

Bwindi Community Hospital

Strategic Plan 2008-2011





Bwindi Community Hospital

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Table of contents

<i>Introduction</i>	4
<i>Summary</i>	9
Adult Inpatients and Diagnostics	17
Byumba Health Centre II	28
Child Health	33
Community Health and Batwa	40
HIV/AIDS & TB	50
Outpatients, Dental and Eyes	60
Sexual and Reproductive Health	68
Surgery	80
<i>Non-clinical programme areas</i>	85
Accounts and Finance	86
Administration	95
Human Resources	109
Public Relations and Fundraising	118
<i>Appendix 1: Partner Organisations</i>	129
<i>Appendix 2: Expected staffing levels</i>	130
<i>Appendix 3: Current Management Organogram</i>	134
<i>Appendix 4: Future Management Organogram</i>	135
<i>Appendix 5: Abbreviations</i>	136
<i>Appendix 6: References</i>	138

Introduction

Bwindi Community Hospital is probably the best Health Centre II in Uganda. It has expanded from a mobile outreach clinic under a tree to a Hospital delivering quality services in a range of specialties from Obstetrics to Malaria prevention, HIV treatment to Dental care, Malnutrition treatment to Family planning and X-rays to PMTCT.

There is still a small way to go before BCHC is offering the full range of services that are possible and needed. An operating theatre will open in 2008 and the Hospital is still lacking eye care services. Although staffing levels have expanded from 15 in 2005/6 to more than 65 in 2007/8, the Institution still lacks some of the support services and infrastructure to supply and maintain a Hospital in such a remote area.

Bwindi Community Health Hospital has almost reached the standards required of a private not-for-profit hospital. It is our number one strategic objective to guarantee the future of the services in Bwindi by obtaining Hospital status from the Ministry of Health. After this, we want to open up access to health care for all of the people in Kayonza and Mpungu sub-counties by removing the fee for most services and funding the Hospital through a combination of money from central government, partnerships with NGO's, grants from grant-making bodies, individual donors and Community Health Insurance.

The twin biggest killers, malaria and HIV/AIDS, will remain our clinical priorities. Maternal and Child Health will have an ever-increasing role as the Hospital develops. We will continue to provide basic health care (immunisations, antenatal care and deliveries), work with marginalised Batwa communities, expand our HIV service to provide testing, PMTCT and treatment to all of the people in Kayonza and Mpungu and will offer quality diagnostic services from the laboratory and x-ray. We have recently opened a Child Health and Nutrition Unit and will soon open a new Maternity Ward that will increase the bed capacity of the Hospital to 62. We will open an operating theatre that will perform Caesarean Sections and host visiting surgeons, and will build decent accommodation for all of our staff.

We will continue to teach about water and sanitation in all schools in the area, do integrated outreaches each week with teaching about malaria and selling of subsidised mosquito nets, and will expand STI treatment services to fill gaps not covered by other service providers. BCHC are training 28 Village Health Promoters in each of the nine parishes that we serve, and they will act as our representatives in every village to detect malnutrition, improve sanitation and distribute family planning. We will continue to provide excellent inpatient and outpatient services to adults and children, and will improve the quality of long-term care for conditions such as diabetes and epilepsy while we reduce waiting times. We aim to more than double the number of outpatients seen each month to 2000.

As we open the waiting mother's hostel and offer Caesarean deliveries we hope that more than 100 women will deliver their babies in the Hospital each month (up from 50 at the moment). At the same time we will double our efforts to help women and men who want to control the size of their families to access free family planning with implants, condoms, injections and pills available.

All of this activity needs strong foundations. A large part of this strategic plan is devoted to the non-clinical areas of the Hospital. Strengthening human resources, improving the administrative infrastructure and keeping tight accounts are crucial to the future of this hospital, and we want to make Bwindi Community Hospital the best employer in South West Uganda as well as the best provider of quality preventative and curative health services.

BCHC is mindful of the Government of Uganda Health Sector Strategic Plan II for 2005/6 to 2009/10. It has ten key output targets and BCHC is working to support all of them with this strategic plan.

- Percentage of children <1yr receiving 3 doses of DPT/Pentavalent vaccine according to schedule from 89% to 95%
- Percentage of households with at least one Insecticide Treated Net (ITN) from the estimated 23.5% (in rural areas) to 70%
- Percentage of households with a pit latrine from 57% to 70%
- Total per capita outpatient utilization from 0.9 to 1.0
- Percentage of deliveries taking place in a health facility (GoU and NGO) from 25% to 50%
- Proportion of approved posts that are filled by trained health personnel from 68% to 90%
- Percentage of health facilities without any stock-outs of first line anti-malarial drugs, Fansidar, measles vaccine, Depo Provera, ORS and cotrimoxazole from 40% to 100%
- Couple Years of Protection from 234,259 to 494,908
- Reduce the Case Fatality Ratio among malaria inpatients aged less than 5 years from 4% to 2%
- Proportion of TB cases that are cured from 62% to 85%

Poverty is the main factor underlying most of the health problems in Kayonza and Mpungu. The national Poverty Eradication Action Plan has seven targets for health-related outcomes:

- Reduce Infant Mortality Rate from 88 to 68 per 1,000 live births
- Reduce Under-5 Child Mortality from 152 to 103 per 1,000 live births

- Reduce Maternal Mortality Ratio from 505 to 354 per 100,000 live births
- Reduce Total Fertility Rate from 6.9 to 5.4
- Increase Contraceptive Prevalence Rate from 23% to 40%
- Reduce HIV prevalence at ANC sentinel sites from 6.2% to 5%;
- Reduce stunting in children under 5 years from 38.5% to 28%

We dream of Kayonza and Mpungu sub-counties being healthy and productive communities free from preventable disease, and with excellent health services accessible to all. This plan can make that dream a reality and sustain it for many years to come.










Dr Paul Williams
Medical Superintendent
May 2008

Endorsements:

Background

Bwindi Community Hospital (BCH) is a private not-for-profit Church of Uganda Hospital, under Kinkizi Diocese in Kanungu District. It is located at the edge of the Bwindi Impenetrable Forest in south-west Uganda and serves a population of about 35,000 people in Kayonza and Mpungu sub-counties. Other Health Centres in these sub-counties face major challenges with staffing and other resources. BCHC was founded by missionaries Scott and Carol Kellermann in 2003 and has since continued to grow in an attempt to meet the health needs of the community. The Hospital has a special mission to serve the most under-privileged population in this area. The Batwa Pygmies have lived in poverty in scattered settlements since they were evicted from the Bwindi Impenetrable National Park, and they have particular health needs. Additionally, BCHC serves a variable number of tourists who come to Uganda for Gorilla tracking and the people who provide the infrastructure for the tourist industry.

The work of Bwindi Community Hospital is divided in to seven clinical Programme Areas:

-  Adult inpatients & diagnostics
-  Child Health
-  Community Health and Batwa
-  HIV/AIDS & TB
-  Outpatients, dental & eyes
-  Sexual & Reproductive Health
-  Surgery

Additionally, there are four Programme Areas that support the clinical services

-  Accounts &finance
-  Administration
-  Human Resources
-  Public Relations & Fundraising

Strategic Planning Process

In August 2007 the staff of BCHC critically analyzed each programme area during morning CME sessions and performed a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats). The staff also worked together on a Vision for the organisation. There has always been a Mission Statement

Mission: *Giving holistic health care and life in all its fullness to the staff, patients, clients and visitors in the hospital and community.*

The staff produced the following vision:

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

In August and September 2007 the heads of each Programme Area designed draft strategic plans for their programme areas based on this SWOT analysis. Each person discussed and developed their ideas with the doctor in charge. During October and November three stakeholder days were held (see appendix 5 for list of attendees). One was held for work in HIV/AIDS, one for Community Health and in the final stakeholder day Sexual and Reproductive Health, Child Health, Inpatients and Diagnostics, Outpatients, Dental and Eyes were all discussed.

In January 2008 during youth workshops in Mukono and Kyeshero parishes various young people contributed their ideas for the development of the organisation. During this month the Management Executive also reviewed and discussed in detail all of the non-clinical plans.

In February 2008 all of the staff, the Management Executive, key stakeholders and the HUMC were invited to review a draft version of the strategic plan, and in March there were a series of presentations to the staff covering the plans for each programme area.

The final plan was completed in May 2008 and approved by the inaugural Board of Governors meeting of Bwindi Community Hospital

Summary

Mission: *Giving holistic health care and life in all its fullness to the staff, patients, clients and visitors in the hospital and community.*

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

Programme Area Objectives

Adult inpatients and diagnostics

- ✚ Develop BCHC into a second level referral centre for Kanungu District
- ✚ Improve medicines management
- ✚ Develop the capacity to respond to complex emergencies
- ✚ Improve the management of common medical emergencies
- ✚ Help seriously ill patients in remote areas to access the Hospital easily
- ✚ Improve the management of seriously ill patients
- ✚ Reduce the impact of contagious diseases on the community and the Hospital
- ✚ Provide quality care for the dying
- ✚ Prevent or reduce disability in sick patients
- ✚ Consider the nutritional needs of sick patients
- ✚ Manage people with mental health problems requiring admission to hospital

Diagnostics

- ✚ Maintain supplies of blood and give safe transfusions
- ✚ Maintain high safety levels in the laboratory
- ✚ Provide a high quality service to patients
- ✚ High quality investigations and reporting
- ✚ No stock-outs of supplies or equipment
- ✚ Introduce new tests and equipment to the laboratory
- ✚ Provide laboratory support for the HIV/AIDS services

- ✚ Permanent x-ray and ultrasound service
- ✚ Be able to perform ECG investigations

Byumba Health Centre II

- ✚ Open a Health Centre II in Byumba
- ✚ Reduce the incidence and prevalence of preventable disease in children
- ✚ Increase the proportion of the target population who have access to immunisation
- ✚ Offer confidential services for sexual and reproductive health - including HIV testing, family planning and treatment of sexually transmitted infections
- ✚ Recruit and retain highly motivated, well trained staff
- ✚ Offer regular antenatal services and encourage women to deliver at BCHC
- ✚ Improve the knowledge of the local community in disease prevention, e.g. home based treatments of fever and diarrhoea
- ✚ Offer screening, education and follow up for children with malnutrition referring to BCHC for admission when necessary
- ✚ Improve access for and address the special needs of the Batwa Pygmies

Child Health

- ✚ Reduce the incidence and prevalence of preventable diseases in children
- ✚ Offer education, evidence-based treatment and follow-up for children with malnutrition
- ✚ Provide excellent care for children with long-term medical conditions
- ✚ Provide high quality sustainable inpatient, outpatient and diagnostic services to improve the survival of sick children
- ✚ Improve neonatal survival rates

Community Health and Batwa

- ✚ School health: All Primary school children are able to learn to protect each others health, become empowered to take control over their own health, and grow up to be well-informed adults
- ✚ Malaria: All children under five years of age in Kayonza and Mpungu sub-counties sleep under mosquito nets

- ✚ All people in Kayonza and Mpungu sub-counties have knowledge about how to prevent malaria
- ✚ Immunisations: All children in Kayonza and Mpungu sub-counties have, at one year of age, received a full primary course of immunisations
- ✚ Nutrition: All households have knowledge about how to grow a balanced diet
- ✚ All children with malnutrition are detected early, given treatment and efforts are made to prevent recurrence
- ✚ Water and sanitation: Improve access to safe water and improve sanitation in homes in Kayonza and Mpungu sub-counties
- ✚ Dental: Reduce dental disease in the community
- ✚ Batwa: Reduce the prevalence of preventable disease in the Batwa
- ✚ Work in partnership with the Batwa Development Programme to deliver the project to improve water supplies to remote communities in Kayonza and Mpungu sub-counties
- ✚ Work in partnership with the Batwa Development Programme to livelihoods of the Batwa
- ✚ Young people's health: All young people are able to live a healthy and meaningful life, free from sexually transmitted infections and grow up as responsible citizens

HIV/AIDS & TB

- ✚ All people living in Kayonza and Mpungu sub-counties have a basic knowledge of HIV, where they can get tested and where they can get treatment
- ✚ 25% of the people in Kayonza and Mpungu sub-counties are tested for HIV each year
- ✚ All pregnant women in Kayonza and Mpungu sub-counties are tested for HIV and those who are positive can access a PMTCT programme
- ✚ All patients who are HIV positive are accessing a high quality, free, confidential, holistic treatment service
- ✚ The risk of HIV transmission is reduced
- ✚ Be a model partner for organisations that support BCHC HIV/AIDS services

Outpatients, dental and eyes

- ✚ Outpatients: Maintain the highest possible standards of clinical care in OPD
- ✚ Improve the quality of care for people with mental health problems who present to OPD
- ✚ Increase the number of OPD attendances to 2000 per month

- ✚ Increase the capacity of the outpatient department to deal with more patients
- ✚ Improve the quality of dispensing
- ✚ Improve the experience for patients when they arrive in the department, while they wait for a consultation or for laboratory results
- ✚ Build a good network of referral options for difficult cases
- ✚ Dental: Maintain a dental service for common dental problems
- ✚ Eyes: Manage eye problems at BCHC or refer to a specialist eye service

Sexual and Reproductive Health

- ✚ Increase the proportion of deliveries carried out by skilled attendants
- ✚ Improve the Emergency Obstetric service delivery
- ✚ Increase antenatal care attendance and improve the quality of antenatal care
- ✚ Increase the contraceptive prevalence rate
- ✚ Improve on delivery experience and outcomes for mothers and babies
- ✚ Reduce the HIV mother to child transmission rate (see HIV/AIDS plan)
- ✚ Establish and sustain maternal audits
- ✚ Provide adolescent-friendly reproductive health services
- ✚ Provide quality post-natal services
- ✚ Provide a specialist service for victims of rape or sexual assault

Surgery

- ✚ Functional operating theatre created by September 2008
- ✚ Caesarean sections capability by September 2008
- ✚ Minor surgery lists taking place every week at BCHC from October 2008
- ✚ Provision of sterilisation facilities for the whole organisation
- ✚ Provision of anaesthetic service
- ✚ Provide quality pre-post surgical care
- ✚ 20 bed surgical ward with private rooms and high dependency unit
- ✚ Capability for dealing with emergency and elective surgery by 2009

Accounts and finance

- ✚ To have externally audited accounts produced before the Board meets each November
- ✚ To be able to track each donation or other source of income as it progresses through the organisation
- ✚ To know the cost of running each programme area at BCHC, and be able to apportion budgets each year to each programme area
- ✚ Ensure effective use of cash resources
- ✚ Maintain good relationships with Health Insurance companies
- ✚ Produce accurate and timely reports for management, donors, the District, the HUFC and UPMB
- ✚ Work in partnership with the Hospital Finance Committee
- ✚ Work with Human Resources to recruit and retain highly motivated staff in Accounts/Finance and across the whole organisation
- ✚ Provide adequate training, equipment and accommodation for the Accounts and Finance Department
- ✚ Ensure efficient processing of payroll
- ✚ Efficiently recover costs from patients whenever possible
- ✚ Provide timely processing of payments
- ✚ Establish a clear budgeting process
- ✚ Provide transparency and accountability for payments made to staff

Administration

- ✚ Become a recognised private not-for-profit hospital by 2009
- ✚ Collect accurate, quality data, ensure timely reporting to partners and provide PR/fundraising with information for their activities
- ✚ Develop the infrastructure and capacity of the Administration Department
- ✚ Co-ordinate the activities of the Hospital around the strategic plan
- ✚ Maintain a high quality supply of medicines and other medical equipment with no stock outs of essential drugs
- ✚ Purchase and maintain a fleet of vehicles that enables community work, emergency transfer of patients, procurement and transport of personnel for administrative purposes to continue at all times
- ✚ Develop a waste management system that meets Government standards and is fit for a hospital
- ✚ Maintain safety and security at high levels
- ✚ Make the BCHC site a comfortable place for patients and a functional place for staff
- ✚ Maintain all of the hospital buildings with regular painting and repairs, and maintain all of the hospital equipment

- ✚ Ensure that all non-clinical consumables are always in supply in the hospital
- ✚ Provide good internal and external communications. Ensure that all staff have access to computing and the internet
- ✚ Provide secure storage for all Hospital property, and ensure proper stocktaking and accountability for materials
- ✚ Have power available at all times
- ✚ Provide suitable storage for dead bodies in the Hospital
- ✚ Provide water to all parts of the hospital, but take water away from parts where it is not wanted. Prevent fire and be ready to control a fire if it happens.
- ✚ Acquire enough land for the long-term development and growth of the hospital
- ✚ Develop clear, well-defined relationships with partner organisations
- ✚ Maintain the relationship between BCHC and the Diocese of Kinkizi and UPMB

Human Resources

- ✚ Everyone in the organisation understands clinical and non-clinical policies of the organisation
- ✚ Provide decent accommodation for all non-local staff with power and running water and good security
- ✚ To fill every vacancy promptly, and to expand staff numbers to meet the health needs of the population and the needs of the organisation
- ✚ Provide a decent preventative and curative Occupational Health service for all staff
- ✚ There is smooth running of the hospital, with adequate staff to perform all of the responsibilities of the different programme areas
- ✚ Give staff job security, whilst enabling the organisation to discipline when necessary
- ✚ Help new staff members to understand the organisation thoroughly
- ✚ All employees of BCHC are able to meet their learning needs and to stay up to date with developments in their professional areas
- ✚ BCHC helps employees to access scholarships for further study
- ✚ All staff are appraised annually to help them to meet their own expectations and the expectations of the organisation
- ✚ Staff are provided with lunch and break tea, and are given a budget for entertainment each month
- ✚ BCHC welcomes students on work experience and volunteers from other countries
- ✚ The long-term leadership of the hospital is secured

Public Relations and Fundraising

- ✚ Provide accurate, timely information about the Hospital to outsiders
- ✚ Convey a positive image to outsiders of the Hospital as a well-run organisation meeting the health needs of the population
- ✚ Raise funds for capital projects agreed as part of the strategic plan
- ✚ Raise funds for ongoing running costs
- ✚ Develop partnerships with NGOs working in Uganda that are interested in investing in BCHC Programme Areas
- ✚ Develop the grant-writing capacity of the organisation
- ✚ Maintain income for the staff/community scholarship programme
- ✚ Manage short-term visitors to the Hospital to maximise their experience of BCHC
- ✚ Maintain good quality information about supporters
- ✚ Maintain excellent relationships with tourists and tour companies
- ✚ Make it easy for donors to transfer money to BCHC, and for BCHC to learn about these donations
- ✚ Provide information for KF to use when communicating with donors
- ✚ Maximise the potential for making new contacts and introducing them to the work of the Hospital
- ✚ Use the house that the hospital owns near the park to improve the public relations of the hospital and to raise funds

Clinical programme areas

Adult Inpatients and Diagnostics

Goals






To ensure the provision of excellent medical and nursing services for adult inpatients that save lives, prevent the spread of infectious diseases, reduce disability and care for the sick.

