

BWINDI COMMUNITY HOSPITAL STRATEGIC PLAN 2014/15-2019/20



Health for All

Vision

A healthy and productive community free from preventable disease and with excellent health services accessible to all.

Mission

Serving Jesus Christ through giving holistic health care and life in all its fullness to the staff, patients, clients and visitors in the Hospital and community.

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Village Health teams & Bataka leaders of Kayonza, Mpungu and Kanyantorogo Sub counties for their input during consultative meetings

The entire staff of BCH

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Rev. Can Bagaba Bernard	Chaplaincy

List of acronyms

ADMN	
BAN	Administration
BCH	Buy-A-net Canada
BCHSP	Bwindi community Hospital
CH&B	Bwindi Community Hospital Strategic Plan
CIDA	Community Health and Batwa
CPD	Canadian International Development Agency
DHO	Continuous Professional Development
FP	District health Officer
HCS	Family Planning
HNMS	Head clinical services
HRM	Head nursing and Midwifery services
HSSP	Human resource Manager
IMR	Health Sector Strategic & Investment Plan
ITN	Infant Mortality rate
LC	Insecticide treated nets
MMR	Local council
NSSF	Maternal Mortality ratio
PAYE	National Social Security fund
STAR-SW	Pay as you earn
U5	Strengthening TB & AIDS response
UNSB	Under five
UPMB	Uganda Nursing School Bwindi
VHT	Uganda Protestant medical Bureau
	Village Health Team

Executive summary

Bwindi Community hospital is one of the fastest growing health institutions in the region taking the lead in both clinical and Public Health services. For a hospital that began 10 years under a tree as a mobile clinic for the Batwa, this growth and development has been fanned by people from different walks of life bringing in vast knowledge and experience.

Our hospital has maintained high standards of care to our clients and has remained the best performing hospital in Uganda (UPMB ranking) for five consecutive years. In 2011 the hospital won the prestigious health impact award, for Africa and Middle East region from the STARS Foundation (UK)

Again last year, our hospital was acknowledged by public opinion Uganda for her contribution towards the attainment of the millennium development goals and received The Pearl of Africa Life Time Achievement Award (PALITA award).

In this five year plan ending 2020, our emphasis will be on the following four areas

1. Hospital based clinical services including maternal and child health, surgery, inpatient and outpatient services including HIV/AIDS care.
2. Community health services: focused on disease prevention and promotion of maternal and child health. We are pioneers of community based palliative care, alcohol and mental health rehabilitation services in the region.
3. eQuality Bwindi community health insurance: Promoted access to healthcare especially by the poorest of the poor.

4. Improving the health of the community through excellent nursing education, research and practice
We hope to be a center of excellence in the region, offering specialist services, contributing new scientific knowledge through research. This will complement further our effort to make UNSB an outstanding institution in healthcare training to solve our vision is to attain a healthy and productive community free from preventable disease and with excellent services accessible to all. We want to become a center of excellence in healthcare, training and research. I cannot thank enough those who have been part of this process. Together we can live more fulfilled lives.

Dr. Birungi Mutahunga R.
Executive Director BCH, June, 2014

: health challenges in the community.

Background

Bwindi community hospital is a Private-Not-For-Profit facility under Kinkiizi Diocese and subscribes to the UPMB.

The now 112 bed capacity facility serves a population of about 120,000 in three sub counties of Kanyantorogo, Kayonza and Mpungu in Kanungu district including UWA staff, tourists and tour :

Clinical services

Adult inpatients

Diagnostics

Introduction

Bwindi Community Hospital is a private, not-for-profit organization located in South West Uganda near the home to half of the world's mountain gorillas and the minority Batwa pygmies.

The hospital began 10 years ago as a mobile care clinic for the Batwa, the initial inhabitants of the Bwindi impenetrable Forest.

For the last five years, our hospital has been recognized as the best performing healthcare provider in Uganda by the Uganda Protestant Medical Bureau. In 2011, the hospital won the prestigious health impact award, for Africa and Middle East region from the STARS Foundation (UK). This is in spite of our relatively young age and modest budget.

Today Bwindi Community Hospital has grown to a 112-bed hospital caring for a local population of about 100,000 people located in three sub-counties with a vision of attaining a healthy and productive community, free from preventable diseases and with excellent services accessible to all.

This third BCHSP (BCHSP III) takes over from the BCHSP II ending June 2014. BCHSP III is a five year plan that will culminate into positioning BCH as a regional centre of health care, training and research by the year 2020.

This plan will guide the various program areas of the hospital towards realization of our vision of a healthy and productive society, and thereby contributing to national development.

This plan has been developed with input from all Staff of BCH and program area heads using the SWOT analysis tool. Additionally consultative meetings were held with community members throughout the month of March 2014. Their views have been considered by the respective program area heads.

DIAGNOSTICS PROGRAM AREA

FIVE YEAR STRATEGIC WORKPLAN

GOAL, TO OFFER AFFORDABLE, SUSTAINABLE, AND HIGH QUALITY LABORATORY, RADIOLOGY AND IMAGING SERVICES FOR BETTER PATIENT MANAGEMENT.

KEY AREA	MAIN OBJECTIVES	SPECIFIC ACTIVITIES	OUT PUT	time frame				
				year 1	year 2	year 3	year 4	year 5
INFRASTRUCTURE	increase working space in the lab	Construction of a new laboratory complex	Fundraising					
		Partition the lab into sections	Fundraising					
	procure new equipment	Procure a fully automated chemistry analyser	Fundraising					
		Procure a fully automated haematology analyser	Fundraising					
		procure a full automated chemistry analyser	Fundraising					
		Procure equipment for microbiology lab section	Fundraising					
		Procure two fridges	Fundraising					
		Introduce point of care machines for peads	Fundraising					
		Procure a safety cabinet	Fundraising					
		Fully functionalise the radiology unit	Fundraising					
HUMAN RESOURCE	staff trainings in other labs	identification of reference labs and provide a MOU work out a schedule for staff trainings						
	Establish a network for lab staff	identification of reference labs and provide a MOU						
		Monthly infection control and safety assessment						
	Raise safety levels	Increase the number of lab staff						
	increase number of staff	Have a full time radiographer						
		Increase the number of sonographers						
SERRVICE DELIVERY	Increase the number of tests	introduce new tests ranging from microbiology, chemistry, haematology and parasitology.	procure equipment					
		write proposals, and procure the necessary equipment						
	Increase research activities involving diagnostics	introduce telemedicine						
		closely monitor turn around time						
	Imrpove the quality of service delivered	send two samples monthly for parasitology to a reference lab						
		send two samples monthly for haematology to a reference lab						
	Reduce turn around time for all investgations	send two samples monthly for chemistry to reference lab for comparison						
		participate in national quality control schemes						
	Widen quality control coverage, both external and internal.							

HIV/AIDS AND TB STRATEGIC PLAN 2015-19

Background

Main elements of the program funded:

BCC, HCT, PMTCT, HIV care, STI and condoms, TB, and Strengthening systems.

Main achievements:

1. Results of the household survey done in February 2012 indicated that the number of people who knew where to test for HIV stood at 99.6%. This showed a remarkable improvement from 65% at baseline. 98.4% of the people knew where they could get treatment for HIV up from 60%.
2. There has been a reduction of the TB suspects from 8% to 4.4%.
3. Over 49,058 HIV tests have been done. We have enrolled a total of 2,518 clients since 2007. As of June 2013, we had 1,565 active clients; 600 were handed over to the health units of Kanyantoro, Kajubwe and Mpungu. Positivity rate at 4.44%. Currently we have 817 clients in our care.
4. Over 7,108 pregnant women have been tested for HIV.
5. All patients who are HIV positive are able to access a high quality, free, confidential, holistic treatment service.
6. We have maintained a steady supply of condoms in the 84 boxes in the community.
7. Improved access to STI treatment at BCH.
8. We have managed to have sustainable partnerships with STAR-SW, PACE, and Civil Society Fund.
9. We have maintained the MTCT facility positivity rate at 0%.

Objectives

OBJECTIVE 1: Knowledge

All people aged 15 years old and over, living in Kayonza, Kanyantoro, Mpungu, Butogota, Kihhi,

OBJECTIVE 2: Testing

50% of people aged 15 and over, living in the eight sub-counties are tested for HIV each year.

OBJECTIVE 3: PMTCT

All pregnant women in the eight sub-counties are tested for HIV and those who are positive

OBJECTIVE 4: Care

All patients who are HIV positive are able to access a high quality, free, confidential, holistic

OBJECTIVE 5: Prevention

The risk of HIV transmission is reduced through a combination strategy

OBJECTIVE 6: TB

Early detection of tuberculosis (TB) suspects in the community, prompt diagnosis using

OBJECTIVE 7: Systems

Strengthening Systems

GOAL

A community free from HIV/AIDS and TB transmission and all clients accessing treatment in a safe, confidential, and friendly environment.

Objectives	Activities	Time frame					Responsible person	Output and measurement tool	BUDGET/SOURCE	Expected Outcome and how measured
		Yr1	Yr2	Yr3	Yr4	Yr5				
1. All people aged 15 years old and over, living in Kayonza, Kanyantorogo, Mpungu, Butogota, Kihhi, Nyanga and Nyakinoni sub-counties have a basic knowledge of HIV, where they can get tested and where they can get treatment										A community able that is knowledgeable about HIV and with people who know to find out their HIV status and that treatment is available to manage HIV .
	Advertising services to the community through IEC materials						Program head	IEC Materials distributed in the 6 subcounties and 2 town councils		This is measured by the annual community survey of HIV knowledge.
	Household sensitization through VHTs and PEs offering BCC						Supervisor	BCC forms filled		
	Dance and drama shows during commemoration days.						Head counselor	Two performances in each year		
	Internal hospital sensitization. Weekly CME sessions for HIV team and bi monthly sessions for all staff							Human resource record of CME activities		
2. 50% of people aged 15 and over, living in the eight sub-counties are tested for HIV each year.										a community where the majority of people know their HIV status, where as many men know their status as women, and where high risk groups like sex workers, soldiers, youth and hospital in patients have easy access to testing.
	Inpatient HCT						Doctors, nurses and Clinicians, nurses and counsellors	Atleast 1,200 inpatients each year offered tests, 80%		
	Outpatient HCT							Atleast 2,250 outpatients offered tests each year. 80% accented- measured by 6		
	Hospital VCT						Head counselor	Atleast 1,200 VCT HIV tests each year offered. Routine data collected		
	Outreach VCT						Head counselor	Atleast 10,000 people tested each year. Routine data collected		
	Targeting sex workers and other MARPS through dialogues						Head counselor	Routine data collected		

3. All pregnant women in the eight sub-counties are tested for HIV and those who are positive can access a PMTCT program									The number of children diagnosed with HIV at BCH on DNA PCR is less than 5 per year
	Testing of pregnant women at BCH and outreach ante-natal clinic						PMTCT nurse	All pregnant women are tested for HIV and enrolled into care- routine data collected	
	All HIV positive pregnant women are enrolled into PMTCT care						PMTCT nurse	40 HIV positive pregnant women receive outpatient PMTCT services at BCH each year- routine data collected	
	All HIV positive pregnant women deliver in a health unit						PMTCT nurse	60 positive women deliver at the hospital each year- routine data collected	
	Exposed babies clinics						PMTCT nurse	95 HIV negative babies- measured by records of DNA PCR results kept routinely. All babies followed up have growth monitoring monthly for the first six months and then two- monthly (and RUTF if they meet failure to thrive criteria)	
	Psychosocial support for families						PMTCT nurse	12 meetings each year with 40 people average- minutes of the meetings	
4. All patients who are HIV positive are able to access a high quality, free, confidential, holistic treatment service									increased life expectancy for people living with HIV. Measured in Cohort analysis. Broader coverage of HIV program.
	Quality HIV care						Program head	HIV care standards monitored by 6 monthly audits including patient waiting time.	
	Defaulters						Program coordinator	100% of defaulters registered in the defaulters register and traced and followed up in the nex day.	
	Patient support group and livelihood improvement projects						Head counselor	Atleast 30 girls and women with HIV receive goats each year either directly or indirectly (rotation)-minutes of meetings	

	Psychosocial Support for HIV infected and affected children and their families						Head counselor	enroll atleast 100 children into ariel club each year- minutes of meetings	
5. The risk of HIV transmission is reduced									Reduced transmission of HIV
	Improved access to STI treatment at BCH. Continue with contact tracing and partner notification letters. Manage STIs according to syndromic management approach (MOH guidelines)						all clinicians	increase in the number of people getting treatment for STIs increases. Atleast 30% of men each year.	
	SMC						SMC Coordinator	Target 1,440 males every year- audit	
	Condom availability. Maintain the 84 condom boxes in the community and distribute 15,000 condoms each month through these boxes.						Family planning assistant	180,000 condoms distributed each year	
6. Early detection of tuberculosis (TB) suspects in the community, prompt diagnosis using evidence-based protocols, quality clinical assessment and completion of treatments									Annual community survey sees annual reduction in TB suspects.
	TB awareness at BCH. Training of staff about BCH TB policies and procedures.						TB coordinator	Better knowledge and adherence to BCH TB policies.	
	Identification of Tb suspects in the community through Annual TB month						TB coordinator	TB suspects identified undergo clinical assessment according BCH TB policy.	
	TB treatment at Bwindi Community Hospital and on integrated outreach						TB coordinator	Audit standards for TB care at BCh are met. Measured by six monthly audits.	
	Identification of TB in HIV patients						all clinicians	All HIV positive people are screened for TB measured by data collection. Atleast 20 Tb diagnoses per month.	

CHILD HEALTH STRATEGIC PLAN 2015-19

Background

Child health services are offered and facilitated in various departments and projects at BCH. Several achievements have been made from the previous Strategic Plan of 2011-2014 and they include the following.

- Improved neonatal room; layout & equipment
- Reduced neonatal mortality rate (but target still elusive)
- Reduced malnutrition admissions & re-admissions (but target not achieved) + mortality. Boost from I.M.A.M. program
- Reduced non-neonatal mortality rate below 1.5%. Malaria mortality <2%
- Improved High Dependency Areas - A rise in access and utilisation of services for children

The BCH household survey of 2012 showed that although progress has been made on improving the child health indicators, they are still poorer than the national average and still far shy of the MDG targets for Uganda.

BCH Catchment: IMR: 78/1000, NMR: ? U5MR:

102/1000, Kanungu:?

National: IMR: 54/1000, NMR: 27/1000 U5MR: 90/1000,

MDG Target: IMR: 31/1000, NMR: ?U5MR: 56/1000

Neonatal mortality is still the greatest contributor to the poor Child health indicators. In view of this situation, the Child Health Program Area has developed the following objectives and targets to help address the challenges affecting children's health in our catchment.

Objectives

1. To Further reduce Neonatal Mortality and Complications
2. To Further reduce Child Mortality and Morbidity from Complications of illnesses
3. To improve staffing and maintain skilled staff
4. To improve the Level of Health Education for clients
5. Develop & distribute user-friendly paediatric guidelines
6. To have more equipment and drugs
7. To Expand the range of services for children
8. Establish a Paediatric Telemedicine service
9. Integrate research into Child Health operations
10. Improve knowledge and skills of Health workers in handling Child Health Issues

Target

Get mortality below 5%, eliminate Kernicterus, reduce developmental delay and epilepsy

Get Child mortality below 0.5%. reduce developmental delay and epilepsy. Reduce preventable diseases and have fewer admissions

Get 11 staff for paediatrics, with a paediatrician leading the team. To host volunteer paediatricians

To have over 95% of clients offered Health Education. Have a more flourishing kitchen garden.

Quick reference paediatric guidelines developed for OPD and Paediatric ward and published in a format that is easy to use and

To have our equipment and drug wish list fulfilled. Improve speed of diagnostics for children. To have more lifesaving drugs.

Establish a physiotherapy service. Improve the play and learning areas. Revitalize Child Protection Services

To contact and consult paediatric sub-specialists about relevant cases

Undertake 3 studies into child health issues annually

Conduct CPD sessions for Health Workers within and outside BCH. Host and attend Paediatric conferences and workshops. Solicit scholarships for Diploma in Paediatric Nursing

GOAL

To efficiently improve child health through health education, disease prevention, high quality treatment services and research in a child friendly environment

Objectives	Activities	Time frame					Responsible person	Output and measurement tool	BUDGET/ SOURCE	Expected Outcome and how measured
		Yr1	Yr2	Yr3	Yr4	Yr5				
1.To Further reduce Neonatal Mortality and Complications							HOD			Neonatal mortality below 5% as per audit
	Develop pre-transfer resuscitation areas at birth points						HOD	List of requirements produced. List fulfilled for SRH and theatre		
	Re-train midwives and theatre staff in neonatal resuscitation						HOD	Training materials available. Training sessions held. Attendance documented		
	Facilitate better monitoring and management of very ill neonates						HOD	Equipment for close monitoring available as per checklist		
	Update guidelines for management of Neonatal conditions						HOD	Availability of updated Neonatal guidelines manual		
2. To Further reduce Child Mortality and Morbidity from Complications of illnesses							HOD			Get Child mortality below 1%. reduce developmental delay and epilepsy.
	Reduce Mortality from Malnutrition						HOD	Audit of Malnutrition mortality		
	Reduce Mortality from Malaria and Pneumonia						HOD	Audits of Malaria and pneumonia mortality		
	Re-train staff in Paediatric resuscitation and critical care						HOD	Training Reports		
	Maintain ITC services and a Nurse-led OTC						Head Nurse	ITC/OTC Monthly reports		

3. To improve staffing and maintain skilled staff							HOD			Adequate staffing at all times & attending to all tasks in the department
	Get 11 staff for paediatrics, with a paediatrician leading the team.						HOD	Paediatric Staff establishment		
	To host volunteer paediatricians						HOD	Volunteer Paediatricians availability		
4. To improve the Level of Health Education for clients							HOD	To have over 95% of clients offered Health Education as per Audit.		Reduce preventable diseases by half and have fewer admissions. Have a more flourishing kitchen garden.
	To increase the individual and group teaching sessions						Head Nurse	Monthly Health Education Audit		
	Utilize a Television to offer health education frequently						Head Nurse	Television and DVD Player on inventory list		
	Maintain cooking sessions						Head Nurse	Attendance lists, Requisition forms		
	Have a more productive kitchen garden for demonstration.						HOD & Nutritionist	Garden Map, Production plan, Photographs		
5. Develop & distribute user-friendly paediatric guidelines							HOD	Quick reference paediatric guidelines developed for OPD and Paediatric ward and published in a format that is easy to use and maintain		Evidence based and predictable care for paediatric cases. Reduced morbidity and mortality
	Extract algorithms from paediatric guidelines						HOD	Algorithms published		
	Produce Desk Flip Charts with paediatric algorithms						HOD	Desk Flip Charts available		
6. To have more equipment and drugs							HOD	To have our equipment and drug wish list fulfilled. Improve speed of diagnostics for children. To have more lifesaving drugs. Eliminate Fire risks		Improved safety and survival of patients. Reduced workload for staff. Improved preparedness for Fire risks
	Keep publicising our wish list for equipment and drugs						HOD	Wish list on website and notice boards		
	Develop a donatable drug formulary for Paediatrics						HOD	Donatable drugs formulary list on website		
	Equip the HDU and develop it into an ICU						HOD	Inventory reflecting available and functional HDU equipment		
	Obtain more fire-fighting equipment						HOD	Inventory reflecting available and functional fire-fighting equipment		

7. To Expand the range of health services for children							HOD			Improved physical and psychosocial wellbeing for children
	Establish a physiotherapy service.						HOD, Operations Manager	Physiotherapy Equipment obtained. Unit constructed		
	Improve the play and learning areas.						HOD, Operations Manager	Well constructed outdoor play area. Well stocked Carol's Corner		
	Revitalize Child Protection Services						HOD	Child Protection Reports		
	Maintain and improve Chronic Care and Epilepsy Clinics						HOD	Monthly Reports and Audits		
8. Establish a Paediatric Telemedicine service							HOD			Best quality of care availed to patients with challenging cases
	To contact and establish relations with paediatric sub-specialists						HOD	List of contacted sub-specialists		
	Obtain equipment/services that facilitate telemedicine						HOD	Inventory for Telemedicine Equipment		
	consult paediatric sub-specialists about relevant cases						HOD	Monthly Reports on consultations made		
9. Integrate research into Child Health operations							HOD			Quality of care improved. More resources generated for BCH. Hospital profile raised.
	Generate and publicise researchable topics						HOD	List of Researchable topics publicised		
	Undertake 3 studies into child health issues annually						HOD	Reports on study progress and results		
							HOD			
10. Improve knowledge and skills of Health workers in handling Child Health Issues							HOD			Health workers proficient in offering quality care to children
	Conduct CPD sessions for Health Workers within and outside BCH.						HOD	Attendance lists, Training materials and presentations produced		
	Host and attend Paediatric conferences and workshops.						HOD	Reports		
	Teach Nursing Students about paediatric care						HOD, Principal UNSB	Student reports		
	Solicist scholarships for Diploma in Paediatric Nursing						HOD, Scholarship committee	Reports, Adverts		

AIP STRATEGIC PLAN 2015-19

Background

AIP is an acute general medical and surgical unit handling an average of 100 patients per month with a case mix including both infectious, non infectious and surgical cases. The unit has a bed capacity of 22 inclusive of 2 HDU beds and 3 isolation beds. Has 9 modern hospital beds. 2 private rooms
AIP strives to provide a client-focused and value-driven service to clients and their families within the catchment area. The unit functions in close affiliation with the outpatient and diagnostic departments . The unit's scope extends across the district and into regional communities. Over the next five years, we will focus on infrastructure, human resource and service delivery improvements to meet standards of modern health care.

