

# BWINDI COMMUNITY HOSPITAL STRATEGIC PLAN 2011/12 – 2014/15



*Community members register for eQuality Health Membership Scheme at the hospital*

## **Vision**

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

## **Mission**

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

## Table of contents

Acknowledgement.....	4
List of Acronyms.....	5
Executive Summary.....	6
Introduction.....	7
Background.....	8
Achievements and Challenges of BCH Strategic plan 2008/2011.....	9
Program Area Goals.....	11
Implementation.....	13
Monitoring and Evaluation.....	13
Financing.....	13
Adult in patients and Diagnostics.....	14
Byumba HC II .....	20
Child Health .....	25
Community Health and Batwa .....	30
HIV/AIDS & TB .....	47
Out Patients Dental and Eyes.....	68
Sexual and Reproductive Health.....	79
Surgery.....	91
Accounts.....	96
Administration.....	100
Information Technology .....	108
Chaplaincy .....	114
Human Resources.....	116
Communications.....	123

### **Appendices:**

*Appendix 1* Budget 2011 – 2014

*Appendix 2* Organogram

*Appendix 3* References

## Acknowledgements

The management of Bwindi community hospital would like to acknowledge the following for their enormous contribution to the development of this strategic plan

- VHPs & Bataka leaders of Kayonza, Mpungu and Kanyantorogo Sub counties
- The entire staff of BCH

The following program area/sector heads:

- Can. Byarugaba Charles                      Hospital Administrator
- Dr. Kazibwe Richard                      Head of HIV/AIDS & TB and AIP and Diagnostics
- Dr. Nkalubo Julius                      Head of Clinical services/ Surgery
- Mr. Baluku Godfrey                      In charge Information Technology
- Mr. Kwikiriza Stuart                      Head of Operations
- Mr. Okello Lwanga                      Head of Communications
- Mr. Tweheyo Patrick                      In charge Byumba HCII
- Mrs Among Diana Okello                      Head OPD Dental & Eyes
- Ms Anyango Jane Frances                      Head of Nursing & Midwifery services/Child Health
- Mrs Arineitwe Ruth Nahabwe                      Hospital Secretary
- Ms Atuhaire Crisper                      PA to the Medical superintendent
- Ms Nabadda Elizabeth                      Head of Sexual & Reproductive Health
- Ms Ndagano Veronica                      Head of Accounts and Finance
- Rev. Bigaruka Sam                      Head of Community health & Batwa
- Rev. Can Bagaba Benard                      Chaplaincy

## List of acronyms

ADMN	Administration
BCH	Bwindi Community Hospital
BCHSP	Bwindi Community Hospital Strategic Plan
CHAP	Child Health Access Project
CIDA	Canadian International Development Agency
CPD	Continuous professional development
DHO	District Health Officer
DPT	Diphtheria, Pertussus and Tetanus vaccine
EJAF	Elton John Aids Foundation
FoBCHC	Friends of Bwindi Community Health Centre
FP	Family Planning
HMIS	Health Management Information System
HR	Human resources
HSSP III	Health sector Strategic Plan
IMR	Infant Mortality rate
ITN	Insect side treated Net
LC	Local Council
MDG	Millennium Development Goals
MMR	Maternal Mortality Ratio
NSSF	National Social Security Fund
OPD	Out patients department
PAYE	Pay As You Earn
STAR-SW	Strengthening TB & AIDS response
U5	Under five
UPMB	Uganda Protestant Medical Bureau
VHP	Village Health Promoter
VSO	Voluntary Service Overseas
URA	Uganda Revenue Authority
CCR	Customer Care Representative
DHO	District Health Officer
MoH	Ministry of Health

## **Executive summary**

Bwindi Community Hospital has grown over the last three years to become one of the best health care providers in the region and as such has been ranked twice as the best service provider by UPMB in her 2009/10 support supervision rankings. BCH has ensured that enormous growth in infrastructure and services is marched with quality improvement through evidence based curative and preventive interventions.

Strategic planning has kept every staff focused as well as aiding monitoring and evaluation of our work. We have managed to improve service utilization by children, pregnant mothers and the poorest-of-the-poor to address health inequalities.

Over the past three years, OPD attendance has grown by 85% to 30,115 consultations a year and the under fives OPD attendance by 89% to 8,880. Deliveries have increased by 73% to 1,743 while inpatient services grew by 69% to over 4,000 admissions a year. This increase has been accelerated by Child Health Project (CHAP) and eQuality Health membership uptake promoting 'equal utilization for equal needs'

Our malaria prevention program has reduced malaria incidence among the under fives attending OPD from 51% in 2006 to 2% in 2011.

We are yet to assess whether some of these outputs have translated into significant impact on the intended outcomes such as reduction in infant mortality rate, maternal mortality ratio and improved household income.

Over the next three years, we will continue focusing on equity, quality improvement and sustainable healthcare financing affordable to all. We will also be exploring more efficient rigorous ways of measuring outcomes of the various interventions.

We are greatly indebted to the Bwindi community, staff and all our partners on whom our successful existence rests.

Together we can improve our lives for a better future.

Dr. Birungi Mutahunga R.

*Medical Superintendent BCH 2011*

## **Introduction**

Bwindi community Hospital was founded in 2003 by Dr. Scott and Carol Kellerman working as missionaries with the Diocese of Kinkiizi. It started a small mobile clinic under a fig tree in Mukono parish, with a special mission to reach out to the Batwa pygmies who lacked basic health care, food and shelter at the time. But this was a tip of an ice-berg. The Batwa were not the only ones most in need of quality health services. In 2007, BCH embarked on strategic planning to systematically address health care challenges afflicting the entire community in the Bwindi area. Consequently, this small mobile clinic metamorphosed into a fully fledged hospital offering a wide range of quality preventive & curative services and obtained accreditation from the Uganda Medical and Dental Practitioner's Council I in 2008.

Implementation of the first plan began in 2008/9 and will end June 2011. It is from this point that the 2<sup>nd</sup> Bwindi Community Hospital Strategic Plan (BCHSP II), 2011/12 – 2014/15 take over to continue the quest of attaining a healthy and productive community in the area. As before, this plan focuses on equity, prudent utilization of resources and quality improvement, so that we can sustain excellent health service delivery to those in most need: the rural poor.

BCHSP II has been developed in line with Uganda MoH HSSPIII and will guide the various program areas of the hospital towards realization of our vision of a healthy and productive society, and thereby contributing to national development.

This plan has been developed with input from all Staff of BCH and program area heads using the SWOT analysis tool. Additionally consultative meetings were held with all stakeholders, the largest one being the community, represented by VHPs and Bataka leaders. This meeting took place at the hospital premises on the 26<sup>th</sup> March 2011 and their views have been considered by program area heads.

## **Back ground**

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

The now 120 bed capacity facility serves a population of about 100,000 in three sub counties of Kanyantorogo, Kayonza and Mpungu in Kanungu district including UWA staff, tourists and tour agencies of Bwindi impenetrable National Park. Our ultimate goal is to reach out to the most disadvantaged in our catchment area to equitably improve health for all.

Bwindi Community Hospital is ran under the following program areas:

### *Clinical services*

- Adult inpatients and Diagnostics
- Byumba health center II
- Child health
- Community Health & Batwa
- HIV/AIDS & TB
- Out patients, Dental & Eyes
- Sexual and reproductive Health
- Surgery

### *Support services*

- Accounts & Finance
- Administration
- Human Resources
- Communications

At the grassroots, the hospital interfaces with the community through VHPs and Bataka leaders totaling to 694 across the sub counties of Kayonza, Mpungu and Kanyantorogo.

## **Achievements and challenges of the previous strategic plan**

The implementation of BCHSP I has been largely successful mainly in the areas of service delivery and infrastructure development where 80% of the output targets were met. We are still in the process of measuring the big outcomes such as reduction of IMR, MMR and increase in productivity of the community using both quantitative and qualitative methods.

### *Achievement highlights*

- BCH has grown in both infrastructure and services to become a third level referral centre for Kanungu district
- Enhanced capacity to handle very ill patients through use of monitors & resuscitation equipment, appropriate staffing and adequate medical supplies
- Maintained safe blood transfusion services
- Introduced new tests & equipment such as chemistry and CD4 count tests
- Full time radiology and imaging services
- Opened a satellite HCII in Byumba Batwa settlement
- Started care for children with long-term medical conditions
- Reduced incidence of malaria among U5 attending OPD from 51% to 2% through distribution of ITNs
- Improved neonatal mortality rate in the ward from 22% to 14%
- Reduced mortality rate in under fives admitted from 3.2% to 2%
- Improved immunization coverage to 96% DPT3 and 94% for measles
- Increased hospital deliveries by 45%
- Opened operating theatre with capability of dealing with emergency and elective surgical conditions.
- Increased HIV care awareness to 95%
- Tested 50% of all people in the area aged 15 years and above
- Enrolled 1000 clients under HIV care
- Generally improved service utilization by over 50%
- Have stayed among the top 3 institutions with improved quality according to UPMB support supervision rankings

- Launched eQuality Health membership Scheme of which 27% of the target population has since subscribed.
- Completed registration of all household members in three sub counties of Kayonza, Mpungu and Kanyantorogo
- Produced externally audited accounts each year
- Started Friends of Bwindi Community Health centre charity in the UK
- Ensured efficient use of resources and accountability.
- Obtained hospital accreditation by UMDPC in 2008
- Maintained accurate and timely information for internal and external use
- Established an electronic library for staff
- Offered 12 scholarships to staff
- Secured long term leadership of the hospital with senior staff obtaining higher qualifications

### ***Challenges***

- No sustainable funding yet
- Power generation still expensive to sustain
- No descent staff accommodation yet
- Need to develop rigorous ways of measuring various outcomes of our interventions

## **Program area goals for 2011/12-2014/15**

### *Adult inpatients & Diagnostics*

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

### *Byumba HCII*

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

### *Child Health*

Improve Child health through health education, disease prevention and high quality treatment services in a child friendly environment.

### *Community Health & Batwa*

Effective and efficient health promotion and disease prevention through health education

### *HIV/AIDS & TB*

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

### *OPD, Dental & Eyes*

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

### *SRH*

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

### *Surgery*

Be able to offer emergency surgical care for obstetrics, trauma & non-trauma conditions at any time, as well as reducing disability through operative interventions

### *Accounts & Finance*

Effective and efficient management of the Hospital financial resources with quality and timely reporting

### *Administration*

Quality logistics, effective maintenance and steady expansion of the infrastructure of the Hospital to meet the health care needs of the community.

### *Communications*

Keep a positive image of the hospital and keep confidence of all the supporters/partners and be able to raise enough funds to meet funding gap for both capital and running costs

### *Human Resources*

Ensure smooth running of the hospital, with adequate skilled staff capable of performing duties as prescribed by different program areas

### *Information Technology*

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

### *Operations*

Effective and efficient functional systems

## **Implementation**

This plan will be implemented through various program areas and the community through VHPs and Bataka leaders.

### *Strategy*

Strengthening individuals through health education so they can make health choices, especially concerning their health promotion and disease prevention. Prevention is better than cure and as a community hospital; this is pillar number one of our interventions.

Secondly we have engaged communities through VHPs and Bataka groups in healthcare planning and financing. Every year, we will invite the community to participate in evaluation & planning exercise.

Thirdly, we embrace other sector programs such as universal education and prosperity for all' interventions hoping to break the vicious cycle of poverty, ignorance and disease.

## **Monitoring & Evaluation**

- This will be done through:
- Monthly and annual HMIS reports
- Annual Household survey
- Semi-annual work plan audits

## **Financing**

This plan will be financed with contributions from:

- eQuality Health membership scheme
- Individual donors
- Charities and organizations
- MoH
- Friends of Bwindi Health Center Charity
- Kellermann Foundation.



## ADULT INPATIENTS AND DIAGNOSTICS STRATEGIC PLAN 2011-14

**Goal:** To ensure the provision of excellent medical and nursing services for adult in patients that cares for the sick, save lives, prevent spread of infectious diseases and reduce disability.

**Background:** BCH has rapidly grown over the last three years to become one of the referral centers in the area. The diagnostic capacity has also improved to include specialized tests such as , immunology (CD4 test), kidney and liver function tests, in addition to the traditional parasitology. The leading causes of morbidity include AIDS, respiratory infection, GI disorders, UTI and malaria. Over the next three years, we will focus on quality improvement, Emergency/critical care and palliative care.

### Objectives:

1. Improve infrastructure to meet standards of modern healthcare,
2. Introduce and improve the package of inpatient care services
3. Maintain quality assurance
4. High Quality Control levels in the lab
5. Maintain high safety levels in the lab
6. Provide high quality of services to patients and other departments ensuring quality investigations and reporting
7. Introduce new tests and equipment in the lab
8. Provide a permanent high quality x-ray and ultra sound service

			Responsible person	Time frame				
	Objectives	Activities		Y 1	Y 2	Y 3	Output	Outcome
Adult in patients								
1	<b>Improve infrastructure to meet standards of modern healthcare,</b>		ADMN					
		Construction of new AIP ward with enough isolation /private rooms and critical care unit					Completed building by the end of 2014 (inventory)	Quality inpatient care services (audits/patient satisfaction surveys)
		Equip ward with hospital beds, trolleys , bed pans, bedside cupboards					Beds, Trolleys and bed pans in the department (inventory)	Improved nursing care and infection control (Infection control audits)
		Equip critical care unit with oxygen concentrator, suction equipment, cardiac and respiratory monitors					Monitoring equipment procured (inventory)	Improved recovery rates of the very such (audits)
2	<b>Introduce and improve the package of inpatient care services</b>		HoD					
		Palliative care					Followed palliative care guidelines (audits)	Improved care for terminally ill patients, reduced length of stay and dignified deaths (Audits/HIMS, Quizes)
		Critical nursing care					Followed guidelines (policies manual/audits)	Improved recovery rates of the critically ill patients (audits)

		Complex emergency management				Followed guidelines (policies manual/audits)	Reduced mortality/disability resulting from complex medical situations (audits)
		Epidemic preparedness				Followed guidelines (policies manual/audits)	Reduced impact of contagious/epidemic potential diseases (audits)
		Regular checks of the hospital ambulance for suitability of patient transfer				Timely and appropriate transfer of patients (Log book)	Improved survival of the transferred patients
		Continue with Formulary review. Take out unnecessary, expensive and four times daily drugs				Suggestions for change presented at QIPS meetings, New formulary launched September 2010	Improved drugs case mgt (audits)
		Setting prescribing levels for different cadres including antibiotic policy to enable staff prescribe different drugs				Suggested prescribing levels presented and adopted at QIPS in February 2011 (QIPS log)	Improved drugs and case mgt (Audits)
		Mental healthcare				Guidelines in place (hospital manual)	Improved mental health care (Audits of the set guidelines)
3	<b>Maintain quality assurance</b>		HoD				
		Infection control and prevention				Followed guidelines (policies manual/audits)	Reduced nosocomial infections (audits)
		Rational drug use				Improved medicines management (audits)	Reduced drug toxicity/resistance
		Regular audit, case discussions and significant events analysis				Improved patient mgt (audits)	Reduced length of stay

4	<b>High Quality Control levels in the lab</b>		Lab i/c					
		Developing SOPs for all tests					SOPs deloped (Hospital policies manual)	All lab staff knowledgeable and following these SOPs (audits)
		Develop standard reporting times for various tests.					quarterly audits for waiting times	All lab results reported in a timely manner 80% of the time (audits)
		Laboratory - quality control. (Every 3 months 3 samples for biochemistry and CD4 are sent to reference labs for QC. Lab tech discusses any significant discrepancy with PMO)					Number of samples sent to reference lab.(Records)	Quality lab test results/improved patient care (Audits on external control results)
		Internal support supervision					Bimonthly support supervision following a designed checklist. (Report)	>90% SOPs Followed. Quality result (audit)
5	<b>Maintain high safety levels in the lab</b>	service contracts for all laboratory equipment: chemistry machine,CD4 machine etc.	Lab i/c				service contracts of laboratory equipment.	Quality lab test results/improved patient care (Audits on external control results)
		Safety - monthly infection control assessment, safe storage of specimens, safety guidelines for all lab staff					Number of infection control assessments and safety guidelines disseminated to staff (audits/CMEs)	Improved safety levels (infection control/safety check list audits)
		Designing maintenance logs for all equipment and sensitising all staff.					Maintenance logs for all equipment in place and sensitised staff.	all machines are well maintained and records kept. Quality results

6	<b>Provide high quality of services to patients and other departments ensuring quality investigations and reporting</b>						
		Guidance on when to request each test and how to interpret with reference ranges				Guidelines on when to request each test (hospital policy manual)	different tests are ordered appropriately, improved patient care (audits)
		Anything else recommended from JCRC assessment of lab, UPMB, and any other external supervision				discussions with lab & JCRC staff of the recommendations (CMEs)	most of the recommendations are worked on.
		Results reporting - computerised with all results recorded on computer on patient record with reference ranges. Alert system for reporting potentially dangerous results				computerised system for lab investigations	Quality results and improved patient care. (audits)
7	<b>Introduce new tests and equipment in the lab</b>		Lab I/C				
		Service expansion - new centrifuge, haematology + blood warmer, fridge, second microscope, culture				equipment purchased.	Improved quality and timely results, (eg reduced waiting times audits)
	Radiology						
8	<b>Provide a permanent high quality x-ray and ultra sound service</b>		HR				

		Ultrasound and x-ray capacity building - every day there is a named person on call for emergency radiology				Monthly call timetables for 'on call radiology'	All patients that need emergency radiological investigations get them.
		Develop clear guidance on when to order XR and ultrasound				List of situations where an xray or ultrasound is indicate. This to be pinned to wards and xray room	All staff aware and follow these indications
						Notes displayed in radiology room about maintenance and use of radiology machines in the department. Sensitise all users and staff	All users aware and follow instructions for using and maintenance of radiology machines.
		Improving x-ray reporting and records storage				Number of X-rays stored in envelopes	Easy retrieval of x-ray findings whenever required
		Ultrasound - reports in log book				Easy retrieval of records	Improved patient follow up/accountability
		X-ray and ultrasound log. All obstetric ultrasounds recorded				Easy retrieval of records	Improved patient follow up/accountability
		Management and supervision of the Contract Radiograpgher				ToR adhered to	Quality radiology service (audits)