To aid diagnosis of disease through the efficient use of investigations.

Background

The department of Adult Inpatients was created by default in early 2008 when the Child Health and Nutrition Unit opened. It has two wards (one for males and one for females) with a total of 25 beds. These wards will eventually become the surgical wards when new Adult Inpatient wards are constructed.

Most adult inpatient admissions are for

-  HIV-related diseases
-  Malaria
-  Pneumonia
-  Gastro-intestinal diseases
-  Heart disease

The Uganda National Health Policy calls for the assurance of basic essential clinical care, including emergency care, and treatment for common illnesses and injuries. This essential clinical care involves the management of communicable and non communicable disease conditions to achieve the best possible outcome.

It is against this background that there is a need to improve inpatient care services in this area as BCHC is increasingly becoming number one choice of referral to a population of about 80,000 people.

The plan for OPD was developed by Birungi Mutahunga, the doctor in charge of the Programme Area, and Bagumira Richard, the Laboratory Technician.

National and Local targets for Adult Inpatients and Diagnostics

National (Health Sector Strategic Plan II, 2005)

- ✚ Reduce the TB associated death rate from 6.2 to 3.1%
- ✚ Integration of Non-Communicable Disease prevention and management in the functions of 100% of HC IVs
- ✚ Put in place preventive, promotive and rehabilitative interventions to reduce mortality morbidity or disability caused by injuries
- ✚ Train key health workers in emergency response in all hospitals
- ✚ All health units providing basic and life saving measures
- ✚ Establishing a functional ambulance system
- ✚ All hospitals and HC IVs providing palliative care
- ✚ Achieve 80% level of concordance quality assurance and control of sputum smear microscopy in all districts
- ✚ 18/42 General Hospitals have x-ray and ultrasound services

Local (Kanungu District Local Government Health Plan, 2007)

- ✚ 50% of the people with mental health problems access to free mental health care
- ✚ Capacity of Health workers built in management of mental health conditions

Staffing of Adult Inpatients and Diagnostics

<i>Level</i>	<i>Current</i>	<i>2008/9</i>	<i>2009/10</i>	<i>2010/11</i>
Medical Officer	½	½	½	½
Clinical Officer	1	1	1	1
Registered Nurse	0	0	1	1
Enrolled Nurse	4	4	4	4
Nursing Assistants	3	3	3	3
Clinical support worker	1	1	2	2
Radiographer	0	0	1	1
Darkroom attendant	0	0	1	1
Laboratory Technologist	0	0	0	1
Laboratory Technician	1	1	1	1
Laboratory Assistants	2	3	3	3
Microscopist	1	1	1	1

Objectives and Activities of Adult Inpatients and Diagnostics

Objective	Activities	Indicators and measurement tool
Adult Inpatients		
Develop BCHC into a second level referral centre for Kanungu District		
	Build a new Adult Inpatient ward (male and female)	
	Increase staffing levels to be able to manage up to 25 adult inpatients	Human resource record
	Equip the new adult ward with beds, mattresses, patient lockers, drip stands, Mackintosh covers and furniture for the nurses station	Equipment procured and provided
Improve medicines management		
	Ensure that all drugs are stored in a locked drug cupboard that patients cannot access, and that controlled drugs are in a locked cupboard within the drugs cupboard, and are recorded when dispensed	Principal nursing officer to conduct inspections
	Discuss and debate being able to dispense drugs on a four times daily basis in adult inpatients	Minutes of adult inpatient meetings
	Ensure that drugs are only dispensed by qualified staff	Principal nursing officer to conduct inspections

	Pharmacist to join ward rounds or review prescribing to ensure quality use of drugs in Adult Inpatients	Pharmacist job description includes this, and pharmacist employed
Develop the capacity to respond to complex emergencies		
	Develop a complex emergency (e.g. a bus crash or an attack on a tourist camp) protocol and establish equipment for being able to manage this	Protocols in Hospital Policy Manual and equipment procured
	Train staff to prepare for a complex emergency	Training session record
Improve the management of common medical emergencies		
	Develop protocols for common medical emergencies in adults	Hospital policy manual
	Use CME sessions to train staff in how to use these protocols	Training session record
	Display protocols on the ward, or in an easily identifiable place for access in an emergency	Hospital Policy Manual
	Maintain an Ambu bag on the ward	Principal Nursing Officer to conduct inspections
	Maintain an anaphylaxis kit on the ward	Principal Nursing Officer to conduct inspections
Help seriously ill patients in remote areas to access the Hospital easily		

	Advertise the hospital phone number widely so that people can call the hospital to send an ambulance to pick up seriously ill patients	PR assistant carries out this task
	Establish rates for charging for the ambulance service	Finance publishes rates
Improve the management of seriously ill patients		
	Create a high dependency bed with oxygen, pulse oxymetry and other equipment needed to deal with a seriously ill adult	HDU as part of new adult ward
Reduce the impact of contagious diseases on the community and the Hospital		
	Create an isolation wing as part of the adult inpatient ward	Completed ward
	Develop protocols for managing infectious or potentially infectious patients	Hospital Policy Manual
	Ensure availability of equipment for managing infectious patients	Equipment procured and provided
Provide quality care for the dying		
	Establish a palliative care service	Hospital Policy Manual
Prevent or reduce disability in sick patients		

	Establish a physiotherapy or occupational therapy service	Service established
Consider the nutritional needs of sick patients		
	Use a nutritionist to advise on nutrition issues for sick patients	Human resource record
Manage people with mental health problems requiring admission to hospital		
	Develop protocols for management of mental health problems requiring admission in adults	Hospital Policy Manual
	Train staff in management of adults with mental health problems	Training session record
Diagnostics		
Maintain supplies of blood and give safe transfusions		
	Check the fridge temperature every day and put on generator if temperature is rising to maintain between 2-8 degrees	Principal Nursing Officer to conduct inspections
	Place order for more blood before supplies are out of stock	Avoidance of stock-outs

Maintain high safety levels in the laboratory		
	Build a hood with ventilation to protect the laboratory staff when performing tests for TB	Equipment procured and provided
	Display the protocol for PEP on the wall of the laboratory	Hospital Policy Manual
	Keep the laboratory clean and tidy at all times	Principal Nursing Officer to conduct inspections
Provide a high quality service to patients		
	Greet patients and tell them how long they should be expected to wait for a laboratory result	Clinical support worker to ensure this
	Ensure that the laboratory is always adequately staffed	Human resource record
High quality investigations and reporting		
	Design and use Standard Operating Procedures (SOPs) for all laboratory tests at BCHC	Hospital Policy Manual
	CME sessions for laboratory staff, either provided internally from the Laboratory Technician or by going on external courses	Training session record

	Use bench aides to guide procedures	Bench aids seen in laboratory
	Host regular support supervision visits from DTLS, AIC, JCRC and other external organisations interested in improving the quality at BCHC	Support supervision log
	Have a named person responsible for HMIS and other reporting in the laboratory	Data manager to ensure
No stock-outs of supplies or equipment		
	Liaise with the people responsible for supplies and equipment procurement in good time before supplies are finished	No stock-outs
Introduce new tests and equipment to the laboratory		
	Introduce culture and sensitivity tests of samples of sputum, urine, faeces, pus and blood	Equipment procured and provided
	Introduce mechanised complete blood counts with a Haematology analyser	Equipment procured and provided
	Introduce tests for renal and liver function with a Biochemistry analyser	Equipment procured and provided
	Introduce the CRAG test for cryptococcal antigen	Equipment procured and provided

	Introduce Haematocrit tests	Equipment procured and provided
Provide laboratory support for the HIV/AIDS services		
	Support outreach sites to be able to transport samples to JCRC Kabale for CD4 testing	Tests carried out
	Support HIV testing outreach by sending laboratory workers to outreach sites where there are no local health workers who can be trained, but by training and providing support supervision for local health workers wherever possible	Tests carried out
Permanent x-ray and ultrasound service		
	Develop a maintenance schedule for the x-ray and ultrasound machines, including recording of all x-rays taken and ultrasounds done, and the changing of developer and fixer fluids	Administration develop and deliver schedule
	Ensure the availability of all consumables for x-ray and ultrasound (including bulbs)	No stock-outs
	Recruit a volunteer to train staff members in x-ray and ultrasound	Training session record
	Recruit a full-time radiographer	Human resource record
Be able to perform ECG investigations		
	Train several staff members in use of the ECG machine	Training session record

Outputs of Adult inpatients and diagnostics plan

New adult inpatient ward with HDU and ability to isolate patients

New mechanised laboratory with improved standards

Staffing increased to projected levels

Increase in number of patients admitted to 100 per month

X-ray and ultrasound always available

Mental health, physiotherapy, palliative care and nutrition services added to the Hospital

Protocol-driven care of common conditions

Byumba Health Centre II

Goal

Open a good quality sustainable Health Centre in Byumba with the focus on prevention and improving access to health services

Background

Byumba is in Bujengwe parish in Kayonza sub-county approximately forty minutes drive away from Bwindi Community Hospital. Byumba is an isolated area with a nearby Batwa settlement. There is difficult access to health care and the transport network is very poor.

In the past a team of staff from BCHC ran an outreach clinic once a week. Most of the work in was demand led with little emphasis on education and prevention. The plan for the future of Byumba is to have a permanent satellite clinic (Health Centre II level). A building already exists and after completing some renovations will be suitable to use as a Health Centre II.

There will be strong focus on primary health care. The team will work closely with the community to build relationships, sensitise and try to access the 'hardest to reach' groups of people by moving to them. There will be more focus on education and prevention with the staff at the Health Centre empowering people to look after their health and acting as advisors. Some of the major areas that have been identified are malaria, water and sanitation, HIV/AIDS, ante-natal, immunisations and dental.

Byumba Health Centre will provide high quality outpatient and community services to the local population of Byumba.

The plan for Byumba Health Centre II was developed by Vicky Holt and Scott Kellermann

Staffing of Byumba Health Centre II

<i>Level</i>	<i>Current</i>	<i>2008/9</i>	<i>2009/10</i>	<i>2010/11</i>
Enrolled Comprehensive Nurse	0	1	1	1
Nursing Assistant	0	1	2	2
Cashier	0	0	1	1
Cleaner	0	1	2	2

Objectives and Activities for Byumba Health Centre II

Objective	Activities	Indicators and measurement tool
Open a Health Centre II in Byumba		
	Building work to be complete including water system and solar power	Receipts held in accounts department
	Regular meetings with the local communities to involve them in the planning and implementation process	Minutes of meetings
	Arrange for fixtures and fittings	Receipts held in accounts department
	Advertise and interview staff	Human resource record
	Induction period at BCHC	Induction pack in staff file
Reduce the incidence and prevalence of preventable disease in children		
	Raise money from donors to help subsidise cost of Impregnated Mosquito Nets (ITN's)	PR and Fundraising records
	Sell ITN's at subsidised rates twice a week after buyers have attended teaching sessions	Record of net sales
	Follow up in the community to see if ITN's are being used well	Community Health Survey
	Regular education sessions in the school, health centre and local community	Training session record
	Screen all family members of people diagnosed with TB for the disease	Data collected and displayed
Increase the proportion of the target population who have access to immunisation		
	Secure vaccine fridge and regular supply of vaccines	Inventory
	Take vaccines out to remote areas	Work plan

	Training of staff and village health promoters on vaccination	Training session record
Offer confidential services for sexual and reproductive health – including HIV testing, family planning and treatment of sexually transmitted infections		
	Secure regular supply of family planning drugs	No stock outs
	Ensure staff are trained to promote and offer family planning	Training session record
	Sensitisation in the local community	Training session record
	Syndromic management of STI	Training session record, Hospital Policy Manual
	Posters and information in key places	Posters available
	HIV team to ensure testing days are available	HIV outreach timetable
Recruit and retain highly motivated, well trained staff		
	Terms and Conditions of employment for all staff	Human Resource record
	Provide suitable staff accommodation	Accommodation provided
	Advertise vacancies on radio and by word of mouth	Radio programme log
	Provide ongoing continuing medical education and formal training when needed	Training session record
Offer regular antenatal services and encourage women to deliver at BCHC		
	Needs assessment with TBA's	Needs assessment document
	Sensitisation in the local community	Training session record
	Reliable vehicle to transport midwife to Byumba from BCHC every second week	Vehicle booking schedule

Improve the knowledge of the local community in disease prevention, e.g. home based treatments of fever and diarrhoea		
	Regular teaching sessions and demonstrations in the Health Centre, school and villages	Training session record
	Use posters and reading material to reinforce the information	Posters available
	Focus work on prevention measures	Hospital Policy Manual
Offer screening, education and follow up for children with malnutrition referring to BCHC for admission when necessary		
	Use recognised screening tools (mid upper arm circumference) for each child seen in the Health Centre or on other pre-arranged screening days	90% of children under the age of 5years seen in the Health Centre have a mid upper arm circumference recorded
	Frequent teaching sessions in schools, local communities and on a one to one basis in the Health Centre setting	Training session record
	Maintain a relationship with Bwindi AMAGARA	MOU with AMAGARA
	Clearly display admission criteria to BCHC	Hospital Policy Manual
	Follow up children who have been discharged from BCHC after being treated for malnutrition	Hospital Policy Manual
Improve access for and address the special needs of the Batwa Pygmies		
	Health needs assessment in Batwa communities	Needs assessment document
	Education on incoming generating activities	Training session record

Outputs of Byumba Health Centre II

Official recognition of Health Centre II status

Access to credit line drugs etc

Identify prevalence rates for HIV in Byumba

Equity of health service

Co-ordinated strategies between community, Health Centre and Batwa Support workers

Improved access to Health Care

Community orientated solutions

Increased uptake in immunisation

Community orientated solutions

Access to family planning

Access to ante-natal and post-natal services

Access to dental prevention and treatment services

Regular education sessions taking place in the community

School health programme

Educating Parish Health Mobilisers

Child health days

Recruit the best available staff

Have low staff turnover







Child Health

Goal

Improve child health through education, prevention and high quality treatment services in a child-centred environment

Background

Ugandan children have among the highest infant and under-five mortality rates in the world. Nine out of every hundred children born will not make it to the age of one, and 15 will die before they reach five years. Most of these children die from preventable diseases or relatively simple conditions to treat.

-  Malaria
-  Complications of childbirth
-  HIV/AIDS
-  Pneumonia
-  Diarrhoea
-  Malnutrition

Improving the health of children starts and ends in the home, and much of the work done by the Child Health department is done in partnership with the department of Community Health and Batwa. The new Child Health and Nutrition unit gives BCHC a superb opportunity to heal sick children, but in order to really impact on child mortality there is a need for prevention. The risk of malaria can be reduced by sleeping under an insecticide-treated net, the risk of HIV can be reduced through PMTCT programmes, and the risk of diarrhoea can be reduced by having access to clean water and good sanitation.

The Child Health department will try to prevent ill health in children, but when children do become sick it will treat them as individuals rather than just diseases, will provide education and support to parents, and will work hard to provide a child-centred healing environment.