Objectives

- 1. To plan, organize, implement and evaluate the nursing and medical services to ensure that a high standard patient care is delivered within the ward.**
- 2. To maintain optimum professional code of conduct, practice, infection control and good staff morale.**
- 3. To maintain effective communication with patients and their relatives concerning the nature and management of clinical conditions and their outcomes.**
- 4. To ensure all staff have been updating their knowledge by conducting some lectures within the ward level and participate in CPE.**
- 5. To facilitate the integration of newly qualified nurses into their roles and responsibilities in medical services consistent with the BCH policy on new staffs and fully aware administrative roles and**
- 6. To conduct regular staff performance appraisals to assess competency, progress, strengths, weaknesses and identify further education and training needs.**
- 7. To schedule and deploy sufficient numbers of staff to provide 24hr care to ensure safe clinical practice.**
- 8. To ensure optimum utilization of the hospital resources towards the appropriate provision of nursing and medical services throughout the ward**
- 9. To improve infrastructure to meet standards of a modern health care**

GOAL

Provide excellent, efficient healthcare to treat disease and promote preventive health practices using evidence based medicine.

Objectives	Activities	Time frame					Responsible person	Output and measurement tool	BUDGET/ SOURCE
		Yr1	Yr2	Yr3	Yr4	Yr5			
1. To Improve infrastructure to meet standards of modern health care.									
	Construction of a new 50 bed capacity ward for medical patients						admin	completed building by 2018	
	Equip the ward with modern hospital beds,trolleys, bed pans and bedside cupboards						admin	beds, trolleys, and bed pans in the ward (inventory)	
	Equip critical care unit with oxygen concentrators, suction equipment, cardiac and respiratory monitors.						admin	procured (inventory)	
2. To improve staffing levels and maintain skilled staff									
	Recruit two more nurses						Human Resource	staff establishment	
	continue hosting volunteer doctors						BCH	volunteer doctors availability	
	have a physician lead the team						BCH	physician availability	
	conduct regular staff performance appraisals to assess competency, progress, strengths						HOD	Appraisals done (Records)	
3. To improve delivery of both nursing and medical care									
	Critical nursing care. Initiate development of nursing care plans for the critically ill (palliative						Head Nurse	followed guidelines (policies and manual audits)	

Complex emergency management						HOD	followed guidelines (policies and manual audits)	
Setting prescribing levels for different cadres including						HOD	improved drugs and case mgt (audit)	
Rational drug use						HOD	improved drugs and case mgt (audit)	
Regular audit, case discussion and significant events analysis						Head Nurse	Reduced rate of mortality. Quality of care	
Maintain effective communication with patients and						Head Nurse	patient satisfaction audits	
Ensuring all staff have been updating their knowledge by						HOD	knowledgeable staffs	
Schedule and deploy sufficient numbers of staff to provide 24hr						Head Nurse	efficient provision of care and good staff morale	
Ward audits (alcohol, family planning and others)						Head Nurse	Results shared (Record)	
Patient Satisfaction Forms						Head Nurse	Improved patient care based on reflective learning	
Maintain infection control score above 95% through						Head Nurse	Suitable environment for service delivery	
Adhere to aseptic techniques						Head Nurse	Reduced nosocomial infections	
At risk patients to be reviewed by MO on Sundays						HOD	Vitals taken on all patient on a Sunday. Those with	
Ensure that each patient is seen by A medical officer at least 90%						HOD	Daily ward rounds by medical officers as indicated	
Ensure that each day duty is covered by a qualified nurse and a						Head Nurse	Reduced work load Improved quality of care	
Offer VCT services to at least 95% of the admitted cases						Head Nurse	Timely definitive diagnosis making Reflected serostatus	
Offer orientation or teaching to at least 95% of admitted cases						Head Nurse	Performed audits/filled admission records.Improved	
Start up and maintain a medication recall system through						Head Nurse	Retained copies of submitted forms. Minimised drug	
Establish and maintain a clear referral mechanism						HOD	list of referral contacts maintained,referral policy up	
Initiate and maintain protocol driven care for common medical						HOD	protocol driven care as indicated by audit	
Up date protocols for management for common						HOD	Developed/updated guidelines with a clear	
Health education about smoking, hypertension, alcohol abuse,						Head Nurse	Prevention for complications and mortality audit	
epidemic preparedness						HOD	followed guidelines (policies and manual audits)	

	regular checks of the ambulance for suitability of patient transfer						Head Nurse	timely and appropriate transfer of patients (log book)	
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Expected Outcome and how measured
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quality inpatient care services (audits and patient satisfactory surveys)

quality inpatient care services (audits and patient satisfactory surveys)

BYUMBA HEALTH CENTRE II STRATEGIC PLAN 2014 - 2019

Goal Sustainable quality healthcare with focus on disease prevention and improving utilisation of health services

Brief Background: Byumba HCII is a satellite clinic for BCH that is Located in Bujengwe parish in Kayonza sub- County. It was established to improve access and utilization of healthcare services, especially the Batwa in whose settlement it is located. It is approximately forty minutes drive away from Bwindi Community Hospital. The health unit mainly offers primary health care.

Objectives

- Improve Sexual and reproductive health
- Improve child health
- Control and prevention of communicable diseases
- Community mobilisation , health promotion and disease prevention
- To maintain adequate and quality staff
- To work closely with communications team, government and eQuality team for the running costs of Byumba

Objectives	Activities	Time fream					Responsible	Expected out put	Expected outcome
		Year 1	Year 2	Year 3	Year 4	Year 5			
INFRASTRUCTURE									
Infection control	Procure more drums, always, have sterile equipments for wound care etc						Operations	Drums procured	at every support supervision, up to date sterile equipment present

Staff accommodation & Fencing	Face lifting of the unit, improving the drainage, construction of a staff unit, fencing of the health centre & procurement of land for access road						Operations	Completed sructures	Staffs report confort duringb the support supervision
Transport	Procure a motorcycle for follow up and sensitisation						ADMIN	Motocycle procured	80% of clients in chronic care clinic/palliative care followed up
Human resource							I/C		
5. Maintain adeqaute and quilified staff									
Clinician	Have a visiting clinician for chronic care clinics						HCS/HR		
Sonography	Recruit an ECN with sonograpy skills to run ANC						HNS/HR	Nurse recruited	USS done to All mothers in ANC clinic and results interpreted.
Nurses	Have an extra ECN to improve service delivery						HNS/HR	Nurse recruited	Daily ECN present at the facility for consultation(Duty rosters)
Improve capacity for evidence based/protocol lead management of common conditions	Monthly trainings, CPDs, Grand rounds, and exchange visits						I/C	Prottocols follwoed	Improved management of common diseases(audits)

6. Work closely with communications team, government and eQuality team for the running costs of Byumba									
Increase membership for eQuality	eQuality Sensitisation to Bataka members during meetings						I/C	Batak meetings attended(log showing these attendences)	Timely subscription of all Bataka groups(eQuality data base)
	Ensure that a good, well presented and maintained sign posts are displayed on the main routes to byumba						Operations	Sign post maintained	Increased publicity
	Maintin presecence on the Radio						Communicat	Radio Broadcast	Members sensitised on services offered
	Publicize our stories on BCH website to attract funding						IT	Stories publicised	Increased publicity(BCH Website)
	Work with IT to Ensure that data is submitted electronically to the district						IT	Data submitted electronically	Reduction in transport costs(effeciency)
SERVICE DELIVERY									
1.Sexaul reproductive health									

Treatment of STIs	screen all mothers during ANC for STIs and initiate option B+ For HIV+ Mothers						I/C	Number of mothers treated and initiated on Option B+(HMIS)	100% of mothers initiated on option B+
Improve ANC	Community sensitisiion using CH&B nurse and radio talk shows						I/C	Number of mothers seen in ANC clinic(HMIS)	Increase in number of mothers seen in ANC Clinic
Increase FP uptake	community sensitisation, health provider initiated FP						IC	Number of mothers initiated on FP	Atlist 15 Mothers started on long term methodes monthly
2. Improve Child Health									
Improve Immunisation Coverage	Sensitisation						IC	Number of children immunised(Tally shits/HMIS)	80% of catchment area immunised(House hold Survey)
	Work with Distrct to obtain a vaccine fridge						ADMIN	Vaccine freidge obtained	Increased uptake of immunisation services(HMIS)
Maintain availability of child survival commodities like ORS/drugs	Timely collection of supplies from BCH						I/C	Suplies stocked	improved child mortality and morbidity(HMIS)
3. Control and prevention of communicable diseases									
Malaria	sensitisation, distribution of mosquito nets to pregnant women						I/C	Mosquito nets supplied in ANC(Tally sheets)and sensatisation done	Reduced malaria attendences in OPD(HMIS)

HIV care	sensitisation and offering health initiated VCT						I/C	VCT Done to patients who are attending OPD	60% Of clients in OPD offered VCT(HMIS, Qautery VCT audits)
TB care	Early detection of TB through screening,and reffering all those who need treatment						I/C	Number of TB cases reffered	Atlist 80% of clients reporting cough for more than 3 weeks reffered for sputum(HMIS)
Reduce malnutrition in the community	work with CH&B nurse to screen for malnutrition and refferal of those who are severely affected						I/C	Number of people screened and reffered	Atlist all children with severe malnutrition reffered and those with mild to moderate malnutrition followed up(CH&B Data)
4. Community mobilisation, health promotion and health education									
Mental health care	Community sensitization, and follow up to all those who are mentally sick						I/C	Numbers of clients in the clinic	Atlist 60% of the clients who are mentally sick followed up in Byumba(BCH chronic care register)

Palliative care	Laise with BCH to identify all those who are terminally ill, conduct home visits for hygiene, pain management, nutrition, skin care etc						I/C	Home visits done	Atlist 5 home vists of the terminally ill done monthly
Chronic Care	Run a Monthly chronic care clinic								

KANYASHOGYI HEALTH CENTRE II STRATEGIC PLAN 2014 - 2019

Goal

Sustainable quality healthcare with focus on disease prevention and utilisation of health services

Brief Background: Kanyashogye HCII is a satellite clinic for BCH that is Located in Mpungu sub- County. It was established to improve access and utilization of healthcare services, especially the people in Mpungu who are located far away from the Hospital and lack good roads for easy transport. It is approximately a two hour drive away from Bwindi Community Hospital. The health unit mainly offers primary health care.

Objectives

- Improve Sexual and reproductive health
- Improve child health
- Control and prevention of communicable diseases
- Community mobilisation , health promotion and disease prevention
- To maintain adequate and quality staff
- To work closely with communications team, government and eQuality team for the running costs of Kanyashogyi

Objectives	Activities	Time fream					Responsible person	Expected out put	Expected outcome
		Year 1	Year 2	Year 3	Year 4	Year 5			

INFRASTRUCTURE										
Infection control	Procure more drums, always, have sterile equipments for wound care etc							Operations	Drums procured	At every support supervision, up to date sterile equipment present
Staff accommodation & Fencing	Face lifting of the unit, construction of a staff unit, fencing of the health centre & clearing the feeder road to the Health Centre							Operations	Completed structures	Staffs report confort duringb the support supervision
Transport	Procure a new motorcycle/repair the current motorcycle for follow up and sensitisation							ADMIN	Motocycle procured	80% of clients in chronic care clinic/palliative care followed up

HUMAN RESOURCE									
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5. Maintain adequate and qualified staff									
Clinician	Have a visiting clinician for chronic care clinics						HCS/HR		
Nurses	Have an extra ECN to cover offdays and annual leaves						HNS/HR	Nurse recruited	Daily ECN present at the facility for consultation(Duty
Improve capacity for evidence based/protocol lead management of common conditions	Monthly trainings, CPDs, Grand rounds, and exchange visits						I/C	Protocols followed	Improved management of common diseases(audits)
6. Work closely with communications team, government and eQuality team for the running costs of Kanyashogyi									
Increase membership for eQuality	eQuality Sensitisation to Bataka members during meetings						I/C	meetings attended(log showing these attendences)	subscription of all Bataka groups(eQuality data base)
	Ensure that a good, well presented and maintained sign posts are displayed on the main routes to Kanyashogyi						Operations	Sign post maintained	Increased publicity
	Maintin presecence on the Radio						Communicati	Radio Broadcast	Members sensitised on services offered
	Publicize our stories on BCH website to attract funding						IT	Stories publicised	Increased publicity(BCH Website)
	Work with IT to Ensure that data is submitted electronically to the district						IT	Data submitted electronically	Reduction in transport costs(efficiency)

SERVICE DELIVERY										
1. Sexual reproductive health										
Treatment of STIs	screen all mothers during ANC for STIs and initiate option B+ For HIV+ Mothers							I/C	Number of mothers treated and initiated on Option B+(HMIS)	100% of mothers initiated on option B+
Improve ANC	Community sensitisation using CH&B nurse and radio talk shows							I/C	Number of mothers seen in ANC clinic(HMIS)	Increase in number of mothers seen in ANC Clinic
Increase FP uptake	community sensitisation, health provider initiated FP							IC	Number of mothers initiated on FP	Atlist 15 Mothers started on long term methodes monthly
2. Improve Child Health										
Improve Immunisation Coverage	Sensitisation							IC	Number of children immunised(Tally sheets/HMIS)	80% of catchment area immunised(House hold Survey)
	Ensure that Gas is maintained at the unit and vaccines always available							ADMIN	Vaccine freidge obtained	Increased uptake of immunisation services(HMIS)
Maintain availability of child survival commodities like ORS/drugs	Timely collection of supplies from BCH							I/C	Suplies stocked	improved child mortality and morbidity(HMIS)
3. Control and prevention of communicable diseases										
Malaria	sensitisation, distribution of mosquito nets to pregnant women							I/C	Mosquito nets supplied in ANC(Tally sheets)and sensitisation	Reduced malaria attendences in OPD(HMIS)

HIV care	sensitisation and offerring health initiated VCT						I/C	VCT Done to patients who are attending OPD	60% of clients in OPD offered VCT(HMIS, Qautery VCT
TB care	Early detection of TB through screening,and reffering all those who need treatment						I/C	Number of TB cases reffered	clients reporting cough for more than 3 weeks reffered for sputum(HMIS)
Reduce malnutrition in the community	work with CH&B nurse to screen for malnutrition and refferal of those who are severely affected						I/C	Number of people screened and reffered	Atlist all children with severe malnutrition reffered and those with mild to moderate malnutrion
Mental health care	Community sensitizion, and follow up to all those who are mentally sick						I/C	Numbers of clients in the clinic	clients who are mentally sick follwed up in Byumba(BCH chronic care register)
Chronic Care	Run a Monthly chronic care clinic						HCS/HR	Chronic care clinic started	Increased number of clients with chronic illness seen at the unit

COMMUNITY HEALTH & BATWA WORKPLAN Strategic Plan 2014 - 2019

GOAL: Effective and efficient Health promotion and disease prevention through Health education

Background:

Community health & batwa program is the backbone of our interventions. It is cheaper preventing disease than treating the sick. This department has registered successes among which has been reduction of malaria incidence among the under fives attending OPD from 50% to 2% over a period of 4 years. This has been largely due to distribution of ITNs and community based interventions. The number of diarrheal diseases has also dropped by 50% according to 2013 annual report. The department has also successfully conducted annual household surveys through which the hospital, has been able to measure impact. The monthly meetings with 500 VHTs will also help to boost the quality of the information collected from over 13000 households. According to the 2013 HEAL Project baseline data and confidential enquiry panel reviews, most of the deaths are avoidable. The community intervention therefore target to reduce maternal and child deaths by 25% by 2019. The department has sought more involvement of the community through recruitment of Bataka leaders and 500 VHTs to improve information flow to individual households in 101 villages in Kayonza, Mpungu and Kanyantorogo.

