

STRATEGIC PLANNING PROCESS IN A GENERAL RURAL HOSPITAL: AN EXPERIENCE AT DR. AMBROSOLI MEMORIAL HOSPITAL, UGANDA

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Sommario

Il Dr. Ambrosoli Memorial Hospital è un ospedale rurale localizzato a Kalongo (Uganda). L'ospedale sta affrontando nuove sfide e difficoltà che richiedono interventi strategici immediati. Il processo di *strategic planning* è stato guidato dal coinvolgimento degli stakeholder attraverso un processo partecipativo.

Il piano strategico include quattro *goal* che integrano diverse dimensioni (economica, sociale e ambientale) all'interno dei temi: fornitura di servizi, infrastrutture, *partnership* ed educazione. Lo scopo del piano è di formalizzare la visione strategica dell'ospedale, creando un programma quadro che permetta al *management* di preparare piani di lavoro e di *budget* così come di monitorare i progressi nel tempo.

Abstract

Dr. Ambrosoli Memorial Hospital is a general rural hospital located in Kalongo (Northern Uganda). The hospital is facing new difficulties that call for urgent actions, which imposed a plan for its development. The strategic planning process was guided by engagement of stakeholders through a step-by-step participatory process.

The plan acknowledges four Strategic Goals that integrate different dimensions (economic, social and environmental) around the themes of service delivery, infrastructure, partnership and education. The purpose is to communicate the hospital's strategic vision, creating a framework that enables to prepare work plans and budgets, as well as monitor progresses over time.

Keywords

Rural hospital, strategic plan, participatory design

Introduction

Dr. Ambrosoli Memorial Hospital is in Kalongo Town Council, within Agago District - Northern Uganda. Most the neighbouring districts do not have functional hospitals and, therefore, it serves also their population for all conditions requiring hospitalization. Acholi is the main ethnic group and

their sub-region has been affected by a 22 years long insurgency and conflict which have derailed the social and economic growth of the area.

According to *National Population and Housing Census 2014* (Uganda Bureau of Statistics, 2014), Kalongo currently has a total estimated population of 11,077. Agago District is one of the poorest areas of the country and a large proportion of the population is living in a condition of poverty. According to the *Poverty Status Report* (Ministry of Finance, Planning and Economic Development of Republic of Uganda, 2014), 35.2% of the population in the mid North Region, where Agago District is located, lives below the national poverty line (less than 1\$ per day) - against a national average poverty rate of 19.7% -, and 41.4% are insecure, though not poor.

The poverty north-south gap in Uganda is still relevant (World Bank Group, 2016) and any unexpected event (e.g. bad harvest, sickness or death of one member of the family) can change the status of insecure non-poor people to poor.

The District is still lacking a good road network. There are no tarmac roads and most are in poor maintenance conditions, occasionally disrupting routine field activities (transfer of patients for emergency care, immunisation campaigns, supervision of Lower level units, home visiting) and adding extra costs to all transport activities. Availability of power supply, although not constant and regular, has been nevertheless improving in the last years, at least in the major urban centres. In the hospital electricity is provided 24 hours per day, mainly thanks to general electricity supply, with generators for backup.

Table 1. Wards and services in the hospital

<i>Obstetrics & Gynaecology Services</i>
Antenatal, Delivery & Postnatal care, Prevention of Mother to child transmission (Mtct) of HIV, Emergency Obstetric and Neonatal care, General and Specialized Obstetric and Gynaecology Surgery
<i>General Surgical Services</i>
Trauma and Emergency Care, Surgical Clinic, Minor Orthopaedic services, Burns care, Anaesthesia, General surgical operations
<i>Internal Medical Care</i>
HIV Care and Treatment, General and private Out-patient (Opd), Clinic Emergency medical care, Electro Cardiogram (Ecg), Medical Admissions and care, Tb Detection and treatment, Communicable and Non-Communicable Diseases (Ncd) care and prevention
<i>Paediatrics & Child Health</i>
Young child clinic, Malnutrition, Therapeutic feeding, Neonatal Special Care Unit, Paediatric admissions and care, Immunization and health promotion
<i>Community Health</i>
Health promotion outreaches, Immunization, Health education, Primary Health Care
<i>Health Training</i>
Midwifery training, Internship for Medical Doctors and others like Clinical Officers, Pharmacy, Nurses, Midwives and laboratory students (guidance is usually provided by a senior staff in the discipline.)