## **BYUMBA HEALTH CENTER II STRATEGIC PLAN 2011-2014**

**Goal:** Sustainable quality healthcare with focus on disease prevention and improving utilization of health services

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

### **Objectives**

1. Improve child health
2. Improve Sexual and reproductive health
3. Control and prevention of communicable diseases
4. Promote Community mobilisation and health education
5. To maintain adequate and quality staff
6. To work closely with communications team for the running costs of Byumba and to ensure the Health Centre has a high positive public profile

OBJECTIVES	ACTIVITIES	TIME FRAME			RESPONSIBLE PERSON	EXPECTED OUTPUT	EXPECTED OUTCOME
		Year1	Year2	Year3			
<b>1.Improve child health</b>							
Increase immunisation coverage	Sensitisation of the community about immunisation				I/C	number of vaccinations given ( tally charts/ HMIS? Child health cards)	80% children fully immunised, reduced morbidity and mortality of the under fives (Survey, HMIS)
Increase awareness and demand for health services	Radio talk shows, Church, mosques, sensitisation				I/C	No of talk shows, number of groups sensitised (Log records)	Increased service utilization, reduced mortality (HMIS)
Maintain availability of Child survival commodities such as drugs, ORS in stock	Timely procurement of medical supplies				Operations	Medical supplies procured (stock cards)	Reduced mortality and morbidity (HMIS/ Survey)
<b>2. Sexual and reproductive health</b>							
Improve ANC attendance	community sensitisation				I/C	Increased ANC attendance (HMIS)	Increased hospital deliveries to 80%, FP uptake to 50%, and reduced maternal morbidity and mortality (HMIS/Survey)
Treatment of STIs	Screening for STIs including HIV				I/C	Number of clients screened and treated for STI and/or PMTCT (records)	Reduced maternal and child morbidity, mother to child transmission of HIV

Increase FP uptake	community sensitisation , health provider initiated FP				I/C	Increase in numebr of new clients on both short and long term methods (HMIS)	Increase CPR from 26% to 50%, decrease unmet need to 20% with consequent decrease in Maternal mortality (HMIS/Survey)
Malaria	community sensitization and distribution of mosquito nets				I/C	Number of groups sensitised and mosquito nets distributed	Reduced morbidity due to malaria (HMIS OPD attendances)
Increase awareness, testing and treatment for HIV/AIDS	Community sensitization, offer healthworker initiated VCT				I/C	Number of people sensitized, ad/or offered HIV test (records)	Reduced infection rate (currently 5.3% annually), early treatment for HIV (HMIS records, annual survey)
Early detection of tuberculosis (TB) suspects in the community, prompt diagnosis using evidence-based protocols, quality clinical assessment and completion of treatment	TB screening, referral for investigations and treatment				I/C	Number of suspected cases tested, and treated	Reduced TB prevalence (estimated at 0.3% or 14 suspects)
<b>4. Community mobilisation and health education</b>							
Increase membership for eQuality	Encourage people to join eQuality health membership scheme				I/C, IMG rep.	Number of groups registered	Increased service utilisation, improved quality of life (HMIS/survey)

Reduce malnutrition in the community	community sensitization and screening & referral of the severely malnourished children				I/C, comm. Health dept.	Number of people sensitised or screened (records)	Reduce stunting from 38% to 20%, underweight from 16% to 8% (Records/survey)
Improve Sanitation and hygiene	Community sensitization/ home visiting				I/C, comm. Health dept.	Number of people sensitised and visited (homes) [records]	Reduced diarrhoeal disease ( from 10% to 5% OPD attendance)
Improve capacity for evidence based/ protocol led management of common conditions such as use of IMCI guidelines	Trainings, CPD, exchange visits				I/C /HR	Number of protocols followed	Improved management of Common diseases (audits)
<b>6. To work closely with communications team for the running costs of Byumba and to ensure the Health Centre has a high positive public profile</b>							
	Ensure that good, well presented and maintained signs are displayed on the main routes to Byumba				Comm. Team I/C	Signs in place	Community members to be informed of the Health Centre and visitors to be able to find the route
	Maintain a presence on the radio				Comm. Team/ I/C	Radio broadcast	Community members to be informed of the services of the Health Centre and be involved

						in public health programmes	
	Health education materials displayed in local trading centres and schools				Comm. Team I/C	Education material in place and regularly changed	Community members to have raised awareness about the services available and be aware of health education messages
	Publicize all achievements and challenges to stakeholders/donors				Comm. Team I/C		

## CHILD HEALTH STRATEGIC PLAN 2011-14

**Goal:** Improve Child health through health education, disease prevention and high quality treatment services in a child friendly environment.

### Background

Child health conditions carry the highest total burden of disease with perinatal conditions almost accounting for 20.4% of the total disease burden in Uganda. More than 200,000 children under five years die every year mainly due to preventable illness (>75%).

Most of the the deaths in under 5 occur in the first year of life.

Leading causes of mortality in under five in Uganda include;

Febrile illness-49%, neonatal causes 24%, malnutrition 10%, diarrheal illnesses 10%, AIDS -5%, Measles 4%, TB -1%.

Neonatal mortality rate is mainly caused by septicemia/pneumonia (31%), asphyxia 26%, prematurity 25%, diarrheal illnesses 2% and others 16%.

Though the under five mortality has reduced by approximately 20 % in the past 19 years, it is still far from the MDG target of reducing it to 56 per 1000 live births (The current mortality rate in under five is 137 per 1000 live birth, 206/1000 live births in Kanungu ) .Infant mortality rate is 76 per 1000 live births , 122/1000 live births for Kanungu while neonatal 33 per 1000 live births.

### Objectives

1. Improve neonatal survival
2. Raise awareness for demand of the available health services
3. Ensure availability of life saving drugs/services
4. Promote service utilization particularly targeting the under fives
5. Maintain chronic care clinics for all children with long-term health conditions

### TARGETS

A well equipped and independent neonatal room Reducing the under five mortality rate from 31.9/1000 to 15/1000 admissions (BCH).

A well established intensive care unit

Reducing the neonatal mortality rate from 142.8/1000 (BCH) admissions to 33/1000 by 2014

Control deaths attributable to malaria (case fatality rate of < 2%)

Reducing the re-admission rates of children with malnutrition from 8 to 2%

Bring down the number of children admitted with malnutrition from 10/100 admissions to 4

An appropriate referral system for children requiring specialist review.

Objectives	Activities	Time frame			Responsible person	Output and measurement tool	Expected Outcome and how measured
		Year1	Year2	Year3			
<b>1. Improve neonatal survival</b>							
	Improve the flow of patients in neonatal unit to minimise the risk of acquiring infection				Admin	Independent neonatal room with alternative entry to the attendants room. Reduced rate of hospital acquired infection	Reduced neonatal sepsis, and mortality to less than 15% .(monthly audits)
	3-monthly review of all neonatal deaths, categorizing deaths and looking at contributing factors and discussing opportunities for avoiding deaths				HOD	Quarterly audit and reports Neonatal deaths causes identified	Improved management of the identified factors contributing to neonatal deaths. Reduction in neonatal mortality(audit reports).
	Review of all neonatal policies and audit of adherence to treatment guidelines				HOD	Reviewed neonatal policies and audits of adherence to treatment guidelines.	Improved neonatal care. Reduced neonatal mortality. Audits Reduction in neonatal mortality (audit reports).
<b>2. Raise awareness for demand of the available health services</b>							
	Sensitization about child health care (radio talk shows about infant feeding, immunization, harmful traditional practices, management of fever etc).				HOD	Increased awareness of child health care services measured through audits (FGDs)	Reduced child morbidity/ mortality within the community measured through HMIS and household survey

<b>3. Ensure availability of life saving drugs/services</b>							
	Timely procurement of medical consumables (e.g drugs, fluids including ORS, vaccines and equipments such as incubators, oxygen concentrators)				Operations	Drugs/equipment procured (inventory)	Reduction in child mortality (household survey/audits)
	Maintain 3 high dependency beds with resuscitation equipments such as oxygen, monitors, ambu bag and masks				HoD	Functional critical care unit	Improved outcomes of critically ill children (audits)
	Ensure adequate staffing of the department				HR	Number of qualified staff	24 hour cover of services by quality staff
	Training staff in emergency/critical care				HoD	Number of staff trained and sessions held	Improved emergency care
<b>4. Promote service utilisation particularly targeting the under fives</b>							
	Maintain quality Standards for CHAP and report monthly against them				CHAP CO-ORDINATOR	Monthly reports of the set standards	Quality of care improved(audits &HMIS)
	Find a partner for the extension of CHAP to Kanyantorogo				Communications	donor identified	Improved service utilization (HMIS)

	Maintain the CHAP manual so that it is up to date and relevant. Ensure that copies of the manual are easily accessible				IT/ CHAP coordinator	Updated manual	Improved patient identification (audits)
	promote eQuality health membership scheme in Kanyantorogo, kayonza and Mpungu				IMG rep. BCH	Number registered under the scheme	increase service utilisation/reduced morbidity and mortality (audits HMIS and household survey)
	Run a nurse-led monthly clinic for children who have been discharged with malnutrition. Keep follow up high-risk children. Keep a register and identify 'defaulters' who we then contact through VHP's				HOD/ Community health dept.	Number of Children at risk of getting relapse of malnutrition identified and associated factors addressed (HMIS& Reports).	Re-admission rate for malnourished children reduced from 8% to 4% (Records).
<b>5. Maintain chronic care clinics for all children with long-term health conditions</b>							
	Review guidelines for management of various chronic conditions - epilepsy, failure to thrive, diabetes, heart disease, respiratory disease, developmental delay, burns, cerebral palsy				HOD	Protocol driven care with some general standards for audit (UCG guidelines)	Chronic care protocols adhered to.

	Run a doctor-led children's clinic once a month on a Thursday for children with long-term medical conditions				HOD	Children with chronic cases identified and reviewed (HIMS and registers). Number maintained at 8 or greater.80% of children registered with chronic illness seen at least three times per year(Records/register)	Improved chronic care. Severe Morbidity associated with chronic illnesses reduced(HIMS and registers).
	Establish electronic medical records for each child with a chronic condition				HOD	Number of Electronic Medical records for chronic cases established	Improved follow up and care for Chronic cases(Records)
	50% of children on the database identified as having epilepsy are seen at least three times in a year in the epilepsy clinic				IN-CHARGE EPILEPSY CLINIC	Have at least 34(50%) of children registered on the data base with epilepsy seen at least three times in a year.	Reduced morbidity related to epilepsy (Register)

## COMMUNITY HEALTH AND BATWA STRATEGIC PLAN 2011-14

**GOAL:** Effective and efficient health promotion and disease prevention through health education.

**Background:** Community health & Batwa program is the back born of our interventions. It is cheaper preventing disease than treating the sick. This department has registered successes among which has been reduction of malaria incidence among the under fives attending OPD from 50% to 2% over a period of 4 years. This has been largely due to distribution of ITNs. The department has also successfully conducted annual household surveys through which the hospital has been able to measure impact. There are still lots of problems to address such as malnutrition. According to the 2010 survey, only 16% have enough food seven days a week. The department has sought more involvement of the community through recruitment of Bataka leaders in addition to the VHPs to improve information flow to individual households.

### **Objectives:**

1. To increase food production and food security for households so that every household is able to eat the right types of food at every meal in a day.
2. To raise awareness among families about proper child feeding.
3. Reduce malnutrition admissions from 10% to 5%
4. To improve sanitation and hygiene in every household including Vector control
5. To sensitize communities in Kayonza and Mpungu about malaria and use of ITN.
6. Increase ITNs coverage in Kayonza, Mpungu and Kanyantorogo
7. To protect staff and patients from malaria by spraying ICON in hospital wards and staff houses
8. To immunise at least 90% of all children under 5yrs in the catchment area to prevent immunisable diseases.
9. Promote adolescent reproductive health
10. To give Health messages to pupils so as to grow up with the knowledge & pass it on to their younger brothers & sisters at Home

Objectives	Specific Activities	Resource materials	Responsible Persons	Output indicator	Outcomes/impact	Time Frame		
						Ye ar 1	Ye ar 2	Ye ar 3
<b>Food and Nutrition</b>								
<b>1. To increase food production and food security for households so that every household is able to eat the right types of food at every meal in aday.</b>								
	6 monthly radio talk show on food and nutrition (food production)	Transport ,fuel ,4WD,StaffMeals	Community Coordinator	40 farmers per parish trained in organic farming.	3600 small farmers practice organic farming techniques.			
	Food production and storage follow up, and giving prizes to the best farmer with enough food.	Transport for follow up,fuel ,4WD,StaffMeals	Community Team	90% of households in each parish to have received the message about thr need to have enough food to take them through the year and be to know and eat a balanced diet.	80% of households in Kayonza and Mpungu practice proper food storage and report that they have enough food (household survey)			

	6 monthly training of Batwa in food production using PRA method	seeds ,Hoes ,staff meals, transport(vehicle), meals for participants	Community Co -ordinator	Number of Batwa households trained in food production quarterly in all the settlements.	All Batwa settlements growing enough food crops. (Reports)			
<b>2. To raise awareness among families about proper child feeding.</b>								
	At least 3 radio talk shows per year on Kinkiizi FM	Vehicle, fuel, Meals for Staff	community nurse	Number of radio talk shows	Reduced cases of malnutrition by 50% in the service area. (HMIS)			
<b>3. Reduce malnutrition admissions from 10% to 5%</b>								
	Screening/Testing children aged between 1 and 5 years for malnutrition.	Vehicle, Staff meals, stationery	community nurse	Children aged 1yr to 5yr are screened every after 3months	90% of children aged 1 - 5 years are seen by the Community Nurse over a four month period.			
	Refer the severely malnourished Children for hospital rehabilitation	stationery	community nurse	Number of children referred (HMIS)	Reduction in morbidity and mortality due to malnutrition			

	Follow up of malnourished children in their homes	Transport,Fuel&4WD staff meals	community nurse	Number of children at risk identified.	All children identified to be at risk (yellow) receive Vitamin A and Albendazole.Improved nutritional status of children between 1yr to 5yrs (HMIS & Household survey)			
<b>Household Sanitation</b>								
<b>4. To improve sanitation and hygiene in every household including Vector control</b>								
	Bi-annual radio talk shows on Household sanitation improvement using MoH sanitation guidelines.	Transport (Fuel,4WD), staff meals	Community Co ordinator.	2 radio talk shows a year	Household survey, Reduced disease incidences due to poor sanitation i.e malaria, Diarrhoea, Dysentery (HMIS)			
	Conduct Sanitation and Hygiene education in all Batwa Settlements every 4 months.	Transport Fuel , Staff meals	Community Nurse	10 House holds in each Batwa settlement practice good Hygiene.	80% the Batwa households practice good Hygiene. (MoH guide lines)			

	Analyse data from different water sources to establish source of contamination	Transport Fuel , Staff meals	Community nurse, Colgate University	Number of contaminated sources assessed	Interventions to eliminate sources of contamination put in place			
<b>Malaria Prevention and Control</b>								
<b>5.To sensitize communities in Kayonza and Mpungu about malaria and use of ITN.</b>								
	Quarterly radio talk shows on malaria prevention, symptoms and benefits of early treatment	Transport	Malaria Nurse	Number of radio talk shows	Early diagnosis and treatment of malaria, Improved preventive measures, reduced morbidity and mortality			
<b>6. Increase ITNs coverage in Kayonza, Mpungu and Kanyantorogo</b>								
	Distribution of ITNs (preferentially targeting Batwa) and follow up of VHPs ensuring they have enough nets for sale	Staff Meals, Motorcycle, Mosquito Nets	Malaria Nurse	1000 mosquito nets sold in a year, each of the 200 VHPs sells at least 20 nets a year (report)	70% of children sleep under mosquito nets. 90% pregnant women sleep under mosquito nets. Reduced malaria cases. (HMIS/household survey)			

	Weekly Sales of ITN in Churches & Mosque by church leaders.	Fuel, Vehicle, staff meals, Nets.	Malaria Nurse, community co-ordinator	4 churches visited monthly and 200 ITN sold. (reports)	10000 people receive messages about malaria in 52 Churches Mosques in year. Reduced malaria cases. (HMIS/reports)			
<b>7. To protect staff and patients from malaria by spraying ICON in hospital wards and staff houses</b>								
	Spraying Icon in Hospital and Staff Houses twice a year	Icon, spray pumps, gumboots ,gloves, ovals,	Malaria Nurse	Number of staff houses& wards sprayed with Icon.	Staffs and patients protected from malaria. Reduced malaria cases. (HMIS/reports)			
<b>Immunisation Programme</b>								
<b>8. To immunise atleast 90% of all children under 5yrs in the catchment area to prevent immunisable diseases.</b>								
	Immunisation at BCH Daily and weekly.	Vaccines, Syringes & needles, icepacks, gas cylinders,cotton wool,vaccine carriers ,CH-cards	Community Nurse Clinical support worker	100% of babies born at BCH receive BCG & POLIO 0. 1000 (of the est.1,532) children under 1 year be immunised in one year period	90% of children by 1yr would have completed DPT3 & Measles vaccine. (HMIS)			

	Regular collection of vaccines from DHO's office.	vehicle& fuel	Community Nurse	Vaccines in stock (stockcards).	Vaccines are available at all times. (stockcards)			
	Carry out Immunisation in all Batwa settlements	Vaccines, Syringes & needles, icepacks, cotton wool, vaccine carriers, childhealth cards	BDP nurse	31 Batwa children under 1 year are fully immunised	99% Of Batwa children by the end of one year should have received DPT3 & Measles vaccine (HMIS & Household survey)			
	<b>Young People`s Health.</b>							
	<b>9. Promote adolescent reproductive health</b>							
	1.Encourage Young people to talk about sensitive Health and Gender issues. 2.Encourage Youth to access Health services provided free at BCH. 3.Influence Behavioral change among Adolescents to live responsible lives	Feature films, Question Desk, Generator, Fuel, Newsletters, meals for youths & staffs, VCT tools.	Community Team	6"open days "Festivals held per year	50% Youths should have tested for HIV per attendance. Reduction in STI related symptoms among the youth (Reports & HMIS)			