Objectives:

1. To increase food production and food security for households so that every household is able to eat the right types of food at every meal in a day.
2. To raise awareness among families about proper child feeding.
3. Reduce malnutrition admissions from 7% to under 5%
4. To improve sanitation and hygiene in every household including Vector control through continuous health education and promotion
5. To sensitize communities in Kayonza and Mpungu about malaria and use of ITN and ensure that all pregnant women get a mosquito treated net.
6. Increase ITNs coverage in Kayonza, Mpungu and Kanyantorogo
7. To protect staff and patients from malaria by spraying ICON in hospital wards and staff houses
8. To immunise at least 90% of all children under 5yrs in the catchment area to prevent immunisable diseases.
9. Promote adolescent reproductive health ensure that 70% of all youths have tested for HIV/AIDS status
10. To reduce maternal and child deaths by 25% in a period of 5 years
11. To identify and follow up all most at risk mothers in Kayonza, Mpungu and Kanyantorogo
12. To establish a sustainable community based palliative care program for those in need the service
13. To identify and follow up neglected and abused children to reduce child abuse cases including linkage to necessary authorities
14. To provide community Mental Health Services in the Sub Counties of Kayonza, Kanyantorogo and Mpungu.
15. To create a sustainable community health outreach program empowering VHTs to take control of health affairs in their communities

Objectives	Specific activities	Responsible Persons	Output Indicator	Outcomes/Impact	Time Frame								Risks	Assumptions
					2014	2015	2015-2016	2016-2017	2017-2018	2018-2019				
1. Food and Nutrition														
<i>Increase awareness about good nutrition and proper child feeding.</i>	At least 3 radio talk shows per year on food and nutrition (food production) and child nutrition.	Co-ordinator	3 radio talkshows conducted in a year about food production. Reduction in number of children with malnutrition. Compare with 2013/2014 nutrition data.	People know and practice proper methods of feeding. Healthy children									Radio messages may not reach all people	Radio messages will reach all people
	Sharing information about nutrition status data with the social services committees at Sub County and District level	Co-ordinator	Meeting with 3 Social services committees of Kayonza, Kanyantorogo and Mpungu.	Multi-sectoral collaboration achieved.									Social services committees at local and district levels may not see the importance of collaboration	Social services committees at local and district levels willing to collaborate with the CH&B Team
<i>Improve community based malnutrition case identification, referral, management and rehabilitation at the hospital and community follow up following discharge.</i>	Screening and testing all children between 1 to 5yrs.	CH&B Nurses	Children aged 1-5 years are screened every 3 months	At least 90% of children tested and found with severe forms malnutrition are brought for admission and Reduce malnutrition admissions from 10% to under 5%									Mothers may not bring their children at the centres for testing and screening	Mothers are willing to bring children for Screening and Testing
2. Household Sanitation														

	Immunisation at BCH Daily and weekly.	CH&B Nurses	100% of babies born at BCH receive BCG & Polio 0. 1250 children between 0 to 5 years be immunised in 1 year period	90% of children by 1 year would have completed DPT 3 & Measle(HIMS report)								Mothers may not bring their children for immunisation	Mothers bring their children for immunisation
	Regular collection of vaccines from DHO's office.	CH&B Nurses	Vaccines in stock (stock cards)	Availability of vaccines at all times (stock cards)								Vaccines may be out of stock	Availability of vaccines at DMOs office
	Carry out Immunisation in all Batwa settlements	BDP Nurse & CH&B Nurses	Atleast 10 Batwa children are immunised every month	100% of all Batwa children are immunised								Batwa mothers may not bring their children for immunisation	Batwa mothers are willing to immunise their children
5. Young People's Health.													
Promote adolescent reproductive health													
	1.Encourage Young people to talk about sensitive Health and Gender issues. 2.Encourage Youth to access Health services provided free at BCH. 3.Influence Behavioral change among Adolscents to live responsible lives	CH&B Team	13 open days conducted per year.	65% of youth should have tested for HIV.Reduction in STIs related symptoms among the youth(HMIS)								Youths may not accept to talk about sensitive sexual issues and behavioural change is difficult	Youths are willing to talk and change behaviour
	Liase with OPD to conduct a Young People's Friendly Clinic every 2 weeks for sexual health problems & treatment of STIs	Clinical Officer	25 Young people's clinics held per year	300 young peoples attend the clinic every year(HMIS)								Youths may be too shy to attend	Youths are willing to attend STI clinic
	Continous awareness raising about HIV/AIDS including Testing & counseling about HIV/AIDS	VCT Counselor, CH&B Team,	4 sessions conducted per quarter Atleast 1000 youth tested for HIV/AIDS in a year	Young people know how to reduce chances of getting infected with STIs, HIV/AIDS and are able to teach their peers about HIV/AIDS.								Young people will be willing to learn more about reproductive health, STIs and HIV/AIDS.	Young people may not be willing to learn more about reproductive health, STIs and HIV/AIDS.
	Teaching the youth about the dangers of teenage pregnancies\ early marriages. Counseling & follow up of those already pregnant	CH&B Team, Counselors	Reduction of teenage pregnancies	Young people know how to reduce and deal with teenage pregnancies								Young people will attend teachings on teenage pregnancies	Young people may not attend teachings on teenage pregnancies
	Provide a re-creational corner for the youth	CH&B Nurses, PHW, Counselors,	Weekly Youth friendly Clinics	Young people have an improved attitude towards responsible living. A friendly center where young people can share their views/challenges with the counselors.								Use of the materials in the youth friendly corner	Materials may not be made available for the youth friendly corner
6. School health and child to child program													

	Get a room that creates a therapeutic environment for our clients.	development partners and CH & B Team	An assessment room constantly available	community out reaches, home visits and information management		not allow the would be donors to give generously.	in time
	Ensure a constant availability of Psychotropics in the hospital		All affordable types of psychotropics available in hospital pharmacy.				
	Create proposals that could help to put up structures for mental health services	Mental health team in conjunction with Hospital administration	Psychiatric unit funding obtained and secured	Improved access to mental health services		Funding may be hard to obtain	Partners of BCH mental health clinic will help to secure funding

OUTPATIENTS, DENTAL, & EYES STRATEGIC PLAN 2014, 2019

Goal: Any person in with a health problem can access prompt and high quality services including health promotion and education

<p>Background</p> <p>The OPD is the entry point to access the majority of BCHs services. It is the oldest department and has the highest patient throughput in the hospital. OPD values excellence and innovation in clinical care teaching and research. OPD pursues excellence in healthcare with continuous evaluation and improvements in quality, efficiency and cost-effective service. OPD prioritizes safety, quality and the patient experience. OPD intends to establish internal and external partnerships to integrate, coordinate and improve patient services effectively. OPD respects the differences [cultural, religious, racial, sexual etc] of patients and families who seek care at BCH as well as those differences of the staff who provide care.</p> <p>Infrastructure Development</p> <p>BCH OPD will consist of a General Outpatient Unit (non-emergency patients), an Accident and Emergency Unit (emergencies) and a dental Unit. The OPD will run specialist clinics and these shall be accessed by appointment through OPD reception. The Outpatient Department complex will consist of: General Outpatient Unit - consultation rooms (5 rooms), a triage room, central pharmacy, Reception/registration, tearoom, tutorial room, visitors launch and departmental mini laboratory. The General outpatient Unit will house the specialist clinics. The Accident and Emergency Unit will consist of an emergency/resuscitation room (3 beds) and a treatment room (minor theatre), and an ambulance service. The department shall be well equipped with emergency resuscitation equipment. The Dental Unit will consist of 3 rooms – a storage room, a consultation room and a dental surgery room with Xray facilities. Improve and maintain patient consultation electronic system for general and specialist clinics as well as for AE and Dental Units.</p> <p>Human resources</p> <p>Non-emergency patients shall be attended to in the General Outpatient Unit Monday-Friday 8:30am – 5pm. Patients shall initially be attended to by triage and then by experienced clinical officers (x6) and or a General Practitioner (x1) who may then issue a referral to a specialist clinic if necessary. There will be 5 nurses required. The Accident and Emergency Unit (A&E) will be open 24-7 every day and will be run by medical and nursing staff trained in the management of Medical and surgical Emergency. There will be supervision by a medical officer (1x), consultant anaesthetist (1x), and an Orthopaedic/Trauma Surgeon (1x) for Acute trauma management. There shall be other consultants in various disciplines on-call as well. There will be three nurses required. Dental Unit will consist of a Dental Surgeon (1x), PHD Officer (2x), chair side assistant (1x). The specialist clinics shall run all day Monday – Friday. Attendance to specialist clinics will be by appointment through the OPD reception. The specialist clinics will be staffed by one nurse, and one medical practitioner who may be a specialist, general practitioner or a specialised CO depending on the clinic and the rota. There will be one specialist clinic per day run alongside the general outpatient clinic.</p>																	
<p>Objectives:</p> <ol style="list-style-type: none"> 1. Develop infrastructure to meet OPD needs and to periodically review, evaluate and advocate for these needs 2. Maintain highest possible standards of care in OPD that is cost effective. 3. Improve the quality of care for people with long-term medical conditions through doctor-led guideline-assisted care and setting up of specialist clinics. 4. To improve the quality of the patient experience OPD. 5. Improve the ability of OPD to deal with young people 6. Improve the management of SRH conditions in OPD 7. Provide high quality and efficient dental services. 8. Improve the quality of palliative care services. 9 Improve and maintain orthopaedic services to manage common orthopaedic conditions 10. To improve and maintain circumcision services. 11. Provide high quality and efficient Eye services. 12. Improve quality of care for people with mental health problems. 13. Develop the A+E unit to provide a dedicated trauma and emergency services. 																	
Objectives	Activities	Responsible person	Output	Outcomes													
					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">Time</td> <td style="width: 10%;">Flame</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Year 1</td> <td style="text-align: center;">Year2</td> <td style="text-align: center;">Year 3</td> <td style="text-align: center;">Year 4</td> <td style="text-align: center;">Year 5</td> </tr> </table>		Time	Flame					Year 1	Year2	Year 3	Year 4	Year 5
	Time	Flame															
	Year 1	Year2	Year 3	Year 4	Year 5												
<p>1. Develop infrastructure to meet OPD needs and to periodically review, evaluate and advocate for these needs</p>																	
	Construction of OPD complex with enough room for, medical,dental, eye, and sexual health consultations, A & E and minor theater.	PHA	OPD complex	Improved quality of care (patient satisfaction surveys), increased capacity (number of patinets seen in general OPD and in specialist clinics.													
<p>2. Maintain highest possible standards of care in OPD that is cost effective.</p>																	
	Maintain simple triage criteria and a 'red flag' system for fast-tracking people who are seriously ill, Green , red and Gray .	In charge OPD	Prompt attention to the sick(Audits)	Reduced mortality													

	Maintain Bwindi Community Hospital guidelines for the management of common acute conditions in OPD eg fever, diarrhoea, seizures, pain, anaemia, chest pain, abdominal pain, cough, etc as part of the overall OPD guidelines	Incharge OPD	Updated readily accessible guidelines, (hard and soft copies)	Improved and standardised case/drug management (quarterly audits)					
	Maintain at least three clinical officers in the general outpatient unit amday 8:30- 5pm Monday - Friday.	Incharge OPD	Clinicians duty rota each month has at least three COs in General OPD each day.	Reduced patient waiting time and Department coverage all the time(Audits)					
	Maintain a clean and orderly consultaion rooms. Standardised environment for each consultation room - the equipment, the forms, posters and policies that should be in each consultation room, and ensure that posters are neatly displayed in each of all rooms used by OPD.	Incharge OPD	Updated list of all equipment and items required for each consultation room	Improved case mgt. and working environment					
	Ensure that there is always a doctor on duty for OPD and that doctorsrovide support to help teach and develop Clinical Officers in OPD.	In Charge OPD	Named Medical officer responsible reflected on duty rota.	Improved case management.					
	Regular evaluation and audit - including cost effectivenss (prescribing), adherence to guidelines, morbidity and mortality meetings	Nurse in charge	Quarterly audits in place	Improved case management and cost effectiveness					
3. Improve the quality of care for people with long-term medical conditions through doctor-led guideline-assisted care and setting up of specialist clinics.									
	Continue to have clinics for adults and children with chronic diseases including Diabetes, Mental Health and Alcohol, Hypertension, Cardiology, Palliative care, Epilepsy, Gynaecology and General Surgery.	Incharge OPD	New patients enrolled and managed by specialists.	Improved case management, reduced complications (HMIS & chronic care registers leading to improved disease prevalence data)					
	Regular CME and short course training, mentorship for those running the specialist clinics without specialist training.	Incharge OPD	Each healthworker running a specialist clinic must complete training/CME annually in the respective chronic disease, as well as	Improved case mgt					
	Maintain electronic data collection for all people seen in the chronic care clinic, with records that mandate the clinician to collect particular information on each visit and that enable electronic 'registers' to be made ie chronic disease templates/pro-forma	IT technician working with In charge OPD	Electronic data collected	Esay retrieval of data and patient follow up, research opportunities					
	Maintain guidelines and protocols for chronic disease management including baseline investigations, routine monitoring and counselling checklist. Have condition *education cards*, and teach registered nurse to counsel patients with these conditions. Ensure all necessary materials and investigations are available in the department.	Incharge OPD	6 monthly audit for each clinic on targets for disease management eg BP tagets for hypertension, HbA1c for DM, time since last seizure etc.	Improved and standardised case management					
	Liaise with MoH and other sources (eg other institutions or hospitals) for updated guidelines on chronic care	In charge OPD	Evidence of contact , MoH guidelines secured, annual review and update of BCH guidelines	Improved case mgt					
	Creation of self-sustaining patient support groups for each chronic disease to aid with social/economic/psychological support in chronic disease.	Nurse in charge	Formation and regular meetings of patient support groups	Improved medication compliance, improved patient satsufaction and reduced admissions and complications					
4. To improve the quality of the patient experience OPD.									
	Conduct biannual CME sessions for OPD Staff on communication skills, customer service and the building of and maintenance of good relations with patients.	In charge OPD	6 monthly sessions timetabled and conducted by a variety of staff (Admin, MS, PNO, Drs, others with skills)	Improved Customer care to Our Patients and Clients.					
	Integrate the standardised guidelines into patient educations talks, education leaflets and videos in OPD with involvement of specialist staff from every department. Maintain the TV and video equipment in OPD.	In charge OPD	Log of patient education material available for review and audit.	Awareness of patients improved					

	To make sure that every patient attending OPD is offered screening in alcohol use, family planning and an HIV test	In charge OPD	6 monthly audit of HIV, alcohol and family planning screening.	Increased number of patients aware of their HIV status, reduced alcohol consumption and increased referral to alcohol clinic, reduced unmet need for family planning					
	Demonstrate evidence of discussion of the outcomes of the patient satisfaction survey every quarter, and implementation of improvements/changes in response to surveys.	Nurse in charge	Twice a year presentation of results and discussion of comments, by EQ team.	Improved patient satisfaction surveys					
	Referral and booking policy for clinics to improve flexibility and patient choice.	Nurse in charge	Referral and appointments policy in place and annual review of the policy	Improved patient satisfaction surveys					
5. Improve the ability of OPD to deal with young people									
	Guidelines developed for the special considerations in the management of adolescents and young people.	In charge OPD	6 monthly teaching sessions for OPD staff regarding adolescents and young people.	Improved patient satisfaction survey results in young people.					
6. Improve the management of SRH conditions in OPD									
	Set audit criteria for management of STI's according to syndromic management approach. Develop measurement tools and perform 6-monthly audit of STI management in OPD	Incharge OPD	Criteria established	Effective management of STIs					
	Conduct annual audit of rape, sexual assault and gender based violence guideline implementation and complete audit cycle with interventions to improve their management.	Incharge OPD	Audit reports	Improved case mgt					
	Offer family planning advice to 100% of women of child-bearing age who attend OPD. Develop measurement tools and audit this every 6 months	Incharge OPD	Measurement tool developed	Increased FP uptake					
7. Provide high quality and efficient dental services.									
	Employ a dental team comprising of Dental surgeon, two PHDOs and one chair side assistant	Dental Unit Head	PHDO in place	Effective mgt of oral/Dental diseases and conditions					
	Employ a fulltime dental surgeon who will mentor, train internal and external students and who will head dental unit.	Dental Unit Head	Dental surgeon employed	Dental services improved					
	Develop accessible and updatate BCH Management Guidelines for routine dental treatment.	Dental Unit Head	updated Guidelines	Improved Management of Dental conditions.					
	Write Patient Group Directives on management of dental problems, to enable the Dental Assistant to undertake certain procedures under the authority of a senior (PHDO or Senior Clinical Officer) in order to perform more procedures independently	Dental Unit Head	PGD's completed	Improved cover for dental services					
8.Improve the quality of palliative care services..				Out come					
	Run 4 palliative care clinics every month by year 3	clinical officer in-charge of palliation	increased consultation for those in need of palliation	improved quality of life and death for those living and dying with terminal illnesses.					
	Set up and implement guidelines for palliative care treatment	Nurse in charge	Audit palliative care clinic criteria	improved case management					
	Develop a referral and appointment system for those in need of palliative services	Nurse in charge	timely offering of palliative care services	improved access to palliative care services and improved follow up.					
	Set up a funding project for unable/impoersihed clients	Fundraising in-charge	Increased funding available	Increased numbers of patients accessing the palliative care fund and needs met.					

	ensure maintenance of adequate supplies including narcotics and other adjuvant treatments, increase number of therapeutic options and make reports to relevant authorities	Pharmacy technician	supplies above minimum stock levels	Non interrupted service delivery and reduced complications and improved compliance					
9 Improve and maintain orthopaedic services to manage common orthopaedic conditions									
	Develop a referral criteria and appointment for patients in need of Orthopaedic services.	Head Orthopaedic Unit	timely offering of orthopaedic services	improved access to orthopaedic services and improved follow up.					
	Continue to have Clinics for people with orthopaedic conditions at least 4 times a month.	Head Orthopaedic Unit	New patients enrolled:	increased number of patients seen by specialist and reduced complications					
	Maintain the stock of orthopaedic equipments and drugs.	Head Orthopaedic Unit	Equipments in place	Improved case mgt, non interrupted service					
	Continue to host and assist Teams of visiting orthopaedic surgeons from overseas at least twice a year.	Head Orthopaedic Unit	Number of camps held by visiting orthopaedic surgeons	Improved skills to staff, increased number of clients seen					
	Develop and implement readily accessible BCH Guidelines for orthopaedic treatment	Head Orthopaedic Unit	6 monthly audits of guideline implementation	Improved Management of Orthopaedic conditions.					
	To employ a part-time orthopaedic surgeon to manage orthopaedic cases monthly.	HRM	orthopaedic surgeon employed	Improved Management of Orthopaedic conditions.					
10 To improve and maintain circumcision services.									
	Ensure maintenance of adequate supplies including Lignocaine, Bupivacaine and other treatment items.	SMC Head	Circumcision services in place, and make regular reports to relevant authorities	Increased and sustained SMC					
	Avail two clinical officers, three nurses, one counselor to run the services	HRM	Staff employed	uninterrupted service					
	Pre operative management before circumcisions done daily - eg Health talks, consent, VCT.	SMC Head	Pre op audits 6 monthly	Reduced STI and AIDS prevalence					
	To make circumcision guidelines and update them every year	SMC Head	Standard circumcision guidelines and updated	Improved case management					
	Follow up of all circumcised patients	SMC Head	all circumcised patients followed up	Improved case management, reduced complications					
11. Provide high quality and efficient Eye services.									
	Maintain and implement updated BCH Guidelines for the management of Common Eye problems	Head Ophthalmology clinic	Annual audit for implementation of ophthalmology guidelines	Improved case management					
	Develop a referral criteria and appointment for patients in need of ophthalmology services.	Head Ophthalmology clinic	timely offering of ophthalmology services	improved access to ophthalmology services and improved follow up.					
	Dedicated consultation room with a sustained stock of ophthalmology equipments and drug e.g. slitlamp, fluorescein etc	Head Ophthalmology clinic	room and equipment maintained	Improved case management					
	Run a weekly ophthalmology clinic lead by a full time ophthalmology clinical officer	Head Ophthalmology clinic	Increased number of cases seen in ophthalmology clinics, ophthalmology CO employed	reduced ophthalmological disease burden					