Dr. Ambrosoli Memorial Hospital is a 267-bed general rural hospital with 5 wards: Medical, Surgical, Tuberculosis (Tb), Maternity and Paediatrics (see *Table 1*). Hospital's staff is composed of 245 employees, the 53.1% part of the *clinical staff*.

In Financial Year (Fy) 2015-2016 the hospital admitted a total of 22,274 patients with an increase of 74% from Fy 2014-2015. This increment is due mainly to the Malaria epidemic affecting Northern Uganda after the suspension of the *Indoor Residual Spray* campaign. This increase was observed in all the wards: Medical ward's admissions increased by 50.4%, the Surgical ward by 4.4%, the Paediatric ward by 186% (it had almost three times the patients of previous year), the Maternity ward by 27.9% and the Tb ward by 21.1%. These results allowed the hospital to rank third in the League Table amongst general hospitals in the *Annual Health Sector Performance Report 2015-16* (Ministry of Health - Moh- Republic of Uganda, 2016). Income decreased by 4.5% in the hospital, increased by 2.38% in the school and increased by 0.36% in the Health SubDistrict (Hsd); expenditure exceeded income for the first time in five years by UGX 479,871,430/=. In relation to morbidity, in the Fy 2015-2016, due to the persistent epidemic, Malaria is the major cause in Hsd with 208,384 cases (39.7% of the total), followed by Respiratory Tract Infections (Rti) also considerably high at 25.4%. 21.4% of deaths recorded were attributable to Malaria, confirming the seriousness of the epidemic. Anaemia follows with 6.1% showing the impact of Malaria and poor nutrition (Dr. Ambrosoli Memorial Hospital, 2016). Cardiovascular diseases are the 5th cause of death registered, with a growing impact on population: probably, we are facing an *epidemiological transition* in the district due to the aging of the population and the changing in lifestyle. Ncds and chronic diseases, including Diabetes and Chronic Hepatitis B, are most likely grossly under-reported and, therefore, the dimension of their role and impact may be largely underestimated.

Alongside the hospital, the **St. Mary's Midwifery Training School (Smmts)** prepares professional midwives working throughout Uganda, focusing on prevention and treatment in mother and child care. So far it qualified a total of 1,053 Certificate Enrolled Midwives, 219 Registered Diploma Midwives, and 40 Enrolled Comprehensive Nurses for a total of 1,312 qualified health personnel.

The hospital and the school are facing new challenges and difficulties, including a shift in donors' priorities over the past years, especially concerning the support of recurrent expenditures; an increasing epidemiological transition towards Ncds and chronic diseases which coexist with communicable diseases; the lack of maintenance and proper upgrading of infrastructures and equipment.

The Hospital Strategic Plan 2016-2022 was led by 4 overarching issues: the identification of the main challenges to be faced in the coming years, the needed changes and steps to improve effi-

ciency, the need of achieving economic sustainability and the mission to guarantee access to health care for the most vulnerable.

Methods

The strategic planning process was guided by commitment to innovation and engagement of stakeholders: to achieve these principles, a step-by-step process was designed infusing broad engagement, meaningful dialogue and challenging discussion every step along the way. The process (see *Figure 1*) started at the beginning of 2016 and involved different key figures and stakeholders the town of Kalongo and the Agago district and from the hospital, through extensive consultations among the staffs at all levels. As part of the development of strategies and plans, we have used a systematic process started with a Swot analysis, a planning method for analysis of hospital and environmental factors. The environmental scanning and the assessment of the present situation led to the identification of four strategic goals. Through a participatory design approach, involving stakeholders (e.g. employees, partners, citizens), the hospital issues have been defined and the new strategies developed. Each of the four Strategic Goals underwent a process of analysis conducted by Working Groups that included staff, experts, and stakeholders, defining their objectives and projecting activities and task for strategy implementation, including planning and indicators for monitoring and evaluation of the process. The final version of the Strategic Plan was presented at the beginning of 2017.