	Conduct a Young People's Friendly Clinic every 2 weeks for sexual health such as treatment for STIs	Registers, cards, Drugs	Clinical officer	25 young people's clinics held each year. (Reports)	250 Youths attended STI clinics. (Reports & HMIS)			
	Teach in Secondary Schools about teenage pregnancies, Sexual health, STI/HIV awareness & Family planning	Motorcycle, Fuel, Meals, stationary.	School Nurse	5 Secondary Schools in Kayonza and Mpungu taught in year. Number of students taught collected and recorded on school log sheet.	4 ' 0' Level Secondary Schools taught one ' A' Level secondary school taught. (Reports Qualitative Survey)			
	<b>10. To give Health messages to pupils so as to grow up with the knowledge &amp; pass it on to their younger brothers &amp; sisters at Home</b>							
	Teach Children about Malaria prevention, Food and Nutrition, Safe water, accident prevention	Motorcycle, Fuel, Meals, stationary.	School Nurse	25 Lower primary schools with p.3 be taught in a term.	4 classes taught per day (Reports Qualitative Survey)			

	Teach p.4-p.7 pupils two sessions in the afternoon on sexual health , HIV/STI, Dental care ,Personal hygiene.	Motorcycle, Fuel, staff Meals, stationary.	school Nurse	32 primary schools with p.4-p.7 taught with Number of pupils reached with Health messages recorded.	At least 8000 pupils be taught by school Nurse in a year. (Reports Qualitative Survey)			
--	---	--	--------------	---	--	--	--	--

Implementation of the below work plan will only be possible if Buy-a-net Malaria Prevention Group in partnership with CIDA support us

Objectives	Activities	Resource Materials	Quantity	Output Indicators	Outcomes/ Impacts	Year 1	Year 2	Year 3	Year 4
<b>Reducing mortality of the under fives from 137/1,000 to 56/1000 live births</b>									
<b>Increase awareness and demand of child health services in the community</b>	Conduct radio presentations about identification of children sick with malaria, pneumonia and diarrhoea and what can be treated at home	Transport & radio airtime	4 presentations covering malaria, pneumonia, diarrhoea & best nutrition in both health & illness(quarterly in the first year, then twice each year)	12 radio talk shows (log), Increase in the number of sick children receiving correct treatment with in 24 hours of onset of illness (VHP reports)	Reduced morbidity and mortality (HMIS, annual household survey)		bi-annual	bi-annual	bi-annual

	Carry out radio presentations advise mothers about best infant feeding practices both in health and during illness, and weaning process.			4 radio presentations (log)	Reduction in child hood malnutrition rate from 10% to 2% (HMIS)		bi-annual	bi-annual	bi-annual
	Radio broadcasts immunisable diseases and the uganda national Expanded Program on immunisation		Bi-annual presentations on targeted diseases for immunization	2 radio talk shows every year (log)	Maintain high immunisation coverage meeting the national targets >85% for DPT3 and measles vaccine (HMIS)		bi-annual	bi-annual	bi-annual
<b>Training/orientation of VHPs and Bataka leaders in identification of sick children, home treatment and referral of the very sick</b>	1. Training of 58 VHP's and 114 Bataka leaders in 4 parishes of Kanyantorogo sub county to identify a sick neonate, pneumonia, malaria and what can be offered as home treatment, when and how to refer.	A. Training 1. Stationery: News prints (3 rolls), Masking tape (4 dozens), Marker pens (172), exercise books (172)	6 training sessions of 28 participants each	Number of training sessions conducted, Number of VHPs and bataka leaders trained (reports)	Improved and timely management of pneumonia, malaria and diarrhoea in the community				
		<b>Transport:</b>	420 kms moved at a consumption of .15Ltr per KM						

		<b>Participant s' allowance &amp; Meals</b>	58 VHPs, 144 Bataka leaders						
	2. Training of <b>121</b> VHP's and 236 Bataka leaders in 5 parishes of Kayonza sub county to identify a sick neonate, pneumonia, malaria and what can be offered as home treatment, when and how to refer	A. Training 2. Stationery: News prints (6 rolls), Masking tape (8 dozens), Marker pens (357), exercise books (357)	12 training sessions of 30 participants each	Number of training sessions conducted, Number of VHPs and bataka leaders trained (reports)	Improved and timely management of pneumonia, malaria and diarrhoea in the community				
		<b>Transport:</b>	480 kms moved at a consumption of .15Ltr per KM						
		<b>Participant s' allowances and meals</b>	121 VhPs, 236 Bataka leaders						
	3. Training of <b>88</b> VHP's and 77 Bataka leaders in 4 parishes of Mpungu sub county to identify a sick neonate, pneumonia, malaria and what can be offered as home treatment, when and how to refer	A. Training 3. Stationery: News prints (3 rolls), Masking tape (4 dozens), Marker pens (165), exercise books (165)	6 training sessions of 28 participants each	Number of training sessions conducted, Number of VHPs and bataka leaders trained (reports)	Improved and timely management of pneumonia, malaria and diarrhoea in the community				

		<b>Transport:</b>	600 kms moved at a consumption of .15Ltr per KM						
		<b>Participants' allowances and meals</b>	88 VHps, 77 Bataka						
	<b>Constant cost item to the activity : 2</b> Radio adverts per session ,1 prevention and sensitisation billboard posters displayed in every village & 1 a nutrition demonstration( <i>Sugar, salt, clean boiled water, ORS, cups , tea spoons</i> ) for every training session.								
<b>Reduce Maternal Mortality Rate from 435 / 100,000 to 131 / 100,000</b>									
Increase awareness and demand for safe motherhood services	Conduct safe motherhood awareness campaign on radio	Transport and radio airtime	Quarterly radio presentations	Number of radio presentations per year	Improvement in utilisation of safe motherhood services, reduction in teenage pregnancy , maternal morbidity & mortality		bi-annual	bi-annual	bi-annual

	1. Training of 58 VHPs and 114 Bataka leaders in Kanyantorogo sub county to identify and advise at risk pregnant women e.g those under 20 years of age or have had complications during child birth	A. Training 1. Stationery: News prints (3 rolls), Masking tape (4 dozens), Marker pens (172), exercise books (172)	6 training sessions of 28 participants each	Number of training sessions conducted, Number of VHPs and bataka leaders trained (reports)	Increased utilisation of safemotherhood services, reduction in pregnancy and child birth associated complications				
		<b>Transport:</b>	420 kms moved at a consumption of .15Ltr per KM						
		<b>Participant s' allowances &amp; meals</b>	58 VHPs, 144 bataka leaders						
	2. Training of 121 VHPs and 236 Bataka leaders in Kayonza sub county to identify and advise at risk pregnant women e.g those under 20 years of age or have had complications during child birth	A. Training 1. Stationery: News prints (6 rolls), Masking tape (4 dozens), pens (357), exercise books (357), Marker pens (1 dozen)	12 training sessions of 30 participants each	Number of training sessions conducted, Number of VHPs and bataka leaders trained (reports)	Increased utilisation of safemotherhood services, reduction in pregnancy and child birth associated complications				
		<b>Transport:</b>	480 kms moved at a consumption of .15Ltr per KM						

		<b>Participant s' allowance &amp; Meals</b>	121 VHPs. 236 bataka leaders						
	<b>3.</b> Training of 88 VHPs and 77 Bataka leaders in Mpungu sub county to identify and advise at risk pregnant women e.g those under 20 years of age or have had complications during child birth	A. Training 3. Stationery: News prints (3 rolls), Masking tape (4 dozens), pens (165), exercise books (165), Marker pens (1 dozen)	6 training sessions of 28 participants each		Increased utilisation of safe  motherhood services, reduction in pregnancy and child birth associated complications				
		<b>Transport:</b>	600 kms moved at a consumption of .15Ltr per KM						
		<b>Participant s' allowance &amp; Meals</b>	88 VHPs, 77 Bataka leaders						
	<b>Constant cost items to the activity : 2</b> Radio adverts per session and 1 prevention and sensitisation billboard posters displayed in every village .								

	4. Conduct safe motherhood education talk once a year in each of of the 56 upper primary classes and secondary schools in Kayonza, Mpungu and Kanyantorogo sub counties	Motorcycle , chalk sticks	3300kms traveled ( 31 schools in Kayonza-1240kms/8 schools in Mpungu-800kms/18 schools in Kanyantorogo-1260kms	57 schools visited in a year	Reduction in teenage pregnancy (school records)				
<b>Control and prevention of malaria and diarrhoea disease</b>									
	ITN distribution to 694 VHPs and bataka leaders to increase access to the community	ITNs, motorcycle	7,000 ITNs each year, 2 vists to each parish per quarter in yr 1 bi annually in yrs 2-4	Number of ITNs sold	Reduction in incidence of malaria				
	Distribution of Ors sachet to to VHPs and Bataka	ORS, motorcycle	2000 sachets/year distributed with ITNs	ORS sachets distributed	Reduced morbidity and mortality from diarrhoeal disease				
	VHPs/Bataka leaders encourage good sanitation and hygiene in all households	in kind	in kind	Number of households with improved sanitation	> 90 % house holds with pit latrines with hand wash facilities, reduced incidence of diarrhoealdisease				

<b>Increase Health service utilisation for equal need through promotion of eQuality Health Membership scheme</b>									
	Promotion of eQuality membership scheme enrollment by VHPs, Bataka Leaders	FAQs leaflets in the local language availed to VHPs and bataka leaders	32000 copies of the FAQs in yr 1 & 20000 in Yr 3	Number of bataka groups sensitised	90% uptake of eQuality, Increased health care service utilisation				
<b>Follow up of VHPs and Bataka leaders work to ensure compliance with the set standards</b>									
	Quarterly review of reports for each VHP/bataka leader on village/group health status	Motor Cycle fuel and maintenance	2 days per parish quarterly, reviewing 26 reports per day for 694 total reports(7040Kms yr 2/ 3520Kms yr 3&4	Number of reports reviewed	Improved performance of the VHP		Quarterly	bi-annual	bi-annual
	Annual Survey		880Kms per year to all round the 13 parishes for training and distribution of questionnaires	number of VHPs trained to correctly fill the questionnaires	Accurate demographic and health statistics for use in future interventions				
		Printing Stationary	11150 questionnaires						
		VHPs allowances and meals	267 VHPs						

			880kms moved through the 13 parishes for collecting questionnaires						
	Procurement of motorcycles to facilitate community mobilisation and monitoring of the program		2	2 motorcycles procured (Inventory)	All villages reached in time with health interventions				
	Procurement of a vehicle to facilitate transport of the community team		1	1 vehicle procured (inventory)	All villages reached in time with health interventions				

## **HIV/AIDS & TB Strategic plan 2011- 2014**

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

**Background:** HIV/AIDS is still a big challenge despite scaling up services since 2009. Despite raising awareness to over 90%, the number of new infections registered has remained fairly constant. It looks like the current approach of HIV prevention needs revision. Beginning next year, we shall begin male circumcision as an additional measure recommended by WHO and MoH and hopefully will reduce new infections.

### **Objectives:**

1. All people living in Kayonza, Kanyantorogo and Mpungu sub-counties have a basic knowledge of HIV, where they can get tested and where they can get treatment
2. 25% of people living in Kanyonza, Kanyantorogo and Mpungu sub-counties are tested for HIV each year
3. All pregnant women in Kanyonza, Kanyantorogo and Mpungu sub-counties are tested for HIV and those who are positive can access a PMTCT programme
4. All patients who are HIV positive are able to access a high quality, free, confidential, holistic treatment service
5. The risk of HIV transmission is reduced
6. Be a model partner for organisations that support BCH HIV/AIDS services
7. Early detection of tuberculosis (TB) suspects in the community, prompt diagnosis using evidence-based protocols, quality clinical assessment and completion of treatment

	Objective	Activities	Activity to be undertaken by	Expected type and number of target beneficiaries	Expected time frame	Expected output and how measured	Expected impact and how measured
1	All people living in Kayonza, Kanyantorogo and Mpungu sub-counties have a basic knowledge of HIV, where they can get tested and where they can get treatment			2001 census data is 52,268 people but we estimate more than 60,000 people living in Kayonza, Kanyantorogo and Mpungu	This objective will be met from ongoing activity that is evaluated every July as part of the community health survey that is performed in every village	Annual community survey conducted in every home by Village Health Promoters (VHP's) includes questions about HIV knowledge and 100% of people questioned know where they can get tested for HIV and where they can get treatment (note - survey will be conducted in Kanyantorogo for the first time in 2010 - no capability to perform this in 2009)	A community that is knowledgeable about HIV/AIDS and with people who know how to find out their HIV status. A community with knowledge that treatment is available to manage HIV. This is measured by the annual community survey of HIV knowledge.
		<b>School sensitisation program:</b> Expert patient or member of the patient support group attends every primary and secondary school in Kayonza, Kanyantorogo and Mpungu at least once in the year for HIV sensitisation including ABC (after meeting with Headmaster and/or Governors)	Expert patients	All school age children in Kayonza, Kanyantorogo and Mpungu sub counties (20,000 approx.)	ongoing activity	Visits to 50 schools each year - prevention activity log	

		<p><b>Advertising services to the community:</b> Print posters advertising the HIV/AIDS service in Bwindi (and featuring members of the HIV/AIDS team in Bwindi) for every trading centre and institution in Kayonza, Kanyantorogo and Mpungu and have 5 billboards in the area (see designs attached)</p>	<p>HIV/AIDS &amp; TB Supervisor</p>	<p>All people living in Kayonza, Kanyantorogo and Mpungu</p>	<p>ongoing activity, posters replaced evry two years</p>	<p>5 billboards erected and 100 posters distributed to trading centres</p>	
		<p><b>Church sensitisation program:</b> Continue weekly attendance by HIV/AIDS team members at churches/mosques for HIV sensitisation programme including ABC and sensitisation about upcoming VCT outreaches</p>	<p>Counsellors</p>	<p>Between 100 and 300 church attendees evry week</p>	<p>weekly activity</p>	<p>50 church visits a year - prevention activity log</p>	
		<p><b>Radio sensitisation program:</b> Radio programmes on Radio Kinkizi each Friday evening during prime slot after the news</p>	<p>All team members</p>	<p>All radio audience (estimated at 10,000 people at the peak time that we have secured)</p>	<p>weekly activity for the first year, then monthly</p>	<p>50 radio broadcasts in first year, and 12 in subsequent years - prevention activity log</p>	

		<p><b>Household sensitisation:</b> Sensitisation program from Village Health Promoters - annual HIV month where the HIV team sensitise 207 (current) VHPs and give them tasks to take to their villages including ABC teaching</p>	Expert Patients	This will reach every home in Kanyonza, Kanyantorogo and Mpungu (7260 households + 3,930 in Kanyantorogo)	Annually in September	9 Village Health Promotor meetings (one in each parish) in year 1. 13 in years 2, 3 and 4 when the VHP program expands to Kanyantorogo - prevention activity log
		<p><b>Working with TBA's:</b> Attendance from a member of the HIV/AIDS team at monthly Traditional Birth Attendant (TBA) Association meetings held between the Hospital and TBA's</p>	PMTCT midwife	40 traditional healers who are still respected in the community and have access to hundreds of pregnant women	Monthly	12 attendances at TBA meetings - prevention activity log
		<p><b>Targeting men through Bataka groups:</b> Meet with every Bataka (burial) group leader in Kanyonza, Kanyantorogo and Mpungu and attend their meetings to target men about HIV including ABC</p>	Expert patients and counsellors	All people living in Kanyonza, Kanyantorogo and Mpungu	Continuing activity	Attendance at 32 Bataka (burial) group meetings per year - prevention activity log

		<p><b>Targeting young people through SRH groups:</b> Attendance of HIV team members at existing Adolescent Sexual and Reproductive Health Groups in every parish to sensitise youth about HIV/AIDS including ABC</p>	Community Health Coordinator and expert patient	50 members of adolescent SRH groups each month, who act as peer educators to others	Continuing activity	Attendance at 12 Adolescent SRH group meetings each year - prevention activity log
		<p><b>Dance, Song and Drama:</b> Patient Support Drama Group take the play about HIV that they have written on the road, making two performances each month</p>	Expert Patients	2400 people will see the performance each year	Continuing activity	Two performances of the drama group each month - prevention activity log
		<p><b>Internal Hospital Sensitisation:</b> Weekly CME sessions (1 hour, Friday mornings) for HIV team on HIV, and bimonthly training session for all staff</p>	HIV/AIDS & TB Supervisor	10-15 people each week	Weekly activity	50 CME sessions for HIV/AIDS & TB team and 6 CME sessions for entire Hospital - Human Resource record of CME activities

2	25% of people living in Kanyonza, Kanyantorogo and Mpungu sub-counties are tested for HIV each year			All people living in Kanyonza, Kanyantorogo and Mpungu	Progression over 4 years	In each year at least 12.5% of men and 12.5% of all people questionned in the community survey have tested for HIV in the last 6 months (25% in the last year). By the end of Year 1 50% of men and 50% of all people aged 15 or over have 'ever' tested for HIV. By the end of Year 2 60% men and 60% of all people aged 15 or over have 'ever' tested. By the end of Year 3 70% of men and 70% of all people aged 15 or over have 'ever' tested, and by the end of Year 4 80% men and 75% of all people aged 15 or over have 'ever' tested	A community where the majority of people know their HIV status, where as many men know their HIV status as women, and where high risk groups like sex workers, soldiers, youth and hospital inpatients have easy access to testing. This is all measured in the annual community survey
		<b>Inpatient HCT:</b> HIV counselling and testing offered to all inpatients at BCH (health provider-initiated)	Doctors, nurses and Counsellors	50 inpatients each month who do not know their HIV status	Continuing activity	At least 750 inpatients each year offered tests, 80% accept - measured by 6 monthly audit	
		<b>Outpatient HCT:</b> HIV counselling and testing offered to all outpatients at BCH (health provider-initiated)	Clinical Officers and Counsellors	150 outpatients each month who do not know their HIV status	Continuing activity	At least 2,250 outpatients offered tests each year. 80% accept - measured by 6 monthly audit	
		<b>Hospital VCT:</b> Voluntary Counselling and Testing available Monday to Saturday at BCH	Head Counsellor & HIV/AIDS & TB Supervisor	100 people who test at BCH each month	Continuing activity	At least 1,200 VCT (not inpatient or outpatient) HIV tests per year - routine data collected	