12. Improve the quality of care for people with mental health problems.	Continue to host and assist Teams of visiting ophthalmic surgeons and Opticians from overseas at least twice a year.	Head Ophthalmology clinic	increased ophthalmological procedures performed	sustainable source of ophthalmological training and support from overseas					
	Run mental health, epilepsy and alcohol clinics at least 4 times a month each	Head of Mental Health	Clinics run	improved case management					
	Having seen 500 new patients	Head of Mental Health	target reached	increased community awareness of mental health services					
	Employ Full time Psychiatric doctor, CO, nurse	Head of Mental Health	Clinics run by specialist staff	improved case management					
	Continue to host and assist Teams of visiting psychiatrists and psychologists from overseas atleast twice a year.	Head of Mental Health	6 monthly CME for mental health team from overseas team	improved case management and sustained overseas relationship					
	Sponsor a person to study clinical psychology	Head of Mental Health	new member of specialist staff employed	improved case management					
	Develop readily accessible BCH Management Guidelines for routine mental health treatment	Head of Mental Health	quarterly audits	improved case management					
Dedicated room and equipment for mental health clinic/consultations.	Head of Mental Health	Consultation room maintained and available	improved case management, improved patient satisfaction						
13. Develop the A+E unit to provide a dedicated trauma and emergency services									
	Develop a triage system for the timely and accurate assessment of arriving emergency patients including an advanced warning system ; eg for those arriving by ambulance to prepare the trauma team prior to arrival of multitrauma patients. This would include sensitisation of the community, police, schools, church and local leaders for the emergency service contacts.	Head of A+E	Triage guidelines implemented and accessible to all	Improved case management, improve morbidity and mortality rates					
	Employ five nurse, one anaesthetist and one medical officer who will head OPD and work as a consultant from time to time in General OPD and Accident and emergency unit	HRM	Staff employed	Uninterrupted full AE service with all available staff improved case management					
	Maintain functioning and available equipment required for an emergency service, resuscitation, intubation, ventilator, suction, otoscopes, ophthalmoscope, tendon hammer, monitoring, oxygen, infusion pumps, portable xray etc	Head of A+E	Updated and maintained department inventory of functioning and available equipment	Uninterrupted full AE service with all available equipment, improved case management					
	Maintain guidelines and protocols for Accident and emergency management including baseline investigations, routine monitoring. Referral guidelines, both internal and external.	Head of A+E	Uptodate and accessible guidelines in place with annual review.	Improved case management and reduced morbidity and mortality					
	Case conferences, simulation exercises, seminars and teaching sessions conducted in the AE department for common conditions, interesting and complicated cases and their management.	Head of A+E	Weekly departmental teaching sessions	Improved case management, reduced complications, reduced medical errors					
	Develop systematic audit cycles looking at adherence to guidelines, time to treatment and investigations, waiting time, morbidity and mortality.	Head of A+E	6 monthly audits of guideline implementation	Improved patient satisfaction surveys, improved morbidity and mortality rates, reduced waiting times					
	Develop and sustain relationships with other AE departments, including Ugandan and overseas AE professionals in order to have regular mentorship and training. In order to compare the AE departmental systems such as rota organisation, patient flow, triage systems etc	Head of A+E	6 month visits from AE partners or departmental visits to other hospitals	Improved case management and improved department efficiency and efficacy.					

CHALLENGES EXPECTED

Small catchment area with few patients.

Poor transport network and poor roads.

Location of hospital in a place far from city and far from other services like schools.

Lack of enough specialists in the country.

Lack of enough finances to pay staff as incentives.

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SURGERY STRATEGIC PLAN 2014-2019										
OBJECTIVE	ACTIVITY DESCRIPTION	YEAR1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	OUTPUT TARGETS	INDICATORS	OUTCOME	PERSONS RESPONSIBLE
Goal: Be able to offer emergency surgical care for obstetrics, trauma & non-trauma conditions at any time, as well as reducing disability through operative interventions										
INFRASTRUCTURE	Renovation and maintenance of the operating theatre structure						<ul style="list-style-type: none"> Painting of the theatre structure Renovation of the walls to replace wearing out walls Replacement of wooden doors with modern theatre doors Timely replacement of broken glasses structures 	<ul style="list-style-type: none"> Theatre structural outlook Complaints from staff and patients Feedback from staff and patients 	Theatre structure safe and comfortable for both staff and patients	HOD, Administration, Incharge
	Construction of the maternity theatre						<ul style="list-style-type: none"> Fundraising for the maternity theatre Structural construction of maternity theatre Equipment installation in to the maternity theatre Operational maternity theatre 	<ul style="list-style-type: none"> Interested donor Secured funds Start and finishing of the construction project Functional maternity theatre 	<ul style="list-style-type: none"> Reduced time delay for mothers in need of cesarean sections Improved response time in management of emergency obstetrics Improved obstetric outcomes Operational maternity theatre 	HOD, Administration, Incharge, Communications (PR)
	Expansion of major theatre						<ul style="list-style-type: none"> Fundraising for the theatre expansion for one more major operating theatre, extension room for sterilization and instrument processing Structural construction of the same Equipment installation in to the same Operational theatre expansion 	<ul style="list-style-type: none"> Interested donor Secured funds Start and finishing of the construction project Functional theatre expansion 	<ul style="list-style-type: none"> Improved instrument process Improved surgical outcome Increase in the number of surgeries 	HOD, Administration, Incharge, Communications (PR)
	Replacement of wornout equipment and instrument, maintenance of already existing equipment						<ul style="list-style-type: none"> Regular maintenance of the instruments to avoid corrosion and wear and tear Replacement of wornout surgical instruments 	<ul style="list-style-type: none"> Number of torn and wornout instruments 	Improved safe surgeries	HOD, Administration, Incharge
	Anaesthesia equipment						Purchase of anaesthesia machine, laryngoscopes	Presence of anaesthesia machine	safe anaesthesia	HOD, Anaesthetist, Admin
	Construction of surgical ward						<ul style="list-style-type: none"> Fundraising for a surgical ward, private rooms, and orthopedic wing Structural construction of the same Equipment installation in to the same Operational surgical ward 	<ul style="list-style-type: none"> Interested donor Secured funds Start and finishing of the construction project Functional surgical ward 	Improved safe surgeries	HOD, Administration, Incharge, Communications (PR)
HUMAN RESOURCE	Resident surgeon						Resident surgeon	Surgeons expressing interest in working in bwindi	Improved surgeries and surgical outcome	HRO, HOD, ED
	Medical officer cover of the department						Medical officers attached to the department	Presence of medical officer at the unit	mentorship and improved patient care	HRO,HOD
	Ensuring mentorship of the medical officers into surgeons						Routine coordination between surgeon and medical officers	Number of medical officers specializing into surgeons	More surgeons at the station	HOD
	Increased staffing of nurses to serve the increased demand of surgical department						Shifts in theatre, and nurses on the surgical ward	WISN tool to asses need for increase in staff	Improved care to patients and improved staff welfare	HRO, ED, HOD
SERVICE DELIVERY	Improved surgical outpatient care						Run a weekly surgical outpatient clinic	HMIS	Improved followup of surgical patients	HOD, MO
	Improved care for elective operations to reduce disability						Increase the number of elective days to two per week	HMIS	Improved surgical care and services	HOD
	Improved response to surgical and obstetric emergencies						Improve time response to emergencies	HMIS	Improved surgical outcomes	HOD
	Continued surgical camps with our surgical partners						Continued communication and organization of surgical camps	Number of camps annually	Improved surgical outcomes and continued surgical training of resident surgeons and doctors	HOD
	Improved patient safety through safe anaesthesia						Ensuring anaesthesia cover of the hospital	Number of anaesthetists	Improved patient safety in surgery	HOD, HR,
	Introduction of private wards, and services on private charge						Introduction of private wards and services to raise funds for the hospital	Private ward, private services	Improved income generation to the hospital	HOD, HRO, Accounts
	General evaluation of systems						Continued audits (sepsis and time audits)	Number of audits	Quality improvement	HOD, Nurse incharge

STRATEGIC PLAN FOR SRH

GOAL: Reduce maternal morbidity and mortality, Under fives mortality and TFR through , quality ante natal and post-natal care, safe deliveries for all women in our catchment area, improved access to treatment for STI's and all individuals having access to Family Planning

OBJECTIVE	ACTIVITY DESCRIPTION	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	OUTPUT TARGETS	INDICATORS	OUT COME	PERSON RESPONSIBLE
INFRASTRUCTURE	Building of SRH is sufficient to handle the patient and client burden for the next five years						Structural ability to accommodate the patient burden for the five years	Number of patients attending care at the unit		
Buildings	Waiting Mothers Hostel:									
	Renovation and regular maintenance						regular and timely repair and maintenance of the hostel	feedback from the waiting mothers	A good functioning structure able to house waiting mothers to its capacity without inconveniencing there stay	Operations, Administration, HOD
	Evaluation for need of expansion							Statistics of hostel attendance	Assessment of need to expand hostel	Operations, Administration, HOD
	Expansion to twice the current capacity to accommodate 50 mothers if need arises						Increased fundraising on maternal health	Statistics of hostel attendance	An extension of Hostel to meet the increased demand of the hostel	Communications, Operations, Administration, HOD
	Structural adjustments in the department									
	creation and operationalize the maternity theatre						Fundraising for the construction of the theatre	Use of the maternity theatre	Fully functional maternity theatre, improved obstetric outcomes.	Communications, Operations, Administration, HOD
	High dependency unit (2 bed unit)						Identification of room for high dependency	Early identification and prompt case management of emergencies	Reduction of maternal mortality and morbidity due to improved care	HOD, Nurse incharge, administration
	Expansion of high dependency unit to 4 beds						Identification of more room for high dependency	Early identification and prompt case management of emergencies	Reduction of maternal mortality and morbidity due to improved care	HOD, Nurse incharge, administration
	Nursery in the maternity ward for minor neonatal cases						Isolation of a room to monitor and manage mild neonatal conditions	Improved early neonatal conditions	Improved management of mild neonatal conditions that don't need admission on the paediatric ward	HOD, Nurse incharge, operations
	Gyne Examination and minor procedure room for PAP smear, evacuations, coloscopy and cryotherapy						Identification of Gynecology examination room	Functional room for Gyn services	Fully functional gyn unit	HOD, Nurse incharge, operations
Room for latent labour and active labour reserving labour suite for second stage						Reserved room for management of first stage of labor	departmental management of latent and first stage of labor	Improved obstetric outcomes	HOD, Nurse incharge, operations	
maintain bed capacity of the unit						Maintenance and proper handling of hospital beds	Number of beds breaking down	Improved care of patients with available resources	HOD, Nurse incharge, operations	
Equipment	maintaince of cryotherapy						training of midwives and nurses on offering cryotherapy services	Continuity of "see and treat" services at the unit	Improve attendance and increased numbers of patients attending the Ca cervix clinic in the hospital	HOD, Nurse incharge, operations
	instanation and use of colposcope						Use of colposcopy	Number of patients accessing the service	Improve attendance and increased numbers of patients attending the Ca cervix clinic in the hospital	HOD, Nurse incharge, operations
	Monitors for High dependency unit 2 monitors									
	more 2 patient monitors for HDU									
	Oxygen concentrators for HDU first concentrator									
	1 more oxygen concentrator						Functionalize high dependency unit for very sick mothers	maternal mortality and near misses in the unit	Reduction of maternal mortality and morbidity due to improved care	HOD, Nurse incharge, operations
	Neonatal beds for the nursery six beds						Functionalise neonatal nursery	Reduction in transfers out to paediatric ward	Improved neonatal outcomes	HOD, Nurse incharge, operations
	Replacement of wooden beds for metallic beds in maternity ward						Gradual replacement of wooden beds for metallic beds	Number of wooden bed in the department	Replacement of wooden beds for metallic beds in maternity ward	HOD, Nurse incharge, operations
replacement of wooden beds for metallic beds in waiting mothers hostel						Gradual replacement of wooden beds for metallic beds	Number of wooden bed in the hostel	Replacement of wooden beds for metallic beds in hostel	HOD, Nurse incharge, operations	
Human Resources	Obstetrician and gynecologist at station						Resident Gynecologist at station	improve service delivery in the unit	Resident gynecologist	Human Resource , Executive Director
	Ensuring mentorship of the medical officers into obstetricians and gynecologists						Routine coordination between obstetrician and medical officers	Number of medical officers specializing into obstetricians	More obstetricians at the station	Obstetrician and Gynecologist
	medical officer attached to the ward						Medical officers attached to the department	Presence of medical officer at the unit	mentorship and improved patient care	HOD, Human Resource officer, Executive director
	Registered midwives and nurses to lead:									
	Family Planning									
	Antenatal and waiting mothers Hostel									
	General gyne and Ca cervix programme									
	Labour ward									
Have adequate nursing cover to satisfy the patient and client need for the department						Re-organising the department to allow for redistribution of departmental responsibilities	Presence of registered nurses and midwives in these areas as overseers	Improved service delivery in the unit	HOD, and Head of nursing and midwifery, departmental nurse incharge	
Services Delivery										
Family planning	Increase the uptake of long term methods of family planning									
	decrease teenage pregnancies						Increased uptake of long term family planning methods, radio talkshows, outreaches in schools	statistics from family planning	Reduction of unmet need for family planning to less than 20%	HOD, Nurse incharge and family planning coordinator
	decrease unmet need for family planning									
Antenatal care	Daily ANC services clinic by midwife						Continued running of ANC clinic	numbers of mothers attending ANC	Daily ANC services in the unit	HOD, Nurse incharge and ANC clinic coordinator
	High risk antenatal care clinic once weekly seen by medical officer or obstetrician						Start high risk ANC clinic	Numbers of mothers attending clinic	Improved ANC services	HOD, MO
	improved followup of risky pregnancies in the community						Continued followup with HEAL project	Risky mothers register in community health	Reduced community deliveries	HOD and CH&B
gynecology services	weekly general gynecology clinics									
	fertility clinics									
	cancer out patient services									
	creation of protocols and policies on management of cervical cancer						Functionalizing gynecology clinics	Gyn OPD register	Improved Gyn services	HOD, MO, Nurse incharge
	Fundraising for PAP smear cost sharing									

Waiting mothers hostel	Improved service delivery in hostel					Daily monitoring of mothers	Number of mothers attending hostel	Improved service delivery in hostel	HOD, nurse incharge
						Education and nutrition teaching seasons			
Delivery and postnatal clinic	Reduction of maternal mortality					Improved obstetric services and early intervention in emergencies and referrals, Adequate neonatal resuscitation	maternal mortality and near misses statistics	Improved obstetric outcomes and reduction in maternal mortality, Reduction of still births and early neonatal deaths	HOD, Nurse incharge
	Reduction of still births and early neonatal deaths								
	Improving the experiences of mothers in labor								
General evaluation of systems	Continued maternal mortality audits					Continued Confidential Enquiry and MPDR reviews	Number of cases reviewed and those omitted	Continous review of audits	HOD, confidential Equiry and nurse incharge
	Audits of still births								
	Significant event analysis								

NUTRITION AND DIETETICS PROGRAMME AREA STRATEGY

Background: What has been achieved in the last 3 years

According to UNICEF report 2008-2012 the Uganda national stunting percentage is 33.3%(moderate and severe) of children under the age of 5 are stunted and 42% in western Uganda, the home of Bwindi Community Hospital [BCH].
According to UNICEF report 2008 – 2012 the Uganda national stunting percentage is 33.4 (Moderate and severe) of children under the age of 5 are stunted and 42% in western Uganda, the home of Bwindi Community Hospital [BCH].

BCH acknowledges the best way to deal with disease is prevention, hence attaches great importance to this. This is demonstrated by the introduction of such programmes as the Nutrition and Dietetics programme, whose goal is **“To improve the quality of life through promotion of sustainable production and consumption of quality foods and nutrition rehabilitation”**

The hospital has implemented a gardens project supported by Sustain for Life, which has shown positive results in **improving access to nutritious organic foods for consumption by targets and the intergrated management of acute malnutrition**, an aspect that has seen improved child nutritional health at the hospital, so would like to maintain activities and add more activities which we hope they will be achieved in the next five years 2020

The hospital has implemented a gardens project **improve on the accessibility and the availability through expansion**

- 2 **Improve staffing levels**
- 3 **improve access to and utilisation to services related to maternal, infant and young child nutrition**
- 4 **Promote social protection interventions for improved nutrition**
- 5 : **Enhance consumption of diverse diets**

- 6 : **Training and sensitization of Bwindi Community hospital in sustainable food production, nutrition and integrated management of acute malnutrition**
- 7 **8 Promotion of consumption of healthy foods to the Bwindi Community.**
- 8 : **Enhance consumption of diverse diets**

- 9 : **Training and sensitization of Bwindi Community hospital in sustainable food production, nutrition and integrated management of acute malnutrition**
- 10 : **Improve clinical nutrition and dietary management of diseases in Bwindi community hospital**

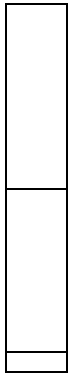
- 11 **Create awareness of and maintain national interest in and commitment to improving and supporting nutrition programmes in Bwindi community hospital**
- 12 : **Maintain relationships with different partners of the Hospital**
- 13 : **Monitoring and evaluation**

Departmental Goal:

To improve the quality of life through promotion of sustainable production and consumption of quality foods and nutrition rehabilitation”

Objectives	Activities	Time frame					Responsible person	Output&measurement	Budget source
		year1	year 2	year3	year4	year5			
improve on the accessibility and availability through expansion	Build a cold room with storage, preservation and ashop .						Administration/Nutrition and Dietetics programme area head	Construction plan put in place.	sustain for life
	Buy more land to increase on the production of vegetables						Administration/Nutrition and Dietetics programme area head	Agreements to be signed. Land demarcation using fence.	BCH

	: Monitoring and evaluation	Annual and Quarterly Internal evaluation of the performance of the strategic plan.						Nutrition and adietetics programme Area Head/management team	Statistics on performance of the project. Observations and recommendations from SFL team. Observations and recommendations from the Management team. Existance of minutes from the meetings.		SFL
		Bi - annual external evaluation of the performance of the work plan						Nutrition and adietetics programme Area Head/management team	Statistics on performance of the project. Observations and recommendations from SFL team. Observations and recommendations from the Management team. Existance of minutes from the meetings.		SFL



ADMINISTRATION STRATEGIC PLAN 2014/19

Hospital Mission: Serving Jesus Christ through, giving holistic health care and life in all its fullness to; the staff, patients, clients and visitors in the Hospital and community

Hospital Vision: A healthy and productive community free from preventable disease and with excellent health services accessible to all

Goal: Effective governance to ensure efficient support to deliver Hospital Mission and Vision

Objectives

1. Maintain good relationship between BCH and all stakeholders

2. Collect accurate, quality data, ensure timely reporting to partners and provide PR/fundraising with information for their activities