The plan for Child Health was developed by Doreen Agasha, the doctor in charge of the Programme Area and Vicky Holt, the Principal Nursing Officer

International, National and Local targets for Child Health

International (Millennium Development Goals)



Goal 4. Reduce child mortality

Target 5: Reduce by two thirds the mortality rate among children under five

13. Under-Five Mortality Rate (UNICEF)

14. Infant Mortality Rate (UNICEF)

15. Proportion of 1 year-old Children Immunised Against Measles (UNICEF)

National (Health Sector Strategic Plan II, 2005)

- ✚ Reduced the case fatality rate among malaria in-patients under five from 4 to 2%
- ✚ Integration of Non-Communicable Disease prevention and management in the functions of 100% of HC IVs
- ✚ Increase the percentage of children <1yr receiving 3 doses of DPT/Pentavalent vaccine according to schedule from 89% to 95%
- ✚ Increase the percentage of households with at least one Insecticide Treated Net (ITN) from the estimated 23.5% (in rural areas) to 70%

National (Poverty Eradication Action Plan)

- ✚ Reduce Infant Mortality Rate from 88 to 68 per 1,000 live births
- ✚ Reduce Under-5 Child Mortality from 152 to 103 per 1,000 live births
- ✚ Reduce stunting in children less than 5 years from 38.5% to 28%

Local (Kanungu District Local Government Health Plan, 2007)

- ✚ 50% of the children and mothers with nutritional disorders are adequately managed

Staffing of Child Health

<i>Level</i>	<i>Current</i>	<i>2008/9</i>	<i>2009/10</i>	<i>2010/11</i>
Paediatrician	0	0	0	1
Medical Officer	½	½	½	½
Registered Nurse	1	1	1	1
Enrolled nurse	2	3	4	4
Nursing Assistants	2	3	3	3
Clinical Support Workers	1	2	2	2
Nutritionist	0	½	½	½
Gardener	0	1	1	1

Objectives and Activities of Child Health

Objective	Activities	Indicators and Measurement tool
Reduce the incidence and prevalence of preventable diseases in children		
	Daily teaching about mosquito nets, and sales of mosquito nets at subsidised prices at these sessions	Data collected and displayed
	Screen all family members of people diagnosed with TB for the disease	Data collected
	Use of the child health card in inpatients and outpatients	Child health card used
Offer education, evidence-based treatment and follow-up for children with malnutrition		
	Follow Uganda Clinical Guidelines for the Management of Children with Malnutrition	Hospital Policy Manual
	Manage children admitted to the unit (usually those with weight for height less than 70% or oedema) according to the malnutrition protocol	Audit
	Involve parents in the preparation of food for malnourished children and in their feeding	Principal Nursing Officer to conduct inspections

	Make play and intellectual development an integral part of the management of children with malnutrition	Principal Nursing Officer to conduct inspections
	Nutritionist works with each family before discharge	Human resource record
	Creation of a demonstration garden for mothers of children to work in and learn from in the Child Health and Nutrition Unit	Garden created
	Follow up in the community of all children within one month of discharge	Audit
	Annual audit of children admitted and of follow-up programme	Audit
	CME sessions for all staff working in Child Health reviewing management of children with malnutrition and case studies	Training session record
Provide excellent care for children with long-term medical conditions		
	Begin registers in the department for children with Diabetes, Epilepsy, Cerebral Palsy, Cardiac Disease, Chronic Lung Disease and other long-term medical conditions	Registers
	Develop management guidelines for each of these long-term conditions	Hospital Policy Manual

	Keep records for each of these children in the Department, and perform annual audit of management of children with each of these conditions	Audit
	Review children with long-term medical conditions in the department rather than in OPD	Registers
	Maintain OPD registers in the Child Health department	Registers
Provide high quality sustainable inpatient, outpatient and diagnostic services to improve the survival of sick children		
	Daily ward rounds from a team including a doctor, a nurse and a nutrition worker	Ward round book
	Management protocols for common health problems affecting children including malaria, burns, convulsions, pneumonia, malnutrition	Hospital Policy Manual
	Screening of all children admitted to the unit for TB, and all children offered HIV test	Audit
Improve neonatal survival rates		
	Development of a heated neonatal unit within the Child Health and Nutrition Unit	Unit developed

	Assessment (to an agreed protocol) by a midwife or member of the Child Health team of every newborn baby before discharge (preferably at least 24 hours after delivery)	Hospital Policy Manual
	Routine admission of all babies born at less than 36 weeks gestation or low birth weight (<2.5kg) to the Neonatal Unit	Hospital Policy Manual
	Routine admission of all neonates with evidence of infection to the Neonatal Unit	Hospital Policy Manual
	Intensive monitoring of all babies admitted to neonatal unit (temperature, glucose, feeding, infection prevention)	Hospital Policy Manual

Outputs of Child Health

100 admissions per month to Child Health and Nutrition unit

Child-friendly unit

50 children per month seen with long-term medical conditions (excluding HIV) in the department

Neonatal unit admission for all newborn babies who are premature, underweight or ill

90% of all children under 5 in Kanungu and Mpungu are sleeping under a mosquito net by 2010

Protocol-driven care of common conditions

TB and HIV screening of all admissions

Community Health and Batwa

Goal

To reach out to every school and village with immunisations, access to antenatal care and family planning, health education, malnutrition and malaria prevention and water and sanitation improvement projects

Background

Health improvement starts in the family home. The Community Health team have developed an ambitious plan to train Village Health Promoters in every village in every parish in both of the sub-counties served by BCHC. This amounts to 252 people in nine parishes in two sub-counties. These people form the link between the Hospital and families. Each village health promoter will know about how to prevent malaria, and will direct people to the monthly sales of mosquito nets in their parish. They will be able to provide condoms, contraceptive pills and Depo injections, and direct people to the family planning services at BCHC when patients have complex family planning issues. They will teach people about safe water supplies and proper sanitation. They will teach families about how to grow a balanced diet, but will be able to detect malnutrition when it occurs and direct children to the services offered by the Child Health programme area.

Every year the village health promoters will conduct a community health survey which will ask every family questions about water and sanitation, where they give birth, whether they have been tested for HIV, child mortality, immunisation status, nutritional status, use of family planning, symptoms of TB and causes of death. This survey will be used to measure the success of the initiatives to try to improve health at the village level.

This community health programme area plan aims to reduce malaria, family sizes, malnutrition, diarrhoea, dental problems and sexually transmitted infections in Mpungu and Kayonza sub-counties.

The plan for Community Health and Batwa was developed by Sam Bigaruka, the Senior Clinical Officer in charge of the Programme Area.

International, National and Local targets for Community Health and Batwa

International (Millennium Development Goals)



Goal 6. Combat HIV/AIDS, malaria and other diseases

Target 8: Halt and begin to reverse the incidence of malaria and other major diseases

21. Prevalence and Death Rates Associated with Malaria (WHO):

22. Proportion of Population in Malaria Risk Areas Using Effective Malaria Prevention and Treatment Measures (UNICEF):

23. Prevalence and Death Rates Associated with Tuberculosis (WHO):

24. Proportion of Tuberculosis Cases Detected and Cured Under Directly-Observed Treatment Short Courses (WHO)



Goal 7. Ensure environmental sustainability

Target 10: Reduce by half the proportion of people without sustainable access to safe drinking water

30. Proportion of the Population with Sustainable Access to Improved Water Source (WHO/UNICEF)

31. Proportion of the Population with Access to Improved Sanitation (WHO/UNICEF)

National (Health Sector Strategic Plan II, 2005)

- ✚ Increase the proportion of villages with trained VHT's to 100% by 2010
- ✚ Increase the proportion of health facilities with health promotion materials (IEC) by 40%
- ✚ Increase the proportion of religious institutions promoting health by 50%
- ✚ Improvement in safe waste disposal using latrine coverage as proxy from 57% to 70% in 2010
- ✚ 75% of primary and 50% of secondary schools implementing sex education, counselling and life skills
- ✚ 75% of schools providing basic school health services
- ✚ Increase the proportion of fully immunized children from 71 to 80%
- ✚ Increase DPT-Hib+Hep3 /OPV3 coverage from 87 to 95%
- ✚ Reduce DPT-Hib+Hep1-3 drop out rate from 16 to 10%
- ✚ Increase measles coverage from 91 to 97%
- ✚ Eliminate maternal and neonatal tetanus
- ✚ Increase the prevalence of Exclusive Breastfeeding from 70 to 80%
- ✚ Reduce the prevalence of under weight among under fives from 23 to 17%
- ✚ Increase Vitamin A supplementation uptake for 6-59 months from 60 to 80%
- ✚ Increase the proportion of households having at least one insecticide-treated net (ITN) from 15 to 70%
- ✚ Awareness of the population on the risk factors and prevention of oral diseases/conditions increased to 80%
- ✚ 80% of the population has access to primary oral health care
- ✚ Increase percentage of households with a pit latrine from 57% to 70%
- ✚ Increase per capita OPD utilization from 0.9 to 1.0

National (Poverty Eradication Area Plan)

- ✚ Reduce Infant Mortality Rate from 88 to 68 per 1,000 live births
- ✚ Reduce Under-5 Child Mortality from 152 to 103 per 1,000 live births

Local (Kanungu District Local Government Health Plan, 2007)

- ✚ Strengthen the community capacity to participate and get involved in their health activities
- ✚ Reduce morbidity due to sanitation related disease by 30% in Kanungu District by promotion of leadership participation in sanitation improvement advocacy
- ✚ Improve household, institutional and personal hygiene to acceptable standards.
- ✚ 100% of the school children have access to health services with regular school Health visits by Health extension workers
- ✚ 50% of the children and mothers with nutritional disorders are adequately managed
- ✚ 60% of at-risk people sleeping under impregnated mosquito nets
- ✚ Reduce paediatric oral surgery (false teeth extraction) among children below 2 years within the community by the 2010

Staffing of Community Health and Batwa

<i>Level</i>	<i>Current</i>	<i>2008/9</i>	<i>2009/10</i>	<i>2010/11</i>
Medical Officer	0	0	0	1
Clinical Officer	1	1	1	1
Comprehensive Nurse	0	0	1	1
Public Health Dental Officer	½	½	½	½
Community Health Workers	1	2	3	3
Nutritionist	0	½	½	½
Nursing Assistants	1	2	3	3

Objectives and Activities of Community Health and Batwa

Objective	Activities	Indicators and Measurement tool
<p>School health: All Primary school children are able to learn to protect each others health, become empowered to take control over their own health, and grow up to be well-informed adults</p>		
	<p>Every school in Kayonza and Mpungu sub-counties is visited at least once a term by a member of the Community Health team to teach about water, sanitation, reproductive health issues, malaria, prevention of accidents, nutrition, home-based management of fever and diarrhoea and dental health. Detection of hearing and sight problems is carried out.</p>	<p>Schools training timetable</p>
<p>Malaria: All children under five years of age in Kayonza and Mpungu sub-counties sleep under mosquito nets</p>		
	<p>Employ a full time nursing assistant to concentrate on malaria prevention and follow-up of ITN distribution project</p>	<p>Human resource record</p>
	<p>Education sessions in the hospital twice a week about mosquito nets</p>	<p>Activity log of malaria lead</p>
	<p>Sales of mosquito nets outside churches and in other public places – at least one sale in each parish every month</p>	<p>Activity log of malaria lead</p>

	Use of Radio Kinkizi to teach about mosquito nets and to advertise sales	Activity log of malaria lead
	Follow up surveys in villages to measure use of mosquito nets and to re-enforce health promotion messages	Annual survey
All people in Kayonza and Mpungu sub-counties have knowledge about how to prevent malaria		
	Training of Village Health Promoters in malaria control including improvements to the home to reduce mosquitoes.	Training session record
Immunisations: All children in Kayonza and Mpungu sub-counties have, at one year of age, received a full primary course of immunisations		
	Employ a full time nursing assistant or community health worker to do immunisations in the Hospital and the community	Human resource record
	Vaccine storage at BCHC in WHO gas-powered fridge	Fridge operational
	Continued supply of vaccines managed in conjunction with District Cold Chain Co-ordinator	Vaccines always available
	All babies born at BCHC receive BCG and polio 1	HMIS
	New immunisation room as part of Women's Health Unit to integrate immunisations with postnatal care and family planning	Room constructed in unit

	Immunisations taken to each integrated outreach clinic in a storage box to enable catch-up immunisation to take place	Outreach activity log
	Immunisation taken to identified immunisation centres in the community at monthly intervals	Outreach activity log
	Community health worker sensitises community on immunisation in churches	Outreach activity log
Nutrition: All households have knowledge about how to grow a balanced diet		
	Teaching in villages as part of integrated outreach on 'How to grow and cook a balanced diet'	Outreach activity log
All children with malnutrition are detected early, given treatment and efforts are made to prevent recurrence		
	Training of village health promoters on how to use mid upper arm circumference as a screening tool for possible malnutrition	Training session record
	Encourage admission to the Child Health and Nutrition Unit for all children found to have a weight for height of less than 70% or oedema	Malnutrition audit
	Develop an education programme in the community for all children found to have a weight for height of between 70 and 80%, and ensure follow up of all of these children at one month	Activity log of malnutrition worker

Water and sanitation: Improve access to safe water and improve sanitation in homes in Kayonza and Mpungu sub-counties		
	Sensitisation of communities about drinking clean and safe water and living in a clean environment	Outreach activity log
	Training of village health promoters	Training session record
	Collect information about water and sanitation provision in all homes in Mpungu and Kayonza sub-counties	Community Health survey
	Annual conference of village health promoters	Conference records
	Actively help villages to improve village and home supplies of water	Outreach activity log
Dental: Reduce dental disease in the community		
	Health talks in all primary and secondary schools in Kayonza sub-county	Outreach activity log
	Use the radio to sensitise about dental health care	Radio programme log
	Outreach clinics in other health centres and Batwa settlements	Outreach activity log
	Screening of schoolchildren for dental disease, identification of early dental disease, use of Plaque Saboteuring Programme (PSP) and treatment of advanced dental disease.	Dental health records
Batwa: Reduce the prevalence of preventable disease in the Batwa		

	Open a Health Centre II at Byumba and provide regular support supervision and monitoring of treatment and health promotion activities there	Health Centre opens
	Visit Batwa settlements of Mpungu, Byumba, Kitariro, Karehe, Mukongoro, Bikuto, Kebiremu and Kihembe on at least one day each month for integrated outreach (water and sanitation, HIV testing and education, family planning and STI treatment, dental services, malaria prevention, immunisations)	Outreach activity log
	Immunisation outreach to all Batwa settlements served by BCHC in Kayonza and Mpungu	Outreach activity log
	Collaborate with Batwa Development Programme to provide improved water for Batwa settlements	Minutes of meetings
	Construction of rainwater tanks and protected springs in Batwa settlements	Annual report of BDP
Work in partnership with the Batwa Development Programme to deliver the project to improve water supplies to remote communities in Kayonza and Mpungu sub-counties		
	Collaborate with Batwa Development Programme on identification of water sources for Batwa settlements	Annual report of BDP
	Training on how to use and maintain safe water supplies	Training session record
Work in partnership with the Batwa Development Programme to livelihoods of the Batwa		

	Establishment of demonstration gardens in Batwa settlements	Annual report of BDP
Young people's health: All young people are able to live a healthy and meaningful life, free from sexually transmitted infections and grow up as responsible citizens		
	Raise awareness in schools, churches and public places about HIV/AIDS and STI's	Outreach activity log
	Conduct Youth workshops in every parish in Kayonza and Mpungu sub-counties at the end of each term.	Records of workshops
	Teaching in Secondary schools about reproductive Health and rights	Training session record
	Establish a weekly Teen clinic for adolescents (aged 12-19) at BCHC with access to free sexual and reproductive health services	Clinic established
	Work in partnership with Mukono Adolescent Sexual and Reproductive Health Group on drama productions	MOU established
	VCT outreach for young people	Outreach activity log

Outputs of Community Health and Batwa

Community health survey conducted every year showing indicators of health improving
90% of children under 5 sleeping under mosquito nets
300 mosquito nets sold every month
All Batwa children are fully immunised
All Batwa have easy access to safe water

HIV/AIDS & TB

Goal

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

Background

Until December 2006 there was little information about HIV at a population level in Kayonza and Mpungu. Since then, with the help of AIDS Information Centre, Bwindi Community Hospital has tested more than 4,500 people and found that 12% of those who test are HIV positive. Since March 2007 there has been a Joint Clinical Research Centre HIV/AIDS clinic at BCHC offering anti-retroviral drugs and basic care to people living with HIV. More than 300 patients enrolled in the first year of this service, and the aim is to have 1,500 people in treatment by 2010. A team of clinicians are able to give a high quality service with complex drug regimes and testing for CD4 and viral load, all free of charge. This plan will see HIV/AIDS testing and treatment taken to a new level at BCHC in the new HIV/AIDS unit, but will also see services taken from the Hospital and into the community. Many people living with HIV cannot afford to travel long distances for drugs and care, and we want to take the treatment to the patients, rather than expecting people to walk all day to access care in Buhoma.

With the PMTCT programme described in this plan the number of children born with HIV in this area should reduce from one per week to one per year. Six percent of pregnant women in this area test positive for HIV, and if they take drugs during pregnancy, deliver in a safe way, give drugs to their babies and breastfeed exclusively for six months then the risk of transmission can be reduced from 30-50% down to less than 1%. People who have knowledge about HIV are less likely to get the disease, people who know their status are better off than those who do not, and HIV positive patients on treatment can live long, healthy lives. BCHC will work to provide information about HIV whilst reducing stigma for those who have the condition, provide a friendly approachable service that is strictly confidential, and provide medical, social, psychological and spiritual support to our patients.

Tuberculosis educations and management comes under the direction of the HIV/AIDS and TB team from July 2008. Many HIV patients are co-infected with TB, and the systems of treatment supporters, outreach, drugs supply, record keeping and data management are similar for both conditions.

The plan for HIV/AIDS & TB was developed by Paul Williams the doctor in charge of the Programme Area.

