

October 2022

# Strategy 2022-2027

## For

### Ngora Freda Carr (COU) hospital



Pouvoir3  
4 Days Standby

**Fore word**

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I am pleased to present the Ngora Freda Carr COU hospital 2027. The hospital recognizes that health is one of the fundamental pillars of the gospel commission of our Lord Jesus Christ. Critical to note also is the fact that health programs and services in Church of Uganda (COU) institutions make such a significant contribution to the attainment of Uganda’s national health sector goals and objectives.

In tandem with the facts above mentioned, this Ngora Freda Carr COU hospital Strategy 2027 therefore seeks to guide the provision of Christian quality health care services and programs that are effectively and efficiently responsive to health needs of communities and populations served by the hospital including to the vulnerable. This strategy 2027 shall achieve this through the identified approaches that seek to improve on the core identified focus areas namely; Quality and accessible health care services and programs; Governance, leadership and management, Visibility and external relations, Hospital income, sustainability and business continuity, Research and learning; while seeking to establish key capabilities, systems and structures to achieve the institutional Vision and Mission.

This hospital strategy 2027 seeks as well to address hindrances that have affected implementation of the fore strategic plans for the hospital and highlights institutional actions and reforms in engaging the relevant stakeholders and development partners including the Church of Uganda, Government of Uganda (GoU), the private sector and Ecumenical bodies among others. It establishes a new direction and institutional framework to guide the new direction involving reviewing the current approaches, perceptions and practices to meet the growth and development aspirations of the hospital and shall be referenced for such for the next 5 years.

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**THE CHAIRPERSON**  
**BOARD OF GOVERNORS – NGORA FREDA CARR COU HOSPITAL**

**Dated: /...../20.....**

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## Acronyms

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AIDS	Acquired Immune-deficiency Syndrome
ANC	Ante Natal Care
BoGs	Board of Governors
CME	Continuous Medical Education
CMR	Child Mortality Rate
CMS	Church Missionary Society
CMT	Core Management Team
COU	Church Of Uganda
CPD	Continuous Professional Development
CPR	Contraceptive Prevalence Rate
CSR	Corporate Social Responsibility
DHS	Demographic and Health Survey
PNFP	Private-Not-For-Profit
GoU	Government of Uganda
HA	Hospital Administrator
HMT	Hospital Management Team
HD	Hospital Director
HIV	Human Immune-deficiency Virus
HMIS	Health Management Information System
HSSIP	Health Sector Strategic and Investment Plan
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
JMS	Joint Medical Services
MCH	Maternal and Child Health
MD	Medical Director
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MoH	Ministry of Health
MoLG	Ministry of Local Government
NFB-PNFP	Non-Facility Based Private-Not-For-Profit
NMR	Neo-natal Mortality Rate
OPD	Out Patients Department
PESTeL	Political Ecological Economic Social Technological AND Legal
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission
PNFP	Private-Not-For-Profit
PPP	Public Private Partnership
RRHs	Regional Referral Hospitals
SOP	Standard Operation Procedure
SWOT	Strengths Weaknesses Opportunities and Threats
TFR	Total Fertility Rate
UBOS	Uganda Bureau of Statistics
UCMB	Uganda Catholic Medical Bureau
UDHS	Uganda Demographic and Health Survey
UOMB	Uganda Orthodox Medical Bureau
UPMB	Uganda Protestant Medical Bureau
VCT	Voluntary Counseling and Testing
VHT	Village Health Team

## Acknowledgments

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The Board of Governors (BoGs), Management and Staff of Ngora Freda Carr COU hospital extend sincere appreciation to all those who participated at different stages, in the development of this Strategy 2027. The Hospital is most grateful to all the stakeholders who contributed invaluablely to this cause.

Special thanks go to stakeholders from Ngora District Local Government, Kumi Diocese, Joint Medical Stores and UPMB for the constructive engagement and support that enabled the development of this strategy. To the clients and hospital staff for their input into the Ngora Freda Carr COU hospital they envisioned to see.

We particularly wish to recognize the technical support from the Uganda Protestant Medical Bureau (UPMB) that made this undertaking possible.

To the consultant from UPMB for facilitating the process of engagement and encouragement plus the technical expertise needed to get the job done.

May the good Lord credit it on you all.

Thank you all

God bless you!

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Dr. Amos Odit

Hospital Director Freda Carr COU Hospital



## Preamble

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This is Ngora Freda Carr COU Hospital strategy 2027. This strategy is presented in two formats for easy handling, use and popularization.

**Format 1: The strategy 2027** – This is an abridged version of the entire document focusing only on the strategies. It covers section one comprising the strategic culture, key focus areas, strategic interventions, potential specific deliverables and the implementation and monitoring plan presented as a scorecard matrix. The condensed version is meant to ease handling, sharing/popularization and usage due to reduced bulkiness.