		<p><b>HCT capacity building:</b> Support Government (G) and Private (P) health units to provide HIV testing on outreaches at Butogota HC II (P), Kayonza HC III (G), Mpungu HC III (G) and Kanyantorogo HC II (P)</p>	Head Counsellor and laboratory technician	Patients who present to other health facilities in the area	Continuing activity	Sustain Butogota HC II at 1,200 HIV tests per year; Increase Kayonza HC III from 600 tests per year (approx - unit unable to provide us with exact figures) to 1,200 tests per year by Year 4. Increase Mpungu HC III from 0 tests per year to 600 tests per year by the end of Year 1 and 1,200 HIV tests per year by the end of Year 4. Begin relationship with Kanyantorogo HC II (P) - collected from HMIS data of these health units
		<p><b>VCT Outreaches:</b> Conduct HIV testing outreaches twice a week (currently one per week)</p>	Head Counsellor and laboratory technician	650 people who test on outreach each month	Continuing activity	At least 7,800 people tested for HIV each year - routine data collected
		<p><b>Targeting sex workers:</b> Conduct evening clinics and use networking to engage sex workers to encourage them to get tested</p>	Expert patients	Approximately 50 commercial sex workers in the area	Continuing activity	Informal outreach to sex workers identifies that 'most' are testing for HIV every 6 months. Hospital explores ways of better measuring sex worker testing
		<p><b>Targeting soldiers:</b> HIV testing outreach visits a UPDF soldiers barracks once a month</p>	Head Counsellor and laboratory technician	100 soldiers per month	Continuing activity	One HIV testing outreach to a UPDF barracks each month. 1,200 UPDF tested for HIV each year at these outreaches - routine data collected

		<p><b>Targeting young people:</b> Start a schools testing programme for children (after meeting with parents, head teachers and governors)</p>	<p>Head counsellor and expert patients</p>	<p>100 schoolchildren every month</p>	<p>Continuing activity</p>	<p>One HIV testing outreach at a school every month. 1,200 school attendees tested for HIV each year at these outreaches - routine data collected</p>	
		<p><b>Testing of pregnant women at BCH:</b> All pregnant women attending BCH antenatal clinic are offered screening for HIV, and all women presenting in labour or postnatal are tested</p>	<p>PMTCT midwife and other midwives</p>	<p>150 pregnant women attending antenatal clinics at Bwindi Community Hospital each month</p>	<p>Continuing activity</p>	<p>At least 1000 HIV tests in pregnant women at BCH each year, with 50 new HIV positive pregnant women detected each year - routine data collected</p>	

3	All pregnant women in Kanyonza, Kanyantorogo and Mpungu sub-counties are tested for HIV and those who are positive can access a PMTCT programe			All pregnant women in Kanyonza, Kanyantorogo and Mpungu both HIV positive and negative.	Continuing activity	A total of 100 HIV positive pregnant women receive PMTCT each year at BCH and on outreach sites - routine data collected. All of the PMTCT audit criteria (attached in additional documentation) are met and reviewed each 6 months (100% of them are counselled on nutrition/feeding options for their babies, 100% of them receive a mosquito net as part of a basic care package, 80% have disclosed their status to partners, 100% deliver in a health unit (in Bwindi or elsewhere). 100% are counselled on family planning after delivery). Measured by 6 monthly audit (baseline audit already performed)	The number of children diagnosed with HIV at Bwindi Community Hospital on DNA PCR testing is less than 5 per year
		<b>PMTCT at Bwindi:</b> All HIV positive pregnant women are managed during pregnancy in the new integrated HIV and Women's Health building by the PMTCT midwife, and all HIV positive women have the opportunity to stay in the waiting mothers hostel and deliver in the Hospital	PMTCT midwife	40 HIV positive pregnant women in care at Bwindi	Continuing activity	40 HIV positive pregnant women receive outpatient PMTCT services at Bwindi Community Hospital each year . 60 HIV positive women deliver in the Hospital each year - routine data collected	
		<b>PMTCT on Integrated outreach:</b> PMTCT midwife attends all integrated	PMTCT midwife	60 HIV positive pregnant women in care at outreach sites	Continuing activity	60 HIV positive pregnant women receive outpatient PMTCT services at integrated outreach sites each year - routine data collected	

		<p>outreaches at Butogota, Tea Factory, Kajubwe and Mpungu which are timed to coincide with antenatal clinics. PMTCT midwife begins to service in Kanyantorogo.</p>				
		<p><b>Exposed babies clinics:</b> All babies born to HIV positive women are followed up by PMTCT midwife in the Hospital or at integrated outreaches until HIV status is determined, including clinical assessment, growth monitoring, continuous assessment of AFASS criteria and DNA PCR at 6 weeks, 6 months and 1 year if still exposed</p>	PMTCT midwife	80 babies born to HIV positive women	Continuing activity	95 HIV negative babies - measured by records of DNA PCR results kept routinely. 100% of babies followed up have growth monitoring monthly for the first six months, then two-monthly (and RUTF if they meet failure to thrive criteria)
		<p><b>Psychosocial support for families:</b> Family Support Group for PMTCT mothers and their partners meets every month</p>	PMTCT midwife	30-40 pregnant women with HIV	monthly	12 meetings of FSG each year with 20 people average in year 1, 30 people average in year 2, 40 people average in years 3 & 4 - minutes of meetings
		<p><b>Sharing expertise in PMTCT:</b> Involvement of PMTCT midwife in</p>	PMTCT midwife	other health workers in other units	quarterly	Attendance at at least two EGPAF training events per year - record of activities kept

		EGPAF training activities in Kanungu District and nationally					
		<b>Capacity building in other health units:</b> PMTCT midwife works with all other health units in Kanyonza, Kanyantorogo and Mpungu to break down barriers to HIV testing of pregnant women and access to PMTCT	PMTCT midwife	health workers in other units (and the patients of those units)	two to three times a week on outreach - this is part of the sustainability strategy of this program	By the end of Year 1 60% of pregnant women attending antenatal clinics at outreach sites (on days not attended by BCH team) are offered HIV testing, 70% by the end of year 2 and 80% by the end of year 3. 100% of women testing HIV positive at these sites are referred to the BCH team and receive high level PMTCT including clinical staging and CD4. Measured through HMIS data of other health units	
		<b>Capacity building in Bwindi:</b> PMTCT training sessions for all midwives at BCH	PMTCT midwife	7-8 people working in the sexual and reproductive health dept of the Hospital	bi-monthly teaching and training sessions	6 training sessions with other midwives at BCH per year - Human Resource records of CME sessions	
<b>4</b>	<b>All patients who are HIV positive are able to access a high quality, free, confidential, holistic treatment service</b>	<b>Integrated outreach:</b> Continue the existing twice-weekly integrated HIV treatment, PMTCT, TB and HIV testing outreaches to Kayonza Health Centre III (G), Butogota Catholic Health Centre II (P), KGTF Health Centre II (P) and Mpungu Health Centre III (G).	Medical Officer, clinical officer(s), adherence officer, dispensing nurse, enrolled nurses, clinical support worker, expert patients, PMTCT midwife, TB coordinator, HIV supervisor (or assistant)	1500 clients by the end of 2009/10. 1900 clients by the end of 2010/11. 2200 clients by the end of 2011/12. 2400 clients by the end of 2012/13	Continuing activity	500 new HIV positive patients are registered to the HIV treatment programme in the first year, an additional 400 in the second year, 300 in the third year and 200 in the 4th year. Will be measured by routine collection of data. 500 of these people on ARV's by the end of Year 1, 700 by the end of Year 2, 900 by the end of Year 3 and 1100 people on ARV's by the end of Year 4	Increased life expectancy for people living with HIV. This will be measured by cohort analysis. Broader coverage of HIV program

		<p><b>Extending services:</b> Expansion of integrated HIV treatment, PMTCT, TB and HIV testing services to Kanyantorogo once a fortnight and to Byumba (within catchment area) and Nkuringo (new catchment area - population approx 10,000 people) once a month</p>	as above	Potentially an extra 1000 patients in HIV services		Additional 300 patients added to the HIV treatment program from these new sites in years 1 & 2. Additional 200 patients in years 3 & 4. An additional 100 people on ARV's by the end of year 1, 200 by the end of year 2, 300 by the end of year 3 and 400 by the end of year 4.	
--	--	---	----------	--	--	--	--

						<p>All women of reproductive age screened for pregnancy on each visit. All patients assessed for ART eligibility on each visit. All patients of reproductive age counselled on family planning at every visit (and 50% are on family planning). CD4 machine functioning 90% of the time. All patients in care have CD4 measured every 6 months. All people in care are given daily co-trimoxazole. All patients on ARV's have contact information (and name of nearest 'helpful patient and a map of their home) documented. 95% of patients on ARV's are adherent (subjective and objective reporting). death rate among people on ARV's is less than 5%. 80% of patients with two CD4 counts in the past 12 months have an increase. Less than 10% of patients on ARV's are lost to follow-up. 0% stock-out of ARV's. 100% of patients on ARV's see a health worker within 30 minutes of arrival. 100% of parents enrolled in the HIV clinic have had at least one child tested for HIV. All measured by 6 monthly audit analysis of computerised HIV data (except patient waiting times, which will be audited separately)</p>	
		<p><b>Quality HIV care:</b> Adopt national quality standards for monitoring antiretroviral care for the HIV/AIDS clinics</p>	as above	<p>1500 clients by the end of 2009/10. 1900 clients by the end of 2010/11. 2200 clients by the end of 2011/12. 2400 clients by the end of 2012/13</p>	Continuing activity		
		<p><b>Defaulters:</b> Weekly referral of treatment defaulters (as defined within BCH HIV/AIDS guidelines) to Helpful Patients for home visits</p>	Enrolled nurse		Continuing activity	100% of defaulters registered in the 'defaulters' register	

		<p><b>Defaulters:</b> Monthly meetings of the 9 helpful patients who follow up treatment defaulters in the community, including maintaining them with mobile phones and providing them with a reward when they return defaulters</p>	Enrolled nurse, clinical support worker	All treatment defaulters	Continuing activity	80% of defaulters reported to helpful patients return to care (the following 20% will be followed up with home visits from BCH staff, who also visit clients with significant issues in the community)	
		<p><b>Patient support group:</b> Patient support group meets each month (3 groups, they meet in Bwindi, Butogota and Mpungu each every 3 months)</p>	Expert Patient	300-500 people living with HIV	Continuing activity	4 meetings of each group each year. Each group sets its own objectives and indicators for success	Reduced stigma. Extra social and practical support for people living with HIV
		<p><b>Livelihoods:</b> Rotating Goat project (those who get a goat have to contribute the first female offspring back to the group) expanded for Patient Support Group with an addition of 30 goats per year</p>	Expert Patient	30 people living with HIV each year (cumulative)	Continuing activity	50 people get goats in Year 1 (20 from previous year), 80 in Year 2, 110 in Year 3 and 140 in Year 4 - Minutes of meetings	

		<p><b>Livelihoods:</b> 20 piglets per year added to the IGA activities of the PSG, on a rotating piglet basis (those who get a piglet have to contribute the first female offspring back to the group)</p>	Expert Patient	20 people living with HIV per year	Continuing activity	20 people get pigs in year 1, 40 in year 2, 60 in year 3 and 80 in year 4 - Minutes of meetings	
		<p><b>Basic Care Package:</b> Provision of a Basic Care Package to all people newly diagnosed with HIV</p>	Expert Patient	400 BCP's per year	Continuing activity	400 people living with HIV get condoms, mosquito net, water guard. Accountability sheets filled	Reduced risk of water-bourne, sexually-transmitted and mosquito-borne illness
5	The risk of HIV transmission is reduced	<p><b>Condom availability:</b> Maintain 42 condom boxes in the community and distribute 10,000 condoms each month through these boxes</p>	Family Planning assistant	All sexually active people in Kayonza, Kanyantorogo and Mpungu	Boxes filled weekly - continuing activity	120,000 condoms distributed each year	Reduced transmission of HIV.

		<p><b>STI information campaigns:</b> Posters with information about STIs in every trading centre and institutions around Kanyonza, Kanyantorogo and Mpungu sub-counties</p>	Family Planning assistant	All sexually active people in Kanyonza, Kanyantorogo and Mpungu	Annual activity	100 posters distributed in trading centres each year	
		<p><b>Improved access to STI treatment at BCH:</b> Increase the number of people coming to the Hospital for STI treatment. Introduce contact tracing and partner notification letters. Manage STI's according to Syndromic Management approach (Ministry of Health Guidelines)</p>	Clinical Officers, HIV/AIDS & TB Supervisor	All sexually active people in Kanyonza, Kanyantorogo and Mpungu		Number of people getting treatment for STI's at BCH increases to 1500 in year 1, 2000 in year 2, 2500 in years 3 and 4 (at least 30% men each year)	
6	Be a model partner for organisations that support BCH HIV/AIDS services			All partners working with BCH: PSI, JCRC, AIC, EGPAF, Pointcare, HIV/AIDS Alliance, MOH, IDI, AFFORD	Continuing activity		Excellent relationship with partner organisations. This will be measured by the continuous

		<p><b>Partnerships:</b> Continue the partnerships with PSI, AIC, JCRC, EGPAF, MOH, Infectious Disease Institute, Pointcare, HIV/AIDS Alliance</p>	<p>HIV/AIDS &amp; TB Supervisor, Medical Superintendent</p>	<p>Bwindi Community Hospital</p>	<p>Continuing activity</p>	<p>Continued supplies of Basic Care Packages, ARV's, HIV test kits, condoms, teaching and training of staff, CD4 reagents, help from Network Support Agents.</p>	<p>support offered to BCH HIV/AIDS programme, more partnerships with other organisations, more training opportunities offered to staff and a good reputation created for BCH HIV/AIDS programme.</p>
		<p><b>Accountability:</b> Continue with timely reporting and quality accountability to different partner organisations</p>	<p>Data clerk, HIV/AIDS &amp; TB Supervisor</p>	<p>no direct beneficiaries</p>	<p>continuing activity</p>	<p>100% of reports filed by the date that the partner requests</p>	
		<p><b>Further development of computerisation:</b> All data is electronically collected onto the database provided by JCRC or the eCare system</p>	<p>Data clerk, HIV/AIDS &amp; TB Supervisor</p>	<p>no direct beneficiaries</p>	<p>continuing activity</p>	<p>100% of information needed for reporting and internal audit is stored on computerised patient files</p>	<p>Quality and timely reporting of all indicators in workplan</p>
		<p><b>Sustainability:</b> Develop a better partnership with Uganda AIDS Commission such that we are invited to all important national meetings and can work towards future funding from UAC</p>	<p>BCH public relations and fundraising team</p>	<p>Bwindi Community Hospital</p>	<p>Continuing activity (see also public relations/fundraising work plan on BCH website)</p>	<p>Grants from UAC and other funding bodies to assume some of the running costs of BCH HIV program (specific targets very difficult to set, as the level of support is unknown)</p>	<p>The Hospital is in a strong position to continue HIV/AIDS &amp; TB services after the lifetime of this grant</p>

		<p><b>Sustainability:</b> Explore the possibility of creating partnerships with other HIV/AIDS organisation that we do not have partnerships with</p>	BCH public relations and fundraising team	Bwindi Community Hospital	Continuing activity (see also public relations/fundraising work plan on BCH website)		
		<p><b>Human Resource development:</b> Maintaining a strong working team with regular teambuilding events.</p>	HIV/AIDS & TB Supervisor	all members of the HIV/AIDS team at Bwindi Community Hospital	Continuing activity (see also Human Resource work plan/strategic plan on BCH website)	Maintain attrition rates in the HIV/AIDS team below 15% per year over 4 years	HIV/AIDS & TB program that is largely staffed by local people with experience who form a strong team with good knowledge and high morale
		<p><b>Human Resource development:</b> Have a field visit to another site outside Kanungu district to observe their HIV service</p>	HIV/AIDS & TB Supervisor	all members of the HIV/AIDS team at Bwindi Community Hospital		One visit to another HIV service in the Year 2	

7	<p><b>Early detection of tuberculosis (TB) suspects in the community, prompt diagnosis using evidence-based protocols, quality clinical assessment and completion of treatment</b></p>			<p>The entire population of Mpungu and Kanyonza, Kanyantorogo, Village health promoters, people having TB and those who have completed treatment</p>			<p>Annual community survey sees annual reduction in TB suspects (people who have reported a cough for three weeks or more) to 7.5% at the end of year 1, 7% at the end of year 2 and 6.5% at the end of year 3. At least 20 TB diagnoses a month in HIV positive and HIV negative people</p>
		<p><b>Identification of TB suspects in the community:</b> Have an annual TB month and train all Village Health Promoters to identify TB suspects in the community/villages. Return one month later with the laboratory team for testing days for TB for people who have been identified as suspects who have not yet presented to the Hospital</p>	<p>TB coordinator</p>	<p>estimated 8% of people (4800 people) who are TB suspects</p>	<p>ongoing activity</p>	<p>80% of TB suspects identified by Village Health Promoters undergo clinical assessment for TB according to BCH policy.</p>	

		<p><b>Identification of TB in HIV patients:</b> All HIV positive people are screened for TB on diagnosis and on subsequent visits to the HIV clinic. Smear negative HIV positive TB suspects receive free chest x-rays (subsidised by AIC)</p>	<p>Medical and Clinical Officers. TB coordinator</p>	<p>2500 people living with HIV by 2012</p>	<p>ongoing activity</p>	<p>All HIV positive people screened for TB - measured by data collection. At least 20 TB diagnoses per month in HIV negative and HIV positive people</p>
		<p><b>TB treatment at Bwindi Community Hospital and on integrated outreach:</b> TB coordinator works at BCH and attends all integrated outreaches at Butogota, Kayonza Growers Tea Factory, Kajubwe, Kanyantorogo and Mpungu. People with tuberculosis and their treatment supporters are managed from these sites (CB DOTS with meetings between health worker and patient in locally-based outreaches rather than the home). Quality standards are adopted and monitored</p>	<p>TB coordinator. Medical and Clinical Officers</p>	<p>All patients with TB (estimated 240 per year)</p>	<p>ongoing activity</p>	<p>Audit standards for TB care at Bwindi Community Hospital (attached) are met, including 100% of people given adherence counselling before treatment, 100% of TB patients offered HIV testing, 100% follow-up at 2, 5 and 8 months for smear positive patients, contact tracing on 100% of patients, 100% of people diagnosed with TB complete treatment and 85% are 'cured'. This will be measured by 6 monthly audits (baseline audit already conducted)</p>

		<b>TB radio sensitisation:</b> TB featured on radio programs on Radio Kinkizi	TB coordinator	All radio audience (estimated at 10,000 people at the peak time that we have secured)	monthly as part of radio program series	Monthly radio programs - activity log	
		<b>TB awareness at BCH:</b> Training of staff about BCH TB policies and procedures	TB coordinator	All staff working at BCH	ongoing activity	Better staff knowledge and adherence to BCH TB policies	

## OUTPATIENTS, DENTAL,& EYES STRATEGIC PLAN 2011-14

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

**Background:** The OPD is the entry point to access of most of our curative services. With a 3-fold increase of clients over the last 3 years, this department has become one of the busiest in the hospital. There is need to increase staff, create more consultation space, an emergency treatment room as well as an elaborate triage system.