International, National and Local targets for HIV/AIDS & TB

International (Millennium Development Goals)



Goal 6. Combat HIV/AIDS, malaria and other diseases

Target 7: Halt and begin to reverse the spread of HIV/AIDS

18. HIV Prevalence Among 15-24 year-old Pregnant Women (UNAIDS)
19. Condom use rate of the contraceptive prevalence rate and Population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (UNAIDS, UNICEF, UN Population Division, WHO)
20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
23. Prevalence and Death Rates Associated with Tuberculosis (WHO):
24. Proportion of Tuberculosis Cases Detected and Cured Under Directly-Observed Treatment Short Courses (WHO)

National (Health Sector Strategic Plan II, 2005)

- ✚ Increase the proportion of population knowledge of at least 2 correct methods of HIV prevention from 90 to 95%.
- ✚ Reduce the prevalence of HIV among women attending ANC from 6.2 to 5%.
- ✚ Reduce the prevalence of HIV among the general population from 7 to 4%
- ✚ Scale up VCT services to all HC III by 2010
- ✚ Scale up PMTCT services to 50% of HC III by 2010
- ✚ Increase the proportion of HC IV offering comprehensive HIV/AIDS care with ART to 75% by 2010
- ✚ Increase accessibility to information and services, and improving access and availability of condoms to 100%
- ✚ Raise the TB case detection rate from 60.1 to 70%

- ✦ Increase from 62 to 85% the TB cure rate
- ✦ Achieve 100% national coverage for TB DOTS

National (Poverty Eradication Action Plan)

- ✦ Reduce HIV prevalence at ANC sentinel sites from 6.2% to 5%

Local (Kanungu District Local Government Health Plan, 2007)

- ✦ 100% of the Population has access to STI/HIV/AIDS management and information
- ✦ Increase availability of counselling and testing facilities
- ✦ Control the spread of TB within communities by promoting the directly observed treatment (DOTS) strategy for Tuberculosis

Local (Kanungu District HIV/AIDS Strategic Plan 2007/8-2012/13)

- ✦ Reduce the prevalence of HIV from 19.4% to 5%.
- ✦ Mitigate the effects of HIV/AIDS
- ✦ Prevent mortality and reduce morbidity as well as social and economic losses due to STI/HIV/AIDS in Kanungu District.
- ✦ Increase community awareness and knowledge about HIV/AIDS.

Staffing of HIV/AIDS & TB

<i>Level</i>	<i>Current</i>	<i>2008/9</i>	<i>2009/10</i>	<i>2010/11</i>
Medical Officer	½	½	1	1
Supervisor	1	1	1	1
Clinical Officer	½	1	1	2
Midwife	1	1	1	1
Enrolled nurse	½	2	2	3
Dispensing nurse	½	1	1	1
Clinical support worker	1	1	1	1
Receptionist/data	½	1	1	1
Head counsellor	1	1	1	1
VCT counsellors	0	2	3	4
Adherence counsellor	1	2	3	3
Expert Patient	1	1	1	1

Objectives and Activities of HIV/AIDS & TB

Objective	Activities to support objective	Indicators and measurement tool
HIV: All people living in Kayonza and Mpungu sub-counties have a basic knowledge of HIV, where they can get tested and where they can get treatment		
	HIV teaching as part of Schools education programme	Timetable for schools education programme
	Posters in every trading centre and institution in Kayonza and Mpungu sub-counties	Report from Expert Patient
	Weekly attendance at church services from BCHC staff or PTC members for talks about HIV	Timetable for attendance at church services
	Weekly radio programme on Radio Kinkizi	Timetable for radio programmes
	Two-monthly TBA meetings to always have a representative from HIV/AIDS team	Timetable for TBA meetings
	One HIV/AIDS training session per month for all staff as part of CME (HR plan)	Training session record
	Patient support group to undertake a series of workshops/drama sessions in the community	Activity log of patient support group
25% of the people in Kayonza and Mpungu sub-counties are tested for HIV each year		

	HIV counselling and testing offered to all inpatients at BCHC	Hospital Policy Manual
	HIV counselling and testing offered to all outpatients at BCHC	Hospital Policy Manual
	HIV voluntary counselling and testing available Monday to Saturday at BCHC	Human resource record
	HIV voluntary counselling and testing outreach on one day per week particularly focusing on areas with high HIV prevalence and high risk groups	Outreach timetable
	HIV counselling and testing available on each ARV Outreach (either from BCHC staff or the host health unit staff)	Outreach reporting forms
All pregnant women in Kayonza and Mpungu sub-counties are tested for HIV and those who are positive can access a PMTCT programme		
	PMTCT midwife attends antenatal clinics in Kayonza, Mpungu, Butogota Catholic Health Centre and Kayonza Growers Tea Factory	Human resource record

	PMTCT midwife tests all women in antenatal clinics at BCHC and the four outreach sites.	105 HIV positive pregnant women added to the database
All patients who are HIV positive are accessing a high quality, free, confidential, holistic treatment service		
	JCRC TREAT clinic at BCHC expands to meet demand, eventually to run each day except Sunday	500 new HIV positive patients are registered to the TREAT programme each year
	Building of integrated HIV and Women's Health Unit at BCHC	Completed building
	Procurement of a Toyota Land cruiser for HIV/AIDS outreach	Vehicle purchased
	ARV outreaches at Kayonza HC III, Mpungu HC II, Butogota Catholic Health Centre II and Kayonza Growers Tea Factory HC II	Outreach reporting forms
	Babies born to HIV positive women are followed up until HIV status is determined	PMTCT database
	A Patient Support Group is formed with specific objective of enabling people living with HIV to engage together in activities, including sensitisation and income generation	Record of patient support group meetings

	All people with HIV are screened for TB at each visit to the HIV/AIDS clinic	Audit
	Treatment defaulters are followed up in the community by the Expert Patient and NSA's	Activity record of Expert Patient
	Provision of a basic care package to people living with HIV/AIDS	500 people per year with basic care package
	All women of child-bearing age who are in sexual relationships are offered family planning at each visit to the HIV/AIDS clinic	Audit
The risk of HIV transmission is reduced		
	ABC teaching at all outreaches and in other institutions by members of the HIV/AIDS team	Hospital Policy Manual
	Condom sensitisation and distribution at all outreaches and in other institutions	Hospital Policy Manual
	Training of village health workers to include their role as condom distributors (by Comm. Health team)	Training record
	HIV positive patients receive education about transmission from the HIV/AIDS team. Partners of positive patients are encouraged to test	Hospital Policy Manual
	Post-exposure prophylaxis offered to all occupationally exposed BCHC staff and on all outreaches	Register of PEP completed for each incident
	All clinical staff at BCHC adopt Syndromic management of STI approach	Hospital Policy Manual

	Drug shops and other private providers are taught about STI's and encouraged to adopt an integrated approach to management including HIV testing and partner tracing	Training session record
Be a model partner for organisations that support BCHC HIV/AIDS services		
	Timely reporting to JCRC, AIC, Diocese of Kinkizi, UMPB and other organisations requiring information from BCHC	Data collected and sent
	Host 3-monthly support supervision visits from JCRC Kabale and respond to suggestions made quickly	Support supervision log
	Host 6-monthly support supervision visits from AIC Kabale and respond to suggestions made quickly	Support supervision log
	Maintain a continuous supply of drugs and other supplies from JCRC and AIC	No stock-outs
	Undertake CME internally and externally on aspects of HIV/AIDS care.	Training session record
	Maintain adequate numbers of HIV testing and adherence counsellors	Human resource record
Tuberculosis: Early detection of TB suspects in the community, prompt diagnosis using evidence-based protocols, quality clinical assessment and CBDOTS to ensure completion of treatment		
	Employment of full-time community health worker/nursing assistant with responsibility for TB	Human resource record
	Teaching of VHP's on Tuberculosis and clinical evaluation of	Record of VHP training

	all patients with a cough for more than three weeks	sessions
	All TB patients recorded in the TB register and given BCHC individual patient records in addition to yellow MOH cards	Records available
	All TB patients are given CBDOTS from TB Worker, referred to CTPH for CB DOTS and kept on BCHC TB register, managed from HIV/AIDS and TB outreach or referred to another Health Unit.	TB register

Outputs of HIV/AIDS and TB programme area

Annual community survey of HIV knowledge shows 100% of people questioned know where they can get tested and where they can get treatment for HIV

8750 people tested for HIV each year

500 new HIV positive patients are registered to the TREAT programme each year

New HIV/AIDS and TB clinic building opened

500 people per year with basic care package

105 HIV positive pregnant women detected each year

1750 pregnant women tested for HIV each year (117/month in Kayonza and 32/month in Mpungu)

90% of people diagnosed with TB complete treatment

Outpatients, Dental and Eyes

Goal

Any person in the area with a health problem can access a friendly clinician who will see them quickly, perform a thorough history and examination, order appropriate investigations, make the correct diagnosis, communicate this diagnosis to him/her, teach him/her how to treat this condition and offer health promotion and education.

Background

The Outpatient department at BCHC is the oldest part of the hospital. It provides services for the local community, and acts as a second level referral centre for people from a wider geographical area. The work of the OPD varies throughout the week, usually being busiest on a Thursday (market day) and a Tuesday. Consequently different levels of staffing are required on different days. This part of the hospital deals with more patients than any other (up to 800 per month in 2007/8) and is the first point of contact for most people who arrive at the Hospital. Dental services are offered from OPD, but the eye health service which was begun in 2004 has not been maintained and needs to be resurrected.

The plan for OPD was developed by Twebaze James, the Senior Clinical Officer in charge of the Programme Area, and the plan for Dental was developed by Christine Owobusingye, Public Health Dental Officer

National and Local targets for Outpatients, Dental and Eyes

National (Health Sector Strategic Plan II, 2005)

- Total (GoU and PNFP) per capita OPD utilization increases from 0.9 to 1.0
- Increase the proportion of health facilities and community institutions with health promotion materials (IEC) by 40%
- Increase the proportion of population seeking health services according to national standards by 30%
- Increase the proportion of sick children under five years seen by a health worker using IMCI guidelines from 45 to 75%.
- Increase the proportion of children under five with fever, diarrhoea and pneumonia seeking care within 24 hours of illness from 30 to 60%.
- Increase the proportion of children under five with acute diarrhoea receiving Oral Rehydration Therapy (ORT) from 37 to 80%
- Increase the proportion of children under five with pneumonia receiving appropriate antibiotic treatment from 30 to 80%.
- Increase the proportion of children under five getting correct treatment for malaria within 24 hours of onset of symptoms from 25 to 80%.
- Integration of Non-Communicable Disease prevention and management in the functions of 100% of HC IVs
- Reduce visual impairment from the estimated 1% to 0.8%
- Increase provision of assistive devices to people with disabilities who need them
- Reach 80% of the population with messages on disability prevention and rehabilitation.
- Increase community access to mental health services by 50%
- 80% of HC IV with well equipped and functional dental units

Local (Kanungu District Local Government Health Plan, 2007)

- 90% of the population has access to free anti-malarial drugs treatment according to the clinical guidelines
- 50% of the people with mental health problems access to free mental health care
- Build the capacity of Health workers in management of mental Health conditions
- 50% of the population has access to free oral health care

Staffing of Outpatients, Dental and Eyes

<i>Level</i>	<i>Current</i>	<i>2008/9</i>	<i>2009/10</i>	<i>2010/11</i>
Medical Officer	½	½	½	½
Clinical Officers	2	2	2	2
Enrolled Comprehensive Nurse	½	½	½	½
Enrolled Nurse	1	1	1	1
Nursing Assistants	2	2	2	2
Receptionist	½	1	1	1

Objectives and Activities of Outpatients, Dental and Eyes

Objective	Activities	Indicators and measurement tool
Outpatients: Maintain the highest possible standards of clinical care in OPD		
	Regular OPD team meetings	Minutes of meetings
	CME sessions on common presentations in OPD	Training session record
	Develop and practice guidelines for the management of common conditions in OPD (e.g. fever, cough, seizures, high blood pressure, diarrhoea, pain, diabetes, epilepsy). Teach and discuss these in CME sessions.	Hospital Policy Manual
	Stock all OPD clinical rooms with a full set of labelled, maintained diagnostic equipment	Principal Nursing Officer to conduct inspections
	Cover the walls of OPD rooms with diagnosis and treatment algorithms to aid clinician management of patients	Posters present
	Internal support supervision of OPD from doctors	Human resource record
Improve the quality of care for people with mental health problems who present to OPD		
	Design a series of CME sessions on common mental health presentations, and use these to develop management protocols for people with mental health problems	Training session record Hospital Policy Manual

Increase the number of OPD attendances to 2000 per month		
	Use the radio to sensitise about OPD activities	Timetable for radio
	Use the community team and church visits to sensitise about BCHC services	Timetable for church visits
	CME for all OPD staff on building and maintaining relationships with patients	Training session record
	Health Education sessions in OPD at least twice a week from HIV Expert Patient, Malaria Prevention Nurse, FP Nurse and TB nurse	Sessions take place
Increase the capacity of the outpatient department to deal with more patients		
	Commission an architect to design an OPD extension or rebuild with clinical rooms for eye care, clinical officers, a doctor, a treatment room (injections and dressings), a minor surgery room, an emergency room, a reception area and a waiting area for patients. This has to happen after the new administration building has been constructed	Completed designs
	Liaise with PR/Fundraising to raise the money for the OPD extension/rebuild	Donor identified
Improve the quality of dispensing		
	Recruit a full time trained dispenser	Human resource record
	Quantify the use of drugs in OPD every three months and use this to attribute these drug costs to OPD	Drug database

Improve the experience for patients when they arrive in the department, while they wait for a consultation or for laboratory results		
	Maintain a registration room that is always staffed. Welcome every visitor to BCHC	Clinical support worker in OPD
	Reduce waiting times in OPD by maintaining adequate staff numbers, ensuring that OPD is always covered and by staff paying close attention to the times that people have to wait.	Patient satisfaction survey
	Design a better waiting area into the OPD extension	Designs complete
	Place posters for health information in OPD	Posters present
	Place a television showing Health Information programmes in OPD	Television present
	Display a chart in OPD showing the flow of patients	Chart present
	All health workers to tell patients how long they should expect to wait when they arrive, how long they should expect to wait for a test result, what is wrong with them, the likely course of the illness and how to prevent or manage the condition if it should recur	Patient satisfaction survey
Build a good network of referral options for difficult cases		
	Arrange assessment days at BCHC and referrals to Andrew Hodges at Mengo Hospital for people with cleft lip, cleft lip and palate and burns requiring surgery	HMIS referral data
	Build a database of referral options for different types of clinical problem	Database complete

Dental: Maintain a dental service for common dental problems		
	Continue to employ PHDO with a dental assistant or other trained health worker to cover during his/her off days and annual leave	Human resource record
	Open the dental clinic on three days every week for management of common dental problems	Human resource record
	Host teams of visiting dentists through the organisation Smile Power twice a year, and other visiting dentists from time to time	Visits occur
	Keep dental prices at affordable levels for most patients	Price list
Eyes: Manage eye problems at BCHC or refer to a specialist eye service		
	Recruit a person with training and experience as an Ophthalmic Assistant	Human resource record
	Build a partnership with an NGO (like Ruharo Eye Hospital or Christophe Blundell Mission) to bring in outside expertise to develop the eye care service	MOU
	Build a relationship with the travelling eye care team so that difficult cases can be collected pending the arrival of the team	MOU
	Develop clear guidelines for the management of common eye problems	Hospital Policy Manual

Outputs for OPD, dental and eyes

Protocol-driven management of common conditions

High patient satisfaction levels in survey

2000 patients seen every month

New eye service and improved mental health service

Continuation of dental service

Clear referral pathways

Extension of OPD building

Sexual and Reproductive Health

Goal

Safe deliveries for all women in Kayonza and Mpungu sub-counties, quality antenatal and postnatal care, all people with access to treatment for sexually transmitted infections, and all couples with knowledge about and access to family planning

Background

- ❖ Maternal and neonatal conditions contribute more than 20% of the total burden of ill health and avoidable deaths in Uganda.
- ❖ The maternal mortality ratio (MMR) is 505 per 100,000 live births, and the neonatal mortality rate (NMR) is 44 per 1000 live births.
- ❖ Uganda has the second highest fertility rate in the world (an average of 6.9 children per woman)

The Uganda Health Sector Strategic Plan has prioritised the delivery of sexual and reproductive health services. Outcomes for women who become pregnant are poor, and babies born in rural area have a 14% chance of death before the age of 5. Large family sizes trap people in poverty as they are unable to feed, educate or provide adequate health care for their children. Women who have many children are exposed to increasing risks with each pregnancy.

Half of deaths in infants occur in the neonatal period (first 28 days after birth). Of these nearly 2/3 die in the first week of life, and 2/3 of those deaths occur within the first 24 hours after birth. The majority of deaths during the new born period result from infections, asphyxia and birth injuries, and complications of premature births. Low birth weight underlies 40 - 80% of newborn deaths, and low birth weight babies who survive have an increased risk of developing diseases and learning disabilities.

Bwindi Community Hospital has gradually developed SRH services through antenatal clinics, provision of family planning services, quality care during delivery, building relationships with Traditional Birth Attendants and prevention of mother to child transmission of HIV. In 2008 a new purpose-build maternity unit will be opened along with a hostel to enable pregnant women who are waiting to deliver to travel to the Hospital well in advance of their expected date of delivery. We will also open a Neonatal Unit as part of the Child Health and Nutrition Unit. Later in the year Caesarean Sections will start and the Hospital will have a full maternity care service. We aim to have 100 deliveries per month by 2009, and to be contributing to meeting national and local targets

The plan for Sexual and Reproductive Health was developed by Doreen Agasha the doctor in charge of the Programme Area.