3. Develop, maintain infrastructure and capacity of the Hospital

4. Ensure good Governance of the organisation through accurate recording of the decision-making process

Make BCH a healing "environment" for patients and a functional place for staff

5. Continue supporting efforts aimed at sustainability of the Hospital

6. Cordinate all departments under support services to effectively deliver this function

OBJECTIVES	ACTIVITY NUMBER	DESCRIPTION OF ACTIVITY	INDICATOR/ SOURCE OF VERIFICATION	TIMING					PERSON RESPONSIBLE
				2014/15	2015/16	2016/17	2017/18	2018/19	
1. Maintain good relationship between BCH and all its stakeholders	ADMIN.1	Provide MoH, UPMB, Diocese, District, KF and other stakeholders with appropriate documents such as a copy of the strategic plans and annual report	Copies of Strategic plan, annual work plan, annual and audit report sent						PHA
	ADMIN.2	Executive Director to meet with, the Chief Administrative Officer, the District Health Officer & Chairman of the Board quarterly	Notes from meetings kept by PA to ED						PA TO ED
	ADMIN.3	Bi annual meetings with community leadership/representatives (Bataka heads) for hospital updates	Notes from meetings						PHA
	ADMIN.4	Ensure appropriate documentation and operationalization of working framework with various stakeholders	MoUs, ToR, Operating license						PHA
	ADMIN.5	Dialogue with Diocese of Kinkiizi to extend eQuality services at all its health centres and formulate a working relationship with all these centres							PHA
2. Collect accurate, quality data, ensure timely reporting to partners and provide PR/fundraising with information for their activities	ADMIN.6	Maintain paper records from all departments including patient records in safe, secure storage.	Safe storage of records						Secretary
	ADMIN.7	Maintain electronic and paper copies, where indicated, of all data collected. Find out specific for keeping medical records	Record retention policy and electronic and paper copies						Secretary/IT

	ADMIN.8	Ensure the completion of weekly HMIS epidemic surveillance reports, monthly HMIS reports, annual reports to the District and UPMB and the Hospital Database for annual reporting and inventories	Reports submitted							Secretary
3. Develop, maintain infrastructure and capacity of the Hospital	ADMIN.9	Construct staff quarters for both junior and senior members - ensuring a new strategy that does not impact on running costs	Completed housing units							PHA
	ADMIN. 10	Redesign structure for incinerator - explore with PR the possibility of a new bigger incinerator that serves even the community	Improved incineration services							PHA
	ADMIN.11	Construct workshops (including adequate tools) for vehicles and woodwork - look into possibilities of modelling the containers to accommodate these	Workshop constructed							PHA
	ADMIN.12	vehicles and improve the general Hospital parking lot	Parking shade							PHA
	ADMIN.13	Design and implement improvements to the staff kitchen and both attendants' kitchens - work alongside PR to do this	Improved kitchen							PHA
	ADMIN.14	Register non-registered Hospital land	Land titles available							PHA
	ADMIN.15	Removal of the tent and Placenta pit, design and construction of a modern Adult In-patients' Ward	New Adult In-patients' Ward							PHA
	ADMIN.16	Construction of a pit latrine at the MWH	Pit latrine in place							PHA
	ADMIN.17	Procurement of 100 Hospital beds	Hospital bed in place							PHA
	ADMIN.18	Improving Hospital kitchens	Improved kitchens							PHA
	ADMIN.19	Plan terazzo in all buildings to improve floors and particularly OPD, and HIV buildings	Improved floors in service centres							PHA
	ADMIN.20	Construct a satellite clinic in Kanyantorogo to enhance eQuality scheme	Satellite clinic in place							PHA
	ADMIN.21	Purchase of new land for Hospital development	Purchase agreements available							PHA
	ADMIN.22	Erect a chainlink fence(s) to take care of security at both the Hospital and Staff village	Chain link fence in place							PHA
4. Ensure good Governance of the organisation through accurate recording of the decision-making process	ADMIN.23	Conduct six monthly board meetings	Meeting minutes							PHA
	ADMIN.24	Bi weekly Management meetings. Review every two months in a Management Executive Meeting to discuss progress in each programme area	Minutes/Records							PHA
	ADMIN.25	Ensure all scheduled meetings take place with focussed agenda	Minutes/Records of all meetings well stored and follow-ups made							PHA

	ADMIN.26	Reviw Hospital constitution to include all new Hospital developments	Hospital Constitution reviewed							PHA
	ADMIN.27	Emphasise and encourage middle managers in policy implementation through regular trainings eg certificate in Health Mangement	Certificates and attence lists available							
	ADMIN.28	Enure Hospital property and review adherence to UAP insurance standards	At least bi-annual audits of the adherence standards							PHA
	ADMIN. 29	Implement a complaint policy to maintain high quality client and partners care by developing a tool for taking in suggestions and complaints and addressing them	Functional suggestion box, telephone hotline							PHA
	ADMIN.30	Formation of a Hospital Security Committee with a clear scope of action and regular quarterly Security meetings	Committee and meeting minutes in place							PHA
5. Make the BCH site a 'healing environment' for patients and a functional place for staff	ADMIN.31	Create hospital gardens, sheded areas etc	Good Hospital gardens							Personnel Officer
6. Continue supporting efforts aimed at sustainability of the hospital	ADMIN.32	Lobby for government support at Hospital level	Government funding at hospital level							PHA
	ADMIN.33	Promotion of eQuality	Number of groups enrolled							PHA
6. Cordinate all departments under support services to effectively deliver this function	ADMIN.34	Monthly meetings with Heads of departments who report to PHA's desk to assess progress, challenges and devise strategies for forging forward	Minutes of meetings							PHA

ACCOUNTS AND FINANCE STRATEGIC PLAN 2014-2020

GOAL: Effective involvement in raising financial resources for the hospital, effective management of these resources and Quality / Timely financial rep

BACKGROUND:

Objectives

- 1 Ensure efficient and effective management of financial inflows and out flows including management of Cash and Bank transactions
- 2 Be able to track each donation or other source of income as it progresses through the organisation
- 3 To know the cost of running each programme area at BCH, and be able to apportion budgets each year to each programme area
- 4 Produce accurate and timely Financial reports and Budgets for management, donors, departments, the District, the HUFC and UPMB
- 5 Maintain up to date accounting records, easily accessible with accurate information
- 6 Strengthen, Support and promote the Audit function both Internal and External
- 7 Ensure efficient and Timely processing of the payroll and other payments
- 8 Work with Human Resources to recruit and retain highly motivated staff in Accounts/Finance and across the whole organisation
- 9 Maintain good relations with all our partners; Banks, District, URA, NSSF, Drugs suppliers, contractors, Insurance Cos etc

OBJECTIVE NUMBER	DESCRIPTION OF ACTIVITY	Y	Y	Y	Y	Y	INDICATOR/ SOURCE OF VERIFICATION
		R1	R2	R3	R4	R5	
Objective 1	Ensure efficient and effective management of financial inflows and out flows including management of Cash and Bank transactions						
ACC.1	Receipt all income(donations , sales & user fees) received either in cash or into the BCH bank account						Receipt Acknowledgements
ACC.2	Maintain a price list that is updated every six months (February and August) with incremental increases, especially for insurance companies						Updated Price Lists
ACC.3	Maintain a record of all debtors arising from treatment received, and include debtors in the monthly financial reports						Debtors reports
ACC.4	All requisitions for funds must be recommended by one of the people delegated to spend money for the programme area (either the in-charge or delegated deputy)						Authorised Vouchers
ACC.5	Maximise payments by cheque						Cheque Payments
ACC.6	Plan & minimise bank trips without compromising sufficiency of the funds available on site always						Minimal bank trips (records),
ACC.7	Invoice institutional debtors (such as IHN) on a monthly basis						Despatched Invoices
ACC.8	Ensure that money from the Kellermann Foundation & Friends of Bwindi is requested well in advance of it being required						Timely Requisitions and sufficient money is always available
ACC.9	Prepare payment vouchers for all cash & cheques as is being paid out, ensuring that the appropriate authorization has been given and signatures obtained						Authorised Payment Vouchers
ACC.10	Conduct recorded cash counts monthly and any time as directed by the Accountant						Cash Count Statements
ACC.23	Advertise to staff and patients the services covered by Health Insurance Companies						Displayed Health Insurance Provisions
Objective 2	Be able to track each donation or other source of income as it progresses through the organisation						
ACC.1	Maintain and always update a financial calendar for years with a reporting schedule						Financial calendar
ACC.2	Deposit all foreign exchange cash donations in the BCH current account						Bank Slips & Receipt Acknowledgements
ACC.3	Give the fundraising team a report of the out standing pledges every fort night & occasional reports on the progress of project financial flows						Pledges Report
ACC.4	Reports from the KF & FoBCH twice monthly						Reports available for review
ACC.5	Introduce an internal income generating activity ie saving scheme						Scheme working
Objective 3	To know the cost of running each programme area at BCH, and be able to apportion budgets each year to each programme area						
ACC.1	Apportionment of all income and expenditure to programmes or projects as designated by the donors or as dimmed fit (for the unrestricted donations)						Programme Area Income & Expenditure Reports
ACC.2	All expenditure entered into QuickBooks is apportioned to a Programme Area, and spent against the budget for that Programme Area						Reports
ACC.3	Produce a monthly Income / Expenditure report per programme area by 15th of subsequent month						Reports

ACC.4	Apportion all 'Administration' costs to other Programme Areas, in an attempt to truly reflect the cost of running these services.								Reports
ACC.5	Produce Quarterly Budget Performance reports for each Programme Area and the Medical Superintendent by 15th of subsequent month								Reports
Objective 4	Produce accurate and timely Financial reports and Budgets for management, donors, departments, the District, the HUFC and UPMB								
ACC.1	Produce a Quarterly Financial Status Report for Management Executive								Timely Report
ACC.2	Produce user friendly annual reports at the end of the financial year for the BCHC Annual Report & website, office of the DHO and UPMB.								Reports
ACC.3	Convene a Management Budget Workshop in June to look at work plans and budgets for the next financial year								Budgets reviewed by management
ACC.4	Prepare annual budgets for each programme area in the first week of June based on work plans that have been created by the end of May (based on activities in this strategic plan)								Work Plan Linked budgets
ACC.5	Present proposed annual budget for the next financial year to the Board meeting for approval.								Board meeting minutes
ACC.6	Make budget revisions during the fiscal year as new funds become available or funding problems ensue								Revised & Approved budgets
Objective 5	Maintain up to date accounting records, easily accessible with accurate information								
ACC.1	Input all financial information into QuickBooks, and ensure that the computerised records are supported by clearly filed documentation								Quickbooks file & Sound filing System
ACC.2	Maintain a filing system that meets audit standards								Sound filing System
ACC.3	Back up all computerised financial information thrice a week on a data storage device that is not kept in the Accounts and Finance Department								Back up log
ACC.4	Perform reconciliations on all bank accounts								Reconciliation Schedules
ACC.5	Keep copies of contracts with each Health Insurance Company that BCH works with, file insurance claims monthly and keep good records of money received and payments outstanding								Insurance Contracts
ACC.6	Annual review of financial policies and procedures in May of each year								Recommendations made to the Board
Objective 6	Strengthen, Support and promote the Audit function both Internal and External								
ACC.1	Commission external auditors and prepare to give them information in August of each year								Letter of commission
ACC.2	Present audited accounts to the Board in December								Minutes of Board meeting
ACC.3	Conduct quarterly audits of value for money spent on major activities								Audit reports
ACC.4	Conduct quarterly productivity (efficiency audits) of departments								Audit reports
ACC.5	Conduct quarterly audits for capacity utilisation								Audit reports
Objective 7	Ensure efficient and Timely processing of the payroll and other payments								
ACC.1	Prepare payroll no later than 25th day of the month								Timely Payroll
ACC.2	Create a published list of all types of allowances claimable by staff, and specific rates								Displayed Allowances List
ACC.3	Review and Link salary bands, job descriptions								Accurate Pay Roll
ACC.4	Annual salary review is linked to appraisal, and there is a clear policy for how the salary of an individual may be raised								Hospital Policy Manual
ACC.5	Reduce the number of salary bands by incrementally increasing salaries, especially those of the lowest paid workers								Updated Staff Salary
ACC.6	Present a report on the cost of offering an inflationary salary increment to the staff								Updated Staff Salary
Objective 8	Work with Human Resources to recruit and retain highly motivated staff in Accounts/Finance and across the whole organisation								
ACC.1	Conduct relevant training sessions with staff ; eg filling various forms like debt agreements & vouchers, accountability, allowances, salaries, department policies & procedures etc,								Induction list
ACC.2	Orient new staff through relevant departmental issues ; payroll & the incremental process, allowances, accountability, requisitions etc								Human Resource Record
ACC.3	Commission extra training on use of QuickBooks non-profit for Accounts/Finance team								Conversant Accounts Staff
ACC.4	Staffs under go training in Professional courses (ACCA or CPA)								Improved performance
ACC.5	Work with admin to solicit for a big office to accommodate all our units								
Objective 9	Maintain good relations with all our partners; Banks, District, URA, NSSF, Drugs suppliers, contractors, Insurance Cos etc								
ACC.1	Maintain a good working relationship with our Electronic banking providers								Utilisation of Electronic banking
ACC.2	Maintain good relations with our partners; Bank, District, URA, NSSF, Drugs suppliers, contractors etc								Continued Working Relations with the Insurance Companies
ACC.3	Pay particular attention to accountability & display for any funds delegated from the Government.								Displayed PHC funds

ACC.4	Liase with the chair of the HFC to ensure that it meets every three months (February, May, August and November)						Hospital Finance Committee Meeting minutes
Objective 10	Consolidate all departments including the school and the Guest house						
ACC.1	Have financial activities even in the newly added departments run systematically as all others						One accounting unit running all
ACC.2	Having all accounting records and policies harmonised						same policies and procedures followed
ACC.3	Intergrate all tasks in the department						All can handle any given task

Outcomes
Increased fundraising
Sound management decisions
Better information for stakeholders

Goal: Keep a positive image of the hospital and keep confidence of all the supporters/partners and raise funds to move towards financial sustainability

Background: Bwindi Community hospital is still heavily reliant on donor funding contributing more than 70% of the running costs. It is the role of the communications program area to ensure that all stakeholders are kept well updated about the hospital programs in order that they keep engaged. Relying on donations is not sustainable in the long run and for this reason, the program Area will invest more in grant application writing for medium term support of program and income generating activities. We expect the funding gap to reduce with increasing up-take of the eQuality Health membership scheme and funding from the government.

Summary of Objectives:

1. Share accurate and timely Information about the hospital with outsiders
2. Maintain accurate and timely internal communication
3. Raise a large share of funding through grants.
4. Maintain Individual donations despite the increasing challenging fundraising environment.
5. Establish and maintain relationships with tour camps, organizations and other key partners
6. Manage a sustainable relationship between short volunteers and the hospital for future support
7. Ensure data security of all hospital contacts/communications
8. Develop and engage in new sustainable income generating activities
9. Raise enough funds to enable Uganda Nursing School Bwindi (UNSB) become financially self sustaining

		Year 1	Year 2	Year 3	Year 4	Year 5		
Objectives	Activities						Person Responsible	Indicators & Measurement Tools
1. Share accurate and timely Information about the hospital with outsiders								
	Produce a newsletter by February, June and October to be sent out by email to all contacts. Print and maintain copies of this newsletters at camps and in the Hospital.						Communications team	Newsletter sent to all contacts 3 times per year
	Send an appeal before Christmas in December and April before Easter to all contacts by e-mail						Communications team	Two appeals sent out every year
	Keep page layout of websites of both BCH and FOBCH organized and user friendly, and incorporate "drop-down" pages into the website layout. Provide information regarding all Hospital activities and services. Write updates in the form of "Latest News". Update numbers, statistics, and graphs every 3 months. Put photographs of all new heads of department and executive committee members on the website. Have a volunteers page and encourage current volunteers to share their experiences while at BCH on the page. Put all copies of the newsletters, annual report, audited financial report and household survey on the website.						Communications team together with IT team.	Websites maintained- updated and kept clean & user friendly. Statistics and graphs updated 4 times yearly.
	Design and print Calenders by the end of November and distributed to all departments and key stakeholders.						Communications Team Leader .	At least 100 calenders printed and distributed.
	Print copies of the annual report for use in tour camps, tour companies operating in Bwindi, for visitors at the Hospital and stakeholders						Communications team	Copy of current annual report and newsletters given to visitors , stakeholders and tour camps
	Update the "Fundraising" section of the website quaterly regarding the progress of money donated, fundraising campaigns and fundraising priorities.						Communications team	Fundraising section of website to be updated quaterly.