The Swot analysis

Swot is an acronym for *strengths*, *weaknesses*, *opportunities*, and *threats* and is a structured planning method for the development of strategies and plans through the analysis of:

- *Internal factors*, the strengths (characteristics that give it an advantage over others) and weaknesses

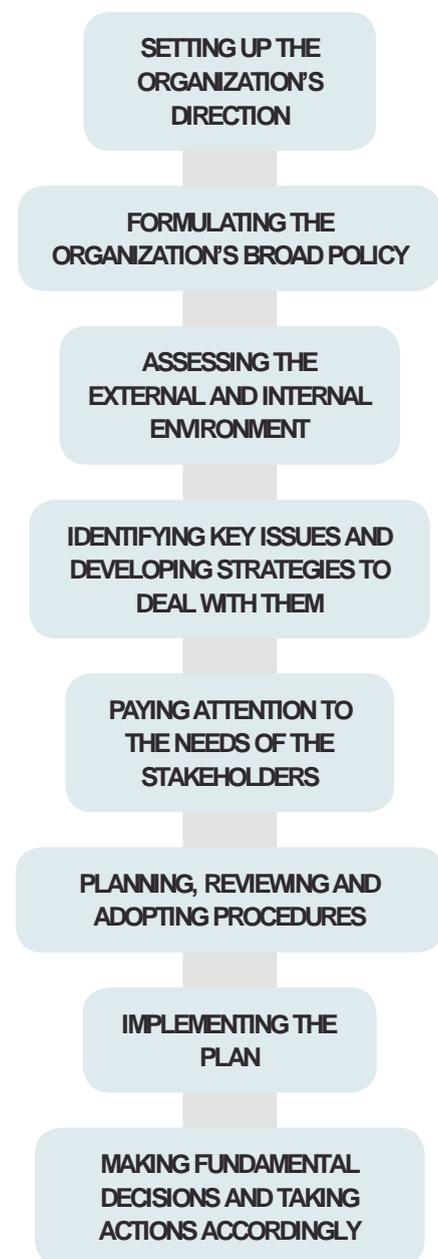


Figure 1. The Strategic Planning Process

(characteristics that place the project at a disadvantage relative to others) internal to the organization.

- *External factors*, the opportunities (elements in the environment that the project could exploit to its advantage) and threats (elements in the environment that could cause trouble for the project) presented by the environment external to the organization.

The analysis (Table 2) shows that the hospital is a well-established institution. The hospital has been in existence for decades: his storied history and background represent an advantage but, at the same time, the hospital is faced with major challenges and a shift in donor’s priorities is threatening the very low financial sustainability of the hospital. During the last Fys, the hospital has faced the rising of costs and the declining funds from sponsors and donors, both national and international. The environment is also changing: the population is facing an epidemiological transition due to the increase number of non-communicable chronic diseases (NcDs), with higher costs in health expenditure for treatments that often are lifetime. The results of the Swot analysis led to the identifications of four *Strategic Goals*.

The Stakeholders’ Meeting

The Stakeholders’ Meeting was an assembly of all parties, authorities, organizations and people interested in the life and services of an institution and took place in November 2016 with the theme “*Sustainability of services delivery in Dr. Ambrosoli Memorial Hospital, Kalongo*”. It was an opportunity to address the main issues that are concerning the sustainability of the hospital and to present the results of the Swot analysis, the Strategic Goals (Sg) and their Objectives (So). The meeting has offered an occasion for accounting to the stakeholders (both programmatically and financially) of what the hospital is for and what it

Table 2. The results of the Swot analysis



does, to get the true understanding of the situation of the hospital, while the hospital had the chance to discuss and clarify its expectations from the stakeholders. The participants were invited to cooperate with the hospital during the Strategic Plan process and five main recommendations have emerged:

1. Ensure commitment of all the hospital employees to the institution's mission.
2. Diversify the hospital's funding sources including widening the donor base.
3. Work towards ensuring retention of staff.
4. Internal communication among the supervisee & supervisor management to be improved.
5. Prudent revision of the new fees policy engaging the community.