International, National and Local targets for Sexual and Reproductive Health

International (Millennium Development Goals)



Goal 5. Improve maternal health

Target 6: Reduce by three quarters the maternal mortality ratio

16. Maternal Mortality Ratio (WHO)

17. Proportion of Births Attended by Skilled Health Personnel (UNICEF)

National (Health Sector Strategic Plan II, 2005)

- ✚ Increase the proportion of deliveries by skilled attendants from 38 to 50%
- ✚ Reduce the unmet need for emergency obstetric care from 86% to 40%
- ✚ Increase the attendance for 4 visits per pregnancy from 42 to 50%
- ✚ Increase the Contraceptive Prevalence Rate from 23% to 40%
- ✚ Reduce the percentage of teenage pregnancy rates from 37 to 20%
- ✚ SRH to be part of integrated sustainable outreach services (SOS)
- ✚ Provision of a range of Family Planning services, with special emphasis on improving logistics and making available to adolescents
- ✚ Advocacy and IEC stating the importance and availability of SRH services
- ✚ Reduce the proportion of children with low birth weight by 30%
- ✚ Scale up goal oriented ANC including provision of IPT and PMTCT
- ✚ Provision of essential care during pregnancy including Tetanus toxoid immunization, proper nutrition including iron/folate supplements and prevention and treatment of maternal infections such as malaria, STI's
- ✚ Increase routine iron, folic acid and Vitamin A supplementation to both ANC and Post Natal mothers.

- ✚ Increase the proportion of pregnant women who have completed IPT2 from 24 to 80%
- ✚ Community mobilization and capacity building for reproductive health care including capacity to identify and refer high risk pregnancies and complicated deliveries and also male involvement in SRH.
- ✚ Make Emergency Obstetric services operational at HC III, HC IV and hospital level
- ✚ Reduce the proportion of neonates seen in health facilities with septicaemia/severe disease by 30%
- ✚ Good infection control during & after delivery
- ✚ Improving new born resuscitation
- ✚ Provision of essential care during the postnatal period including promotion of immediate and exclusive breast-feeding, thermal control, clean cord practices and Vitamin A supplementation
- ✚ Counselling and education on new born care practices especially careful management of low birth weight babies and timely recognition and antibiotic treatment of pneumonia, sepsis and meningitis
- ✚ Sensitization and education on danger signs for the newborn
- ✚ Promote appropriate care seeking and home care practices for newborn health including encouraging fathers to assume more responsibility for child care
- ✚ Strengthen Post Natal Care follow up of the mothers and infants
- ✚ Integrated strategy to address Gender-based violence in the health sector developed and disseminated

National (Poverty Eradication Action Plan)

- ✚ Reduce Infant Mortality Rate reduce from 88 to 68 per 1,000 live births
- ✚ Reduce Maternal Mortality Ratio reduce from 505 to 354 per 100,000 live births
- ✚ Reduce Total Fertility Rate reduce from 6.9 to 5.4
- ✚ Increase Contraceptive Prevalence Rate increase from 23% to 40%

Local (Kanungu District Local Government Health Plan, 2007)

- ✚ 80% of mothers and their children have access to quality reproductive health care services
- ✚ 80% of pregnant women taking Fansidar
- ✚ Adolescent-friendly health services
- ✚ Improve adolescent sexual reproductive health with emphasis on HIV/AIDS prevention and life skills development

Staffing of Sexual and Reproductive Health

<i>Level</i>	<i>Current</i>	<i>2008/9</i>	<i>2009/10</i>	<i>2010/11</i>
Obstetrician/Gynaecologist	0	0	0	1
Medical Officer	½	½	½	½
Midwives	3	5	6	6
Enrolled Comprehensive Nurse	½	½	½	½
Nursing assistants	1	3	3	3
Clinical Support Worker	1	1	1	1
Adolescent Sexual and Reproductive Health Worker	0	1	1	1
Family Planning Comprehensive Nurse	1	1	1	1
Sexually Transmitted Infection Nurse	0	1	1	1

Objectives and Activities of Sexual and Reproductive Health

Objective	Activities	Indicators and Measurement tool
Increase the proportion of deliveries carried out by skilled attendants		
	Build a new Maternity Ward with a new, fully equipped delivery room and a first stage labour room	Building completed
	Build a Waiting Mother's Hostel to enable women from outside of the immediate area to travel during late pregnancy rather than during labour	Building completed
	Work with TBA's at regular TBA meetings to help them to understand the advantages of delivery under skilled health worker supervision	Record of TBA meetings
	Encourage women during antenatal visits to deliver at BCHC.	Hospital Policy Manual
	Take other opportunities to work in the community and on the radio to promote delivery in at BCHC	Radio programme log
	Retain prices at a low level, or obtain funding from an outside source to enable delivery at BCHC to be free	Price list
Improve the Emergency Obstetric service delivery		
	Establish a protocol for induction of post-term pregnancies	Hospital Policy Manual
	Establish a protocol for augmentation of delayed first stage of labour	Hospital Policy Manual
	Establish a protocol for dealing with prolonged	Hospital Policy Manual

	rupture of membranes	
	Establish a protocol for intervention in the first stage of labour	Hospital Policy Manual
	Establish a protocol for intervention in the second stage of labour	Hospital Policy Manual
	Establish a protocol for dealing with complications in the third stage of labour	Hospital Policy Manual
	Work together with Surgery Programme Area to develop a Caesarean Section service	Caesarean service available
	Until a Caesarean Section service is available, work to minimise delays at BCHC in referring to Kambuga Hospital for Caesarean Sections	Hospital Policy Manual
Increase antenatal care attendance and improve the quality of antenatal care		
	Build a new antenatal clinic as part of HIV/AIDS and Women's Health OPD	Building completed
	Provide antenatal clinics on each day of the week (except Sunday)	Human resource record
	Identify high or medium risk mothers and stress the importance of delivery in a health unit	Risk assessment tool available
	Introduce Focused Antenatal Care with a four-visit strategy	Hospital Policy Manual
	Strongly encourage women who have high risk pregnancies to deliver at BCHC	Hospital Policy Manual
	Improve the likelihood of a woman returning for ANC by reduce waiting times in antenatal clinics (starting early and ensuring adequate staffing), and building excellent relationships with women	50% of women return for 4 th visit

	Work with TBA's and use the radio and other opportunities to encourage women to come to antenatal clinics	Records of TBA meetings
	Establish protocols for all aspects of antenatal care	Hospital Policy Manual
	Offer all pregnant women the chance to purchase a subsidised ITN	Audit
	IEC including health talks, leaflets and films to be shown in antenatal clinic waiting area	Principal Nursing Officer to conduct inspections
Increase the contraceptive prevalence rate		
	Employ an enrolled comprehensive nurse as a FP focal person	Human resource record
	Offer family planning services during HIV/AIDS clinics	Audit
	Train Village Health Promoters in each parish in Kayonza and Mpungu sub-counties	Record of VHP training sessions
	Further develop referral networks from CRHW's /VHP's and TBA's to enable people to access family planning from BCHC or outreach clinics	Hospital Policy Manual
	Provide regular family planning outreach sessions (together with HIV/AIDS team) with teaching and access to all methods of FP	Human resource record
	Purchase a motorbike for the family planning worker	Motorcycle procured
	CME sessions for all staff on FP to encourage them to never miss an opportunity for Health Promotion on FP	Training session record
	Publish FP data on the walls of the Hospital	Data displayed

	Target men in community outreach sessions as decision-makers	Human resource record
	Hold vasectomy and tubal ligation days when the operating theatre is functional	MOU with Marie Stopes
	Ensure a constant supply of condoms at BCHC and teaching about condoms on all outreaches	Stock cards and control
	Introduce and advertise emergency contraception methods	Posters available
	Ensure availability of family planning supplies at BCHC	Stock cards and control
	Recruit an 'expert patient' for education sessions in the community and the hospital	Human resource record
Improve on delivery experience and outcomes for mothers and babies		
	Design and implement policy for medical officers to be present at deliveries (i.e. delay in 2nd stage, foetal distress, previous stillbirth, small baby)	
	Offer pain relief to all women in early labour	Hospital Policy Manual and audit
	Introduce a first stage room and encourage women in 1 st stage of labour to mobilise	Building complete
	CME on Neonatal resuscitation	Training session record
Reduce the HIV mother to child transmission rate (see HIV/AIDS plan)		
	Midwives encourages every HIV positive pregnant woman to deliver her baby at BCHC.	PMTCT data
	PMTCT midwife does regular CME sessions with	Training session record

	SRH team on conducting deliveries for HIV positive women	
	HIV positive pregnant women encouraged to stay in waiting mothers hostel	Waiting mothers hostel open
	PMTCT midwife provides training and guidelines for midwives delivering HIV positive pregnant women at other health units, and provides drugs for use in PMTCT	Human resource record
	PMTCT midwife provides clear guidelines for SRH team on HIV testing in labour, delivery of an HIV positive pregnant woman and management of ARV's in HIV positive pregnant women and babies born to HIV positive mothers.	Hospital Policy Manual
Establish and sustain maternal audits		
	Regular CME sessions for SRH team	Training session record
	Audits of delivery outcomes, coverage of antenatal outcomes, discussion of interesting or difficult cases, delivery and family planning trends	Audit
Provide adolescent-friendly reproductive health services		
	Establish a weekly clinic for adolescents with a named person. Work with Adolescent groups to advertise this.	Clinic established
	Employ an adolescent SRH health worker to specifically develop an adolescent health service at BCHC and in schools and the community	Human resource record
Provide quality post-natal services		

	Establish postnatal clinic and register	Clinic established
	Ask all women to attend for postnatal care when they bring children for immunisation	Immunisations in new Women's Health building
	Follow protocols for postnatal care including encouraging exclusive breastfeeding, partner HIV testing, family planning and complications resulting from delivery	Hospital Policy Manual
Provide a specialist service for victims of rape or sexual assault		
	Establish a protocol for dealing with victims of rape or sexual assault that takes into account medical and psychological needs (risk of STI/HIV, risk of pregnancy, pain, shame) as well as the need for legal reporting	Hospital Policy Manual
	Undergo CME for BCHC staff in managing rape or sexual assault	Training session record
	Ensure that all rape/sexual assault victims see a member of staff who has undergone training.	Audit
Improve diagnosis and treatment of STI's in order to reduce the prevalence of sexually transmitted infections in the community		
	Introduce a system of contact tracing for people with any STI's	Hospital Policy Manual
	Work with OPD staff to ensure Syndromic Management of STI's at BCHC including HIV testing, contact tracing and follow-up	Training session record

	Work with drug shops to ensure Syndromic Management of STI's in the Community including HIV testing, contact tracing and follow-up	Records of training having taken place
	Develop a partnership with Marie Stopes to introduce a free STI management service at BCHC	MOU with Marie Stopes
	Employ a full time nurse to deliver a STI prevention and treatment service in the community	Human resource record
	Lead regular outreach to sex workers in Nkwenda, Buhoma and Kakureiju	Human resource record
Maintain good relationships with Mukono and Kayonza TBA groups		
	Arrange and deliver an annual training conference for TBA's and Traditional Healers	Conference takes place
	Send a representative from the SRH team to each meeting of Kayonza TBA's (first Friday of each month at Kayonza Health Centre III)	Human resource record
	Maintain the Mukono TBA group with meetings every two months, uniforms and rota of TBA's to help in antenatal clinics	Record of meetings
	Design specific objectives for TBA's in antenatal clinics and guidelines for when TBA's bring pregnant women in labour	Hospital Policy Manual
	Employ a TBA as a permanent worker at BCHC to co-ordinate relationships between BCHC and TBA's, help in antenatal clinics arrange meetings and feed back messages from BCHC to TBA's.	Human resource record

Outputs of Sexual and Reproductive Health

100 deliveries per month at BCHC by 2009

150 deliveries per month at BCHC by 2011

Focused antenatal care to 150 new clients a month, and 75 returning for 4th visit

New Waiting Mother's Hostel

New Maternity Ward

New Women's Health OPD

Caesarean Sections available

300 doses of family planning per month

Staffing increased to expected levels

Protocol-driven care for common conditions

Surgery

Goal

Be able to perform a Caesarean Section at any time, and host visiting surgeons who can reduce disability and improve health through operative interventions. Build a surgical team and service to meet the needs of the people of the area

Background

Surgery is unquestionably a vital component of healthcare delivery. Unfortunately, surgical conditions are not seen as a public health threat and there is a general failure to recognize the importance of surgical care in the developing world. This has become more apparent as new resources are being mobilized to fight HIV/AIDS, Tuberculosis, Malaria and other diseases, masking surgical conditions as a public health threat.

Prompt and appropriate surgical care for many conditions such as trauma and hernia significantly reduces morbidity and mortality thus improving quality of life and productivity. Emergency surgery also contributes to reduction in maternal mortality rate (currently at 506/100,000 live births), by doing emergency caesarean sections where indicated.

BCHC now delivers about 50 women each month and about 5 (10% of total deliveries) referred for surgery to Kambuga general hospital about 55km away (3 hours drive), but also not uncommon to proceed to Nyakibale hospital (about 100km), costing both BCHC and the patient a lot of the scarce resources. At the moment, we also do minor surgery as circumcision and minor trauma (STS).

Our focus initially being centered on emergency obstetric care, it is needless to mention that a number 'cold' case (hernias, lumps etc) and major trauma have also been referred all of which surgery in this area will solve.

The plan for surgery was developed by Birungi Mutahunga, the doctor in charge of the Programme Area

National target for Surgery

National (Health Sector Strategic Plan II, 2005)

✚ Make Emergency Obstetric services operational at HC III, HC IV and hospital level

Staffing of Surgery

<i>Level</i>	<i>Current</i>	<i>2008/9</i>	<i>2009/10</i>	<i>2010/11</i>
Medical Officer	0	½	½	½
Anaesthetic Officer	0	1	1	2
Surgeon	0	0	1	1
Registered Nurse (theatre in-charge)	0	0	1	1
Circulating nurse (in charge of sterilisation)	0	1	2	2
Enrolled Nurse	0	2	4	4
Nursing Assistants	0	1	4	6

Objectives and Activities for Surgery

Objective	Activities	Indicators and measurement tool
Functional operating theatre created by September 2008		
	Strengthening ceiling to accommodate overhead operating lights	Building completed
	Procurement and installation of operating lights	Building completed
	Sealing floor with epoxy	Building completed
	Fitting door handles, swinging doors, wall sockets and mosquito netting	Building completed
Caesarean sections capability by September 2008		
	Procure surgical equipment	Procurement and installation of equipment
	Provision of suitably trained staff	Human Resource
Minor surgery lists taking place every week at BCHC from October 2008		
	Completion of minor surgery room	Room completed
	Booking system for operations	Booking system
	Price list for minor surgical procedures	Price list displayed
	Provision of emergency supplies (anaphylaxis kit, oxygen)	Hospital Policy manual
	Protocols for dressing management	Hospital Policy manual
Provision of sterilisation facilities for the whole organisation		
	Purchase of sterilisation equipment	Procurement and installation of equipment

	Ensure room specifically designated for sterilisation	Room completed
	Staff training in management of sterilisation	Record of training sessions
	Recruitment of full time sterilising officer	Human Resource recruitment
	Sterilisation protocols/quality control	Hospital Policy manual
Provision of anaesthetic service		
	Protocols for provision of anaesthesia	Hospital Policy manual
	Employ Anaesthetic Officer	Human Resource recruitment
	Procurement of oxygen concentrator	Procurement and installation of equipment
	Procurement of anaesthetic machines (EMO) and supplies	Procurement and installation of equipment
	Weekly checking of equipment and maintenance schedule	Record of maintenance
	Protocol driven management of use of anaesthesia	Hospital Policy manual
	Provision of well equipped recovery area with appropriate staffing to supervise the patient	Procurement of equipment and Human Resource provision
Provide quality pre-post surgical care		
	Protocols for pre-operative assessment of patients	Hospital Policy manual
	Protocols for post-operative assessment of patients	Hospital Policy manual
	CME sessions for surgical programme area team on pre-and post operative care	Record of training sessions
20 bed surgical ward with private rooms and high dependency unit		
	Re-design the existing adult inpatient ward to become a surgical ward. Reclaim the administration office for use as a private room/isolation. Open the nurses station so that nurses can see all of the patients on the ward.	Building completed

	Consider making the entrance to the ward on opposite the operating theatre, which also provides better separation between OPD and the ward	
Capability for dealing with emergency and elective surgery by 2009		
	Employ a full time surgeon	Human resource record
	Build relationships with other hospitals (and occasionally surgeons from overseas) to arrange surgical camps for routine operations	

Outputs for surgery

- 10 Caesarean Sections per month
- Sterilisation facilities available for the whole organisation
- Surgical ward building
- Surgical camps from visiting surgeons
- Quality pre-and post-operative care
- Protocol-driven management
- Staffing increased to expected levels

Non-clinical programme areas

Accounts and Finance

Goal

Effective management of the financial resources of the Hospital, and quality financial reporting

Background

The accounts and finance department was started in 2007. It is committed to transparency, accurate record keeping and providing information to the organisation that enables quality decision-making. No independent financial audit of the Hospital has previously occurred, and one of the main aims of the department is to ensure that it takes the organisation through a financial audit every year.

The programme area is guided by the Financial Policies and Procedures laid down by the Board. It is also guided by the Finance Committee, chaired by the Medical Superintendent.