	Provide links to all major donor sites on the BCH site, including some links on the front page. These links should include all charities and foundations like KF, FOBCHC, Buy-A- Net Canada etc. Include a						Communications team	Links on website updated quarterly.
	All current donors given scheduled updates according to the communications timetable. All donors given updates on how their donation has gone to good use within 1-2 months of receipt of donation. The accountability calender generated by Accounts can be used. A record kept of all communications with donors on the donor database.						Communications team	Updates sent to donors in a timely and strategic manner. Need to update the accountability calender in light of new projects, e.g Live at birth and comic relief.
	Ensure that all visitors are aware of BCH before coming to Bwindi through a high Google search listing of Bwindi and excellent relationships with tour companies in countries of origin						Communications team	BCH in top 10 Google search listings of Bwindi.
	Maintain a database of tour companies sending tourists to Bwindi, and communicate with each company every three months with personal updates about the positive contributions made by their clients to the hospital. Attempt to get Bwindi Community Hospital on the itinerary of every visitor coming to Bwindi						Communications team	Maintained database thoroughly using existing information and information gained by Google searching
	The Daily Monitor and New Vision are subscribed for online for the purposes of searching for grant opportunities.						Communications Team and Senior Staff to access the paper	Online subscription is done.
	Maintain web pages on Just Giving, Big Give, Matched Giving, Face book 'causes', Flickr, twitter and You Tube. Cross-link these pages. Look for opportunities to develop new web forum. Also maintain subscriptions to Network for Good email software -EmailNow. Always pay attention to their latest designs, inovations etc.						Communications team	Each of these maintained at least 4 times per year. Montly subscriptions of \$49 paid to Network for Good. (Explore the big give and matched giving with KF and FOBCHC)
	Maintain and regulary update the donor database to include all tourist companies, enabling BCH to keep up to date information about people working within each agency as well as the activities of each agency.						Communications Team Leader, IT with Input from any others who have pertinent information	Database modified
	Ensure that tax effective giving is promoted at every opportunity and that an exercise is carried out regularly to 'mop' up any supporters without declarations, and to ensure that retrospective declarations are made where applicable.						Communications team	Promote through newsletter and website, ensure that on every occasion a donation is made a declaration is automatically produced. 'Mop' up exercise scheduled into the communications plan
	Advertise BCH charities (Kellermann Foundation and FOBCHC) on the leaflet						Communications Manager.	Leaflet updated twice a year with these information.
	Communications dept to be notified of all donations received through the Kellermann Foundation or FOBCHC, and to write personalized thank you notes to all those donors within a week of receipt of donation						Communications team together with Finance Manager	Personalized "thank you's" written by Communication team within a week of receipt of donation
	Communications dept to follow up on all pledges that have not been received.						Communications team together with Finance Manager	Follow up of all pledges
	Use industry standard tools to identify prospective Major Donors who are capable of giving a gift of over \$10K on the BCH supporter database.						Communication Team.	Subscribe to industry tools that allow research potential major donors and create individual donor profiles for each donor giving in excess of \$5K. To explore the industry tools.
	Identify Major Donor networks through research and influence them. (already patners to link us to other people. E.g buy a net to CIDA						Communications team	Create donor solicitation plans for all Major individuals and undertake a relationship mapping exercise using research tools to determine their influential networks
	Regular communication between Communications team and KF in terms of current projects, fundraising goals, areas being targeted for fundraising, etc.						Communications team	Ongoing Communication

	Bi-monthly communications team meetings to set priorities and discuss tactics						Communications team w/ input from Management	Minutes of meetings
	Liaise with hospital partners to establish a charitable foundation in Australia that allows tax deductible donations.						Communications Leader	Charity established
	Research and find important local co- operations/businesses to support the hospital e.g. banks, oil companies, Chinese organisations etc						Communications Leader	Local organisation funding BCH/UNSB
	Liaise with hospital partners to link BCH to other prospective funding organizations						Communications team	New partnerships established
2. Maintain accurate and timely internal communication								
	Maintain notice boards in the Hospital with monthly updates in form of latest news, as well as events we have participated in(e.g World Malaria day activities), accurate information for visitors, photographs of new staff, donation information, and announcements.						Communications Officer	Notice boards maintained and updated monthly
	Maintain the notice boards in each department with photographs of the team, goal of each team and objectives of each team. Include activity data on each notice board.						Communications Officer and HODs to provide activity data.	Notice boards updated in each department 4 times yearly
	Ensure there are always leaflets, copies of annual reports and newsletters in all the camps, Internet Tent Café, tour companies for visitors.						Customer Care Representative	No stock-out of leaflets
	Display stories about the Hospital, as well as current charts, statistics, graphs and appeals on the walls around the Hospital, particularly around the areas that visitors are taken when they come to the Hospital- Children's Ward, OPD, Outside of Adult Inpatient and in the veranda of OPD. The information should be updated at least quarterly.						Communications Officer	Data and stories displayed strategically around the Hospital
	Display the results of the Community Survey on notice boards. Prepare the survey for publication in booklet form and distribute to key stakeholders within three months of completing survey data analysis						Communications Team	Survey displayed and distributed
	Place 2 short films on the website- one film that gives a general overview about the Hospital and the work done by BCH (no longer than 3:30-4:00 minutes), and one film that focuses on a specific activity/programme area at the Hospital- e.g. world malaria day/malaria prevention activities, community health outreaches, etc. The general overview video should be updated every 6 months in July and January, and the video focusing on a specific programme area should be updated every 3 months.						Communications team	General overview video of Hospital updated twice yearly, video focusing on a specific programme area updated four times yearly
	Have an up-to-date PowerPoint presentation available on the server so that it can be promptly sent to any supporters who express an interest in fundraising for BCH. PowerPoint presentation should be updated every 6 months. The hospital brief to BoG could always be modified for this purpose.						Communications Officer	PowerPoint presentation on server. Updated twice yearly
	Ensure that the BCH leaflet is up to date.						Communications Officer	Review of leaflet content twice annually
	Reinstate appeals file at GFC,Buhoma lodge, Mahogany Springs, Silverback, Volcanoes and in other camps, plus in the internet café, and provide feedback to donors who have sponsored projects in this file.						Communications Team Leader	Ongoing appeals file
	Ensure the partnership with Radio Kinkizi and KBS is well monitored & evaluated. Communication Team Leader together with Communications Officer to coordinate the messages and arrange quarterly feedback sessions with people from BCH who have been presenters of programmes. Also have meetings with Management every 6 months in order to assess the relationship & seek avenues for improvement.						Communications Officer, Management team	Radio Kinkizi and KBS projects a positive image of BCH, provides accurate information to listeners, and adheres to the M.O.U.s Communications lead a monthly meeting to assess programmes and progress and feed back to Management every 6 months on progress of the partnership

	Provide timely feedback to people who make contact before their visit to Bwindi, encourage them to visit the Hospital and to bring items suggested on the "useful items to bring" list on the server. Offer to give them a tour of the Hospital when they come. List of "useful items updated atleast three monthly.						Communications Team Leader with input from HODs.	Ongoing communication with timely responses
	Maintain the quality of Hospital signs, including signs for the Internet Tent Café and the billboards for HIV (or other) campaigns. The posters need to be updated atleast once in a year.						Communications Team with input from operations manager.	Hospital signs maintained
	Ensure that all members of staff always looking smart with uniforms and name badges						Responsibility with Human Resource office and HODs	Badges worn at all times & staff always looking smart and win confidence of clients and visitors
	Maintain the visitor policy and teach all employees of the Hospital about the policy in their induction and through Monday Teaching Sessions.						Communications Team Leader	Hospital Policy Manual and Teaching Session record
	Always greet visitors upon arrival and have a named person who is available for showing visitors around (named person is always to check for permission to enter wards with head nurse of ward especially Child Health, Mothers' Hostel and HIV building).						Communications Officer	Monthly rota prepared so that someone is always responsible for visitors
	Produce press releases for the local media and International media houses when significant events occur.						Communications team	Press releases completed
	Maintain a communications plan/timetable for all supporters complete with scheduled updates of progress at the Hospital, newsletter send outs, and a structured communications timetable for those who have made contributions. Programme area and project updates are to be created every 3 months and sent out to all donors who have contributed to a specific programme area or project. Updates to include pictures.						Communications team	Supporters updated on the progress of the Hospital and their specific contributions in a strategic way. Program area updates sent to donors 4 times yearly.
	Maintain a database of all monetary supporters and record the total amount of money contributed, when each donation was received, and which programme area or project each donation was allocated to. Keep a record of recent communications with all donors, and incorporate all donors into the communications timetable.						IT & Communications Team	Database maintained, recent communications recorded, all donors one set communication timetable and financial records imputed.
	Respond to all inquiries from supporters & tour companies within 24 hours of receipt of inquiry. Keep a record of communications with all supporters.						Communications Team	Inquiries responded to, record of communications kept.
	Using the database, implement a 'Moves Management' system which will track where in the relationship cycle a Major Supporter or prospect is and therefore the type of communication or ask that is required (to include the accountability calendar).						3rd person	'Moves Management' to be implemented on the donor database
	Create a mechanism for visitors to support the hospital through a committed gift. Develop and promote effectively a sponsorship scheme with buy-in at varying levels. To begin with selling BCH items like T-shirts and bracelets						Communications team	Sponsorship product developed and marketed
	Engage celebrity support to promote the Hospitals work. Actively research scheduled celebrity visitors to Bwindi and maximise upon these opportunities.						Communications Team and Senior Staff	Organisation of fundraising concerts / events
	All major events taking place within BCH or the community should be shared with Communication team at least 3 days in advance (announcements at morning prayers do not equate sufficient disclosure). Arrangements should be made to take photographs, testimonials, and/or video footage. Responsibility for informing will lie with each department head or person in charge of the activity/event.						Programme head responsible for informing Communications team	Communications team informed of all significant events
	All progress regarding capital projects will be shared with Communications team for documentation & donor updating purposes.						Project Manager and Accountants team .	Communications team informed of all progress being made in regards to capital projects

	Set up an exhibition center at the hospital to enhance and promote BCH visits to tourists						Administration to facilitate setting up of the exhibition center and communications to design it	A detailed description explained in one stop point. Photos and fundraising displayed.
3. Raise a large share of funding through grants.								
	Strengthen the grant-writing capacity of the organization. Submit a minimum of two grant application every quarter. Corporations are researched and those who have grant-making capacity are to be approached.						Communications Team	At least one grant submitted every quarter.
	Research and manage a list of prospective trusts and grant making bodies, using their funding criteria to make timely applications for funds. Use industry tools such as the UK's charity commission to match funding requirements to BCH. Once a relationship has been established, ensure good management through the organisations proposed relationship database. Research similar organisations to identify their funders.						Communications Team	Ongoing identification, actions measured through the moves management system. Copy of prospective donors submitted to the MS' office quarterly
	Implement a mechanism for giving 'Giving Club' whereby supporters can collectively take ownership for their annual support of a specific project, and the Hospital can provide timely accountability to a group of people. See Fundraising Strategy						Communications team	Giving Club to be implemented
	Take advantage of contacts to host events and help to build relationships. Aim at using Individuals and Corporate to secure venue and sponsorship. Ensure events are planned well in advance and are effectively managed.						Communications Officer	
	Develop grant writing capacity of the organization through short course training.						Volunteers, other identified partners.	Quality grant applications
	Embassy grant application deadlines and guidelines are researched and kept on the server and Communications team lead applications						Communications team	Communications & Management are aware of all embassy deadlines
	Look for opportunities to develop new partnerships within Uganda. Target organisations working in HIV/AIDS, SRH, child health and community health programs.						Communications team	Weekly scrutiny of newspapers and any opportunities for partnerships explored
	Ensure that the Kellermann Foundation have official documents such as cases for support, prepared and ready to use for grant applications.						Communications Team with input from the BCH Finance Manager	Regular communications between Finance Manager at BCH and KF and FoBCHC Finance Managers to establish that necessary documents are always available
	Maintain a permanent Communication team in Bwindi with a Communications Team Leader, two or three communication officers, one internet café attendant and CCR.						Communications Advisors, Executive Director	Team with the right skills and put in place and a structured training programme established.
	Involve HODs and rest of hospital staff in fundraising						Communications leader	Fundraising workshops conducted.
	Strengthen grant writing capacity of the organization by working with HODs and volunteers in developing model proposals for all program areas						Communications Leader	Model proposals of all program areas and specific services developed.
	Invite experienced grant writers to train staff						Communications Leader	Trainings conducted
	Approach foundations in the USA to introduce BCH to other foundations for support						Communications Team	Partnerships with other foundations developed.
4. Maintain Individual donations despite the increasing challenging fundraising environment.								

	Engage internal support for fundraising and PR including senior management, HODs plus other BCH staff willing to join the fundraising team to visit camps after working hours						Communications Team Leader	12 visits per week to the Camps during the high season and 6 times weekly during the low season, but all opportunities of engagement with tourists are acted upon.
	Communicate with all main lodges to get their booking details for each month in advance and to discuss any issues arising weekly.						Communications Officer	Lodge booking schedules drawn.
	Plan and draw a week's schedule of lodge visits						Communications Officer	Schedule of lodge visits drawn.
	Give all visitors from lodges a hospital tour, with contact details requested from them at the end. Always have someone on standby to do the tours(Person to always check for permission to enter the wards with head nurse of ward especially Child Health, SRH and HIV building)						Communications Officer	Contact details updated on the database. Monthly rota prepared so that someone is always responsible for visitors.
	Send follow up personal emails to all new contacts(either thanking them or inviting donation), and record these on the donor database.						Communications Team	Database populated with new contacts.
	Set up processes for producing weekly / monthly monitoring reports(e.g 'new contacts' made, donations, received, personal emails sent,etc) automatically from current donor database as far as possible.						Communications Team Leader	Reports generated.
	Identify improvements desirable to donor database system to improve efficiency of data management.						Communications Team Leader with input from IT.	Database configured
	5. Establish and maintain relationships with tour camps, organizations and other key partners							
	Keep good relations with all the tour camps, tour drivers and UWA.						Members of Communications Team together with Management members	Major camps (GFC, Volcanoes, Buhoma Lodge, Mohagany Springs, Engagi and Silverback) have a quarterly briefing on the work of the Hospital from PR team together with a senior management member. Tour camps and tour drivers continue sending visitors to Hospital
	Information about which tourists are in Bwindi and which camps they are staying at is maintained						CCR	Twice-weekly visit to camps during peak time and once off peak to collect information.
	Maintain positive relationship with community walk guides. Need for an audit to assess their contributions.						Administration & Communications Officer	Audit report produced
	Enable people who play an integral role in the local tourism industry to join the eQuality health membership scheme.						eQuality managers	All camps who need to use the Hospital should be registered
	Work with the heads of all Programme Areas to encourage them to develop contacts and to run those contacts through Communications Team						Management, Communications Team, Programme Heads	Contacts made by Programme Heads. To encourage HODs to communicate through PR.
	Establish and develop new partnerships						Communications Team	MOUs signed between the hospital or school and the new partners.

	Approach hospital suppliers for support						Communications leader	suppliers supporting activities or programs
6. Manage a sustainable relationship between short volunteers and the hospital for future support								
	Communicate with short-term visitors prior to their arrival						HR and Communications Officer	Ongoing Communication
	Negotiate and manage the timetable for short term visitors with each programme area and provide them with accommodation and food that visitors pay for						HR with support from Head of nursing services, Head of Clinical services and Programme Heads	Timetables Produced
	Welcome short-term visitors to the guesthouse or to any other convenient camp and understand their needs and expectations						Communications officer and HR	Short-term visitors feeling comfortable and looked after well.
	Follow up relationships with short-term visitors. The aim is to build a long-term relationship.						Communications Officer	Long-term relationships with short-term visitors kept
	Encourage current volunteers at BCH to share their experiences on the volunteer page on the BCH website.						Communications Officer	Stories of volunteers shared on hospital website
	Engage external support including a Major Donor volunteer lead appeal board (Patrons Group). Focus on the existing major donors/charities linking BCH to other donors and charities.						Communications Team Leader, UK & US Charities, major donors & Medical Superintendent.	To explore this with KF and have a patrons board by 2013.
	Donor database configured to cater for past volunteers who are interested in supporting BCH and UNSB.						Communications team with support from IT	Database configured.
7. Ensure data security of all hospital contacts/communications								
	Maintain a secure database of all supporters including contact details and the amount of total money they have donated and when they have made the donation. Also including a log of all communications. Sustain contact with all donors for as long as they are willing.						Communications team & IT	Contacts/supporter database
	Keep a secure database of all people who are potential supporters of BCH and provide them with information for as long as they want						Communications team & IT	Ongoing Communication
8. .Develop and engage in new sustainable income generating activities								
	support the hospital e.g. banks, oil companies, Chinese organisations etc						Communications team&Amn	
	Start up a radio station to disseminate hospital information						Amministrations and Communications T	radio station started
	Devise ways of stretching the vegetable garden into making profits						Amministrations and Communications T	profits generated
	Liaise with IT to make BCH a research site that allows researchers pay for data						IT and Communications team	Hospital generating income from research.
9. Raise enough funds to enable Uganda Nursing School Bwindi (UNSB) become financially self sustaining								
	Develop and establish partnerships with organizations interested in supporting education						Communications team with Principal tutor	Partnership established and developed.
	Develop marketing strategy designed to attract prospective students						Communications team	Students applying for courses at UNSB

	Developing the school kitchen to accommodate a confectionary business						Communications team with UNSB administration	Confectionary bussiness operated
	Hiring school premises in and out of learning season for commercial purposes. For instance, the main hall can be used to hold conferences						Communications leader with UNSB administration	Income generated from hiring UNSB premises
	Liaising with the school in running extra courses during recess.						UNSB administration	Extra courses conducted.

OPERATIONS STRATEGIC WORK PLAN 2014 - 2019

Goal: Effective and efficient functional systems

- 1 Implement and maintain a policy that ensures high quality supply of medicines and other medical equipment with no stock outs of essential drugs
- 2 Maintain a cleaning, laundry and waste management system that meets Government standards and is fit for a Hospital
- 3 Ensure efficient functioning of motor vehicles, buldings and other equipments
- 4 Ensure safety and security of persons, all Hospital property, and accountability for materials
- 5 Ensure power availability at all times
- 6 Ensure availability of water at all times.

Objective	DESCRIPTION OF ACTIVITY	DESCRIPTION OF TASKS	INDICATOR	YEARS					SOURCE	PERSON RESP.
				1	2	3	4	5		
1 Procurement										
Ensure that all clinical and non-clinical consumables are always in supply in the hospital										
	Implement and maintain policies that ensure high quality supply of medicines and other medical equipment with no stock outs for essential drugs.	Follow policy for management of formulary, frequency of stock-takes and orders, & management of supplies	Updated formulary, regular stock takes, annual procurement schedule with 1 moth's worth buffer stock (audits/stock cards)						Drugstore person	Ops Manager
		Assess and budget requirements to implement the policy (storage, refrigeration, software tools, staffing...)	Budget						Drugstore person	Ops Manager
	Conduct three-monthly stock takes and use data gathered to inform the drug procurement process	Receive and review the monthly stock takes and preliminary orders	Excel spreadsheet of stock takes						Drugstore person	Ops Manager
		Receive consumption report (including price), review report and send to Hods, PA, ED, PHA, HCS, HNS.	Excel spreadsheet, consuption report and uptodate pricing of medical commodities						Drugstore person	Ops Manager
	Annual review (in January) of the formulary	Update formulary through QIPS meetings	Updated formulary (spreadsheet)						Drugstore person	HCS/HNS
	Develop and maintain efficient refrigeration services	Purchase and install, cold chain storage like fridges, cool boxes to ensure proper storage of cold chain.	Functional fridges in Lab, Drug stores & Cool boxes.						Ops Manager	Ops Manager
	Maintain a database of suppliers on the server	Database suppliers of all things used in the hospital	Existence of a data base						Stores Person	Ops Manager

	Ensure procurement and supply of all non medical supplies.	Purchasing of non medical supplies and distributing them to users.	Availability of non medical supplies at all times						Stores Person	Ops Manager
	Maintain adequate Hospital furniture	An updated furniture register	Existence of a furniture register						Stores Person	Ops Manager
	Maintain an inventory of all items owned by the Hospital	Creation and maintaining a hospital inventory, updated every quota of the year.	A spread sheet detailing an inventory easy to access and use.						Stores Person	Ops Manager
2 Maintenance and Cleaning services										
Maintain a cleaning, laundry and waste management system that meets Government standards and is fit for a Hospital	Maintain excellent linen services	Assess current practices, linen demands per Programme Area and washing requirements	Brief report						Head Cleaner and PA Heads	Ops Manager
		Review and implement policy for frequency and time of washing, minimum linen requirements and distribution, staff requirements...	Policy followed (audit)						Head Cleaner and PA Heads	Ops Manager
		Assess and budget requirements to implement the policy (linen, equipment, staff...)	Budget						Stores Person	Ops Manager
	Maintain a clean Hospital Environment	Maintain a check list, detailing schedules of all the essential areas that are supposed to be worked on	Cleaning checklist in every department, clean environment (audits).						Head Cleaner	Ops Manager
	Review and Implement a system of easy hand washing in the Hospital	Maintain a hand washing policy	Populate the policy in all departments						Head cleaner	Ops Manager
	Ensure proper management of hospital waste	Maintain and review a policy that conforms to WHO standards for waste management, including separation of clinical and non-clinical waste, management of sharps and other special waste, collection, storage, incineration and disposal for degradable materials. Including staff quarters, doctor houses and offer the service to the Guesthouse	Policy followed, proper waste management (audits)						Ops Manage, infection control nurse & PHA	Ops Manager/Infection control nurse
	Implement a policy to ensure regular maintenance of septic tanks and pit latrines	Regularly maintenance of septic tanks and pit latrines with chemicals to encourage biodegradation of waste	Policy, regular maintained septic tanks and pit latrines (audits/reports)						Handy man	Ops Manager/Infection control nurse
	Provide a suitable storage for all dead bodies in the hospital	Maintain and improve design of the mortuary, ensure adequate stocking of consumables, embalming policy	Adequately maintained mortuary and embalming policy						Ops Manager	Estates Manager

3	Ensure efficient functioning of motor vehicles, buildings and other equipments	Maintain a policy for timely maintenance of hospital vehicles, buildings and other equipments	Monitor an review a maintenance policy	Maintenance records							Mechanic	Ops Manager
		Ensure routine preventative maintenance of the Hospital fleet and generators	Contracting maintenance and mechanical works to reputable companies and individuals.	Records of maintained fleet and generators (Logbooks for maintenance)								
		Ensure periodic maintenance of all medical equipment, including vaccine fridges.	Contracting qualified companies and individuals to maintain medical equipment.	Records of periodic maintenance of medical equipment.								
		Ensure timely maintenance of hospital buildings.	Quarterly meetings of the development committee.	Availability of minutes of the meeting								
			Assessment of buildings and structures to be maintained.	An updated priority list of structures to be maintained with time frame.								
4	Ensure safety and security of persons, all Hospital property, and accountability for materials											
		Keep hospital fence intact	Ensuring that only designated entries/exits are used, locking gates at night	Monthly reports on security							Watchman	Ops Manager
		Improve day security of hospital property	Ensuring presence of day security staff/watch man by the hospital main gate,	Monthly reports							Watchman	Ops Manager
		Review the keys and locks policy to ensure security of all rooms, and availability of keys at all times when they are needed	Maintain a keys and locks policy for ensuring security of all rooms, and availability of keys at all times when they are needed	Existence of a secure, organised and accessible key reserve.							Ops Manager	Ops Manager
		Maintain a policy for reporting of and response to security threats	A policy is in place with 4 simulations. A well designed reporting system of security incidents is in place and is clearly understood by all stakeholders.	Documented concerns about security							Ops Manager	Administrator
		Maintain relationship with UPDF with regular meetings and support for soldiers guarding the premises at night	Follow up on with the existing MOU and the available minutes to concretise on the relationship with UPDF	Minutes of the meetings in place							Ops Manager & PHA	Ops Manager
		Make an assessment to enable PWDs access all service stations	Construction of access points for PWDs.	A draft plan for construction of access points in place.							Ops Manager & Estates	Ops Manager
		Maintain a fire prevention, protection, evacuation, alert, fire drills and management policy	Purchase and installation of fire extinguisher and sensitizing staff about how they are used.	Fire extinguishers, record of fire drills by staff							Ops Manager	Ops Manager
		Ensure radiation safety for both patients and health workers	Procure radiation monitors for use in X-ray dept and regular servicing of the machine	Radiation monitors in use, well serviced X-ray machine							Ops Manager	Ops Manager
		Security of staff accommodation housing Village	Putting of a fence with agate to the staff village	Existence of a fence with a gate.								