The Working Groups

Final step was the definition of activities and tasks to implement the Sgs, together with the expected outcomes/outputs and the indicators to monitor accomplishments progress. Each of the four Sgs, along with their respective So, has been assigned to a dedicated Working Group (Wg) composed by subject experts and stakeholders, both from the hospital and other institutions, who worked together with the following tasks: making and reviewing objectives, activities, measures, and tactics identified to implement the plan; providing advice on strategic priorities; developing strategies for assessing progress of the implementation of the plan. Each group was provided with Planning Tools for:

- Activities, outcome and outputs, and indicators definition.
- Time-line and milestones delineation.
- Monitoring and evaluation.

The meetings were facilitated by two consultants from University of Milan with the purpose of exchanging ideas and information and making decisions on the Strategic Plan. Through a participated process of information sharing, group discussions and debates, considering the materials from the Swot analysis and the Stakeholders' meeting, each group arrived at the definition of the activities, outcome and outputs, and indicators.

Results

The Dr. Ambrosoli Memorial Hospital Strategic Plan sets the objectives to achieve between 2016 and 2022. This Plan reflects the need to continue providing high quality and effective care services setting out the key goals and objectives for the hospital. The Plan acknowledges four Strategic Goals representing ambitious ethical, practical and economic commitments:

1. **Health care service delivery adapted to changing environment and quality demands**
2. **Institutional development**
3. **Infrastructure renovation and maintenance**
4. **Teaching and Training Services upgraded and broaden**

The four goals integrate different dimensions (economic, social and environmental) around the themes of health, infrastructure, partnership and education remaining deeply interconnected. They seek to prioritize the commitment of serving poor and vulnerable people, while also focusing on quality, efficiency and efficacy of the delivered services, and the empowerment of the staff. They were consequently structured into *Strategic Objectives* with related planning tools, containing: activities, outcome/outputs, and indicators; time-line and milestones; tools for monitoring and evaluation (list of performance indicators, relevant key targets and metrics). The four strategic goals are supported by the following four organizational strategic enablers:

- **Quality:** ensure a culture of continuous quality improvement and risk management
- **Efficiency:** deliver care and service in a cost-effective manner
- **HumanResources:** ensure recruitment and retention of qualified hospital staff through career and training promotion
- **PhysicalEnvironment:** provide appropriate facilities to deliver care and services and to decently accommodate staff

Furthermore, the implementation also calls for a plan with clearly defined monitoring and evaluation systems: the plan is intended to cover a 6-year period to be translated into annual plans of action before the end of every Fy. Thus, the implementation will be evaluated annually and a midterm review will be undertaken 3 years after launching, putting in place, if needed, corrective measures or new thinking and action to address new challenges.

Health care service delivery

The hospital aims at delivering health services with special preference for the poor and most vulnerable and disadvantaged people being faithful the national recommendations from *Health Sector Development Plan (Hsdp) 2015/16 - 2019/20* (Ministry of Health - Republic of Uganda, 2015). The social background and health context in which the hospital is located have changed over the years and continue to transform. Even if the area, devastated by years of war, is still rural and poor and far from the major centres of the country, at the same time it is influenced by socio-demographic changes taking place across Uganda. The demographic and epidemiological transition (the replacement of infectious diseases by chronic diseases over time due to expanded public health and sanita-

tion) which is under way in most low-income countries, is leading to very significant changes in the pattern of diseases, especially in sub-Saharan Africa. The double burden of diseases (the fact that both infectious diseases and Ncds tend to coexist) is causing a rise in health problems and the future challenges are related to coping with it, implementing effective measures and upgrading the hospital to contain and manage the rise in Ncds. Two strategic objectives have been developed:

- **Strategic Objective 1.1:** to deliver quality health services while being aware of and considering the needs of the less privileged and vulnerable social groups including women, children and the chronically ill.
- **Strategic Objective 1.2:** to create a network with nearby hospitals, providing better and broader care.