The plan for Accounts and Finance was developed by George Harris, the accounting and finance advisor who worked with BCHC during 2007.

National target for Accounts and Finance

National (Health Sector Strategic Plan II, 2005)

 GoU and PNFP will work together in order to maintain the downward pressure on patient charges in all units covered by the plan

Staffing of Accounts and Finance

<i>Level</i>	<i>Current</i>	<i>2008/9</i>	<i>2009/10</i>	<i>2010/11</i>
Accountant	1	1	1	1
Accounts assistant	2	2	3	3
Cashier	0	0	1	2

Objectives and Activities of Accounts and Finance

Objective	Activities	Indicators and measurement tool
To have externally audited accounts produced before the Board meets each November		
	Input all financial information into QuickBooks, and ensure that the computerised records are supported by clearly filed documentation	Sound filing system
	Maintain a filing system that meets audit standards	Sound filing system
	Design and implement financial policies and procedures	Document approved by Board
	Annual review of financial policies and procedures in May of each year	Recommendations made to Board
	Commission external auditors and prepare to give them information in July of each year	Letter of commission
	Present audited accounts to the Board in November	Minutes of Board meeting
	Back up all computerised financial information daily on a data storage device that is not kept in the Accounts and Finance Department	Backup log
To be able to track each donation or other source of income as it progresses through the organisation		
	Electronic banking	Electronic banking starts
	All pledged donations to be entered into QuickBooks, and any pledges not received to be given to PR/Fundraising for them to follow up	QuickBooks data
	Reports from the KF twice monthly and electronic banking for FoBCHC	Reports available for review

	When funds are delegated for a particular Programme Area they are entered as income for that area. When they are not, they are apportioned to Programme Areas that find it difficult to attract running costs (such as Administration, Accounts/Finance and PR/Fundraising)	Programme area income reports on QuickBooks
	Receipt all donations received either in cash or into the BCHC bank account	Receipt acknowledgements
	Receipt all income from patients	Receipt acknowledgements
	Deposit all foreign exchange cash donations in the BCHC current account	Bank slips and receipt acknowledgements
To know the cost of running each programme area at BCHC, and be able to apportion budgets each year to each programme area		
	All requisitions for funds must come from one of the people delegated to spend money for the programme area (either the in-charge or delegated deputy)	Authorised vouchers
	All requisitions must either be apportioned to a Programme Area or to a capital project	Programme area expenditure reports
	All expenditure entered into QuickBooks is apportioned to a Programme Area, and spent against the budget for that Programme Area	Reports
	Apportion as much as possible of 'Administration' costs to other Programme Areas, in an attempt to truly reflect the cost of running these services.	Reports
Ensure effective use of cash resources		

	Make payments by cheque whenever possible (not for amounts less than 100,000/=)	Cheque payments
	Ensure bank trips around 10 th and 25 th of each month	Financial calendar
	Perform reconciliations on all bank accounts	Reconciliation schedule
	Conduct random recorded cash counts as directed by the Accountant	Cash count statements
	Perform reconciliation of cash account with each cash count	Cash count statements
	Secure the safe by encasing in concrete, and develop policies for accessing the safe	Safe encased in concrete
Maintain good relationships with Health Insurance companies		
	Keep copies of contracts with each Health Insurance Company that BCHC works with	Insurance contracts available
	Undergo CME sessions with appropriate staff about how to collect information for Health Insurance Companies and how to make claims.	Training session record
	File claims monthly and keep good records of money received and payments outstanding	Sound filing system and reports
	Advertise to staff and patients the services covered by Health Insurance Companies	Displayed health insurance provisions
	Personal communication between the Accountant and Health Insurance companies to ensure that systems are running smoothly	Continued working relations with insurance companies

Produce accurate and timely reports for management, donors, the District, the HUFC and UPMB		
	Create a financial calendar for the year with a reporting schedule	Financial calendar
	Produce monthly Performance: Budget reports for each Programme Area and the Medical Superintendent	Reports
	Produce a monthly Financial Status Report for Management Executive by 15 th of each month	Reports
	Produce a quarterly financial report (income/expenditure) at the end of the January, April, July and October	Reports
	Produce annual financial reports for each Programme Area that are published on the BCHC website. Produce these reports in a user-friendly manner using pie charts to show the cost of different programme areas, and the different sources of income	Reports
	Produce annual reports at the end of the financial year for the BCHC Annual Report, office of the DHO and UPMB	Reports
	Produce occasional reports on the progress of a donation as required by Fundraising/PR	Reports
	Pay particular attention to accountability for any funds delegated from the Government. Ensure that HMIS reports reflect these funds, and that the HUFC are	Reports

	advised of these funds and how they are spent	
Work in partnership with the Hospital Finance Committee		
	Provide accurate information to and advice to the Hospital Finance Committee	Finance committee meeting minutes
	Liaise with the chair of the Finance Committee (February, May, August and November)	Finance committee meeting minutes
Work with Human Resources to recruit and retain highly motivated staff in Accounts/Finance and across the whole organisation		
	Link salary bands to job descriptions	Accurate payroll
	Ensure new staff are given appointment and confirmation letters stating their gross salary	Human resource record
	Ensure new staff meet with the Accountant as part of their induction, and that a list of issues is discussed including NSSF, payroll policies and procedures and any details that Accounts/Finance need are collected	Human resource record
	Annual salary review is linked to appraisal, and there is a clear policy for how the salary of an individual may be raised	Human resource record and Hospital Policy Manual
	Reduce the number of salary bands by incrementally increasing salaries, especially those of the lowest paid workers	Updated salary scales

	Offer annual rise to all staff in July to account for inflation (and a general wage increase if the organisation finances allow).	Updated salary scales
Provide adequate training, equipment and accommodation for the Accounts and Finance Department		
	Design offices for Accounts as part of the new Administration building	Completed plans
	Design new cashiers reception as part of new Administration building	Completed plans
	Commission extra training on use of QuickBooks non-profit for Accounts/Finance team	Conversant accounts staff
Ensure efficient processing of payroll		
	Reflect any change to the salary of a member of staff in the payroll	Updated payroll
	Prepare payroll no later than 22 nd day of the month	Timely payroll
Efficiently recover costs from patients whenever possible		
	Maintain a price list that is updated every six months (February and August) with incremental increases, especially for insurance companies	Updated price lists

	CME sessions with appropriate staff on recording information and on collecting information for billing	Training session record
	Maintain a record of all debtors arising from treatment received, and include debtors in the quarterly financial reports	Debtors reports
	Engage members of the community to recover money owed by debtors either from individuals or from churches	Reports
	Invoice institutional debtors (such as tour camps and IHN) on a monthly basis	Despatched invoices
Provide timely processing of payments		
	Ensure that appropriate amounts of cash are withdrawn on banking trips to meet the operating needs of BCHC	Sufficient money is always available
	Ensure that money from the Kellermann Foundation is requested well in advance of it being required	Timely requisitions and sufficient funds are always available
	If for any reason there is a cash flow problems, inform people waiting for payments when they will receive them	Informed and updated suppliers
	Prepare payment vouchers for all cash as it is being paid out, ensuring that the appropriate authorization has been given and signatures obtained	Authorised payment vouchers
	Prepare payment vouchers for all cheques being drawn	Supported cheque payments
Establish a clear budgeting process		

	Convene a Management Budget Workshop in at the end of March to look at work plans and budgets for the next financial year	Approved budgets
	Prepare annual budgets for each programme area in the first week of April based on work plans that have been created by the end of March (based on activities in this strategic plan)	Work plan linked to budgets
	Present proposed annual budget for the next financial year to the Board meeting in May for the Board input and approval.	Board meeting minutes
	Make budget revisions during the fiscal year as new funds become available or funding problems ensue	Ongoing revisions
Provide transparency and accountability for payments made to staff		
	Create a published list of all types of allowances claimable by staff, and specific rates	Rates available and updated

Outputs

Increased fundraising
Sound management decisions
Better information for stakeholders

Administration

Goal

Quality logistics, effective maintenance and steady expansion of the infrastructure of the Hospital to meet the health care needs of the community. Good internal communications and good communication with partners and the community

Background

Communication around the Bwindi area is challenging. There is little mobile phone network, and for the Hospital internet access via satellite is the most reliable form of communication. Maintaining supplies and equipment in a remote, rural location requires careful planning and attention to detail. Blood has to be ordered before supplies run out from Mbarara Regional Referral Hospital and transported on a bus, other drugs have to be ordered from Kampala and transported all the way to Bwindi.

The Administration programme area is also responsible for ensuring that vehicles are in good working order, the Hospital is protected against fire, flooding and security threats, and that Governance in the organisation is of a high standard.

It is only with effective, well-organised Administration that the rest of the Hospital can run smoothly, and the institution can develop with new buildings, decent maintenance of the existing infrastructure and responsibility to the environment.

The plan for Administration was developed by Magezi Richard and Musinguzi Elesias

National and Local targets for Administration

National (Health Sector Strategic Plan II, 2005)

- ✚ All HCIV have OPD, maternity and general wards, a mortuary and a blood bank.
- ✚ 50% of HCIV have an incinerator
- ✚ Improve access to energy for all levels of health care to the following levels:
- ✚ 100% of HCIV have access to modern energy for lighting and operation of basic medical equipment.
- ✚ 60% of the staff houses have access to modern lighting and
- ✚ 100% of HCIV have adequate vaccine refrigeration
- ✚ 100% of the HCIV have at least one form of communication facility and email service
- ✚ At least 5% of the annual non wage recurrent budget allocated and used for maintenance of infrastructure at health facility
- ✚ Improve the data generation and collection including accuracy, consistency, timeliness and completeness of reporting at facility level
- ✚ All health facilities start analysing the HMIS data collected and use it for planning, monitoring and management
- ✚ Develop and /or strengthen institutional capacity to enhance and streamline the use of Information and Communication Technology (ICT) to improve the efficiency and effectiveness of healthcare delivery

Local (Kanungu District Local Government Health Plan, 2007)

- ✚ Ensure the provision of safe, high quality drugs and other substances to the entire population of Kanungu district
- ✚ 100% of the units giving complete and timely HMIS reports
- ✚ 100% of the units utilising data generating for planning and decision-making
- ✚ 100% of the health units have databases and well-trained workers in Health Management Information System

Staffing of Administration

<i>Level</i>	<i>Current</i>	<i>2008/9</i>	<i>2009/10</i>	<i>2010/11</i>
Senior Hospital Administrator	1	1	1	1
Administrator	0	1	1	1
Logistician	0	1	1	1
Estates Manager	0	1	1	1
Administration Assistant	1	1	1	2
Pharmacist	0	0	1	1
Dispenser	0	0	1	1
Drugs Store Keeper	½	½	1	1
Supplies Officer	0	1	1	1
Data and Records Clerk	0	1	1	1
Handyman	0	1	1	1
Head Cleaner	1	1	1	1
Cleaners	7	7	8	10
Night watchman	1	1	2	2
Day Security/porters	0	1	1	2
Power maintenance/electrician	0	1	1	1
Carpenter	0	1	1	1
Driver	2	1	2	2
Mechanic	0	1	1	1
Compound maintenance	0	1	1	2

Objectives and Activities of Administration

Objective	Activities	Indicators and measurement tool
Become a recognised private not-for-profit hospital by 2009		
	Provide UPMB with a copy of the strategic plans and annual report	Plans sent
	Medical Superintendent to meet with the District Health Officer regularly to map the path to PNF Hospital status	Notes from meetings
	Work with local MPs Amama Mbabazi and Chris Baryomunsi to keep them informed of progress and plans, and ask them to lobby on behalf of BCHC	Notes from meetings
Collect accurate, quality data, ensure timely reporting to partners and provide PR/fundraising with information for their activities		
	Maintain a records department with safe, secure storage of all patient records	Safe storage of records
	Employ a data/records clerk	Human resource record
	Maintain paper and electronic copies of all data collected	Server and paper copies
	Introduce computerised collection of all data on a database (or using QuickBooks) before beginning Community Health Insurance	Database creation and implementation

	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
Develop the infrastructure and capacity of the Administration Department		
	Recruit a logistics expert to develop logistics in the organisation	Human resource record
	Design and build an Administration Block with officers for Accountants and Finance, Data Clerk, Administrator and Administration Assistants, Human Resources, Logistician, Maintenance Supervisor. Include a dispensary, cashiers office, records storage, administration supplies storage, other storage and workshops for vehicles and woodwork.	Building designed and completed
	Employ a Hospital Administrator	Human resource record
Co-ordinate the activities of the Hospital around the strategic plan		
	Produce annual work plans by the end of April of each year for the following year (beginning 1st July)	Completed work plans
	Review every two months in a Management Executive Meeting to discuss progress in each programme area	Use red, amber, green system to highlight progress of activities/objectives

	Annual review (in March each year) of the progress of the strategic plan	Annual review occurs
	Stakeholder workshops and other activities to develop a strategic plan for 2011-2014	Stakeholder workshop occurs
Maintain a high quality supply of medicines and other medical equipment with no stock outs of essential drugs		
	Conduct a review of the drug formulary	Reduced drug formulary
	Conduct three-monthly stock takes and use data gathered to inform the drug procurement process	Data collected
	Procure supplies of morphine from Mulago Hospital Dispensary	Morphine always in stock
	Employ a pharmacist	Human resource record
	Employ a full time drug store keeper	Human resource record
	Employ a dispenser	Human resource record
Purchase and maintain a fleet of vehicles that enables community work, emergency transfer of patients, procurement and transport of personnel for administrative purposes to continue at all times		
	Sell the Land Rover and replace with a double-cabin Toyota Hilux for procurement and transport of people and larger equipment	Purchase of vehicle

	Maintain motorcycles to high standard	Maintenance log
	Begin a training programme for selected staff who need to be able to drive to perform their duties for the Hospital	Competent drivers
	Employ a mechanic	Human resource record
	Develop and follow a maintenance/servicing schedule for each vehicle	Maintenance log
	Create a workshop for vehicle repairs and servicing as part of the new Administration complex	Workshop created
	Erect a shade for vehicles as part of the new Administration complex	Shade created
	Retain parts likely to be required for maintenance and common repairs at BCHC	Inventory
	Create policies on vehicle overloading, refuelling, authority to drive, tyre trade, liability on accidents, alcohol use and use of vehicles for personal reasons	Hospital Policy Manual
Develop a waste management system that meets Government standards and is fit for a hospital		
	Introduce separate bins for clinical and non-clinical waste in the Hospital	Hospital Policy Manual
	Transport all clinical waste in clinical waste bags	Hospital Policy Manual
	Build a new placenta pit	Construction complete
	Build an incinerator and sharps pit	Construction complete

	Regularly maintain septic tanks and pit latrines with chemicals to encourage biodegradation of waste	Maintenance schedule
Maintain safety and security at high levels		
	Build a fence around the Heath Centre site with entrances through gates. Lock gates at night	Fence complete
	Employ an extra night-watchman	Human resource record
	Employ day security staff	Human resource record
	Develop a keys and locks policy for ensuring security of all rooms, and availability of keys at all times when they are needed	Hospital Policy Manual
	Develop a policy for reporting of and response to security threats	Hospital Policy Manual
	Maintain relationship with UPDF with regular meetings and support for soldiers guarding the premises at night	MOU with UPDF
Make the BCHC site a comfortable place for patients and a functional place for staff		
	Construct walkways from surgical ward and delivery room to operating theatre	Construction completed
	Landscape the Hospital site	Landscaping completed

Maintain all of the hospital buildings with regular painting and repairs, and maintain all of the hospital equipment		
	Develop a maintenance schedule for all parts of the hospital including buildings, medical equipment, laboratory equipment, generators, x-ray and ultrasound	Maintenance schedule
	Use HMIS maintenance schedules and log books to guide maintenance programme	HMIS log completed
	Keep important supplies and spares for equipment on site at BCHC	Inventory
	Employ a buildings and maintenance supervisor	Human resource record
	Employ a handyman	Human resource record
	Employ a carpenter	Human resource record
	Build a workshop as part of the Administration building	Workshop building completed
	Contract with other external organisations for maintenance specialist equipment	Contracts drawn up
Ensure that all non-clinical consumables are always in supply in the hospital		
	Develop a procurement policy manual	Hospital Policy Manual

	Identify and employ a procurement person in Kampala who can run errands and make purchases	Human resource record
	Develop a stock control system for all consumables (food, gas, stationary, Mackintosh, petrol, diesel, etc)	No stock-outs
	Make routine purchases of consumables on a weekly, monthly and three-monthly basis using information about usage from stock control system	No stock-outs
	Employ a General Storekeeper	Human resource record
	Maintain a database of suppliers on the server	Database maintained
	Maintain adequate supplies of bed sheets	Bed sheets always available
Provide good internal and external communications. Ensure that all staff have access to computing and the internet		
	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
	Train a staff member in computer networking maintenance, but keep the relationship with a computer maintenance company in Kampala	Human resource record
	Establish a protocol for usage of computers at BCHC	Hospital Policy Manual
	Build a computer room fitted with desktop computers in the Administration building	Computer room built
	Expand the number of computers at BCHC by	40 computers in the organisation

	encouraging donations using the ‘useful items to bring’ section of the website	
	Provide data security by backing up all data on external hard drives (or on the web) and password-protecting sensitive documents	Back-up log
	Enable all staff to learn basic computing skills including use of the internet and emailing	Training session record
	Provide a Hospital telephone that is always available for people to call into the Hospital from outside	Telephone available
	Ensure that essential Hospital employees (driver, community team, midwives on transfer, HIV team) have mobile telephones that can be used to contact them when they are in the field	Hospital Policy Manual
	Regular trips to the Post Office to collect post	Post log
Provide secure storage for all Hospital property, and ensure proper stocktaking and accountability for materials		
	Maintain an inventory of all items owned by the Hospital	Inventory
Have power available at all times		
	Employ electrician for power maintenance	Human resource record