5	Maintain good internal and external communications																		
		Ensure maintenance of essential Hospital employees (drivers, community team, midwives on transfer, HIV team) have a system of mobile telephones that can be used to contact them when they are in the field	Monitor communications between staff in the field and the hospital	At least 6 audit reports (2 monthly) of availability														ops Manager	Ops Manager
		Regular trips to the Post Office to collect post	An arrange trip to the post office atleast weekly.	A schedule of mail collection , timely receipt of mails														Ops Manager	Ops Manager
		Maintain a system of walkie-talkies with cells always charged and enough cells and walkie-talkies for the staff who need them	Hospital Policy Manual	Staff who need walkie- talkies posses them.														Ops Manager	Ops Manager
6	Power and Fuel																		
	Ensure power availability at all times	Secure a Micro Hydro power station, exclusively owned by the Hospital	Plan and do a feasibility report for aquiring a power station.	Existance of a power station owned by the hospital.															
		Implement power supply policy	Timely servicing of generators and procurement of oils	Policy followed, constant power supply (audits)														Handy man	Ops Manager
		Plan to upgrade the power house to accommodate the supply from the national grid, remove outdated controls and replace with modern automatic controls	Maintain optimum installation of batteries, inverters , circuit breakers and changeover switches, light fittings	Constant power supply (audits)															
		Build up a fuel station for the Hospital	Aquire a plan, site and cost of putting up a fuel station	Existtance of a well functioning fuel station															
			Find a fuel company that shall be able to supply fuel at a reasonable cost																
7	Water and Sewage Management																		
	Ensure water supply at all times	Plan to put in stock spare 2 booster pumps and other water supply maintenance equipment and increase water storage capacity 60.000 litres excluding the reservoir tanks on wards.	Aquire Bills of quantities to upgrade the existing water source.	Improved, reliable and well functioning water source to the hospital and Nursing school.															
		Extention of hospital water to the Nursing school and staff housingn	Get the costs required to do ensure that water is etended to these points.	Water connection at the Nursing school and Staff village.															
		Improve on metering at the consumption points																	
		Improve on the hospitals sewage and drainage systems	Plan employing a consultant to design an efficient effective drainage system for the Hospital	Documented cost implications of the drainage system															

eQuality Health Bwindi draft strategic Plan 2015/19

Goal : To ensure that all people living in our catchment area can access quality healthcare irrespective of their geographical and financial means.

Objectives

- No.
- 1 To sensitize and mobilize the community for eQuality
 - 2 To strengthen our partnerships and collaborations with community
 - 3 To put in place strategies to keep eQuality enrolment and growth progressive
 - 4 To maintain continuous update of the eQuality population database
 - 5 To manage the eQuality day-to-day business.
 - 6 To maintain and Keep eQuality standards and membership guidelines up-to-date.
 - 7 To scale up and reach out to atleast 80% of the total population of people living in our target areas of coverage by 2019.

No	Objectives	Activities	Time frame					Responsible person	Output	Outcomes
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5			
	To sensitize and mobilize the community for eQuality	Carry on 6-12 visits to bataka groups each month to inform and educate the community about eQuality, enrolment criteria and procedures to follow.	x	x	x	x	x	eQuality team	144 bataka groups visited per anum.	Increased community awareness about the scheme and enrolment from the current 36% of the target population to 80% by 2019.
		Conduct quarterly radio talk shows to create public awareness about the scheme and keep the general public updated about the new changes and respond to their concerns in general with full involvement of key opinion leaders, champions and direct beneficiaries.	x	x	x	x	x		No of radio talk shows carried out.	
		Quarterly group leaders meetings for various trainings, information sharing and feedback							Number of meetings held.	
		Quarterly staff teachings to keep old staffs informed and educate the new staffs about the scheme	x	x	x	x	x		Number of CPDs carried.	
		Prepare and re-package the available literature on eQuality for dissemination to all intended/or intending eQuality subscribers/or key players in the program implementation.	x					eQuality team/Admin	Copies of prepared messages.	
		Preparation, printing and distribution of over 25,000 leaflets with information about eQuality to all households in our catchment area.	x	x				eQuality team	Copy of the prepared material.	
		Daily dissemination of all information needed about eQuality and how it works to people who come to eQuality office	x	x	x	x	x			
	To strengthen our partnerships and collaborations with community	Conduct two meetings in every parish/ward in Kayonza, Butogota Town Council, Mpungu, Kanyantoro, Kirima, Kanungu Towncouncil, Kihiki town councils, Kihiki and Nyanga subcounties to sensitize and select eQuality parish representatives in each respective Parish/ward.	x	x				eQuality team	At least 70 meetings in 35 parishes in two years.	Increased community participation and involvement in scheme implementation activities
		Annual training meetings for selected community representatives and bataka heads in each subcounty to build their capacities and empower them with necessary skill and knowledge that will enable them to fully participate in the scheme activities.	x	x	x	x	x	eQuality Team	9 training meetings annually at each subcounty/town council headquarters.	
		Conducting quarterly/annually consultative meeting with the bataka/ community to keep them informed and get feedback from them.	x	x	x	x	x	eQuality Team/Live at bith team	At least 36 meetings annually (2-3 meetings per subcounty/towncouncil in our immediate catchment area.)	
	To put in place strategies to keep eQuality enrolment and growth progressive	Keeping and maintaining all bataka groups updated contacts list as well as their sitting dates, for easy communication with the group leaders and for conducting any necessary interventions with ease.	x	x	x	x	x	eQuality team	Maintain 4% quarterly or 16% annual scheme members enrolment increment.	Maintained low membership drop down rates and progressive eQuality membership growth
		Keeping track record for all eQuality subscribers and reaching out to those who fail to renew their subscription to find out why	x	x	x	x	x	eQuality team		
		Making monthly phone calls to remind expiring bataka groups of their renewal dates.	x	x	x	x	x	eQuality team		
	To maintain continuous update of the eQuality population database	Ensuring recruitment and availability of competent data clerks for support in data collection/extraction and its input onto the eQuality system	x					eQuality team/Admin/Human resources.	1 clerk recruited.	More effective eQuality
		Recording household demographics and member basic information for all scheme members who wish to enroll onto eQuality once a week and daily for newborn children.	x	x	x	x	x	eQuality team	2400 members added on the eQuality database per anum	
		Liaising with the IT team to maintain and improve our eQuality data management system.	x	x	x	x	x	eQuality team	Functional eQuality database.	

		Liaise up with BCH Administration and the IT section for eQuality database clean up and eQuality target members identification cards processing.	x	x					eQuality team	50% of 67,000 people registered on the eQuality database IDs made and distributed.	database that facilitates easy verification and update of scheme members records.
	To manage the eQuality day-to-day business.	Handling all queries from all sources about eQuality	x	x	x	x	x		eQuality team	Over 25,000 eQuality clients seen and their demands handled accordingly.	Improved and better customer care service to the esteemed eQuality members.
		Verifying and establishing individual members subscription status and referring them for service	x	x	x	x	x		eQuality team		
		Verifying individual groups eligibility for subscription and receiving their subscription and updating their subscription records onto eQuality database and medical record books.	x	x	x	x	x		eQuality team		
		Conduct weekly departmental meetings and teachings for continuous improvement in service delivery and instant provision of solutions	x	x	x	x	x		eQuality team		
		Making monthly work plans and reports	x	x	x	x	x		eQuality team		
	To maintain and Keep eQuality standards and membership guidelines up-to-date.	Conducting monthly quality standard assessment, analyse them and compile quartely assessment results and sharing them with the entire team at BCH and the community.	x	x	x	x	x		eQuality team	Quartely assessment reports made.	Improved quality of health care services.
		Reviewing eQuality guidelines and policies and sharing them with all concerned parties.	x	x	x	x	x		eQuality team	Copies of the reviewed and updated guidelines and policies.	
		Attending relevant training and experience sharing workshops and meeting as may be organised by various partners ie UPMB, Kinkizi Diocese, and UCBHFA.	x	x	x	x	x		eQuality team	Meetings/Workshops reports.	
		Exchange visits to other similar organisations for acquiring knowledge and skills in implementing same concept.	x	x		x	x		eQuality/Admin	Copy of exchange visit reports, lessons learnt and recommendations	
	To scale up and reach out to atleast 80% of the total population of people living in our target areas of coverage by 2019.	Collect parish population and bataka groups baseline data in all subcounties/ wards outside BCH catchment area.	x						eQuality team	Quartely performance reports and strategies evaluation reports	Increased access to quality and affordable health care services.
		Plan and schedule meetings with individual bataka groups in all parishes/Wards in Kirima, Kihihi, Nyanga Kanungu and Kihihi town council.	x	x	x	x	x		eQuality team		
		Liaise with BCH Administration and the Accounts section to actualise the logistical requirement and financial viability for the proposed strategies to scale up to areas beyond our catchment area.	x	x					eQuality team/Accounts		
		Liaising with BCH management and Kinkizi Diocese through the Diocesan health office for possible strategies of enabling people under the eQuality Health Bwindi scheme access health care through all C.O.U lower health units in areas far way from BCH.	x	x					BCH management		
		Registration and Inclusion all interested bataka group members on the eQuality database	x	x	x	x	x		eQuality team		

Human Resource Strategic Plan 2014-19

Background: Recruiting and retaining the best staff has been priority in order to meet the increasing volumes of clients while upholding quality care. This department has ensured staffing at all times. The diversity in skills, and additional training

Objectives

1. Ensure smooth running of the hospital, with adequate skilled staff capable of performing duties as prescribed by different program areas
2. All employees of BCH are able to meet their learning needs and to stay up to date with developments in their professional areas
3. Help staff members to understand the organisation thoroughly, including clinical and non-clinical policies
4. Ensure good management practices within the HR area including safety and security of staff personal information
5. Ensure good staff welfare
6. BCH welcomes students on work experience and volunteers from within the country and other countries

Goal: To recruit, motivate and retain the best available staff delivering effective service efficiently at every level of the organization

Objectives:	ACTIVITY	DESCRIPTION OF ACTIVITY	INDICATOR/ SOURCE OF VERIFICATION	TIMING					PERSON RESPONSIBLE	Outcome
				Year 1	Year 2	Year 3	Year 4	Year 5		
1. Ensure smooth running of the hospital, with adequate skilled staff capable of performing duties as prescribed by different										
	Reviewing and Implementating of the recruitment policy & staffing norms	To do a brainstorming of potential strategies for recruitment - bonus, universities ...	Staff with relevant skills required						HRM	Recruitment policy in place, Hospital staff establishment / staffing norm, Quality service delivery
	Holding training for Head of Dept on interviewing policy and skills	Train of Heads of Dept on interviewing policy and skills.	Training records and attendance registration						HRM	Quality staff recruited
	Computerising and synchronising staff timetabling	Computerise and synchronise staff timetabling	One intergrated timetable						HRM	Adquate cover for staff in all departments
	Reducing staff attrition levels	Staff motivation and Training	Attrition level reduced from 20% by 50% to atleast 10%						HRM	Calculate stability index per program area
	Job evaluation	Identify and approach staff valuable to the organisation to explore future paths	Job evaluation report forms & Appraisal report forms						HRM	Improved staff retention
2. All employees of BCH are able to meet their learning needs and to stay up to date with developments in their professional areas										
	Managing periodic staff appraisal	Involve heads of department more through quarterly training sessions, a scoring and reward system and, improving on the 360 degrees appraisal	Number of staff appraised						HRM/HoD	Improved staff performance
	Skills needs analysis	Collect all the feedback regarding learning needs from appraisals and design programme to cater for key needs	A list of key staff training needs published						HRM	Balanced staff vs organisational needs
	Holding and recording continuous trainings and workshops	Engage in Continuous Professional Development of all staff and keep a data base for all staff's performance	CPD Database						HRM	Quality patient care

	Celebrating achievements	Celebrate achievements as part of the on-going HR programme	At least 6 occasions celebrated							HRM	Website updated to publish most recent information from departments
	Sharing best practices amongst departments	Present Departmental issues to other areas to help learn from their experiences- sharing best practices	At least 4 sessions conducted							HRM	All departments working together to achieve hospital vision
	Scholarship policy	increase funding available but also improve the assessment process of who receives scholarship funding. Plan to implement a 15% of the total plough back for scholarship beneficiaries and, a 2 year minimum – 5 years maximum bonding period	Presentation of certified documents								Motivated and more skilled staff
	Encouraging staff on library utilization	Maintain a Library	A library is maintained							HRM	Staff effectiveness improved
3. Help staff members to understand the organisation thoroughly, including clinical and non-clinical policies											
	Reviewing and re-structuring the Hospital Policy Manual	Holding annual reviewing, re-structuring and engagements with UPMB to polish up the manual of Hospital Policy Manual	Hospital policy manual							HRM	Revised hospital policies manual, reduced staff conflict.
	Developing a Human Resource Manual	Research and edit the already existing Human Resource Manual	Human Resource Manual							HRM	Reduced staff attrition level
	Reviewing induction package	Review induction programme to ensure that it is tailored to departments and there is policy compliance	Induction and orientation programme in place							HRM	Well oriented staff and reduced conflict
	Hospital policy manual teachings	Hold teaching sessions with all staff to explain and discuss hospital policy manual	Record of teaching sessions							HRM	Staff understanding of Hospital policy manual and reduction of conflicts
	Scheduling of policy review dates	Each policy has a 'review' date and the position of the person with responsibility for review	Record on each policy, review timetable							HRM	Hospital vision achieved by relevant policies
4. Ensure good management practices within the HR program area including safety and security of staff personal information											
	Drawing appointment letters and giving Terms and conditions of service to all new employees	Terms and conditions of service given to all new employees after passing the interview and signed with the appointment letter	Human Resource Record reviewed annually							HRM	Compliance to the Terms and Conditions by all employees
5. Ensure good staff welfare											

	Improving of staff accomodation	Liaise with Operations and Communications to enable the construction of staff accommodation complex including a recreation area and a fence and two more Doctors' houses	Bills of quantities and case of support published and 6-monthly reviews during Dept meeting							Principal Hospital Administrator	Improved staff accomodation
	Improving entertainment and social clubs for staff	Engage with staff to develop,budget and implement an annual entertainment plan including staff excursions, parties, Development of staff social clubs	Plan approved by Management and >80% of activities occurred							HRM	At least 4 excursions in a year
	Maintianing of break tea and lunch	Engage with Communications to ensure continuity of fundings for break tea and lunch. Ensure adequate quality and hygiene standards.	Guarantee for funding for meals							Principal Hospital Administrator	staff break tea and lunch maintained
	Holding staff satisfaction survey	Develop annual staff surveys and ensure that action plans are produced, implemented,monitored and evaluated	At least two staff survey reports							HRM	Improved staff performance
7. BCH welcomes students on work experience and volunteers from within and other countries											
	Co-ordinating volunteer programme	HR co-ordinates and manages volunteer programme.	Volunteer timetable							HRM	Good relationship with both internal and external learning institutions
	Maintianing volunteer policy and Schedule	Maintain a policy of up to 12 volunteers at any one time (at least 1 Ugandan, one skilled (usually non-clinical) and 2 medical students or doctors/nurses/midwives) continues	Volunteer policy and schedule							HRM	Well managed voluneer programme
	Renewing and maintaining relationships with different partners	BCH maintains and builds the relationship with partners and encourages a long-term relationship to provide development expertise for different parts of the organisation	Meetings between 2Way Development, JIC, Tulane, Colgate, Mayo and volunteers every 6 months							HRM	Good relationship with partners
	Maintaining and building relationships with partners/institutions within Uganda and overseas	HR maintains and builds relationships with partners/ institutions within Uganda (Mbarara University, Mulago Hospital, International Health Science University, Kisiizi Nursing School and others) and institutions from overseas (Medical School in Denmark, Tulane Medical School) with the particular aim ofdeveloping expertise and having a constant flow of medical students, nursing and midwifery students from Ugandan institutions	Meetings with partners, Feedback from students							HRM	Good relationships with partners/institutions

	Recruiting of an Executive Director	Recruitment of an Executive Director who will commit to the Hospital for 3-5 years	Human Resource Record							Principal Hospital Administrator	Having a well qualified and experinced Executive Director
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Outputs of Human Resources
Low staff turnover
Vacant positions filled in a timely manner
Well-orientated new staff
Hospital policy manual
New staff accommodation

2014-2019 STRATEGIC PLAN FOR INFORMATION TECHNOLOGY

GOAL: To Implement and Maintain Excellent Communications, Data Collection and Management Systems that meet the needs of BCH

Back ground: Information Technology (IT) has been instrumental in transforming data collection and management. This department has enhanced monitoring and evaluation of our programs. GIS mapping and enforcing electronic consultations in OPD are a few of the previous accomplishments. This department will continue working to ensure timely sharing of accurate information within the organization and our partners.of our programs. GIS mapping and enforcing electronic consultations in OPD are a few of the previous accomplishments. This department will continue working to ensure timely sharing of accurate information within the organization and our partners.