STRATEGIC OBJECTIVE 1.1 focuses on expanding health services and strengthening the existing, like Surgery, HIV/AIDS care, maternal, new-born care and nutrition, palliative care, and the out-patient department, to increase coverage and utilization, improving quality and efficiency while optimizing resources. The activities have been grouped under three thematic areas – *Medical and Surgical Care*, *Public Health Interventions*, and *Services* – managed by a project coordinator to simplify the implementation. All the planned activities aim to fulfil standards and requirements of national and international guidelines and recommendations e.g. Stepwise Laboratory Improvement Process Towards Accreditation -Slipta (Who Regional Office for Africa, 2015) and Millennium Development Goals - Mdgs(Who, 2015). Moreover, the So 1.1 includes fundamental and cross-cutting tasks, such as continuing medical education and continuing professional development, and the revision and distribution of clinical guidelines and pathways.

STRATEGIC OBJECTIVE 1.2 aims to lay the foundation for a scientific and practical exchange with Hospitals in the North of Uganda, strengthening the existing cooperation through the establishment of networks. The ambition is to provide specialist health services through cost and services sharing (such as dentistry, psychiatry, orthopaedics) that are not financially sustainable for the hospital alone creating a model of integrated care, working with other hospitals and health-care providers, designing a comprehensive system that is accountable and accessible to the community and covers the entire continuum of care from primary to specialty care.

Institutional development

The hospital is addressing pervasive financial and management challenges that undermine its efforts to attain a good level service. Therefore, four Strategic Objectives have been identified, aimed at strengthening the hospital's core management processes:

- **Strategic Objective 2.1:** to increase Hospital financial sustainability, improving efficiency while providing high quality and cost-effective care.
- **Strategic Objective 2.2:** to sustain capacity building and human resource management through the gradual spread of the principles of participatory management style and a career development path.
- **Strategic Objective 2.3:** to introduce a result based financial administration.
- **Strategic Objective 2.4:** to ensure constant high patient satisfaction.

STRATEGIC OBJECTIVE 2.1. Main hospital's challenge is to achieve financial sustainability focusing on the implementation of an appropriate model that can guarantee economic support over time and promote a constant development of the hospital. It is crucial to sustain the current levels of support and to identify new sources of funding, considering that the current ones for health services are still inadequate compared to the needs, affecting the performance and the stability of the hospital. The preliminary action is to develop and implement a detailed and effective system of cost monitoring, allowing the Hospital to calculate the magnitude and the details of its total expenditures. The establishment of a Budget and Controlling division will be of help in the provision of a cost-effective care. The estimation of costing for giving services quotes (e.g. to partners, donors, health insurances) and the setting up of cost centres and clear references, are essential tasks in the achievement of this activity. At the same time, strengthening a culture of fundraising and enhancing the portfolio of donors, together with the registration as Non-governmental Organization (Ngo), broadening the range of available programs and financial instruments, could allow the hospital to seek for external financial support to face the rising healthcare cost.

STRATEGIC OBJECTIVE 2.2. Health workers are the main asset of the hospital and the fundamental resource for service provision. The hospital is committed to offer adequate opportunities for personal and career development. Another priority will be to strengthen the approach to human resources development to enable staff to acquire appropriate skills and competencies. A key cross-cutting issue will be to promote a productive and supportive working environment for all staff. To oversee these proposed initiatives, we recognize the need to strengthen the capacities of the Human Resources Office.

STRATEGIC OBJECTIVE 2.3. The implementation of result-based management and pay for performance payment model over the next six years, represents an approach to increase efficiency and quality of the Hospital, while reducing healthcare expenditure. Results-based management is a strategy which uses feedback loops to achieve goals involving all people who contribute directly or indirectly to the result, mapping out processes, products and services and showing how they contribute

to the outcome. In the healthcare industry, pay for performance (P4p) is a payment model that offers financial incentives to physicians, hospitals, medical groups, and other healthcare providers for meeting certain performance measures.

STRATEGIC OBJECTIVE 2.4. Patient satisfaction is an important and commonly used indicator for measuring the quality in health care and it can be used as an important tool in the selection of priorities and monitoring of hospital policies.