	Build a power system that provides a/c power to all parts of the hospital from the generator or from batteries powered by solar	Power system in place
	Build a power house with inverters and switches that control the power system	Power system in place
Provide suitable storage for dead bodies in the Hospital		
	Build a mortuary	Mortuary built
Provide water to all parts of the hospital, but take water away from parts where it is not wanted. Prevent fire and be ready to control a fire if it happens.		
	Develop a fire prevention and management policy	Hospital Policy Manual
	Purchase and supply fire extinguishers for the BCHC site	Fire extinguishers available
	Build a drainage system to take all water away from the BCHC site	Drainage system in place
	Cut back banks according to recommendations made by engineer and make shallow gradients supported by stone work	Landscaping complete
	Extend running water to the staff accommodation village	Running water

Acquire enough land for the long-term development and growth of the hospital		
	Negotiate with land owners on adjacent properties for BCHC to buy land	Adjacent properties purchased
Develop clear, well-defined relationships with partner organisations		
	MOU with AIDS Information Centre	MOU signed
	MOU with CTPH	MOU signed
	MOU with UWA	MOU signed
	MOU with Diocese of Kinkizi (to include legal protection for staff and the organisation)	MOU signed
	MOU with Kanungu District Local Government	MOU signed
	MOU with the Community who use the Hospital	MOU signed
	MOU with Uganda Health Marketing Group/AFFORD	MOU signed
	MOU with Marie Stopes International Uganda	MOU signed
Maintain the relationship between BCHC and the Diocese of Kinkizi and UPMB		
	Renew UPMB membership annually	Membership certificate
	Encourage regular support supervision visits from UPMB	Support supervision log
	Medical Superintendent and Administrator to attend BOMCOM regularly.	Reports from meetings
	Actively participate in the Diocesan Council	Reports from meetings

Outputs of Administration

Achievement of Hospital status

Delivery of the strategic plan

Comprehensive data

High standards of safety and security

Supplies always available

Human Resources

Goal

To recruit and retain the best available staff at every level of the organisation

Background

The Department of Human Resources was set up in August 2007 in response to increases in the number of staff, and feedback that the organisation was failing to adequately care for the needs of its staff living in a remote rural area. The location of BCHC makes it a hard place to recruit staff to, and the organisation has to rise to this challenge by providing an excellent department to perform the functions of recruitment, retention and catering for the needs of employees.

The Mission Statement of BCHC refers not just to staff, but also to visitors. Part of the role of the Human Resource Department is to cater for the visitors to the Hospital. The Department also has to plan for the future staffing needs of the Hospital through training and recruitment of new employees.

The plan for Human Resources was developed by Paul Williams with Charles Byarugaba and Birungi Mutahunga

National targets for Human Resources

National (Health Sector Strategic Plan II, 2005)

- ✚ 50% of all health workers accessing Occupational Health service
- ✚ Increase the proportion of approved posts that are filled by trained health personnel from 68% to 90%

Staffing of Human Resources

<i>Level</i>	<i>Current</i>	<i>2008/9</i>	<i>2009/10</i>	<i>2010/11</i>
Personnel Officer	0	1	1	1

Objectives and Activities of Human Resources

Objective	Activities	Indicators and measurement tool
Everyone in the organisation understands clinical and non-clinical policies of the organisation		
	Develop a Hospital Policy Manual	Hospital Policy Manual
	Teaching sessions with all staff to explain and discuss hospital policy manual	Training session record
	Each policy has a 'review' date and the position of the person with responsibility for review	Hospital Policy Manual
Provide decent accommodation for all non-local staff with power and running water and good security		
	Accommodation committee formation	Minutes of meetings
	Design and building of staff accommodation village including recreation area(s)/building(s)	Accommodation completed
	Purchase of additional land to accommodate more staff	Land purchased
	Build more Doctors houses	Accommodation completed
	Have a written contract with all private providers of accommodation that includes a provision for repairs and maintenance	Contracts signed

To fill every vacancy promptly, and to expand staff numbers to meet the health needs of the population and the needs of the organisation		
	Recruitment, shortlisting and interview policy developed	Hospital Policy Manual
	All new appointments are notified to Accounts/Finance, Chairman of Board, Diocesan Health Co-ordinator	Appointment letters
	Job Descriptions for new staff are written before advertisement, and a 'person specification' is drawn up to guide the selection and interview process. Salary bands are set for new positions.	Human resource record
	Maintain a list of currently employed staff. Together with Accounts and Finance denote the programme areas that each person works within	Human resource record
	Maintain the Health Unit Database as part of HMIS	HMIS database
Provide a decent preventative and curative Occupational Health service for all staff		
	Establish a confidential health record for each member of staff	Health records established and stored
	Ensure that all staff are immunised against preventable diseases (such as Hepatitis B), have mosquito nets	Staff health records

	Ensure that all staff are able to access medical care from a doctor when they are sick	Hospital Policy Manual
	Record and monitor days absent	Staff sickness record
There is smooth running of the hospital, with adequate staff to perform all of the responsibilities of the different programme areas		
	Timetabling done each month by responsible person in each Programme Area	Human resource record
	Timetables presented to HR for co-ordination by 25th of each month	Human resource record
	A list of public holidays is published in January of each year, and levels of staffing on public holidays are similar to Sunday levels	List compiled and displayed
Give staff job security, whilst enabling the organisation to discipline when necessary		
	Terms and conditions of service given to all new employees on receipt of confirmation letter	Human resource record
	Terms and conditions of service are reviewed annually (in August) and are updated in conjunction with guidelines from MOH and UPMB and labour laws	Annual review
	All staff have job descriptions and know who they are accountable to.	Human resource record

	Disciplinary and grievance policies and procedures are developed and followed	Hospital Policy Manual
	Discipline and Interest Committee is set up and given terms of reference	Committee set up
Help new staff members to understand the organisation thoroughly		
	New staff are given job descriptions on their first day	Human resource record
	New staff are inducted on their first day, including an introduction to the policies and procedures manual	Human resource record
	New staff are given an orientation timetable on their first day which gives them the opportunity to learn the organisation before they have to start taking responsibility	Human resource record
	New staff meet a member of the Accounts/Finance team to discuss salary payments, Financial policies that may affect them, NSSF and income tax	Human resource record
	New staff are photographed and have ID cards and uniforms made from the date of their appointment	Human resource record

All employees of BCHC are able to meet their learning needs and to stay up to date with developments in their professional areas		
	Staff have input into the design of the timetable for CME sessions	Training session record
	CME 2-3 times per week with a variety of clinical and non-clinical teaching sessions	Training session record
	Registers of staff attending CME sessions. Monthly or annual certificate given to staff with accreditation list of CME sessions attended.	Registers
	Attendees to give feedback on CME sessions	Feedback reports
	BCHC designs, hosts and delivers workshops on speciality areas, including involving overseas experts to teach Health Workers in Kanungu District, workshops for Youth, workshops for TBA's and workshops about HIV/AIDS	Training session record
	BCHC enables staff to attend workshops hosted by the District, UMPB and other NGOs. MOUs with these organisations will encourage them to inform BHCH in good time about these activities	Training session record
BCHC helps employees to access scholarships for further study		

	HR department collects available scholarships (from newspaper, UMPB, and those found by PR/fundraising) and matches them with requests for scholarships from members of staff.	Scholarship advertised to staffs
	Policy on scholarship awarding, possibly using a 'points' system that is transparent that allows any member of staff to apply for a scholarship	Hospital Policy Manual
	Scholars are given contracts that specify their commitment to BCHC during the period of study and afterwards	Contracts
	Periodically recruit clinical support workers from the local population with a view to assessing them for sponsorship potential	Human resource record
	Scholars are give regular updates to donors, and are given guidelines on how to produce these updates	Human resource record
All staff are appraised annually to help them to meet their own expectations and the expectations of the organisation		
	Appraisal timetable and process designed by HR	Hospital Policy Manual
	Appraisals co-ordinated by HR, but carried out by all members of the management team	Appraisal report forms

	Any salary increases negotiated as part of appraisal or re-design of job description are notified to Accounts/Finance	Human resource record
Staff are provided with lunch and break tea, and are given a budget for entertainment each month		
	Contracts with providers of break tea and lunch to be negotiated by HR (with input from the staff welfare representative)	Contracts
	Staff entertainment representative makes monthly budgets for approval by HR	Budgets
BCHC welcomes students on work experience and volunteers from other countries		
	HR co-ordinates volunteer programme.	Volunteer timetable
	Policy of up to 4 volunteers at any one time (at least 1 Ugandan, one skilled (usually non-clinical) and 2 medical students or doctors/nurses/midwives) continues	Hospital Policy Manual
	BCHC maintains and builds the relationship with VSO Uganda and encourages a long-term relationship to provide development expertise for different parts of the organisation	Meetings between VSO and BCHC

	HR maintains and builds relationships with institutions within Uganda (Mbarara University, Mulago Hospital, Kampala International University, Kisiizi Nursing School and others) and institutions from overseas (Medical School in Denmark, Tulane Medical School) with the particular aim of having a constant flow of medical students, nursing and midwifery students from Ugandan institutions	Feedback from students
The long-term leadership of the hospital is secured		
	Recruitment of a Medical Superintendent who will commit to the Hospital for a period of 5-7 years	Human resource record

Outputs of Human Resources

Low staff turnover
 Vacant positions filled in a timely manner
 Well-orientated new staff
 Hospital policy manual
 New staff accommodation

Public Relations and Fundraising

Goal

Maintain a positive image for the organisation in the eyes of donors, potential donors and other organisations working within Uganda. Raise enough money to fill any gaps in the running costs of the organisation not found from other sources, and raise money for capital developments.

Background

In 2007/8 Bwindi Community Health Centre was reliant on donor support for 85% of running costs and 100% of capital development expenditure. Most of this money came from individual donors or church groups. The ambition of the Hospital is to reduce dependence on donors through partnerships with Ugandan organisations, facilitating the creation of a Community Health Insurance scheme for the people in Kayonza and Mpungu sub-counties, receiving a direct subsidy from the Government of Uganda as a Private not-for-profit Hospital, and through grant support from major donors.

In the meantime, the image that the organisation conveys, the information that it gives to organisations and individuals and the way in which it treats visitors are key to encouraging people to support the Hospital. And when BCHC receives donations it wants to remain 100% accountable to donors for the way that the money is spend, sending both figures and stories to supporters so that they can see how their money has been spent to improve the health of the people of this area.

The plan for PR and Fundraising was developed by Paul Williams with Scott Kellermann

Staffing of Public Relations and Fundraising

<i>Level</i>	<i>Current</i>	<i>2008/9</i>	<i>2009/10</i>	<i>2010/11</i>
PR/Fundraising Officer	0	1	1	1
PR/Fundraising Assistant	1	1	1	1

Objectives and Activities of Public Relations and Fundraising

Objective	Activities	Indicators and measurement tool
Provide accurate, timely information about the Hospital to outsiders		
	Maintain the website at www.BCHC.ug. Write monthly updates. Put photographs of all new staff on the website. Provide information about activities of different Programme Areas on the website. Encourage staff and visitors to add to the 'stories' page. Put all copies of the newsletter on the website	Website maintained
	Update the 'Fundraising' section of the website regularly with feedback about the progress of money donated, fundraising campaigns and fundraising priorities	Website
	Place a copy of the strategic plan on the website.	Website
	Prepare an annual report for each programme area including financial report for the website	Website
	Maintain both notice boards in the Hospital with monthly updates, accurate information for visitors, photographs of new staff and financial information	Notice board maintained and up to date

	Establish a notice board in each department with photographs of the team and a description of their roles. Include activity data on each notice board.	Notice boards in each department
	Ensure a constant supply of the BCHC leaflet and Newsletter for visitors	No stock-outs of leaflets
	Display stories about the activities of the hospital supported by activity data on the walls of the Hospital, or on department notice boards	Data and stories displayed
	Place a PowerPoint presentation on the website so that visitors and friends can download it and use it for their fundraising	Presentation on website
	Place a short film about the Hospital on the website	Film on website
	Ensure that all camps have copies of BCHC fundraising literature (copies of leaflets and the newsletter)	No stock-outs
	Maintain the appeals file at GFC and in room 2, add new appeals to this, and provide feedback when donors have sponsored projects in this file. Encourage more camps to have an appeals file	Ongoing appeals file
	Take advantage of slots on Radio Kinkizi to talk about the services provided by the Hospital and future plans	Log of radio appearances

	Host regular meetings where the community are invited to come and learn about the work of the hospital and to provide feedback	Meetings held
	Communicate with people who make contact before their visit to the Bwindi area, and encourage them to visit the Hospital and to bring items suggested on the 'useful items to bring' list on the server	Ongoing communication
Convey a positive image to outsiders of the Hospital as a well-run organisation meeting the health needs of the population		
	Maintain the quality of the Hospital signs	Hospital signs maintained
	Introduce signage throughout the Hospital to direct people to different departments	Clear signage
	All members of staff always looking smart with uniforms and name badges	Principal Nursing Officer to conduct inspections
	Always greet visitors on arrival, and have a named person who is available for showing visitors around	Human resource record
	Maintain the visitor policy, and teach all employees of the Hospital about the policy	Hospital Policy Manual and Training session record
	Procure designed t-shirts for all members of staff as an alternative uniform when on community activities	T-shirts procured
	All Hospital vehicles to be marked with the logo and website	Vehicles clearly marked

	Produce press releases for Radio Kinkizi and for New Vision and Monitor when significant events occur	Press releases completed
	Respond to requests from visitors and tour companies within 24 hours	Ongoing communications
Raise funds for capital projects agreed as part of the strategic plan		
	Raise funds through fundraising campaigns to existing supporters, and by introducing projects to new contacts made with visitors/donors	Adequate funds raised
	Raise funds for new Administration building	Adequate funds raised
	Raise funds for staff housing village and new doctors houses	Adequate funds raised
	Raise funds for OPD extension	Adequate funds raised
	Raise funds for HIV/AIDS vehicle	Adequate funds raised
	Raise funds for power project	Adequate funds raised
	Raise funds for drainage project	Adequate funds raised
	Raise funds for Staff Accommodation village	Adequate funds raised
	Raise funds for Malaria prevention	Adequate funds raised
	Raise funds for new inpatient ward	Adequate funds raised
	Provide regular feedback including photographs and	Feedback produced

	stories for donors who have invested in capital or special projects	
Raise funds for ongoing running costs		
	Enable friends of BCHC to support the salaries of individual members of staff	Maintain staff scholarship file
	Look for donors/sponsors for each Programme Area through personal contacts with tourists/visitors	Ongoing fundraising activities
	Design fundraising campaigns (in collaboration with KF) for particular Programme Areas	Periodic campaigns
	Provide regular feedback including photographs to donors who have invested in running costs projects	Ongoing communication
Develop partnerships with NGOs working in Uganda that are interested in investing in BCHC Programme Areas		
	Develop a partnership with Marie Stopes for the sustainable funding of Sexual and Reproductive Health Programme Area	MOU
	Develop a partnership with Elizabeth Glaser Paediatric AIDS Foundation for the sustainable funding of PMTCT in HIV/AIDS Programme Area	MOU
	Develop a partnership with UHMG/AFFORD for sustainable funding of Community Health activities	MOU

	Look for opportunities for funding from other NGOs with in Uganda and overseas for funding of programme areas	Ongoing fundraising activities
	Apply to Ugandan organisations such as the Global Fund and Uganda AIDS Commission for funds when calls for proposals are made	Ongoing fundraising activities
	Work with the heads of all Programme Areas to encourage them to develop contacts and to run those contacts through PR/Fundraising	Ongoing fundraising activities
Develop the grant-writing capacity of the organisation		
	Find supporters who are prepared to use this strategic plan to apply for funds from donor agencies	Supporters identified
Maintain income for the staff/community scholarship programme		
	Raise funds for staff/community study scholarships by advertising needs on the website and to visitors	Ongoing fundraising activities
	Arrange regular feedback to donors of scholarships about the progress of their students, and approach scholarship providers to pay salaries of these people when they return to work at BCHC	Ongoing communication

Manage short-term visitors to the Hospital to maximise their experience of BCHC		
	Communicate with short-term visitors prior to their arrival	Ongoing communication
	Negotiate and manage the timetable for short-term visitors with each programme area and provide them with accommodation and food that is funded by them	Timetables produced
	Welcome short-term visitors to the guesthouse and understand their needs and expectations	Induction to guesthouse
	Follow up relationships with short-term visitors	Ongoing communication
Maintain good quality information about supporters		
	Ensure that every visitor to BCHC leaves their email address	Contacts database
	Keep a secure database of people who have donated to BCHC and sustain contact with them for as long as they want	Donors database
	Keep a secure database of all people who are potential supporters of BCHC and provide them with information for as long as they want	Ongoing communication