**Format 2: The strategy 2027 background, contextual analysis and approval** - There are 4 sections here relating to the; Background to the strategy 1 (focusing on internal perspective/ dimensions); Background to the strategy 2 (focusing on external perspective, the precursor and process for strategy development); and the last section on approval process. The document is designed to provide the foundation and input into the entire strategy and to the abridged version.

The Hospital Management Team (HMT) is obligated to interpret the strategy and annually develop operational plans guided by but not limited to the specific interventions highlighted in section one. Periodically, the hospital monitoring and evaluation team shall ensure assessment of progress against the plan using the indicators in the scorecard. A mid -term and end of strategy evaluations shall be conducted to concretize the above.

The BoGs will take the overall accountability for implementation of the strategy 2027 through the HMT.

UPMB commits to support Ngora Freda Carr COU Hospital and the Health Training Institution (HTI) during the implementation of the strategy 2027.

Best of luck!

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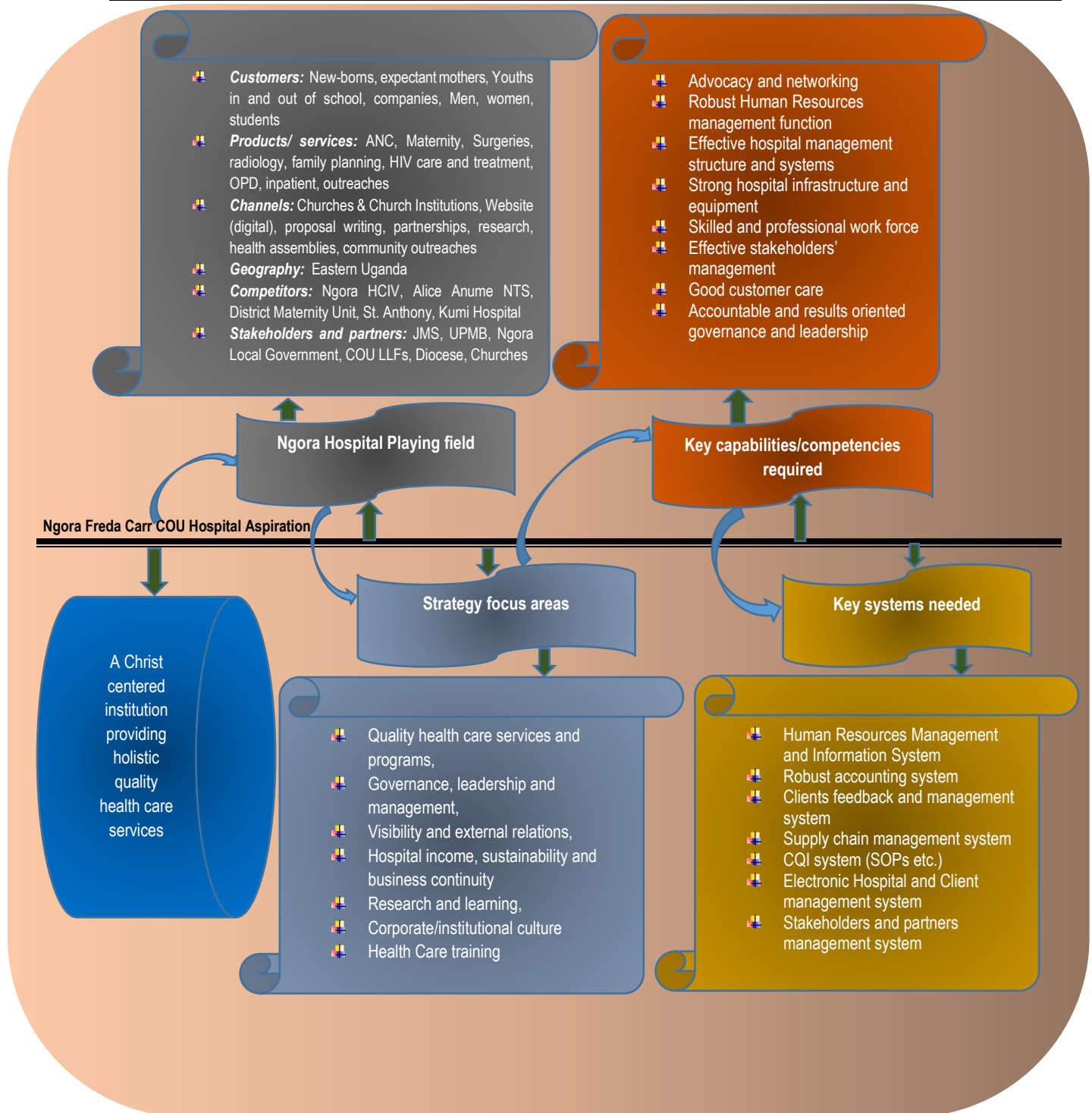
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## The Executive summary – Ngora Freda Carr C.O.U hospital strategy 2027



