ensure that we are responsive and effective in meeting the changing needs of people living with HIV.

This will also involve the safeguarding of existing funding levels within the constraints of the economic situation, and the creation of a sustainable funding and fundraising capability.

## Key Actions

### **Action 5.1                      Continue to support the development of the Board**

Key Lead/Asst by:              Chairperson / Executive Director

Resources:                      Board members' time, within existing budget

Timeframe:                      Ongoing

Expected Outcome:              All members of the Board have working knowledge with the rules of governance; the Board continues to recruit competent members to fulfil its function of overseeing the organisation in areas of funding, compliance, HR, advocacy and service provision; the Board has a representation of service users as part of its membership

**Action 5.2**                      **Establish a service user forum in line with best practice**

Key Lead/Asst by:            CS Coordinator / Executive Director

Resources:                      Staff, time, within existing resources

Timeframe:                      End of 2010

Expected Outcome:            2011: service user forum model developed; by 2012, service user forum in place and service users actively involved in the development and delivery of DAA services

**Action 5.3**                      **Finalise the review of DAA membership structure**

Key Lead/Asst by:            Executive Director / Board

Resources:                      Staff, time, budget

Timeframe:                      End of 2010

Expected Outcome:            Revised membership structure in place

**\*Action 5.4**                      **Recruit a number of additional staff members**

Key Lead/Asst by:            Executive Director / Management Team

Resources:                      Staff, time, budget dependent

Timeframe:                      Ongoing

Expected Outcome:            Information and research officer, trainer, outreach worker and fundraiser in place

**\*Action 5.5**                      **Support the development of management and staff**

Key Lead/Asst by:            Executive Director / Management Team

Resources:                      Staff, time, within existing resources

Timeframe:                      Ongoing

Expected Outcome:            Incorporation of best practice into the role and function of staff within the services; enhanced staff retention and staff satisfaction within the service; up-skilling of staff

**Action 5.6**                      **Aim to maintain current funding levels by seeking alternative funding sources and continuing positive relationships with funding bodies**

Key Lead/Asst by:            Executive Director / Management Team

Resources:                      Staff, time

Timeframe:                      Ongoing

Expected Outcome:          No decrease in overall funding provision, with new funding options sourced

**Action 5.7**                      **Enhance the quality of service in line with best practice**

Key Lead/Asst by:            Executive Director / Management team

Resources:                      Staff, time

Timeframe:                      2012

Expected Outcome:          Service continues in line with best-evidence practice and enhances this standard with the implementation of QuADS (Quality Assurance for Drug and Alcohol Services)

**Action 5.8**                      **Build relationship with business community**

Key Lead/Asst by:            Executive Director / Office Manager

Resources:                      Staff, time

Timeframe:                      Ongoing

Expected Outcome:          Enhanced awareness of key issues, and possible funding support

**Action 5.9**                      **Develop a fundraising strategy with support of fundraising expert**

Key Lead/Asst by:            Board / Executive Director / Management Team / Staff

Resources:                      Staff, time, may require additional resources

Timeframe:                      Commence in 2010 and completed by 2011

Expected Outcome:          Enhanced funding opportunities, including identification of additional funders and the hosting of at least one fundraising event per year

**Action 5.10                      Secure tenants or reduction in rent of office building**

Key Lead/Asst by:            Office Manager / Executive Director

Resources:                    Staff, time

Timeframe:                    2012

Expected Outcome:         Rent reduction

**Action 5.11                      Review of policies and procedures**

Key Lead/Asst by:            Office Manager / Executive Director / Management Team

Resources:                    Staff, time, budget

Timeframe:                    Annually

Expected Outcome:         All policies and procedures are reviewed on an annual basis

**Action 5.12                      Streamline primary services while maintaining key support functions within the organisation**

Key Lead/Asst by:            Executive Director / Board

Resources:                    Staff, time, budget

Timeframe:                    2012

Expected Outcome:         Key support functions delivered following restructuring

**Action 5.13                      Undertake a mid-term review and final evaluation of strategic plan**

Key Lead/Asst by:            Executive Director / external evaluator

Resources:                    Staff, time, budget

Timeframe:                    Mid-term review, end of 2011; final evaluation, end of 2012

Expected Outcome:         Mid-term review and final evaluation of strategic plan completed

**\*Funding dependent**

# Appendix 1

# 6

## Organisation Structure