Infrastructure renovation and maintenance

Some of the buildings, equipment, furniture and hospital power and water plants, do not meet the actual standards for quality and safety (Dr. Ambrosoli Memorial Hospital, December 2016; Dr. Ambrosoli Memorial Hospital, May-June 2016). It is fundamental to develop a strategy and a plan for infrastructure and medical equipment maintenance, including periodic reviews assessing upgrade strategies, vulnerabilities and security maintenance requirements. Priority must be given to consolidation and upgrade of existing services. The hospital lacks an effective equipment inventory, and there is no record of the medical and non-medical equipment. Such infrastructure and equipment renovation, maintenance and expansion need an important capital investment. To face as efficiently as possible these evident problems, the following three strategic objectives were developed:

- **Strategic Objective 3.1:** To develop a maintenance master plan to ensure that the hospital can continue delivering services.
- **Strategic Objective 3.2:** To develop a master plan and implement a clear action plan with priorities and milestones.
- **Strategic Objective 3.3:** To ensure funding for additional capital investments.

The final target is to ensure the availability of a functional, efficient and sustainable health infrastructure.

STRATEGIC OBJECTIVE 3.1 is mainly focused on existing infrastructures and equipment. Implementing and maintaining quality inventory management procedures can quickly lead to a more efficiently run hospital, as well as significant cost savings (Who, 2011). Moreover, performing periodical clinical equipment inventories contributes to the development of a preventive maintenance system. The consequent step is the development a maintenance master plan for infrastructure and equipment. A periodic reporting system, with annual meeting, may help to promote a more effective maintenance.

STRATEGIC OBJECTIVE 3.2. The development of a Master Plan is advised to help the organization's management to implement a complex and widespread project facilitating the monitoring of

progress. The master-plan, comprising different projects, will provide an overall view on the activities while ensuring an improved coordination between the various tasks, rationalizing expenses.

STRATEGIC OBJECTIVE 3.3. To implement the tasks and activities from Strategic Objective 3.1 and 3.2, a large amount of funding and capital investments will be needed. It will be essential to seek for external funding through the application to calls for proposals creating projects on health infrastructures and equipment (maintenance, renovation, construction).

Teaching and Training Services upgraded and broaden

St. Mary's Midwifery Training School (Smmts) needs to expand its teaching capacity, both by increasing the number of enrolled students and by a continuous and intensive further training of teachers, to ensure the quality standards so far achieved are maintained. The school is also geared to exploring new forms of organization in education, implementing a distance learning course program with the establishment of a Distance Learning Department. With the intention to provide an up-to-date education, the working group decided to complement the Diploma in Midwifery with the establishment of a Bachelor's Degree in Midwifery, ensuring that students gain valuable knowledge and specialist skills improving country's maternal health.

To achieve the SG 4, the following three strategic objectives were developed:

- **Strategic Objective 4.1:** To expand the teaching capacity of Smmts.
- **Strategic Objective 4.2:** To Ameliorate and upgrade the Smmts.
- **Strategic Objective 4.3:** Creation of the Bachelor's Degree course in Midwifery at Smmts.

STRATEGIC OBJECTIVE 4.1 focuses on the Diploma in Midwifery (Dm) and Certificate in Midwifery (Cm).

STRATEGIC OBJECTIVE 4.2. focuses on preparing the Bachelor of Science degree in Midwifery course, operating both on employees and on infrastructures, planning the foundation of a new Campus creating dynamic teaching and learning environments with state-of-the-art facilities in line with the National Council for Higher Education (Nche) criteria.

STRATEGIC OBJECTIVE 4.3 is focused on the program conceptualization by a planning committee and the accreditation to teach of the Bachelor of Science degree in Midwifery following the requirements from Nche.

Monitoring and Evaluation (M&e)

Monitoring and evaluating the status of implementation of the plan is as important as identifying strategic issues and goals by continuously monitoring and measuring progresses through a clearly

defined system, ensuring that the hospital is following the direction established with a results-based management approach. The strategic plan will be translated into annual plans of action before the end of every financial year.