**Objectives:**

1. Develop infrastructure to meet OPD needs
2. Maintain highest possible standards of care OPD
3. Improve the quality of care for people with long-term medical conditions through doctor-led protocol-driven care
4. Improve quality of care for people with mental health problems
5. Improve the quality of the experience for patients in the OPD department
6. Improve the ability of OPD to deal with young people
7. Improve the management of SRH conditions in OPD
8. Maintain Dental Services for management of Common Dental Problems
9. Manage Common Eye Problems at BCH and refer Complicated Cases to Eye Specialists

Objectives	Activities	Responsible person	Time Frame			Output	Outcomes
			Year	Year	Year		

			1	2	3		
<b>1. Develop infrastructure to meet OPD needs</b>							
	Construction of OPD complex with enough room for, medical, dental, eye, and sexual health consultations, A & E and minor theater	PHA				OPD complex	improved quality of care (patient satisfaction surveys)
	Procurement of relevant equipment for the different units in OPD	OM				Medical equipment procured (inventory)	Improved patient care (audits)
<b>2. Maintain highest possible standards of care in OPD</b>							
	Maintain simple triage criteria and a 'red flag' system for fast-tracking people who are seriously ill	In charge OPD				Prompt attention to the sick(Audits)	Reduced hospital deaths
	Maintain a numbering system so (unless there is an emergency) people are seen on a first-come-first served basis	In charge OPD				Numbering system used continuously	Patient waiting time reduced (quarterly audits /patient satisfaction survey)
	Maintain Bwindi Community Hospital guidelines for the management of common acute conditions in OPD eg fever, diarrhoea, seizures, pain, anaemia, chest pain, abdominal pain, cough, etc as part of the overall OPD guidelines	In charge OPD				Updated guidelines	Improved case/drug management (quarterly audits)
	Maintain at least one qualified nurse and one nursing assistant in the department at all times to perform triage, ensure correct measurements and interpretation of measurements, collect data, dispense and educate patients.	In charge OPD				Nursing duty rota demonstrates this every month	Reduced waiting time, drugs correctly dispensed (quarterly audits)

	Develop education 'cards' for each acute and chronic diagnosis that dispensing nurses use to teach patients about their conditions	In charge OPD				Health education cards in use	Improved home management of both acute & chronic conditions. Fewer people presenting with complications (audits HMIS)
	Maintain at least two clinical officers in the department at all times to see patients with acute disease, prescribe medicines, offer HIV tests and educate patients	Incharge OPD				Clinicians duty rota each month has at least two COs in OPD each day, with at least three on Thursdays	Reduced patient waiting time and Department coverage all the time(Audits)
	Define what a "full set" of diagnostic equipment in OPD is, and maintain a "full set" that is labelled and in a locked drawer in each of the two clinical rooms in OPD.	Incharge OPD					All consultation rooms in OPD with adequate Diagnostic equipments all the time & Safe storage of these equipments
	Maintain a list of the forms, posters and policies that should be on the walls in OPD, and ensure that posters are neatly displayed in each of the four rooms used by OPD.	Incharge OPD				Updated list of posters and guidelines	Improved case mgt.
	Ensure that there is always a doctor 'on call' for OPD who provides support for difficult cases, and that doctors perform random case analysis to help teach and support Clinical Officers in OPD	In Charge OPD				Named Medical officer responsible reflected on duty rota.	Improved efficiency among Cos, Improved case mgt.

	Establish audit criteria for elements of acute care in OPD (eg 100% of people with a fever should have a blood slide, 100% of people in OPD should be offered an HIV test, 90% of people in OPD should be seen by a clinician within 30 minutes of arrival, 100% of children under five should have a weight for height calculation performed and interventions as per protocol) and perform at least one audit per month to measure performance against these quality standards	Incharge OPD				One audit every 6 months (records)	Improved case mgt.Improved efficiency among the OPD team
<b>3. Improve the quality of care for people with long-term medical conditions through doctor-led protocol-driven care</b>							
	Continue to have Clinics for adults with long-term medical problems (chronic diseases).These diseases should include (but not be limited to) Diabetes, HTN & Epilepsy every Thursday in their established sequency.	Incharge OPD				New patients enrolled:	Reduced complications (HMIS & chronic care registers)
	Employ a registered nurse to work alongside the doctor to manage people with chronic diseases	Personnel Officer & Incharge OPD				Nurse employed	Reduced patient waiting time and effective patient mgt
	Maintain screening criteria for long-term medical conditions (who to screen for diabetes, hypertension & Epilepsy), publish these in the OPD manual and teach clinical officers about screening concepts and practice	Incharge OPD				Criteria established	Patients with Chronic conditions easily identified and registered in Chronic care Clinic

	Establish diagnostic/referral criteria to the chronic care clinics and teach clinical officers about these criteria. Add these to the OPD policy manual	Incharge OPD				Criteria established	
	Maintain electronic data collection for all people seen in the chronic care clinic, with records that mandate the clinician to collect particular information on each visit and that enable electronic 'registers' to be made	IT technician working with In charge OPD				Electronic data collected	Esay retrieval of data and patient follow up
	Maintain policies for baseline investigations for people with long-term medical conditions. Ensure that these investigations are available in the department.	Incharge OPD				Criteria in use	Improved case management
	Maintain policies for routine monitoring (including monitoring questions, examinations and investigations) for each long-term medical condition and teach these policies to the OPD team, particularly the OPD registered nurse	In charge OPD				long term medical conditions policies in place	Improved case management
	Maintain a counselling checklist for each common long-term medical condition, and teach registered nurse to counsel patients with these conditions	In charge OPD				Checklist written for each condition	Treatment compliance by patients with chronic conditions, less complications
	Define routine monitoring intervals for people with long-term medical conditions. Use a computerised recall system to monitor reattendance rates. Define people who have 'left' care and form strategies to bring them back into care	In charge OPD				Criteria updated annually	Improved case management, less complications

	Develop protocols for the management of complications developing from chronic disease (or the management of chronic disease)	In charge OPD				Criteria updated annually	reduced morbidity/disability and mortality from chronic disease complications
	Establish patient support groups where there are key individuals with chronic diseases who can lead these groups	In charge OPD				PSGs operational	improved compliance to management, fewer complications
	Use all of the protocols that have been developed to establish audit criteria for chronic disease management (eg 50% of people in epilepsy care for at least four months should have been seizure-free for the last month)	In charge OPD				Audit criteria developed alongside protocols	Improved case management
	Develop the skills of the Chronic Care Registered Nurse working in the department so that he/she is increasingly involved in the delivery of the clinics and leads data collection, audit and clinical care delivery	In charge OPD				A nurse well versed with chronic care	Improved case management
	Liaise with MoH and other sources for updated guidelines on chronic care	In charge OPD				Evidence of contact , MoH guidelines secured	Improved case mgt
	Develop a partnership with Epilepsy Support Association Uganda (www.epilepsy.org.ug) for awareness-raising and training	In charge OPD				Increased staff awareness of available support services	Improved case mgt
<b>4. Improve quality of care for people with mental health problems</b>							
	Develop diagnostic and management protocols for people	In charge OPD				Criteria established	Improved mental health mgt

	with mental health problems						
	Begin a PCO or doctor-led Monday clinic for people with mental health problems, including psychoses (e.g. schizophrenia), affective disorders (e.g. depression, mania) and alcohol problems	In charge OPD				Increased number of mental health patients under care	Improved mental health mgt
	Develop a partnership with Mental Health Uganda for skills development, advocacy, training, awareness raising and policy development (www.mentalhealthuganda.org)	In charge OPD				Evidence of contact and exploration	Improved skills and support for patient management
<b>5. Improve the quality of the experience for patients in the OPD department</b>							
	Conduct quarterly CME sessions for OPD Staff on communication skills, customer service and the building of and maintenance of good relations with patients	In charge OPD				Quarterly sessions timetabled and conducted by a variety of staff (Admin, MS, PNO, etc)	Improved Customer care to Our Patients and Clients.
	use all of the protocols that have been developed for health talks	In charge OPD				Log of health talks kept and available for discussion	Awareness of patients improved
	To make sure that every patient attending OPD is offered an HIV test	In charge OPD				6 monthly audit of HIV testing in OPD performed by HIV team shows 100% of people offered a test, with 75% uptake	Patients aware of their HIV status

	Maintain a neat and tidy display of Posters for Health Information in OPD	In charge OPD				Well displayed posters in OPD	Effective patient mgt
	Place Television in OPD Patient waiting area showing Health Information Programs	In charge OPD				TV operational in OPD	Awareness of patients improved
	Administer the Patient Satisfaction survey	In charge OPD				Satisfaction survey conducted quarterly on designated patients.	Effective patient management
	Demonstrate evidence of discussion of the outcomes of the patient satisfaction survey every quarter, and implementation of improvements to increase patient satisfaction	In charge OPD				Evidence of four times a year presentation of results and discussion of comments	Effective patient management
	Develop a referral policy which includes a list of recommended referral options and a directory of services offered by each referral institute. Work with Administration to update this directory every 6 months through personal contact with named doctors/health workers. Referral policy should include referral to named health workers in other institutions, and follow-up to ensure that patients referred are reaching their destination	In charge OPD				Directory of referral options completed . Policy developed	Effective patient mgt
<b>6. Improve the ability of OPD to deal with young people</b>							

	Four annual training sessions from head of SRH and the community SRH nurse on making the service friendly to young people, and on services to offer to young people	In charge OPD				Training sessions in August, November, February and May	Effective handling of young people.
	Development of specific guidelines on management of young people in OPD at BCH	In charge OPD				Guidelines completed and ratified	Effective handling of young people.
<b>7. Improve the management of SRH conditions in OPD</b>							
	Develop referral criteria for gynecology clinic (e.g. chronic pelvic pain, dyspareunia, dysmenorrhea, menorrhagia not responding to initial management)	In charge OPD				Guidelines completed and ratified by Clinicians meeting	Effective mgt of SRH Problems
	Set audit criteria for management of STI's according to syndromic management approach. Develop measurement tools and perform 6-monthly audit of STI management in OPD	In charge OPD				Criteria established	Effective management of STIs
	Conduct 6-monthly audit of Rape guidelines implementation and complete audit cycle with interventions to improve management of rape and sexual assault	In charge OPD				Audit reports	Improved case mgt
	Offer family planning advice to 100% of women of child-bearing age who attend OPD. Develop measurement tools and audit this every 6 months	In charge OPD				Measurement tool developed	Increased FP uptake

<b>8. Maintain Dental Services for management of Common Dental Problems</b>							
	Continue to employ PHDO and maintain a Dental Assistant. Have a named member of staff covering dental emergencies so that the Hospital is covered day and night for dental emergencies	In charge OPD				PHDO in place	Effective mgt of oral/Dental diseases and conditions
	Review BCH Management Guidelines for common dental emergencies and keep these guidelines in the department	In charge OPD				updated Guidelines	Improved Management of Dental conditions.
	Develop BCH Management Guidelines for routine dental treatment, and keep these guidelines in the department	In charge OPD				updated Guidelines	Improved Management of Dental conditions.
	Write Patient Group Directives on management of dental problems, to enable the Dental Assistant to undertake certain procedures under the authority of a senior (PHDO or Senior Clinical Officer) without that person necessarily being present	In charge OPD				PGD's completed	Improved cover for dental services
	Continue to host and assist Teams of visiting Dentists at least once a year	PHDO/Dental Assistant				Number of camps held by visiting dentists	Improved skills, increased number of clients seen
<b>9. Manage Common Eye Problems at BCH and refer Complicated Cases to Eye Specialists</b>							
	Develop clear BCH Guidelines for the management of Common Eye	In charge OPD				Guidelines developed	Improved case mgt

	Problems						
	Clinical Officers to follow guidelines and manage acute eye problems. Training sessions for CO's to ensure high quality management of acute eye problems.	In charge OPD				Guidelines followed (audits)	Improved case mgt
	Weekly (Saturday) clinic for eye problems led by Ophthalmic Assistant	In charge OPD				Number of patients seen	Reduced morbidity/disability from eye conditions
	maintain contacts with Ruharo eye centre for complicated eye conditions	In Charge OPD				Eye camps/ specialist consultations	Reduced morbidity/disability from eye conditions

## **SEXUAL AND REPRODUCTIVE HEALTH STRATEGIC PLAN 2011-14**

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

**Background:** Bwindi Community Hospital has been offering Maternal and Child Health services since 2003. This was scaled up in 2008 to offer emergency obstetric care including surgery. The focus has been on increasing access and better utilization of safe motherhood services such as, antenatal care, delivery by a skilled health attendant, improved modern birth control methods, treatment of STIs and neonatal care. The hospital covers the three sub counties of Kanyantorogo, Mpungu and Kayonza, plus neighboring parts of Kisoro district, located immediately east of the DRC border, with a total population of about 100,000. Maternal and child mortality and morbidity can be improved by closely monitoring pregnant mothers with antenatal services, delivery by skilled attendants, use of modern birth control methods, postnatal services, and improved survival services for newborns and children under 5. Through these interventions, the proportion of deliveries attended to by skilled health worker has increased to 45%, while that of mothers using modern birth control methods has increased above the national average of 24% to 26%. With a MMR of 435/100,000 live births, we are still a long way away to achieving the 5th MDG of 131/100,000 by 2015

### **Objectives:**

- 1: Intensify sensitization of the community on safe motherhood
- 2: To reduce teenage pregnancy rate from the current 23%
3. Improve infrastructure to meet requirements for delivery of quality SRH services
4. Maintain adequate human resources for health in the department
- 5: Keep mid wives with up to date knowledge and skills in emergency obstetric and neonatal care
6. Improve labor outcome
7. Maintain excellent health worker-patient relationship
8. PMTCT
9. Improve the 2 and 12 hour postnatal care
- 10: Increase the number of mothers coming for the 6 week postnatal clinic to 50% of the number of deliveries
- 11: Increase the FP coverage in our catchment area so that the CPR is 40% by 2014
- 12: improve access to treatment for people with STI's
13. Reduce morbidity/disability from gyn conditions
14. Improve management of common gynecologic conditions

### **Summary of Indicators with targets**

- The proportion of pregnant women attending ANC 4 times increased from 47% to 60%.
- The proportion of women who deliver in health facilities increased from 37.5% to 90%.
- Maintain 100% no stock-outs of essential RH medicines and health supplies
- Contraceptive Prevalence Rate increased from 26% to 40%.
- The unmet need for family planning reduced from 41% to 20%.
- To increase the proportion of deliveries attended by skilled health workers from 40% to 60%.
- Maintain interventions for emergency obstetric care at 100%
- The proportion of mothers who have completed IPT II increased form 55% to 80%.
- The proportion of pregnant women accessing comprehensive PMTCT package maintained at 100%

Objectives	Activities	Responsible person	Output (with measurement tool)	Time frame			Outcome (with measurement tool)
				Year 1	Year 2	Year 3	
<b>Increase awareness and demand for safe motherhood services</b>							
<b>1: Intensify sensitization of the community on safe motherhood</b>	Quarterly radio talk shows on ANC, safe hospital delivery, PMTCT, PNC, FP and STI treatment	HoD	Number of radio talk shows held annually (log)				Increase in uptake of safe motherhood services (HMIS)
<b>2: To reduce teenage pregnancy rate from the current 23%</b>							
	Provide IEC materials at the venue for Antenatal clinics. School health education on risks of early pregnancy Start adolescent friendly RH clinic. PTA sensitization, distribution of contraceptives to adolescents	head SRH, OPD, Community Health team (young peoples clinic)	Number sensitization meetings, clinics conducted				Increased number of safe teenage deliveries in the hospital, reduction of teenage pregnancies from 21% to 15% (HMIS)
<b>Infrastructure</b>							

<b>3. Improve infrastructure to meet requirements for delivery of quality SRH services</b>							
	Completion of maternity ward extension		Bigger ward (Inventory)				Adequate space for efficient delivery of SRH services
	Procurement of new equipment for maternity ward		Procured equipment (Inventory)				all relevant equipment available at all times (inventory audits), Efficient services
<b>Human resources</b>							
<b>4. Maintain adequate human resources for health in the department</b>	Ensure full cover of the department at all times	HoD, HR	Full time cover (timetable)				Un interrupted efficient service
<b>Antenatal care</b>							
Improve 4th ANC visit attendance.	Community sensitisation including male involvement	HoD	4th visits increased to 75%, at least one male accompanied visit for each client				Reduced maternal morbidity/mortality (HMIS)
Improve ANC management	Use of guidelines at each antenatal visit	HoD	Number of clients managed according to protocols (quarterly exit checklist audits)				Improved maternal and child health
<b>Maintain top quality services in the</b>							

department							
<b>5: Keep mid wives with up to date knowledge and skills in emergency obstetric and neonatal care</b>							
	Train midwives in obstetric ultra sound, use of MVA for incomplete abortions, neonatal resuscitation and management of PPH	SRH head	Number of trainings and participants involved (reports)				Increased number of safe deliveries in the hospital, reduced perinatal, neonatal and maternal mortality (HMIS)
	Provide protocols for managing various situations in Antenatal (including hypertension, proteinuria, small for dates, post-dates, UTI, STI, low-lying placenta)	SRH head	Protocols developed/revised, audits on adherence				Reduced maternal mortality and morbidity. Improved neonatal survival rates