OBJECTIVES

1. Maintain good internal and external communications ensuring that all staff have access to computing and the internet
2. Ensure that BCH ICT systems are kept up to date with the most recent technology
3. Maintain BCH and FOB Websites
4. Ensure excellent internal and external data collection systems are maintained.
5. Ensure excellent data management systems are implemented
6. Develop BCH's data into a highly valuable research asset, and develop BCH's capacity at data analysis, to support world class research at BCH.
7. Ensure creation and maintenance of an Internal Information Resource Centre.
8. Ensure continued partnerships with other companies/organisations that are involved in similar ICT activities
9. Ensure that relevant training of ICT skills is implemented
10. Maintain Highly Trained IT Experts

OBJECTIVE	MAIN ACTIVITY	OUT PUT	TIME FRAME					Responsible person
			Year1	Year2	Year3	Year4	Year5	
INFRASTRUCTURE								
1. Maintain good internal and external communications ensuring that all staff have access to computing and the internet								
	Internet Services	24hr Internet Available to all staff						
	Computers & Accessories	Computers Available for all the needed ICT functions at BCH						
	Local Area Network (To server & Databases)	24hr Local Network Available across BCH						
	Telephone System	Telephone system connecting all the key/main offices of BCH						
	Communications Backup Systems	Backup for each communications device available at any time						
	Communication Policies and Manuals	Communication Policies & Manuals in place						
	Newsletters & Leaflets Communications	Newsletters designed						
	Maintained and upgraded	Donor Mailing System						

	Document system recovery Procedures	System recovery Procedure put in place						
6. Ensure that BCH ICT systems are kept up to date								
	Research & Test New Technologies	New Technologies Documentation						
	Report, Advise & Upgrade if necessary	New Technologies adventured & and IT Systems upgraded to appropriate IT Standards						
9. Maintain BCH and FOB Websites								
	Website-Update Timetabling	Timely updating of all the data pertaining the hospital on the website						
	Content Updating	An up-to-date website						
	Re-designing some features	New Designs Implemented						
SERVICE DELIVERY								
2. Ensure excellent internal and external data collection systems are maintained.								
	Liaison with other departments to assess their data collection needs and advise accordingly	Data collection needs for each department collected, analysed & documented						
	Work with departments in organising data collection	Data collection procedures & methods put in place						
3. Ensure excellent data management systems are implemented								
	eQuality Health Insurance Scheme Database	Proper running eQuality Scheme						
	HMIS Database System	HMIS Monthly and Weekly reports						
	General Hospital Database System	Proper running Hospital Data Management System						
	Donor Data Management System	Functional Donor Database System						
	Implementation of electronic consultations in OPD including chronic care clinics	Functional electronic consultation system & improved patient follow up						
	HIV Patient Data Management System	Functional HIV Patient Data Management System						

Data Backup	Data Backup Store						
Data Access Policies	Data Access rights and permission policies in place						
Community Health Survey	Yearly Survey Report						
Data Analysis Procedures & Policies	Documentation data analysis procedures						
Remote Data Transaction System	Byumba/Remote sharing of data with BCH data 24hrs (Virtual Private Network)						
Bar-code & Fingerprint Technology	Bar-code & Fingerprint technology implemented across all the applicable areas as deemed by BCH						
8. Develop BCH's data into a highly valuable research asset, and develop BCH's capacity at data analysis, to support world class research at BCH.							
	Develop hospital database systems that maximises the value of BCH's administrative data for research purposes.	Database systems Developed					
	Ensure that these systems are used by staff operationally in a way that produces the intended valuable research data	Data Quality Control Procedure put in place					
	Develop a strategy or guidelines for fully exploiting BCH's data as a research asset	Data usage guidelines in place					
	Build BCH data analysis capability, for both administrative data and survey data	Data analysis focal person in place					
	Develop the capacity of BCH managers and staff as intelligent 'customers' of data analysis work, and at identifying research opportunities.	BCH Managers using data in descission making					
HUMAN RESOURCE							

4. Ensure creation and maintenance of an Internal Information Resource Centre.								
	Offline Library	offline library available during working lines						
	Online Library	24hr online library available						
	Library Guidelines & Policies	Library Search guide and policy in place						
5. Ensure continued partnerships with other companies/organisations that are involved in similar ICT activities								
	Identification of COs/ORGS to partner with	Cos/Orgs in similar ICT activities identified						
	Preparation of partnership documents	Partnership Documents						
	Follow-up and reporting	Partnership COs/ORGS communications						
7. Ensure that relevant training of ICT skills is implemented								
	Identification of training needs	Category of People in need of ICT skills						
	Modulation of training packages	ICT Training Packages						
	Training time tabling	ICT training timetable						
	Training Evaluation	Certificates Prepared & Awarded						
10. Maintain Highly Trained IT Experts								
	Full time IT Experts should be available at the Station	Trained IT staff available						
	Set up IT Project Management Team	Project Management team setup to Over see IT Systems and make sure Systems developed meet user Needs/requirements						

Budget for 2014/15 - 19/20 US \$ (Basis)		2014/2015 Budget in Ushs	2014/2015 Budget in US\$	2015/2016 Budget in Ushs	2015/2016 Budget in US\$	2016/2017 Budget in Ushs	2016/2017 Budget in US\$	2017/2018 Budget in Ushs	2017/2018 Budget in US\$	2018/2019 Budget in Ushs	2018/2019 Budget in US\$	Total Budget 2014-2019 in Ushs	Total Budget 2014-2019 in US \$
Income													
Guaranteed Donations - recurrent		55,000,000	\$22,000	71,500,000	\$28,600	78,650,000	\$31,460	80,223,000	\$32,089	81,025,230	\$32,410	366,398,230	\$146,559
EGPAF		100,000,000	\$40,000		\$0	-	\$0	-	\$0	-	\$0	100,000,000	\$40,000
Tuition fees		90,000,000	\$36,000	135,000,000	\$54,000	202,500,000	\$81,000	303,750,000	\$121,500	455,625,000	\$182,250	1,186,875,000	\$474,750
BAN - CIDA		293,920,000	\$117,568	164,770,000	\$65,908	231,756,000	\$92,702		\$0		\$0	690,446,000	\$276,178
Macaulay Foundation &/ Or Horner Rolston		100,000,000	\$40,000	87,500,000	\$35,000	93,750,000	\$37,500	100,000,000	\$40,000	87,500,000	\$35,000	468,750,000	\$187,500
User Fees		300,000,000	\$120,000	450,000,000	\$180,000	495,000,000	\$198,000	544,500,000	\$217,800	653,400,000	\$261,360	2,442,900,000	\$977,160
Government		110,000,000	\$44,000	110,000,000	\$44,000	200,000,000	\$80,000	200,000,000	\$80,000	200,000,000	\$80,000	820,000,000	\$328,000
Sustain for Life		208,567,710	\$83,427		\$0	-	\$0	-	\$0	-	\$0	208,567,710	\$83,427
Deloitte Multi Donor- CSF		194,815,004	\$77,926	187,046,004	\$74,818	46,720,001	\$18,688	-	\$0	-	\$0	428,581,009	\$171,432
Appealed for / Solicited over the year		1,751,301,250	\$700,521	2,344,811,845	\$937,925	2,698,379,028	\$1,079,352	2,752,346,608	\$1,100,939	2,807,393,540	\$1,122,957	12,354,232,271	\$4,941,693
Total Operating Income		3,203,603,964	\$1,267,234	3,550,627,849	\$1,405,901	4,046,755,029	\$1,604,209	\$4,443,010,722	\$1,762,566	\$4,935,065,883	\$1,959,242	19,258,270,175	\$7,703,308
Human Resource Costs		1,707,053,667	\$682,821	1,879,847,164	\$751,939	2,122,562,852	\$849,025	2,329,214,276	\$931,686	2,555,567,095	\$1,022,227	9,673,451,781	\$3,869,381
6 Doctors' Salaries		280,328,663	\$112,131	308,361,529	\$123,345	398,611,806	\$159,445	438,472,987	\$175,389	482,320,286	\$192,928	987,301,999	\$394,921
Other Salaries (Nurses, Midwives, Clinical & Non Clinical Support staff, Nursing Assistants, Program coordinators, Data clerks, Finance Team, IT Team, e.t.c)		1,218,669,804	\$487,468	1,340,536,784	\$536,215	1,474,590,463	\$589,836	1,622,049,509	\$648,820	1,784,254,460	\$713,702	7,440,101,020	\$2,976,040
Staff Accommodation @		71,280,000	\$28,512	78,408,000	\$31,363	86,248,800	\$34,500	94,873,680	\$37,949	104,361,048	\$41,744	435,171,528	\$174,069
Staff Meals @ 3500 per days meals		78,113,400	\$31,245	82,019,070	\$32,808	86,120,024	\$34,448	90,426,025	\$36,170	94,947,326	\$37,979	431,625,844	\$172,650
Staff Uniforms @ 30000; 2. replacement per staff per yr		11,848,000	\$4,739	20,141,600	\$8,057	22,155,760	\$8,862	24,371,336	\$9,749	26,808,470	\$10,723	105,325,166	\$42,130
Staff training & professional development		7,300,000	\$2,920	8,030,000	\$3,212	8,833,000	\$3,533	8,833,000	\$3,533	9,716,300	\$3,887	42,712,300	\$17,085
Staff Medication (Annual Premium)		7,721,800	\$3,089	8,493,980	\$3,398	8,918,679	\$3,567	9,364,613	\$3,746	9,364,613	\$3,746	43,863,685	\$17,545
Staff Recreation & Relation Building		9,492,000	\$3,797	10,441,200	\$4,176	11,485,320	\$4,594	11,715,026	\$4,686	11,949,327	\$4,780	55,082,873	\$22,033
Recruitment Expenses		3,000,000	\$1,200	3,150,000	\$1,260	3,307,500	\$1,323	3,472,875	\$1,389	3,646,519	\$1,459	16,576,894	\$6,631
Volunteer costs		19,300,000	\$7,720	20,265,000	\$8,106	22,291,500	\$8,917	25,635,225	\$10,254	28,198,748	\$11,279	115,690,473	\$46,276
Outreach & Community Engagement costs		255,147,962	\$87,852	255,872,286	\$87,999	264,643,851	\$91,364	269,160,422	\$93,026	273,318,413	\$94,543	1,318,142,934	\$527,257
Staff Meals		24,468,000	\$9,787	25,691,400	\$10,277	26,975,970	\$10,790	28,324,769	\$11,330	29,741,007	\$11,896	135,201,145	\$54,080
Village Health Promoters Facilitation & Support Supervision		82,129,500	\$32,852	86,235,975	\$34,494	87,960,695	\$35,184	88,840,301	\$35,536	89,728,704	\$35,891	434,895,175	\$173,958
Advertising & Publicity (Posters , Leaflets, Brochures etc)		52,769,840	\$21,108	55,408,332	\$22,163	58,178,749	\$23,271	58,760,536	\$23,504	59,348,141	\$23,739	284,465,598	\$113,786
Prevention & Health sensitisation & Awareness		53,061,560	\$21,225	45,102,326	\$18,041	47,357,442	\$18,943	48,304,591	\$19,322	48,787,637	\$19,515	242,613,557	\$97,045
Health awareness broadcasts @ 300000&outreach site adverts		7,200,000	\$2,880	7,560,000	\$3,024	7,938,000	\$3,175	8,334,900	\$3,334	8,751,645	\$3,501	39,784,545	\$15,914
Vegetable Garden Operations		35,519,062	\$14,208	35,874,253	\$14,350	36,232,995	\$14,493	36,595,325	\$14,638	36,961,278	\$14,785	181,182,913	\$72,473

Budget for 2014/15 - 19/20 US \$ (Basis)		2014/2015 Budget in Ushs	2014/2015 Budget in US\$	2015/2016 Budget in Ushs	2015/2016 Budget in US\$	2016/2017 Budget in Ushs	2016/2017 Budget in US\$	2017/2018 Budget in Ushs	2017/2018 Budget in US\$	2018/2019 Budget in Ushs	2018/2019 Budget in US\$	Total Budget 2014-2019 in Ushs	Total Budget 2014-2019 in US \$
Medication & Patient Care Costs		574,767,350	\$229,907	633,509,799	\$253,404	686,071,386	\$274,429	739,367,004	\$295,747	799,760,570	\$319,904	3,433,476,109	\$1,373,390
Drugs , Vaccines , Laboratory & Xray Consumables	%age	391,513,248	\$156,605	430,664,573	\$172,266	473,731,030	\$189,492	521,104,133	\$208,442	573,214,546	\$229,286	2,390,227,530	\$956,091
Medical Equipment purchase & Repairs		15,000,000	\$6,000	16,500,000	\$6,600	18,150,000	\$7,260	19,965,000	\$7,986	21,961,500	\$8,785	91,576,500	\$36,631
Sanitation & Disinfection	%age	45,816,382	\$18,327	45,998,020	\$18,399	50,597,822	\$20,239	52,115,756	\$20,846	55,763,859	\$22,306	250,291,839	\$100,117
Basic patient care package including Beddings		25,602,720	\$10,241	26,882,856	\$10,753	28,226,999	\$11,291	28,509,269	\$11,404	28,794,361	\$11,518	138,016,205	\$55,206
Facilitating Patient Support Groups & positive living		18,251,000	\$7,300	19,163,550	\$7,665	20,121,728	\$8,049	20,524,162	\$8,210	20,934,645	\$8,374	98,995,085	\$39,598
Feeding programme		78,584,000	\$31,434	94,300,800	\$37,720	95,243,808	\$38,098	97,148,684	\$38,859	99,091,658	\$39,637	464,368,950	\$185,748
Students' Costs		131,400,000	\$52,560	240,000,000	\$96,000	388,560,000	\$155,424	522,090,000	\$208,836	715,095,000	\$286,038	1,997,145,000	\$798,858
Students' meals		84,000,000	\$33,600	142,800,000	\$57,120	242,760,000	\$97,104	364,140,000	\$145,656	546,210,000	\$218,484	1,379,910,000	\$551,964
Study & Examination Materials		45,000,000	\$18,000	90,000,000	\$36,000	135,000,000	\$54,000	141,750,000	\$56,700	144,585,000	\$57,834	556,335,000	\$222,534
Uniforms		2,400,000	\$960	7,200,000	\$2,880	10,800,000	\$4,320	16,200,000	\$6,480	24,300,000	\$9,720	60,900,000	\$24,360
Administration & Utility Costs		535,234,986	\$214,094	541,398,601	\$216,559	584,916,940	\$233,967	583,179,019	\$233,272	591,324,804	\$236,530	2,836,054,351	\$1,134,422
Generator Running & Repairs (Power)	%age	142,907,198	\$57,163	121,471,118	\$48,588	133,618,230	\$53,447	113,575,496	\$45,430	96,539,171	\$38,616	608,111,213	\$243,244
Procurement costs;Travel & carriage costs	%age	22,809,720	\$9,124	23,950,206	\$9,580	25,147,716	\$10,059	26,405,102	\$10,562	26,933,204	\$10,773	125,245,949	\$50,098
Gas for cooker cylinders & Vaccine Fridges	WP	1,500,000	\$600	1,800,000	\$720	1,800,000	\$720	1,980,000	\$792	1,980,000	\$792	9,060,000	\$3,624
Motor Vehicle Running , Repairs & Maintenance	%age	79,949,000	\$31,980	87,943,900	\$35,178	96,738,290	\$38,695	106,412,119	\$42,565	117,053,331	\$46,821	488,096,640	\$195,239
Motor Cycle Running & Repairs	WP	24,000,000	\$9,600	26,400,000	\$10,560	29,040,000	\$11,616	26,400,000	\$10,560	29,040,000	\$11,616	134,880,000	\$53,952
Buildings/Utility Repairs & Maintenance	%age	53,565,483	\$21,426	56,243,757	\$22,498	61,868,133	\$24,747	62,486,814	\$24,995	63,111,682	\$25,245	297,275,870	\$118,910
Office Equipment , Furniture & Fittings Purchase & Repairs		18,340,000	\$7,336	20,174,000	\$8,070	21,182,700	\$8,473	21,182,700	\$8,473	21,606,354	\$8,643	102,485,754	\$40,994
Internet	%age	40,224,173	\$16,090	42,235,381	\$16,894	44,347,151	\$17,739	46,564,508	\$18,626	48,892,733	\$19,557	222,263,946	\$88,906
Telecommunications	%age	14,511,013	\$5,804	15,236,564	\$6,095	16,760,220	\$6,704	17,598,231	\$7,039	18,478,143	\$7,391	82,584,170	\$33,034
Insurance	%age	17,335,949	\$6,934	19,069,544	\$7,628	20,976,498	\$8,391	21,186,263	\$8,475	21,398,126	\$8,559	99,966,380	\$39,987
Legal Fees / charges		20,130,000	\$8,052	22,143,000	\$8,857	23,250,150	\$9,300	24,412,658	\$9,765	25,633,290	\$10,253	115,569,098	\$46,228
Support Supervision costs		62,084,050	\$24,834	62,704,891	\$25,082	63,958,988	\$25,584	64,598,578	\$25,839	65,244,564	\$26,098	318,591,071	\$127,436
Office stationary	%age	34,278,400	\$13,711	37,706,240	\$15,082	41,476,864	\$16,591	45,624,550	\$18,250	50,187,005	\$20,075	209,273,060	\$83,709
Water		3,600,000	\$1,440	4,320,000	\$1,728	4,752,000	\$1,901	4,752,000	\$1,901	5,227,200	\$2,091	22,651,200	\$9,060
Total Operating Costs		3,203,603,964	\$1,267,234	3,550,627,849	\$1,405,901	4,046,755,029	\$1,604,209	4,443,010,722	\$1,762,566	4,935,065,883	\$1,959,242	19,258,270,175	\$7,703,308
Capital Costs													
Scholarships												104,500,000	\$41,800
Buildings Floor Modification												10,000,000	\$4,000
Placenta Pit												4,000,000	\$1,600
Incenerator												87,500,000	\$35,000
New Adult & Inpatient Ward												300,000,000	\$120,000
Medical Equipment												56,500,000	\$22,600
Restructure of Existing structures												41,000,000	\$16,400
M W H Pit Latrine												5,000,000	\$2,000
Hospital Fencing & Parking Yard Construction												10,000,000	\$4,000
Kanyantoro Satellite Clinic Construction												150,000,000	\$60,000
Administration block with garage attached												200,000,000	\$80,000
Doctor's House & 2 Staff blocks												200,000,000	\$80,000
Set up costs for Library & Garage												15,000,000	\$6,000
Land Purchahse												30,000,000	\$12,000
Fire Managemant												5,000,000	\$2,000
Total Capital Costs												1,218,500,000	\$487,400
Total Expenditure												20,476,770,175	\$8,190,708