	Maintain the database by removing names when email addresses bounce back, after checking that key contacts in BCHC/KF do not have alternative email addresses	Databases maintained
Maintain excellent relationships with tourists and tour companies		
	PR/Fundraising Officer to build relationships with tour companies, tour camps and tour drivers to encourage them to bring visitors to the hospital	Ongoing fundraising activities
	Continue to provide free treatment for tourists and tour drivers	Hospital Policy Manual
	Keep a secure database of all tour companies and tour representatives/drivers who make contact with BCHC. Communicate with them regularly about BCHC activities	Database maintained
	Communicate with tour companies to provide feedback for them about the positive contributions that people who have travelled with them have made to the Hospital	Ongoing communication
Make it easy for donors to transfer money to BCHC, and for BCHC to learn about these donations		

	Advertise the partner organisations (Kellermann Foundation and Friends of Bwindi Community Health Centre) to visitors on the leaflet and website	Leaflet and website maintained
	All pledged donations that are not received to be followed up by PR/fundraising	Fortnightly meetings with accounts
Provide information for KF to use when communicating with donors		
	Monthly PR/fundraising team meetings to set priorities and discuss tactics	Minutes of meetings
	Regular communication between PR/fundraising in response to requests from KF for information about particular projects	Ongoing communication
Maximise the potential for making new contacts and introducing them to the work of the Hospital		
	Senior staff to regularly visit tour camps in the evenings to meet tourists and build relationships	Ongoing fundraising activities
	Maintain a good relationship with the UWA warden for tourism and Buhoma Community Rest Camp and ensure that they is kept up to date with developments in the hospital and invited to events	Attendance at meetings
Use the house that the hospital owns near the park to improve the public relations of the hospital and to raise funds		

	Manage bookings for the house	Bookings diary
	Allow visitors to the hospital to have priority for the house	Bookings diary
	Establish a web page with information about the house	Web page established
	Advertise the house to visitors and tour companies as an income-generation source for the hospital	Web page established

Outputs of Public Relations and Fundraising

Enough money raised to deliver the strategic plan
 Good relationships maintained with partners

Appendix 1: Partner Organisations

AAR

AIDS Information Centre

Amama Mbabazi MP

Batwa Development Programme

Buhoma Community Rest Camp

Butogota Catholic Health Centre

LC Chairpersons Kanungu District, Kayonza and Mpungu sub-counties and villages

Chris Baryomunsi MP

Conservation Through Public Health

Diocese of Kinkizi

Diocesan Health Co-ordinator

District Health Officer, Kanungu District

Donors from overseas

Drug shops and other providers of health care

Elizabeth Glaser Paediatric AIDS Foundation

External volunteers

Friends of Bwindi Community Health Centre UK

Gorilla Forest Camp

HIV/AIDS Alliance

International Air Ambulance

International Health Network

Joint Clinical Research Centre

Kabale nursing school

Kambuga Hospital

Kanungu District Local Government

Kayonza Growers Tea Factory

Kayonza Health Centre III

Kellermann Foundation

Kihihi Health Centre IV

Kisiizi Hospital

Kisiizi nursing school

Marie Stopes International Uganda

Ministry of Health

Mpungu HC III

Mukono Community

Parish Health Mobilisers

Patients of Bwindi Community Health Centre

PSI Uganda

Schools in Kayonza sub-county

Smile Power

Staff of Bwindi Community Health Centre

Traditional Healers and Traditional Birth Attendants

Uganda People's Defence Force

Uganda Protestant Medical Bureau

Ugandan Wildlife Authority

Village volunteers

Visitors to BCHC

Appendix 2: Expected staffing levels

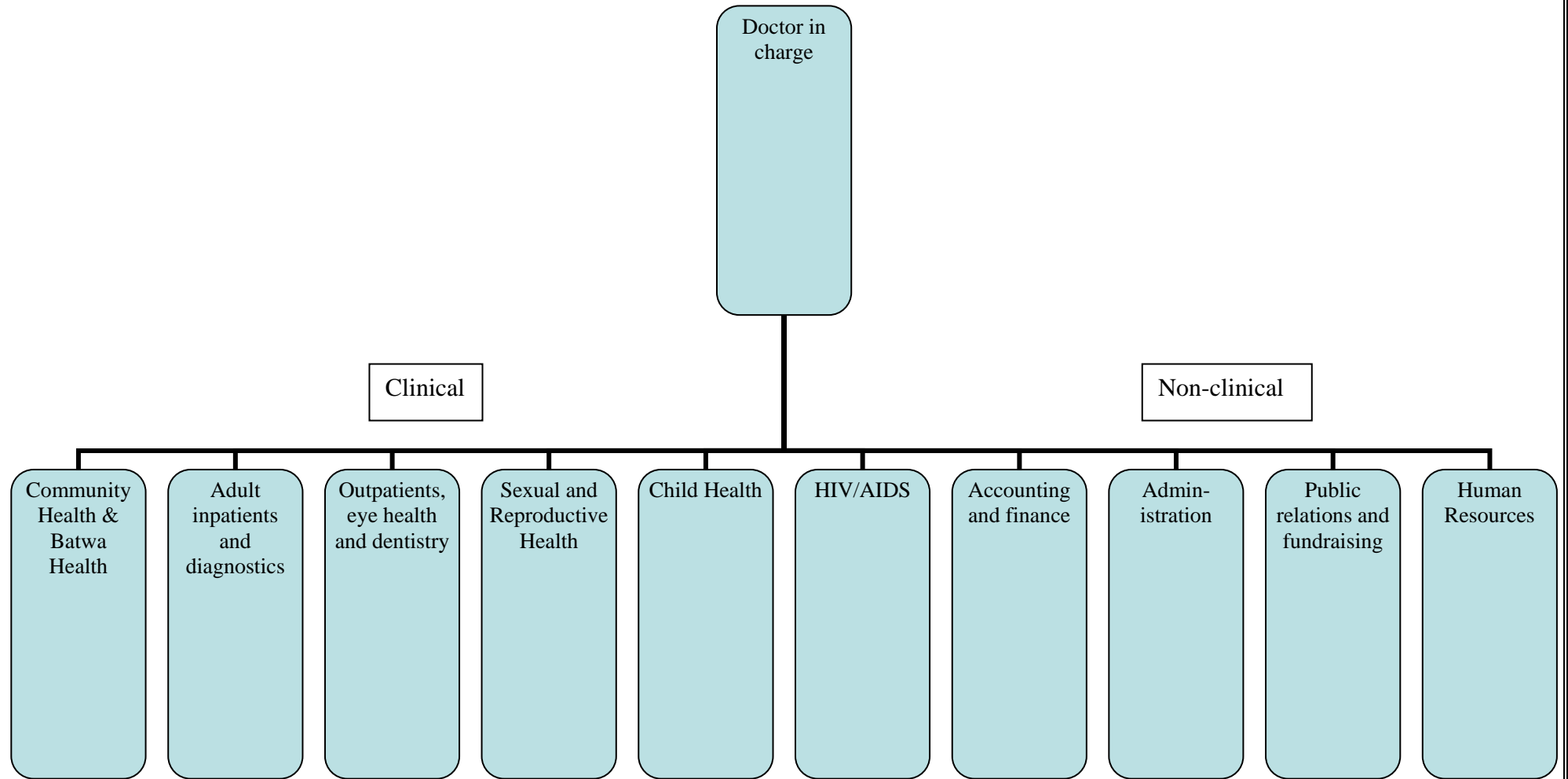
<i>Position</i>	<i>Hospital level</i>	<i>Current</i>	<i>2008/9</i>	<i>2009/10</i>	<i>2010/11</i>
Principal Medical Office	1	1	½	1	1
Medical Officers, special grade (community)	1	0	0	0	0
Senior Medical Officer	1	1	1	1	1
Paediatrician		0	0	0	1
Obstetrician/Gynaecologist		0	0	0	1
Surgeon		0	0		
Medical Officer	4	1	2½	2	4
<i>Dental</i>					
Dental Surgeon	1	0	0	0	1
Public Health Dental Officer	2	1	1	1	1
Dental Attendant	1	1	1	1	1
<i>Pharmacy</i>					
Pharmacist	1	0	0	1	1
Dispensers	2	1/2	1	1	1
<i>Nursing</i>					
Principal Nursing Officer	1	1	0	0	1
Senior Nursing Officer	5	0	1	2	2
Nursing Officer (Nursing)	17				
Nursing Officer (Midwifery)	3				
Nursing Officer (Psychiatry)	1				
Registered Nurse		1	1	1	1
Enrolled Comprehensive Nurse		2	1	2	2
Public Health Nurse	1				
Enrolled Psychiatric Nurse	2	0	0	0	1
Enrolled Nurse	46	7	9	10	11
Enrolled Midwives	25	4	6	7	7

Adolescent and Sexual Health Worker		0	1	1	1
Family Planning Comprehensive Nurse		1	1	1	1
STI Nurse		0	1	1	1
Nursing Assistant	15	6	13	14	14
<i>Allied Health Professional</i>					
Senior Clinical Officer	1	1	1	1	1
Clinical Officer	5	2	3	2½	3½
Psychiatric Clinical Officer	1	0	0	0	0
Community Health Clinical Officer		1	1	1	1
Ophthalmic Clinical officer	1	0	0	½	½
Health Inspector	1	0			
Health Assistant	1	0			
Medical Entomology Officer	1	0	0	0	0
Radiographers	2	1/5	1/5	1	1
Physiotherapist	1	0	0	0	1
Occupation Therapist	1	0	0	0	0
Orthopaedic Officer	2	0	0	0	0
Health Educationist/Educator	1	0			
Assistant Health Educator	1	1			
Anaesthetic Officer	2	0	1	1	2
Anaesthetic Attendant	2	0	1	1	2
Community Health Worker		3	2	2	2
Senior Laboratory Technologist	1	0	0	0	0
Laboratory Technologist	1	0	0	0	1
Laboratory Technician	2	1	1	1	1
Laboratory Assistant	1	1	1	1	1
Microscopist		1	1	1	1
<i>Administrative and other staff</i>					
Senior Hospital Administrator	1	1	1	1	1

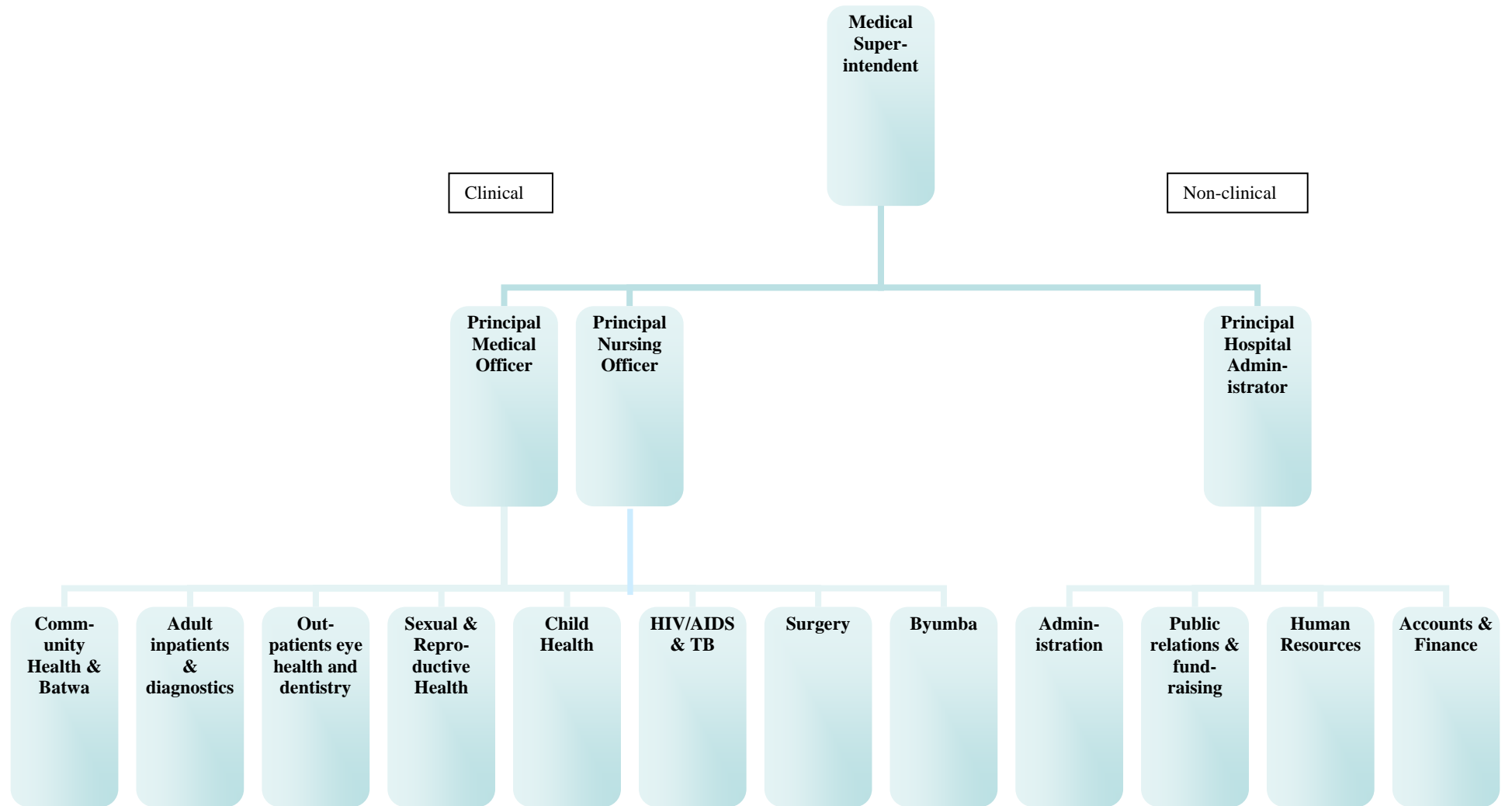
Hospital Administrator	1	0	1	1	1
Human Resource Manager		0	0	0	0
Personnel Officer	1	0	1	1	1
Estates Manager		0	1	1	1
Logistician		0	1	1	1
HIV supervisor		1	1	1	1
Head VCT Counsellor		1	1	1	1
VCT Counsellor		2	2	3	4
Adherence Counsellor		1	2	3	3
Administration assistant		1	1	1	1
Medical Social Worker	1	0			
Nutritionist	1	0	1	1	1
Supplies Officer	1				
Steno-Secretary	1	0	1	1	2
Office Typist	1	0	0	1	2
Stores Assistant	2	1	1	2	2
Health Information Assistant (Records Assistant)	2	0	1	1	1
Accountant	1	1	1	1	1
Accounts Assistant	2	2	2	3	3
Cashier		0	0	1	2
<i>Support staff</i>					
Clinical Support worker		4	5	5	5
Cold Chain Assistant	1	1	1	1	1
Darkroom Attendant	1	0	0	1	1
Mortuary Attendant	1	0	1	1	1
Expert patient		2	2	2	2
Drivers	2	2	2	2	2
Cooks 3	3	2	2	2	2

Guards/Askari	5	1	2	3	4
Gardener/compound maintenance		0	1	1	2
Mechanic		0	1	1	1
Power maintenance		0	1	1	1
Carpenter		0	1	1	1
Head cleaner		1	1	1	1
Cleaners		6	6	8	10
Handyman		0	1	1	1

Appendix 3: Current Management Organogram



Appendix 4: Future Management Organogram



Appendix 5: Abbreviations

ABC	Abstinence, Be Faithful, Condom use
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Therapy
ARV	Anti-retroviral drug
BCHC	Bwindi Community Health Centre
CB DOTS	Community-Based Directly Observed Therapy (Short-course)
CME	Continuing Medical Education
Comm. Health	Community Health and Batwa Programme Area
CRHW	Community Reproductive Health Worker
DHO	District Health Officer
DPT	Diphtheria, Pertussus and Tetanus (immunisation)
DTLS	District TB and Leprosy Supervisor
FoBCHC	Friends of Bwindi Community Health Centre
FP	Family Planning
GoU	Government of Uganda
HC	Health Centre
HIV	Human Immuno-deficiency Virus
HR	Human Resources Programme Area
HSSP	Health Sector Strategic Plan
HUFC	Health Unit Finance Committee
HUMC	Health Unit Management Committee
HW	Health Worker
IEC	Information, Education and Communication
ITN	Insecticide-Treated (mosquito) Net

JMS	Joint Medical Stores
LC3	Chairperson, Kayonza Sub-county Local Government
LC5	Chairperson, Kanungu District Local Government
MOU	Memorandum of Understanding
MP	Member of Parliament
NGO	Non-Governmental Organisation
NSA	Network Support Agent
NSSF	National Social Security Fund
OPD	Outpatients, Dental and Eyes
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solution
PAYE	Pay As You Earn (income taxation)
PEAP	Poverty Eradication Action Plan
PEP	Post-exposure prophylaxis (against HIV infection)
PMTCT	Prevention of Mother to Child Transmission (of HIV)
PNFP	Private, non-for-profit
PWD	People With Disabilities
RDC	Regional District Commissioner
SRH	Sexual and Reproductive Health Programme Area
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBA	Traditional Birth Attendant
UPMB	Uganda Protestant Medical Bureau
URA	Ugandan Revenue Authority
VHT	Village Health Team
VSO	Voluntary Service Overseas

Appendix 6: References

Health Sector Strategic Plan II 2005/6 to 2009/10, Ministry of Health, 2005.

Poverty Eradication Action Plan 2001-2003

Directorate of Health Service, Kanungu District Local Government Three Year Health Development Plan 2007-2010

Kanungu District HIV/AIDS Strategic Plan 2007/8-2012/13