The implementation of the plan will be evaluated annually, and a midterm review shall be undertaken three years after launching, putting in place, if needed, corrective measures or new thinking and actions to address new challenges. M&e helps improve performance and achieve results, providing timely and accurate data. There are two distinguished moments: *monitoring*, the set of detection devices (performance indicators) and data; *evaluation*, critical interpretation of the measured data. The M&e process will serve as a framework for measuring the organizational performance and the success of the strategy and for tracking progress, supplemented by key targets and metrics (performance indicators, see Table 3).

M&e allows the management to recognise and understand reasons for changes and update of the plan to reflect the new directions: deviations from the plan usually result from changes in the hospital's external environment, changes in the availability of resources and funding, etc.

M&e will be a multi-step process carried

Table 3. List of performance indicators for M&E

SG1: Health Care Service Delivery
<ul style="list-style-type: none"> ▪ % of HIV+ people on Art (for 6 months) with suppressed viral load (Unaids target) ▪ % of neonatal asphyxia ▪ % of people living with HIV receiving ART (Unaids target) ▪ % of people with HIV knowing their status (Unaids target) ▪ % of pregnant women who attended Ante-natal Care (Anc) service 4 times (or more) ▪ % of properly filled Who Surgical Safety Checklist (Who, 2009) over the number of surgical procedures performed ▪ % of staff trained and re-orientated each year ▪ % stock-out of 10 tracer indicator drugs per month (Who, 2012) ▪ Unepi Immunization coverage per disease (Ministry of Health Republic of Uganda, 2016) ▪ Maternal mortality ratio ▪ Neonatal mortality ratio ▪ Stillbirth rate
SG2: Institutional Development
<ul style="list-style-type: none"> ▪ Sustainability ratio ▪ % of patient satisfaction levels ▪ % of staff satisfaction levels ▪ % projects completed on proposed
SG3: Infrastructure renovation and maintenance
<ul style="list-style-type: none"> ▪ Fault and failure frequency (number of corrective maintenance tasks on the total amount of equipment/machine) ▪ % of construction, renovation and maintenance projects completed on time
SG4: Teaching and training services
<ul style="list-style-type: none"> ▪ % of candidates who passed the final end-of-course examinations ▪ % of teaching staff who upgraded their qualifications ▪ % of Ncheaccreditationcriteriasatisfied (Uganda Nche, 2001; Uganda Nche, 2008)

out by the following activities:

- **Action Plan:** the Wgs will be responsible of their Strategic Goals and their implementation, translating each Strategic Objective in plans of action before the end of every Fy. The action plan will include budget analysis.
- **Monitoring:** the Wgs will be responsible of collecting data during the implementation of tasks and activities monthly, quarterly reporting the status of the implementation and achievements of objectives to the Chief Executive Officer (Ceo), including progress toward each of the overall strategic goals.
- **Annual Activity Report:** annually, Wgs will monitor and assess progresses of their plans of action using dedicated performance indicators. This will produce an Annual Activity Report, where to describe achievements and to explain failure and their reason, that will be part of the Analytical Report and will serve as a guide for the subsequent Fy. The Wgs will be monitored and oversee by the Hospital Management Team.
- **Mid-term review:** after three years, a mid-term review will be undertaken. Data collected from the previews Annual Activity Report, will be extensively discussed and analysed by the Working Groups and then will be presented to the Stakeholders. If needed, an addendum of the Strategic Plan will be produced covering minor or major reviews, embracing: the changes to goals, objectives, responsibilities and time-lines, what is causing changes to be made and why the changes should be made.
- **Final evaluation and Report:** the final evaluation will take place after six years (first semester Fy2021-22) and will cover an analysis of data and indicators from the Strategic Goals and their critical interpretation, underlining accomplishments and failures and explaining their motivation.
- **New Strategic Plan:** in the Fy2021-22 the new Strategic Plan will be elaborated from the results of the report.

To help in the monitoring and evaluation process, a list of relevant key targets and metrics (performance indicators) was developed, covering the four Strategic Goals. The set of performance indicators (see Table 3), chosen among the list of indicators, have been designed to be: **direct** (an exact measure of each result); **objective** (unambiguous about what is to be measured and how); **adequate** (the minimum number required to capture the result); **practical** (data can be collected in a timely and cost-effective manner).