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## 1. SECTION 1: NGORA FREDA CARR COU HOSPITAL STRATEGY 2027

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### 1.1 Significance and contribution

Congruent to the national health strategy and Uganda's vision 2040, Ngora Freda Carr COU Hospital strategy 2027 strives to offer quality health services across the North Eastern region of Uganda and beyond. During the next five years to 2027, our strategy implementation shall be unpinning by our aspiration as, *'A Christ centered institution providing holistic quality health care services.'* The strategy 2027 defines the target strategic partners, beneficiaries' products and services and capabilities needed to implement and achieve it.

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### 1.2 The promise and focus

In active pursuance of the promise to be a preferred health care institution in the region, underpinned by Christian values, Ngora Freda Carr COU Hospital shall work with both local and international partnerships including major donors, the government of Uganda, UPMB, JMS and local church founded health facilities and other institutions located in North Eastern part of Uganda. Our strategic focus areas – Quality health care services and programs; Governance, leadership and management; Visibility and external relations; Income, sustainability and business continuity; Research and learning; Corporate/institutional culture and health training shall deliver growth. As one of the oldest missionary Church of Uganda hospitals in Uganda, over the years Ngora Freda Carr COU Hospital has contributed greatly to the health sector in general. However, this contribution has not been adequately documented to allow for sharing success stories and lessons learned. During the strategy implementation, research, analytics, and publishing shall be done to promote visibility.

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### 1.3 Global perspective

The Ngora Freda Carr COU Hospital strategy 2027 is cognizant of the new global developments and

perspectives of supporting institutional sustainability to continue service delivery using internally generated resources. To this end, Ngora Freda Carr COU Hospital strategy seeks to grow local resource mobilization capabilities as well as deepen relationships with health development partners. The plan seeks to increase unrestricted incomes significantly through revenue diversification, creating capabilities to generate revenues beyond grants for institutional sustainability. To achieve this, the hospital must invest in capital development to spur growth over the next five years. This money shall be an investment into infrastructure, capabilities and systems required to execute the strategy for sustainable institutional growth.

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### 1.4 Strategy monitoring scorecard

Cognizant of the fact that stakeholders are the key engine for our growth, accounting for set targets is critical to win stakeholders' trust in Ngora Freda Carr COU Hospital as an institution. The scorecard has been further aligned to the strategic choices, and focus areas. During implementation, the scorecard shall be updated with the responsibility center for effective accountability organization wide. The scorecard shall facilitate the monitoring and evaluation of the strategy to ensure implementation effectiveness and accountability.



## 1.5 The strategic culture 2027

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### 1.5.1 The Vision statement

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A Christ centered institution providing holistic quality health care services

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### 1.5.2 Mission statement

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To promote health, prevent and eliminate suffering due to disease and train competent professionals Christ being our help.

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### 1.5.3 Institutional objectives

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The reviewed institutional objectives for Ngora Freda Carr hospital shall include:

- ✚ To promote health of body, mind and spirit.
- ✚ To bear witness to the love of God and to proclaim the gospel of Jesus Christ.
- ✚ To meet the needs of the people served through offering quality, holistic health care services regardless of tribe, race or creed
- ✚ To complement Government efforts in offering basic education and enhancing human resources for health through training and research
- ✚ To further the aforementioned objectives in the work of the hospital and in its training of medical personnel and other workers.
- ✚ To do all such other acts and things as may be deemed incidental or conducive to the attainment of any of the Vision, Mission and above mentioned objectives of the hospital.



### 1.5.4 What we value at Ngora Freda Carr COU Hospital















<b>Core Value</b>	<b>Definition</b>	<b>Core Value</b>	<b>Definition</b>	<b>Core Value</b>	<b>Definition</b>
<b>Agape love</b>	Unconditional love for the underserving	<b>Compassion</b>	Concern for other's sufferings or problems	<b>Punctuality</b>	Being on time for duty and meetings
<b>Excellence</b>	To be outstanding	<b>Accountability</b>	Show how you have used resources entrusted to you	<b>Team work</b>	Ability to work with others towards a common goal.
<b>Honesty</b>	Truthfulness	<b>Devotion to duty</b>	Commitment to duty	<b>Christ-centeredness</b>	Christ at the center of all that is done at the hospital
<b>Integrity</b>	Strong moral standing	<b>Hard work</b>	Put in a lot of efforts to the task		