<b>6. Improve labor outcome</b>	Monitor each labor according to the set protocols such as use of partographs, twin delivery, breech delivery etc	SRH head	guidelines adhered to				Reduced maternal mortality and morbidity. Improved neonatal survival rates (audits)
<b>7. Maintain excellent health worker-patient relationship</b>	Observe professional code of conduct	SRH head	Client satisfaction (customer satisfaction survey conducted annually)				Increase in service utilisation (HMIS)
<b>8: PMTCT</b>							

	Ensure that all women who deliver have had an HIV test in the past 3 months	In-charge	6-monthly audit of the standard '100% of women who have not previously been tested for HIV or who last tested more than 3 months ago, who present in late pregnancy or the first stage of labour, should be offered a Determine test and the result should be documented in the patient records' and the standard '100% of women who test Determine positive in labour have this recorded in their notes, have confirmatory tests performed by the laboratory within one hour'				
<b>Postnatal</b>							
<b>9: Improve the 2 and 12 hour postnatal care</b>							

	Encourage the staff to take postnatal vital signs 2 hours after delivery	in-charge	"90% of women who deliver at BCH should have vital signs taken and recorded immediately after delivery and then again 2 hours after delivery"(audit)				better Maternal and neonatal out comes (Audits)
	Internal support-supervision of neonatal examination	in charge	6-monthly audit of the standard: "100% of babies receive a full neonatal examination prior to discharge according to guidelines"				
<b>10: Increase the number of mothers coming for the 6 week postnatal clinic to 50% of the number of deliveries</b>							

	Increase awareness among mothers about the 6-8 weeks postnatal clinic through activities of the VHP healthy baby voucher sellers, information at discharge and flexible return dates given, using the VHPs attached to various households to remind mothers to	BSc Nurse i/c to timetable radio programmes and supervise discharge of the mothers after delivery. Community SRH coordinator to support supervise the Village health promoters.	50% of people who deliver at the Hospital coming for Post visit at 6 weeks (HMIS)				better Maternal and neonatal out comes (Audits)
	Offer postnatal clinic on everyday of the week except Sunday	HNS and MO i/c to lobby for more staff, BSc Nurse i/c to timetable.	50% of people who deliver at the Hospital coming for Post visit at 6 weeks (HMIS)				better Maternal and neonatal out comes (Audits)
	Maintain a postnatal assessment before the Polio1 and DPT-Hep B-Hib 1 are given	FP coordinator	keep post natal attendance at 50 %				

<b>Family planning</b>							
<b>11: Increase the FP coverage in our catchment area so that the CPR is 40% by 2014</b>							
	Community sensitization about FP,	FP coordinator	Increased FP uptake from 25% CPR to 40% (annual household survey)				Reduced FP unmet need for FP from 41% to 20%, improved child survival
	Sensitization of healthworkers (staff) on FP	FP coordinator					
	Fully integrate FP activities into HIV as part of PMTCT strategy	FP coordinator					
	Integrate FP services into activities at the hospital	FP coordinator	Every client that come in contact with heal worker is offered FP choice				40% contraceptive prevalence rate in catchment area ( community survey), reduction of unmet need for FP from 41% to 20%
	Carry out twice-monthly FP camps for long-term methods	FP coordinator	For every ten people who are given a short-term method of FP, one is given a long-term method				40% contraceptive prevalence rate in catchment area community survey

	Provide family planning services 6 days a week including emergency family planning only on Sundays	FP coordinator					
	Target women who have had more than four children for long-term FP	FP coordinator to liaise with Mid wives	Allocate each CRHW an 'area' - or link each area to a CRHW. Produce a list of all of the women of child-bearing age who are living in households with 4 or more children and who are not on FP - incentivise them to bring for long-term FP methods. Run camps in areas where there are many women in this category				40% contraceptive prevalence rate in catchment area community survey
	Continued Management of CB Depo program in Kayonza and Mpungu - mentorship of CRHWs and	FP coordinator					

	dealing with referral cases						
	Family Planning radio programmes once every 2 months including topics such as FP myths, emergency FP, side effects, benefits and services offered	FP coordinator					Reduction in unmet need for FP, (survey)
<b>Sexually Transmitted Infections</b>							
<b>Objective no 12: improve to access to treatment for people with STI's</b>	This component will be dealt with during ANC and the HIV/AIDS & TB program area						
<b>Gynaecology</b>							
<b>13. Reduce morbidity/disability from gyn conditions</b>	Maintain a once monthly Medical and Surgical Gynaecology clinic which accepts referrals from OPD	head SRH		Number of clients attended to (HIMS)			Improved maternal and sexual health

<b>14. Improve management of common gynecologic conditions</b>	Protocol led management (medical and surgical) of of gyn conditions such as missed abortions, threatened, incomplete, inevitable and septic abortions	head SRH	audit quality of case management shows 90% proper case management				Improved maternal health

## **SURGERY STRATEGIC PLAN 2011-14**

**Goal:** Be able to offer emergency surgical care for obstetrics, trauma & non-trauma conditions at any time, as well as reducing disability through operative interventions

**Background:** Surgical conditions account for an estimated 11% of the causes of disability. At the moment, BCH is the only facility with capability of doing major operations in catchment area of about 100,000 people. Although the unmet need for surgical conditions in this area can not be easily ascertained, the importance of BCH's ability to handle both emergency and non acute surgical conditions can not be over emphasized.

### **Objectives:**

1. Ensure availability of staff capable of meeting the demands of the surgery department
2. Ease movement of patients and staff to and fro theater
3. Improve patient flow in theater
4. Improve flooring and drainage to control infection and backflow of nuisance waste
5. Improve capacity to deal with increased surgical demand including ability to offer general anesthetics
6. Improve pre and post operative care
7. Improve orthopedic services
8. Maintain bimonthly out patients surgical clinic
9. Improve bookings for surgery
10. Maintaining quality referral system
11. Maintain at least two surgical camps each year
12. Maintain high level of infection control

OBJECTIVES	ACTIVITY	INDICATOR/SOURCE OF VERIFICATION	TIMING			PERSON RESPONSIBLE
			Year1	Year2	Year 3	
<b>Human resource</b>						
1. Ensure availability of staff capable of meeting the demands of the surgery department	Improve staffing through recruitment of nurse, anethetist, and surgeon	staff (staff list)				HR
	Maintain partnership with visiting surgeons and specialist hospitals	Correspondences (records)				
<b>Infrastructure &amp; service delivery</b>						ADMN
2. Ease movement of patients and staff to and fro theater	Walk way construction	walk way (inventory)				ADMN
	procurement of patient trolleys	Trolleys				ADMN
3. Improve patient flow in theater	Revising structural design	revised structure				ADMN
4. Improve flooring and drainage to control infection and backflow of nuisance waste	Sealing floor with terazzo	sealed floor				ADMN
	Put inspection chambers and troughs	inspection chambers/troughs				ADMN

	Procurement of 2 theater tables, 2 anesthetic machines, and other surgical instruments (general sets, hernia and c-section, orthopedic and skin graft sets), recovery beds	Theatre equipment (inventory)				ADMN
5.Improve capacity to deal with increased surgical demand including ability to offer general anesthetics	Available anaesthetic assistant with refresher courses in G/A.Do CME's on local - regional anaesthesia to C/O's and theater nurses.	Anaesthetic assistant sent for refresher course in G/A. Safe anaesthesia and patient safety observed (Certificate and audits)				HR
	create a surgical ward	surgical ward (inventory)				ADMN
6.Improve pre and post operative care	Regular review of pre and post operative protocols	Revised protocols (policies manual)				HoD
7. Improve orthopedic services	Maintain relationship with orthopedic surgeons both	Reduced disability. Continued the orthopaedic				HR

	local and overseas to support the program.	camps.(Records) .				
	orthopedic beds	orthopedic beds (inventory)				ADMN
	Procurement of orthopedic equipment					ADMN
8. Maintain bimonthly out patients surgical clinic	surgical out patient consultations	HMIS				
9.Improve bookings for surgery	Maintain computerized waiting lists for elective operations	90%of the booked patients honour the appointment date,12 wks audit standard from booking to operation(records &audits)				HoD
10. Maintaining quality referral system	Updating telephone contacts for surgeons at referral centers, regular checks of the hospital ambulance for suitability for patient transfer	Correspondences (records), ambulance log				HoD
11.Maintain at least two surgical camps each year	organising	Number of surgical				HoD

	surgical camps	camps held (records)				
12. Maintain high level of infection control	adhere to infection control policies	audits (reports)				HoD
<b>Outputs</b>						
staffing increased to expected levels						
surgical camps from visiting surgeons						
surgical ward building						
Surgical equipment						
protocol driven management						
C/S rate between 15-20%						
Sepsis rate kept below 1%						

## **ACCOUNTS AND FINANCE STRATEGIC PLAN 2011-2014**

**Goal:** Effective involvement in raising financial resources for the hospital, their effective management and quality and timely reporting

**Background:** The accounts and finance department has been key to the over all performance of the organisation. For three years running, this program area has had external Financial audits done and published. Accurate timely reporting, transparency and accountability has won confidence from our partners and stakeholders and has enabled the organization to apply for grants more favorably. The Financial policies and Procedures in place have ensured that financial resources are utilized efficiently.

### **Objectives**

1. To be able to track each donation or other source of income as it progresses through the organisation
2. To know the cost of running each programme area at BCH, and be able to apportion budgets each year to each programme area
3. Quarterly assessment of capacity utilisation in different departments eg bed occupancy rates for in patients
4. Ensure effective use of cash resources
5. Quarterly measure efficiency of departments (partial measure)
6. Maintain good relationships with Health Insurance companies
7. Produce accurate and timely reports for management, donors, the District, the HUFC and UPMB
8. Work with Human Resources to recruit and retain highly motivated staff in Accounts/Finance and across the whole organisation
9. Provide adequate training, equipment and accommodation for the Accounts and Finance Department
10. Ensure efficient processing of payroll
11. Maintain a cost reflecting billing system
12. Efficiently recover costs and liabilities
13. Provide timely processing of payments

ACTIVITY NUMBER	DESCRIPTION OF ACTIVITY	INDICATOR/ SOURCE OF VERIFICATION	TIMING			PERSON RESPONSIBLE
			Year1	Year2	Year3	
ACC.1	Input all financial information into QuickBooks, and ensure that the computerised records are supported by clearly filed documentation that meets audit standards	Quickbooks file & Sound filing System of documented transactions				FM
ACC.2	Annual review of financial policies and procedures in May of each year	Recommendations made to the Board				FM
ACC.3	Commission external auditors and prepare to give them financial statements in August of each year, And present the audited accounts to the board by December of each year	Letter of commission, Minutes of Board Meeting				FM
ACC.4	Back up all computerised financial information thrice a week on a data storage device that is not kept in the Accounts and Finance Department	Back up log				FM
ACC.5	Maintain a good working relationship with our Electronic banking providers	Utilisation of Electronic banking				FM
ACC.6	Give the fundraising team a report of the out standing pledges every fort night & occasional reports on the progress of project financial flows	Pledges Report				FM
ACC.7	Income Reports from the KF & FoBCH twice monthly and timely requisition for transfer of funds.	Reports available for review				FM
ACC.8	Apportionment of all income and expenditure to programmes or projects as designated by the donors or as dimmed fit (for the unrestricted donations). And maximising apportionment of all non clinical program area costs to clinical program areas for a better reflection of the cost of running services	Programme Area Income & Expenditure Reports				FM
ACC.9	Receipt all income( donations , sales & user fees ) received either in cash or into the BCH bank account	Receipt Acknowledgements				FM

ACC.10	Deposit all foreign exchange cash donations in the BCHC current account	Bank Slips & Receipt Acknowledgements				FM
ACC.11	All requisitions for funds must be recommended by one of the people delegated to spend money for the programme area (either the in-charge or delegated deputy)	Authorised Vouchers				FM
ACC.12	Maximise expenditure against budget	Reports				FM
ACC.13	Maximise payments by cheque	Cheque Payments				FM
ACC.14	Plan & minimise bank trips without compromising sufficiency of the funds available on site always	Minimal bank trips (records),				FM
ACC.15	Perform reconciliations on all bank accounts	Reconciliation Schedules				FM
ACC.16	Conduct monthly cash counts and adhoc cash counts as directed by any 2 members of the Finance Committee.	Cash Count Statements				FM
ACC.17	Keep copies of contracts with each Health Insurance Company that BCH works with, file insurance claims monthly and keep good records of money received and payments outstanding	Insurance Contracts				FM
ACC.18	Conduct relevant orientation & training sessions with staff ; eg filling various accounts forms/documents like requisitions/ vouchers,full accountability ,allowances structure,incremental process of salaries ,department policies & procedures etc,	Induction list , Displayed allowances schedule				FM
ACC.19	Advertise to staff and patients the services covered by Health Insurance Companies	Displayed Health Insurance Provisions				FM
ACC.20	Maintain good relations with our partners; Bank,District,URA,NSSF,Drugs suppliers,contractors etc	Continued Working Relations with the Insurance Companies				FM
ACC.21	Maintain a financial calendar for the year with a reporting schedule	Financial calendar				FM
ACC.22	Produce Quartely Budget Performance reports for each Programme Area and the Medical Superintendent by 15th of subsequent month	Reports				FM
ACC.23	Produce a monthly Financial Status Report for Management Executive by 15 <sup>th</sup> of each month	Timely Report				FM
ACC.24	Produce a monthly Income / Expenditure report per program area by 15th of subsequent month	Reports				FM
ACC.25	Produce user friendly annual reports at the end of the financial year for the BCHC Annual Report & website, office of the DHO and UPMB.	Reports				FM

ACC.26	Pay particular attention to accountability & display for any funds delegated from the Government.	Displayed PHC funds				FM
ACC.27	Liaise with the chair of the HFC to ensure that it meets every three months (April, August and December)	Hospital Finance Committee Meeting minutes				FM
ACC.28	Review Salary scales and Staff salaries as per the salary policy ( factoring in the inflationary increment, minimizing bands, considering time in service/qualifications/nature of work etc)	Updated Salary Scales, Clear Salary Policy				FM
ACC.29	Present a report on the cost of offering an inflationary salary increment to the management for approval	Management minute				FM
ACC.31	Prepare payroll no later than 25th day of the month	Timely Payroll				FM
ACC.32	Maintain a price list that is updated annually (February) using the previous year's data as the base for computing cost of service.	Updated Price Lists				FM
ACC.33	Invoice debtors( tour camps, insurance firms, patients etc) and Maintain a record of all debtors arising from treatment received, and include debtors in the monthly financial reports	Invoices( certified copies if possible) &Debtors reports				FM
ACC.34	Prepare payment vouchers for all cash & cheques as is being paid out, ensuring that the appropriate authorization has been given and signatures obtained	Authorised Payment Vouchers				FM
ACC.35	Convene a Management Budget Workshop in June/July to look at work plans and budgets for the next financial year	Budgets reviewed by management & or Board				FM
ACC.36	Prepare annual budgets for each program area in the first week of June based on work plans that have been created by the end of May (based on activities in this strategic plan)	Work Plan Linked budgets				FM
ACC.37	Make budget revisions during the fiscal year as new funds become available or funding problems ensue	Revised & Approved budgets				FM
ACC. 38	Conduct quarterly audits of value for money spent on major activities	Audit reports				FM
ACC. 39	Conduct quartely productivity (efficiency audits) of departments	Audit reports				FM
ACC. 40	Conduct quarterly audits for capacity utilisation	Audit reports				FM

**Outcomes**

Increased fundraising

Sound management decisions

Better information for stakeholders

# ADMINISTRATION STRATEGIC PLAN 2011-14

**Goal:** Quality logistics, effective maintenance and steady expansion of the infrastructure of the Hospital to meet the health care needs of the community.

1. Maintain good relationship between BCH and all stakeholders
2. Collect accurate, quality data, ensure timely reporting to partners and provide PR/fundraising with information for their activities
3. Develop, maintain infrastructure and capacity of the Hospital
4. Ensure good Governance of the organization through accurate recording of the decision-making process
5. Make the BCH site a 'healing environment' for patients and a functional place for staff
6. Implement and maintain a policy that ensures high quality supply of medicines and other medical equipment with no stock outs of essential drugs
7. Implement and maintain a policy that ensures all non-clinical consumables are always in supply in the hospital
8. Improve waste management
9. Maintain safety and security at high levels ensuring secure storage for all Hospital property, and ensure proper stock-taking and accountability for materials
10. Continue supporting efforts aimed at sustainability of the hospital

OBJECTIVES	ACTIVITY NUMBER	DESCRIPTION OF ACTIVITY	INDICATOR/ SOURCE OF VERIFICATION	TIMING			PERSON RESPONSIBLE
				Year1	Year2	Year3	
<b>Maintain good relationship between BCH and all stakeholders</b>	ADMIN.1	Provide UPMB, Diocese, District and other stakeholders with appropriate documents such as a copy of the strategic plans and annual report	Copies of Strategic plan and annual report sent				PHA
	ADMIN.2	Medical Superintendent to meet with the District Health Officer quarterly	Notes from meetings				PHA
	ADMIN.3	Bi annual meetings with community leadership/representatives for hospital updates	Notes from meetings				PHA
	ADMIN.4	Ensure appropriate documentation of working framework with various stakeholders	MoUs, ToR, Operating license				PHA
<b>Collect accurate, quality data, ensure timely reporting to partners and provide PR/fundraising with information for their activities</b>	ADMIN.5	Maintain a paper records department with safe, secure storage of all patient records, and recruit a records assistant	Records assistant recruited , Safe storage of records				Secretary
	ADMIN.6	Maintain electronic and paper copies, where indicated, of all data collected	Record retention policy and electronic and paper copies				Secretary/IT
	ADMIN.7	Upgrade and implement the BCH database to ensure the maintenance of a computerised collection of all data.	Database upgrade and implementation				IT technician

	ADMIN.8	Ensure the completion of weekly HMIS epidemic surveillance reports, monthly HMIS reports, annual reports to the District and UPMB and the Hospital Database for annual reporting and inventories	Reports submitted				Secretary
<b>Develop, maintain infrastructure and capacity of the Hospital</b>	ADMIN.9	Construct staff quarters for both junior and senior members	Completed housing units				PHA
	ADMIN.10	Redesign structure for incinerator	Improved incineration services				PHA
	ADMIN.11	Make a design of covered walkways connecting all from surgical ward and delivery room to operating theatre	Construction of walkways				OM
	ADMIN.12	construct workshops (including adequate tools) for vehicles and woodwork	Workshop constructed				
	ADMIN.13	Design and build shade for packing cars	Parking shade				PHA
	ADMIN.14	Maintain policies on vehicle overloading, refueling, authority to drive, tyre trade, liability on accidents, alcohol use and use of vehicles for personal reasons	Hospital Policy Manual				OM
	ADMIN.19	Maintain power and water available at all times	Power policies in place				PHA
	ADMIN.15	Maintain and service hospital assets including medical and non-medical equipment	Well maintained assets (inventory)				PHA
	ADMIN.16	Design and implement improvements to the staff kitchen.	Improved kitchen				PHA