Conclusions

The purpose of the plan is to communicate the hospital's strategic vision for the next years. The plan is far reaching, ambitious and aims to significantly improve health services delivery, institutional and human resources development, renovation and maintenance of infrastructures and upgrade of the training school.

At the core of our strategy is the financial sustainability of the hospital: the *conditio sine qua non* to accomplish the Plan is represented by the availability of sufficient resources. Indeed, to achieve the goals and the objectives set out in this plan, new sources of funding are necessary to carry out the work identified.

The current funding for health services is still inadequate compared to the needs: the hospital's primary source of income is yet the donors, mainly Dr.Ambrosoli Foundation, Comboni Missionaries and Uganda Catholic Medical Bureau (Ucmb), who represents more than 70% of the income of the hospital. The remaining part of the income is represented by a sure and constant support from the Ministry of Health and the Government of Uganda (13% of the income in the formerFy2015-16), and from the patients of the hospital (14% in the last Fy). It is necessary to sustain the current levels of support and to identify new sources: the establishment of a Fundraising Department with Research and Development Office will oversee maintaining financial sustainability over time and promoting a constant development of the hospital. Moreover, management of the health expenditure, increasing efficiency and cost-effectiveness of the care represents both a challenge and a requirement to achieve sustainability.

The plan is a framework that enables the hospital Board of Governors and Management to take decisions guiding the preparation of annual work plans and budgets, as well as monitor progresses over time. The vision and the strategic priorities were defined through a participatory process, recognising the importance of the stakeholders, primarily the hospital's patients. Stakeholders helped to improve our approach to deliver higher quality of care, and improve the accessibility and sustainability of services and the hospital, together with a new and unprecedented level of partnership with other providers in the community. At the end, it will be monitored, reviewed and revised by the staff, stakeholders and experts, continuing the participatory process designed for its creation. The plan has been built through an innovative pathway that could be used for strategic planning in similar rural contexts. Above all, the participatory design approach, involving employees, partners and citizens, with its political dimension of empowerment and democratization, turned out to be a winning strategy to include all levels of users of the hospital. Moreover, the Plan was developed through an intense cooperation between different partners and institutions, like the Dr.Ambrosoli

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- **Sg2:** *Filippo Ciantia*; Teddy Terry Abor; Rose Akidi; Alex OjeraLatim; Alex Obonyo; Emmanuel Otto; AderPaska; RobinahAkutooTokwaro; GeodfreyWatum.
- **Sg3:** *Alex Obonyo*; Polly Akot; Alice Amal; Filippo Ciantia; Olua Josef; Joseph Okema; Godfrey Smart Okot; EtwopTonny.
- **Sg4:** *Carmel Abwot*; SantinaAcan; Polly Akot; PaskaLalam; Maurice Okao; Quinto Owot.

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Nomenclature

Aids	Acquired Immune Deficiency Syndrome
Anc	Ante Natal Care
Art	Anti-Retroviral Therapy
Ceo	Chief Executive Officer
Ecg	Electro Cardiogram
Fy	Financial Year
Hiv	Human Immunodeficiency Virus
Hsd	Health Sub District
Hsdp	Health Sector Development Plan
M&E	Monitoring and Evaluation
Moh	Ministry of Health
Mtct	Mother To Child Transmission of HIV
Ncds	Non-Communicable Chronic Diseases

Nche	National Council for Higher Education
Ngo	Non-Governmental Organization
Opd	Out-patient Department
P4p	Pay for Performance
Rtis	Respiratory Tract Infections
Sdg	Sustainable Development Goal
Sg	Strategic Goal
Slipta	Stepwise Laboratory Improvement Process Towards Accreditation
Smmts	St. Mary's Midwifery Training School
So	Strategic Objective
Swot	Strengths, Weaknesses, Opportunities, And Threats (analysis)
Tb	Tuberculosis
Ucmb	Uganda Catholic Medical Bureau
Unaids	The Joint United Nations Programme on HIV/AIDS
Unepi	Uganda National Expanded Program on Immunization
Wg	Working Group
Who	World Health Organization