	ADMIN.17	Follow-up on the flooring improvement to Maternity and Operating Theatre	Sealed floors with terazzo				PHA
<b>Ensure good Governance of the organisation through accurate recording of the decision-making process</b>	ADMIN.18	Six monthly board meetings	Meeting minutes				PHA
	ADMIN.19	Constitutional Amendment	Secretary has no vote				PHA
	ADMIN.20	Bi weekly Management meetings. Review every two months in a Management Executive Meeting to discuss progress in each programme area	Minutes/Records				PHA
	ADMIN.21	Review adherence to UAP insurance standards	At least bi-annual audits of the adherence standards				PHA
	ADMIN.22	Design and implement a complaint policy to maintain high quality client and partners care by developing a tool for taking in suggestions and complaints and addressing them	Functional suggestion box, telephone hotline				PHA
<b>Make the BCH site a 'healing environment' for patients and a functional place for staff</b>	ADMIN.23	Design and create hospital gardens, shaded areas etc	Good Hospital gardens				Personnel Officer
<b>Implement and maintain a policy that ensures high quality supply of medicines and other medical equipment with no stock outs of essential drugs</b>	ADMIN.24	Conduct a review of the drug formulary	Reduce drug formulary				HCS

	ADMIN.25	Conduct three-monthly stock takes and use data gathered to inform the drug procurement process	Data collected				Operations Manager
	ADMIN.26	Employ a dispenser	Human Resources				Personnel Officer
	ADMIN.27	Develop and maintain efficient refrigeration services	Refrigeration policy in place				Operations Manager
	ADMIN.28	maintain a medical supplies management policy that includes a one month buffer supply of all clinical consumables, dates for stocktakes and ordering, policies on procurement of supplies not available at main suppliers, policies on supplies obtained from the District (and what to do in the event of supplies not being forthcoming from the District), policies on adding and removing supplies and policies on how to maintain donated supplies.	Medical supplies management policy				HCS
<b>Implement and maintain a policy that ensures all non-clinical consumables are always in supply in the hospital</b>	ADMIN.29	Maintain well laid out procurement procedures, including stock control system for all consumables (food, gas, stationary, Mackintosh, petrol, diesel, etc)	Annual procurement schedule				Operations Manager
	ADMIN.30	Maintain a database of suppliers on the server	Database suppliers of all things used in the hospital				Operations Manager
	ADMIN.31	Maintain adequate Hospital furniture	Furniture always functional				Estates Manager

	ADMIN.32	Maintain an inventory of all items owned by the Hospital	2 Inventory reports made				Operations Manager
	ADMIN.33	Develop a system of easy hand washing in the Hospital	Hand washing liquid soap in always available in soap holders				Estates Manager
<b>Improve waste management</b>	ADMIN.34	Design and implement a policy that conforms to WHO standards for waste management, including separation of clinical and non-clinical waste, management of sharps and other special waste, collection, storage, incineration and disposal for degradable materials. Including staff quarters, doctor houses and offer the service to the Guesthouse	Hospital Policy Manual				Operations Manager
	ADMIN.35	Implement a policy to ensure regularly maintain septic tanks and pit latrines with chemicals to encourage biodegradation of waste	Maintenance schedule with monthly simulations				Estates Manager
<b>Maintain safety and security at high levels ensuring secure storage for all Hospital property, and ensure proper stock-taking and accountability for materials</b>	ADMIN.39	Maintain a fence around the Hospital site with entrances through gates. Lock gates at night	Fence				Estates Manager
	ADMIN.40	Employ day security staff.	Human Resources				Personnel Officer

	ADMIN.41	Review the keys and locks policy to ensure that security of all rooms, and availability of keys at all times when they are needed	Hospital Policy Manual and at least a keys and locks audit each quarter				Operations Manager
	ADMIN.42	Maintain a policy for reporting of and response to security threats	Policy in place and 4 simulations				Operations Manager
	ADMIN.43	Maintain relationship with UPDF with regular meetings and support for soldiers guarding the premises at night	MOU in place and at least 6 meetings with minutes available				Operations Manager
	ADMIN.44	Make an assessment to enable PWDs access all service stations	Construction of access routes for PWDs				Estates Manager
	ADMIN.45	Maintain a fire prevention, protection, evacuation, alert, fire drills and management policy	1 Hospital Policy Manual				Operations Manager
	ADMIN.46	Maintain a regular radiation safety assessment	Policy in place				Operations Manager
<b>Maintain good internal and external communications ensuring that all staff have access to computing and the internet</b>	ADMIN.47	Maintain a system of walkie-talkies with cells always charged and enough cells, internet and intercom for the staff who need them	Hospital Policy Manual				Operations Manager
	ADMIN.48	Maintain a protocol for usage of computers at BCH	Hospital Policy Manual				IT technician
	ADMIN.49	Increase the number of computers at BCH by encouraging donations using the 'useful items to bring' section of the website	Forty computers in the organisation				IT technician

	ADMIN.50	Provide data security by backing up all data on external hard drives (or on the web) and password-protecting sensitive documents	Back up log at least 52 back ups				IT technician
	ADMIN.51	All staff should have basic computing skills including use of the internet and emailing	Training session record indicating at least 260 sessions held				IT technician
	ADMIN.52	Maintain a Hospital telephone system that is always available for people to call into the Hospital from outside	At least 4 telephones lines available all the time				IT Technician
	ADMIN.54	Regular trips to the Post Office to collect post	A schedule of mail collection				Operations Manager
<b>Continue supporting efforts aimed at sustainability of the hospital</b>	ADMIN.55	Lobby for government support at hospital level	Government funding at hospital level				PHA
	ADMIN.56	promotion of eQuality	Number of groups enrolled				PHA
	ADMIN.57	Construction of Nurses' Training School	Nurses' Training School constructed				PHA
		<b>Outputs summary</b>					
		Well maintained Hospital structures					
		High standards of safety and security					
		Excellent relationships with other organisations					
		Supplies always available					

## 2011-2014 STRATEGIC PLAN FOR INFORMATION TECHNOLOGY

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

**Back ground:** It has been instrumental in transforming data collection and management. This department has enhanced monitoring and evaluation of our programs. GIS mapping and an electronic staff library are a few of the previous accomplishments. This department will continue working to ensure timely sharing of accurate information

**Objectives:**

1. Maintain good internal and external communications ensuring that all staff have access to computing and the internet resources.
2. Ensure excellent internal and external data collection systems are maintained.
3. Ensure excellent data management systems are implemented.
4. Ensure creation and maintenance of an Internal Information Resource Centre.
5. Ensure continued partnerships with other companies/organisations that are involved in similar ICT activities.
6. Ensure that BCH ICT systems are kept up to date with the most recent technology.
7. Ensure that relevant training of ICT skills is implemented.
8. Maintain BCH and FOB Website.

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

	Communications					
	Donor Communications Systems Maintained and upgraded	Donor Mailing System				IT I/C
<b>2. Ensure excellent internal and external data collection systems are maintained.</b>						
	Liaison with other departments to assess their data collection needs and advise accordingly	Data collection needs for each department collected, analysed & documented				IT I/C
	Work with departments in organising data collection	Data collection procedures & methods put in place				IT I/C
<b>3. Ensure excellent data management systems are implemented</b>						
	eQuality Insurance Database	Health Scheme	Proper running eQuality Scheme			IT I/C
	HMIS Database System		HMIS Monthly and Weekly reports			IT I/C
	General Hospital Database System		Proper running Hospital Data Management System			IT I/C
	Donor Data Management		Functional Donor			IT I/C

	System	Database System				
	Implementation of electronic consultations in OPD including chronic care clinics	Functional electronic consultation system & improved patient follow up				IT I/C
	HIV Patient Data Management System	Functional HIV Patient Data Management System				IT I/C
	Data Backup	Data Backup Store				IT I/C
	Data Access Policies	Data Access rights and permission policies in place				IT I/C
	Community Health Survey	Yearly Survey Report				IT I/C
	Data Analysis Procedures & Policies	Documentation data analysis procedures				IT I/C
	Remote Data Transaction System	Byumba/Remote sharing of data with BCH data 24hrs (Virtual Private Network)				IT I/C
	Bar-code & Fingerprint Technology	Bar-code & Fingerprint technology implemented across all the applicable areas as deemed by BCH				IT I/C
<b>4. Ensure creation and maintenance of an Internal Information Resource</b>						

<b>Centre.</b>						
	Offline Library	offline library available during working lines				IT I/C
	Online Library	24hr online library available				IT I/C
	Library Guidelines & Policies	Library Search guide and policy in place				IT I/C
<b>5. Ensure continued partnerships with other companies/organisations that are involved in similar ICT activities</b>						
	Identification of COs/ORGs to partner with	Cos/Orgs in similar ICT activities identified				IT I/C
	Preparation of partnership documents	Partnership Documents				IT I/C
	Follow-up and reporting	Partnership COs/ORGs communications				IT I/C
<b>6. Ensure that BCH ICT systems are kept up to date with the most recent technology</b>						
	Research & Test New Technologies	New Technologies Documentation				IT I/C
	Report, Advise & Upgrade if necessary	New Technologies adventured &				IT I/C

		upgraded				
<b>7. Ensure that relevant training of ICT skills is implemented</b>						
	Identification of training needs	Category of People in need of ICT skills				IT I/C
	Modulation of training packages	ICT Training Packages				IT I/C
	Training time tabling	ICT training timetable				IT I/C
	Training Evaluation	Certificates Prepared & Awarded				IT I/C
<b>8. Maintain BCH and FOB Websites</b>						
	Website-Update Timetabling	Timely updating of all the data pertaining the hospital on the website				IT I/C
	Content Updating	An up-to-date website				IT I/C
	Re-designing some features	New Designs Implemented				IT I/C

## **CHAPLAINCY STRATEGIC PLAN FOR 2011-2014**

**Goal:** To improve spiritual wellbeing of staff, patients and the surrounding community.

**Background:** This department began in 2011 and is responsible for spiritual guidance for the staff and patients while acknowledging and respecting their diversity in religion or creed. It also offers counselling services for those that need them.

### **Objectives:**

1. To strengthen Chaplaincy and encourage spiritual growth among the staff.
2. To conduct training workshops and seminars aimed at improving and learning preaching skills among selected members of staff.
3. To guide and encourage the hospital staff in the matters of faith, maintaining Christian principles and values with healthy relationships that are in keeping with our Christian institution.
4. To ensure staff involvement and participation in the ministry to the patients under their care.
5. To start OPD ministry of preaching and praying for patients while waiting to be seen by the doctor.
6. Strengthen the OPD ministry through purchasing of a TV. Screen for OPD ministry.
7. Empower the Worship team by purchasing of a Music system for use during Sunday services and outreach ministry.

Activity No.	Description	Year 1	Year 2	Year 3	Verifiable indicators	Budget/Source
1	Purchase of Hymn books				30copies UYP, 20 R.R Hymn books	Donation, Chapel, Administration
2	Purchase of Come and worship Books				30copies	Donation, Chapel, Administration
3	Train people in preaching and leading skills				15 staff members trained	chapel
4	Train the worship team in new songs of worship and praise.				Worship team trained	-
5	Conduct outreach ministry with the worship team				4 churches visited and ministered to	Administration, Chapel, Donation
6	Conduct Chapel Council meetings				6meetings conducted	-
7	Conduct chapel committee meetings				16 committee meetings conducted	-
8	Conduct thanks giving services				6 thanksgiving services conducted	-
9	Purchase of a TV set				1 TV.set Purchased	Donation, Chapel, Administration
10	Purchase of office equipment and stationary				Computer, stepper, perforator, Paper, Pens, Lactern, wine and wifers purchased.	Chapel, Administration
11	Conduct outreach ministries to the Batwa settlements				28 visits made	Administration.

## **HUMAN RESOURCES STRATEGIC PLAN 2011-14**

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

### **Objectives**

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

Objectives:	DESCRIPTION OF ACTIVITY	INDICATOR/ SOURCE OF VERIFICATION	TIMING			PERSON RESPONSIBLE	Outcome
			Year1	Year2	Year3		
<b>1. Ensure smooth running of the hospital, with adequate skilled staff capable of performing duties as prescribed by different program areas</b>							
	Review and Implementation of the recruitment policy & staffing norms	Staff with relevant skills recruited				Personnel Officer	To do a brainstorming of potential strategies for recruitment - bonus, universities...
	Train of Heads of Dept on interviewing policy and skills.	Human Resource Record				Personnel Officer	Quality staff recruited
	Computerize and synchronize staff timetabling	One integrated timetable				Personnel Officer	Adequate cover for staff in all departments
	Reduce staff attrition levels	Attrition level of less than 10%				Personnel Officer	Calculate stability index per program area
	Identify and approach staff valuable to the organization to explore future paths	Appraisal report forms				Personnel Officer	Improved staff retention

	Build a nurses' training school to create a reliable human resource base and provide opportunity for enrolled nurses wishing to upgrade to diploma	High quality nurses training school				PHA	Stable high quality nurse work force
<b>2. All employees of BCH are able to meet their learning needs and to stay up to date with developments in their professional areas</b>							
	Manage the appraisal process to prompt the Heads of Dept to carry out appraisals and report to management periodically.	Number of staff appraised				Personnel officer/HoD	Improved staff performance
	Collect all the feedback regarding learning needs from appraisals and design program to cater for key needs						Balanced staff vs organisational needs
	Engage in Continuous professional development of all staff and keep a data base for all staff's achievements	CPD Database				Personnel Officer	Quality patient care
	Celebrate achievements as part of the on-going HR program	At least 6 occasions celebrated				Personnel Officer	
	Present Departmental issues to other areas to help learn from their experiences-sharing best practices	At least 2 sessions conducted				Personnel Officer	
	Development of a Library	A library in place				Personnel Officer	

<b>3. Help staff members to understand the organization thoroughly, including clinical and non-clinical policies</b>							
	Review and re-structure the Hospital Policy Manual	Hospital policy manual				Personnel Officer	Revised hospital policies manual, reduced staff conflict.
	Review induction program to ensure that it is tailored to departments and there is policy compliance					Personnel Officer	Core, P.A and job-specific. Appraisal before confirmation (test and hands-on)
	Teaching sessions with all staff to explain and discuss hospital policy manual	Record of teaching sessions, 6-monthly tests during PA meetings and linked to appraisal				Personnel Officer	6-monthly test to verify understanding. Use Staff meeting and Monday morning to explain.
	Each policy has a 'review' date and the position of the person with responsibility for review	Record on each policy, review timetable				Personnel Officer	
<b>4. Ensure good management practices within the HR program area including safety and security of staff personal information</b>							

	Terms and conditions of service given to all new employees after passing the interview and signed with the appointment letter	Human Resource Record reviewed annually				Personnel Officer	Change HR policy to include that T&C are given after interview, signed during appointment letter (rather than the confirmation). Amend terms and conditions to account for probation period. Explore having people joining in phases to do proper induction.
<b>5. Ensure good staff welfare</b>							
	Liaise with Operations and Communications to enable the construction of staff accommodation complex including a recreation area and a fence two more Doctors' houses	Bills of quantities and case of support published and 6-monthly reviews during Dept meeting				Principal Hospital Administrator	In PR include grant applications and Estates to have the plans and BoQs
	Develop an accommodation policy indicating the management of accommodation provided to employees	Develop policy				Personnel Officer	
	Engage with the staff representative to develop, budget and implement an annual entertainment plan including staff excursions, parties, Development of staff social clubs	Plan approved by Management and >80% of activities occurred				Personnel Officer	At least 4 excursions in a year

	Engage with Communications to ensure continuity of findings for break tea and lunch. Ensure adequate quality and hygiene standards.	Contract				Personnel Officer	staff break tea and lunch maintained
	Develop annual staff surveys and ensure that action plans are produced, implemented and monitored and evaluated	At least one staff survey				Personnel Officer	Improved staff performance
<b>7. BCH welcomes students on work experience and volunteers from within the country and other countries</b>							
	HR co-ordinates volunteer program	Volunteer timetable				Personnel Officer	
	Maintain a 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				Personnel Officer	
	BCH 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 volunteers every 6 months				Personnel Officer	

	HR maintains and builds relationships with partners/ institutions within Uganda (VSO, Mbarara University, Mulago Hospital, International Health Science University, Kisiizi Nursing School and others) and institutions from overseas (Medical School in Denmark, Tulane Medical School) with the particular aim of developing expertise and having a constant flow of medical students, nursing and midwifery students from Ugandan institutions	Meetings with partners, Feedback from students				Personnel Officer	
	Recruitment of a Medical Superintendent who will commit to the Hospital for 5-7 years	Human Resource Record				Principal Hospital Administrator	

**Outputs of Human Resources**

- High stability index of >80%
- Vacant positions filled in a timely manner
- Well-orientated new staff
- Hospital policy manual
- New staff accommodation

## COMMUNICATIONS STRATEGIC PLAN 2011-2014

**Goal:** Keep a positive image of the hospital and keep confidence of all the supporters/partners and be able **to raise enough funds to meet funding gap for both capital and running costs**

**Background:** Bwindi community hospital is still heavily reliant on individual donors contributing more than 70% of the running costs. It is the role of the communications department to ensure that all stakeholders kept well updated about the hospital programs in order that they keep engaged. Raising money from individuals may not be sustainable in the long run and for this reason, this department will invest more in grant application writing for medium term support of programs. We expect the funding gap to reduce with increasing uptake of the eQuality Health membership scheme and funding from the government.

### **Objectives:**

1. Share accurate and timely Information about the hospital with outsiders
2. Maintain accurate and timely internal communication
3. Improve grant applications/case for support writing.
4. Maintain relationship with the tour camps and other local organizations/ agencies
5. Manage short term visitors and volunteers for sustainable relationship with the hospital
6. Ensure data security of all hospital contacts/communications
7. Maintain the internet café at the hospital for PR

Objectives	Activities	Person Responsible	Indicators & Measurement Tools
<b>1. Share accurate and timely Information about the hospital with outsiders</b>			
	Produce a newsletter mid February, June and September to be sent out by email to all contacts and printed and distributed by post to North American contacts. (Kellermann Foundation cover US printing and postage). Maintain copies of this newsletter at camps and in the Hospital	Communications team	Newsletter sent to all contacts 3 times per year
	Send an appeal in December and April before Easter to all contacts by e-mail	Communications team	Two appeals sent out every year
	Keep page layout of website organized and user friendly, and incorporate "drop-down" pages into the website layout. Provide information regarding all Hospital activities and services. Write monthly updates in the form of "Latest News". Update numbers, statistics, and graphs every two months. Put photographs of all new staff on the website. Encourage staff and visitors to add to the 'stories' page. Put all copies of the newsletters, annual report, audited financial report and household survey on the website.	Communications team	Website maintained- updated and kept clean & user friendly. Statistics and graphs updated 6 times yearly.
	Print copies of the annual report and newsletters for use in tour camps, for visitors and stakeholders	Communications team	Copy of current annual report and newsletters given to visitors , stakeholders and tour camps
	Update the "Fundraising" section of the website every two months regarding the progress of money donated, fundraising campaigns and fundraising priorities.	Communications team	Fundraising section of website updated 6 times yearly
	Provide links to all major donor sites on the BCH site, including some links on the front page	Communications team	Links on website updated 6 times a year

	All current donors given scheduled updates according to the communications timetable. All donors given updates on how their donation has gone to good use within 1-2 months of receipt of donation. A record kept of all communications with donors on the donor database.	Communications team	Updates sent to donors in a timely and strategic manner
	Ensure that all visitors are aware of BCH before coming to Bwindi through a high Google search listing of Bwindi and excellent relationships with tour companies in countries of origin	Communications team	BCH in top 10 Google search listings of Bwindi.
	Develop a database of tour companies sending tourists to Bwindi, and communicate with each company every three months with personal updates. Attempt to get Bwindi Community Hospital on the itinerary of every visitor coming to Bwindi	Communications team	Maintained database thoroughly using existing information and information gained by Google searching
	The Daily Monitor and New Vision are delivered to Communications department at least once per week for examination.	Administration to arrange delivery of papers, Communications team to examine papers	Newspapers delivered
	Maintain web pages on Just Giving, Big Give, Matched Giving, Face book 'causes', Flickr and You Tube. Cross-link these pages. Look for opportunities to develop new web fora.	Communications team	Each of these maintained at least 6 times per year
	Create an updated relationship web for all tourist companies, enabling BCH to keep up to date information about people working within each agency as well as the activities of each agency.	Communications Officer w/ Input from Medical Superintendent, and any others who have pertinent information	Relationship web created
	Communicate with tour companies to provide feedback to them about the positive contributions that people who have traveled with them have made to the Hospital	Communications Officer	Ongoing communication

	Continue to have clickable links on BCH website to the Kellermann Foundation and just giving FOBCHC.	Communications Officer, Ollie	Links on website
	Establish a tax-deductible BCH charity in Australia and post link on website	Communications Team, Ollie	Tax deductible charity established
	Ensure that tax effective giving is promoted at every opportunity and that an exercise is carried out regularly to 'mop' up any supporters without declarations, and to ensure that retrospective declarations are made where applicable.	Communications team	Promote through newsletter and website, ensure that on every occasion a donation is made a declaration is automatically produced. 'Mop' up exercise scheduled into the communications plan
	Advertise BCH charities (Kellermann Foundation and FOBCHC) on the leaflet	Communications Officer	Leaflet maintained
	Communications dept to be notified of all donations received through the Kellermann Foundation or FOBCHC, and to write personalized thank you notes to all those donors within a week of receipt of donation	Communications team together with Finance Manager	Personalized "thank you's" written by Communication team within a week of receipt of donation
	Communications dpt to follow up on all pledges that have not been received.	Communications team together with Finance Manager	Follow up of all pledges
	Ensure that every visitor to BCH leaves their email address and preferably an address or phone number in case email contact is changed.	Communications Officer	Contacts/supporter database
	Maintain the Yahoo! Contacts list as well as the database by removing names when email addresses bounce back, after checking various sources (KF, BCH, Google search, etc.) that contacts do not have alternative email addresses	IT	Yahoo! Contacts list and database maintained with current email contact information
	Use industry standard tools to identify prospective Major Donors who are capable of giving a gift of over \$10K on the BCH supporter database.	Communication Team with input from Fundraising Advisor	Subscribe to industry tools that allow research potential major donors and create individual donor profiles for each donor giving in excess of \$5K

	Identify Major Donor networks through research and influence them	Communications team	Create donor solicitation plans for all Major individuals and undertake a relationship mapping exercise using research tools to determine their influential networks
	Research and engage organisations whose remit is to manage the philanthropic interests of high net worth individuals such as the Big Give, Global Giving and New Philanthropy Capital	Communications team	Register the Hospital with these organizations and add to the relationship database.
	Research and find networking opportunities to engage account managers within the banking industry of the wealthy e.g. Coutts and Barclays Wealth.	Communications team	Research and then approach Major Donors who might be able to put us in contact with these organizations
	Regular communication between Community team and KF in terms of current projects, fundraising goals, areas being targeted for fundraising, etc.	Communications team	Ongoing Communication
	Bi-monthly communications team meetings to set priorities and discuss tactics	Communications team w/ input from Management	Minutes of meetings
	Signs in all camps advertising the Internet Café	Communications Officer & CCR	Signs in Camps
	A mention of the Internet Café on the website	Communications Officer & Ollie	Website w/ info regarding Internet Café
	Face to face meetings with external donors in UK, Europe & US	Principal Hospital Administrator	
<b>2. Maintain accurate and timely internal communication</b>			
	Maintain notice boards in the Hospital with monthly updates in the form of latest news, as well as events we have participated in (e.g. world malaria day activities), accurate information for visitors, photographs of new staff, donation information, and announcements.	Communications Officer	Notice boards maintained and updated monthly

	Maintain the notice boards in each department with photographs of the team, goal of each team and objectives of each team. Include activity data on each notice board.	Communications Officer	Notice boards updated in each department 6 times yearly
	Ensure there are always leaflets, copies of annual reports and newsletters in the Internet Tent Café, the outside of Room 1 (leaflets only), and in all lodges for visitors.	Customer Care Representative	No stock-out of leaflets
	Display stories about the Hospital, as well as current charts, statistics, graphs and appeals on the walls around the Hospital, particularly around the areas that visitors are taken when they come to the Hospital- Children's Ward, OPD, Outside of Adult Inpatient.	Communications Officer	Data and stories displayed strategically around the Hospital
	Display the results of the Community Survey on notice boards. Prepare the survey for publication in booklet form and distribute to key stakeholders within three months of the survey being completed.	Communications team	Survey displayed and distributed
	Place 2 short films on the website- one film that gives a general overview about the Hospital and the work done by BCH (no longer than 3:30-4:00 minutes), and one film that focuses on a specific activity/programme area at the Hospital- e.g. world malaria day/malaria prevention activities, community health outreaches, etc. The general overview video should be updated every 6 months, and the video focusing on a specific programme area should be updated every 3 months	Communications team	General overview video of Hospital updated twice yearly, video focusing on a specific programme area updated four times yearly
	Have an up-to-date PowerPoint presentation available on the server so that it can be promptly sent to any supporters who express an interest in fundraising for BCH. PowerPoint presentation should be updated every 6 months.	Communications Officer	PowerPoint presentation on server. Updated twice yearly
	Ensure that the BCH leaflet is up to date	Communications Officer	Review of leaflet content twice annually

	Ensure that all camps have copies of BCH information- annual reports, leaflets, & latest newsletter.	CCR	Camps always stocked with BCH literature.
	Maintain an appeals file at GFC and in room 2, add new appeals, and provide feedback to donors who have sponsored projects in this file. Encourage Buhoma Lodge, Mantana, Volcanoes, and GFC to have an appeals file	Communications Officer	Ongoing appeals file
	Ensure the partnership with Radio Kinkizi is well monitored & evaluated . Communications Officer to coordinate the messages and arrange monthly feedback sessions with people from BCH who have been presenters of programmes. Also have meetings with Management every 6 months in order to assess the relationship & seek avenues for improvement.	Communications Officer, Management team	Radio Kinkizi projects a positive image of BCH, provides accurate information to listeners, and adheres to the M.O.U. Communications lead a monthly meeting to assess programs and progress and feed back to Management every 6 months on progress of the partnership
	Provide timely feedback to people who make contact before their visit to Bwindi, encourage them to visit the Hospital and to bring items suggested on the "useful items to bring" list on the server. Offer to give them a tour of the Hospital when they come.	Communications Officer	Ongoing communication with timely responses
	Maintain the quality of Hospital signs, including signs for the Internet Tent Café and the billboards for HIV (or other) campaigns	Communications Officer	Hospital signs maintained
	All members of staff always looking smart with uniforms and name badges	Responsibility with Personnel Officer	Badges worn at all times & staff always looking smart and win confidence of clients and visitors

	Always greet visitors upon arrival and have a named person who is available for showing visitors around (named person is always to check for permission to enter wards with head nurse of ward).	Communications Officer	Monthly rota prepared so that someone is always responsible for visitors
	Maintain the visitor policy and teach all employees of the Hospital about the policy in their induction and through Monday Teaching Sessions.	Communications Officer	Hospital Policy Manual and Teaching Session record
	Produce press releases for the New Vision, Daily Monitor, and British media contacts when significant events occur	Communications team	Press releases completed
	Maintain a communications plan/timetable for all supporters complete with scheduled updates of progress at the Hospital, newsletter send outs, and a structured communications timetable for those who have made contributions. Programme area and project updates are to be created every 3 months and sent out to all donors who have contributed to a specific programme area or project. Updates to include pictures.	Communications team	Supporters updated on the progress of the Hospital and their specific contributions in a strategic way. Program area updates sent to donors 4 times yearly.
	Maintain a database of all monetary supporters and record the total amount of money contributed, when each donation was received, and which programme area or project each donation was allocated to. Keep a record of recent communications with all donors, and incorporate all donors into the communications timetable.	IT & C communications Team	Database maintained, recent communications recorded, all donors one set communication timetable.
	Respond to all inquiries from supporters & tour companies within 24 hours of receipt of inquiry. Keep a record of communications with all supporters.	Communications Officer	Inquiries responded to, record of communications kept.

	Using the proposed database, implement a 'Moves Management' system which will track where in the relationship cycle a Major Supporter or prospect is and therefore the type of communication or ask that is required (see Fundraising Strategy).	Communications/IT	Moves Management' implemented on the database
	Create a mechanism for visitors to support the hospital through a committed gift. Develop and promote effectively a sponsorship scheme with buy-in a varying levels.	Communications team	Sponsorship product developed and marketed
	Engage celebrity support to promote the Hospitals work. Actively research scheduled celebrity visitors to Bwindi and maximise upon these opportunities.	Communications Team and Senior Staff	Stephen Fry engaged to be Patron of the UK charity and used effectively. US Patron also secured
	All major events taking place within BCH or the community should be shared with Communication team at least 3 days in advance (announcements at morning prayers do not equate sufficient disclosure). Arrangements should be made to take photographs, testimonials, and/or video footage. Responsibility for informing will lie with each department head or person in charge of the activity/event.	Programme head responsible for informing Communications team	Communications team informed of all significant events
	All progress regarding capital projects will be shared with Communications team for documentation/ donor updating purposes.	Project Manager and Accountant	Communications team informed of all progress being made in regards to capital projects
	Pictures and stories of BCH programme areas, recent accomplishments, etc. to be posted on specially constructed display boards in the Internet Café	Communications Officer & CSW - reception	Pictures and stories posted
	Engage external support including a Major Donor volunteer lead appeal board (Patrons Group).	Head of Communications, UK & US Charities, Medical Superintendent.	Patrons Board established in the UK and US.

<b>3. Improve grant applications/case for support writing.</b>			
	Strengthen the grant-writing capacity of the organization. Submit a minimum of one grant application every 2 weeks. (see more on diversifying funding sources in the Fundraising Work plan)	Communications Officer	One grant every 2 weeks submitted
	Research and manage a list of prospective trusts and grant making bodies, using their funding criteria to make timely applications for funds. Use industry tools such as the UK's charity commission to match funding requirements to BCH. Once a relationship has been established, ensure good management through the organisations proposed relationship database. Research similar organisations to identify their funders.	Communications team	Ongoing identification, actions measured through the moves management system. Copy of prospective donors submitted to the MS' office quarterly
	Take advantage of contacts to host events and help to build relationships e.g. Chatham House. Look at using Individuals and Corporate to secure venue and sponsorship. Ensure events are planned well in advance and are effectively managed.	Communications team	Celebrity led dinner in UK every September
	Implement a mechanism for giving 'Giving Club' whereby supporters can collectively take ownership for their annual support of a specific project, and the Hospital can provide timely accountability to a group of people. See Fundraising Strategy	Communications team	Giving Club implemented
	Develop grant writing capacity of the organization through short course training	Volunteers, other identified partners eg UPMB	Quality grant applications
	Implement and promote a legacy scheme through the existing Endowment scheme at the KF and by setting up an Endowment scheme in the UK	Communications team	Legacies being promoted in the newsletter and web. Legacy set up in the UK

	Embassy grant application deadlines and guidelines are researched and kept on the server and Communications team lead applications	Communications team	Communications & Management are aware of all embassy deadlines
	Corporations are researched and those who have grant-making capacity are to be approached. At least one grant-making corporation to be approached each month.	Communications team	One grant-making corporation approached per month
	Look for opportunities to develop new partnerships (such as those with Marie Stopes and EGPAF) within Uganda. Target Uganda AIDS Commission (Civil Society Fund RFP in July/August), Inter-Religious Council of Uganda, Management Sciences for Health, Family Health International, Reproductive Health Uganda.	Communications team	Weekly scrutiny of newspapers and any opportunities for partnerships explored
	Continue to approach organizations such as Comic Relief for funding of various programme areas	Communications Team, input from Management & appropriate programme area encouraged	Organisations approached
	Ensure that the Kellermann Foundation and Friends of Bwindi Community Health Centre have official documents prepared and ready to use for grant applications	BCH Finance Manager	Regular communications between Finance Manager at BCH and KF and FoBCHC Finance Managers to establish that necessary documents are always available
	Engage internal support for fundraising and PR including the Chair, Trustees and Senior program area heads. Engage all operations staff and engage partner organisations.	Head of Communications dpt	All staff being utilised for fundraising opportunities and actively networking on behalf of the Hospital.
	Maintain a permanent Communication team in Bwindi with a fundraising manager, two or three communication officers, one internet café attendant and CCR	Communications Advisors, Medical Superintendent	Team with the right skills and put in place and a structured training programme established.

<b>4. Maintain relationship with the tour camps and other local organisations/ agencies</b>			
	Information about which tourists are in Bwindi and which camps they are staying at is maintained	CCR	Twice-weekly visit to camps to collect information
	Keep good relations with all the tour camps, tour drivers and UWA.	Members of Communications Team together with Management members	Major camps (GFC, Volcanoes, Buhoma Lodge) have a three-monthly briefing on the work of the Hospital from PR team together with a senior management member. Tour camps and tour drivers continue sending visitors to Hospital
	Visit tour camps after working hours.	Members of Communications Team together with Management members	Camps are visited at least twice weekly during the high season and once weekly during the low season, but all opportunities of engagement with tourists are acted upon.
	Maintain positive relationship with community walk guides.	Administration & Communications Officer	Current MOU is adhered to. Member of Communications team attends community walk guide meeting every 3 months
	Enable people who play an integral role in the local tourism industry to join the eQuality health membership scheme	eQuality/IMG representative	All camps who need to use the Hospital registered
	Work with the heads of all Programme Areas to encourage them to develop contacts and to run those contacts through Communications	Management, Communications Team, Programme Heads	Contacts made by Programme Heads
<b>5. Manage short term visitors and volunteers for sustainable relationship with the hospital</b>			

	Communicate with short-term visitors prior to their arrival	HR and Communications Officer	Ongoing Communication
	Negotiate and manage the timetable for short term visitors with each programme area and provide them with accommodation and food that visitors pay for	Head of nursing services and Programme Heads	Timetables Produced
	Welcome short-term visitors to the guesthouse or to any other convenient camp and understand their needs and expectations	Communications officer and HR	Short-term visitors feeling comfortable and looked after
	Follow up relationships with short-term visitors	Communications Officer	Long-term relationships with short-term visitors kept
<b>6. Ensure data security of all hospital contacts/communications</b>			
	Keep a secure database of all tour companies and tour representatives/drivers who make contact with BCHC. Communicate with them regularly regarding BCH activities.	Communications Officer	Database maintained
	Create a secure database of all supporters including contact details and the amount of total money they have donated and when they have made the donation. Also including a log of all communications. Sustain contact with all donors for as long as they want	Communications team & IT	Contacts/supporter database
	Keep a secure database of all people who are potential supporters of BCH and provide them with information for as long as they want	Communications team & IT	Ongoing Communication
<b>Maintain the internet café at the hospital for PR</b>			
	Beverages to be offered at the Internet Café (beverages to be consumed on the deck outside of the Internet Café, away from computers - will need drinks fridge purchase	CCR & Operations Manager	Beverages sold

	Enough computers in the Internet Café so that people do not have to wait for long periods to use the internet. On days that people are waiting to use the Internet, 45 minutes is the maximum time allowed online.	Communications Officer (for donation of computers) & CCR- reception & Internet Café attendant (for monitoring of time)	Computers available without extensive wait times
--	--	--	--

### **Appendix 3**

#### **References:**

1. MoH Uganda (2010): *Health sector Strategic Plan III 2010/11-2014/15*
2. MoH Uganda ( May 2009): *National Health Policy*. Reducing poverty through promoting people's health
3. MoFP &ED Uganda (September 2010): *Millennium Development Goals Report for Uganda 2010*; Accelerating progress towards improving maternal health
4. UBOS (2006): *Uganda Demographic and Health survey 2006*.
5. WHO (2011): *The Global Plan to Stop Tb 2011-2015*; Transforming the fight towards elimination of Tuberculosis