## 1.6 Focus and strategic aims

**Table 1 showing Ngora Freda Carr COU hospital focus areas and strategic objectives 2020-2026**

<b>A. Clinical planning areas</b>	
 Quality health care services and programs ( Services and Programs, Equity/accessibility)	<b>Strategic Objective 1:</b> Improved quality and accessibility to preventive, curative and health promotion services and programs at Ngora Freda Carr (COU) hospital
 Human Resources for Health	<b>Strategic Objective 2:</b> Strengthened HRH management to enhance provision of quality health care services and implement the entire hospital strategy 2027
 Infrastructure, equipment	<b>Strategic Objective 3:</b> Improved infrastructure and equipment for provision of quality service at Ngora Freda Carr (COU) hospital
 Medical and other supplies	<b>Strategic Objective 4:</b> Improved supply for medical and other supplies at Ngora Freda Carr (COU) hospital
<b>B. Organizational planning areas</b>	
 Governance and management (Structures, Systems, Policies)	<b>Strategic Objective 5:</b> Improved governance and management structures, policies and systems for Ngora Freda Carr (COU) hospital
 Visibility and external relations (Corporate Image, Stakeholder management)	<b>Strategic Objective 6:</b> Improved institutional visibility and stakeholder management at Ngora Freda Carr (COU) hospital
 Hospital Sustainability and business continuity (Revenue, Financial/resources management, Risks management)	<b>Strategic Objective 7:</b> Increased revenue base for sustainability for Ngora Freda Carr (COU) hospital
 Research and learning	<b>Strategic Objective 8:</b> Strengthened capacity for research, innovation and learning at Ngora Freda Carr (COU) hospital
 Corporate/institutional culture	<b>Strategic Objective 9:</b> Institutionalized culture of professionalism and Christian ethics at Ngora Freda Carr (COU) hospital
<b>C. Health Training planning areas</b>	
 Student placement	<b>Strategic Objective 10:</b> Strengthened student practicum placement system to enhance learning outcomes at Ngora Freda Carr COU Hospital health training school – incorporate center of excellence for internship training
 Staffing	<b>Strategic Objective 11:</b> Improved level of staffing for better quality training at Ngora Freda Carr COU Hospital health training school
 Infrastructure and equipment	<b>Strategic Objective 12:</b> Improved infrastructure and equipment to facilitate effective learning and teaching at Ngora Freda Carr COU Hospital health training school
 Information Technology	<b>Strategic Objective 13:</b> Increased integration of Information Technology in learning and teaching at Ngora Freda Carr COU Hospital health training school
 Income generation and sustainability	<b>Strategic Objective 14:</b> Increased revenues base for sustainability at Ngora Freda Carr COU Hospital health training school

## 1.7 Strategies and deliverables

**Table 2 showing Ngora Freda Carr COU Hospital strategic interventions and potential specific deliverables 2022-2027**

SOs	Strategic intervention	Potential Specific deliverables 2023-2027
<b><i>SO1:Improved quality and accessibility to preventive, curative and health promotion services and programs at Ngora Freda Carr (COU) hospital</i></b>		
	Expand/strengthen the scope to provide all key services approved of a general hospital	<ul style="list-style-type: none"> <li>- Conduct assessment for existing scope of services and programs focusing on those not well provided due to lacking personnel like general surgery, eye services/ophthalmology, Obstetrics and gynaecology, dental due to man power.</li> <li>- Establish any deficient services and program in SO1s at the hospital's level of service delivery such as Neonatal health etc.</li> </ul>
	Strengthen the Continuous Quality Improvement (CQI) structures and systems of the hospital	<ul style="list-style-type: none"> <li>- Establish and functionalize hospital CQI teams with clear Terms of Reference(TOR)</li> <li>- Develop and ensure regular use of the CQI assessment tools for sustained improvement</li> <li>- Conduct regular Continuous Professional Development (CPD)/Continuous Medical Education (CME) sessions for staff and include periodical sessions for staff from Lower Level facilities (LLFs) of the Diocese. Ensure regular documentation for the sessions.</li> <li>- Develop/adapt/adopt relevant Standard Operating Procedures(SOPs) for the different hospital service centers and for LLFs in Diocese; and ensure orientation of staff on the same</li> <li>- Conduct relevant incidental audits at the hospital such as maternal deaths, drugs reactions etc., to inform better future operations and patient management</li> </ul>
	Strengthen systems for clinical management of clients and billing for services	<ul style="list-style-type: none"> <li>- Review the existing patient flow mechanism at the hospital to inform the systems for improvement</li> <li>- Install and functionalize an electronic self-automated system to improve efficiency at all relevant hospital service points including the billing for services</li> <li>- Establish activity standards for the key hospital services to eliminate any unnecessary delays by hospital staff so to reduce on patient waiting time</li> </ul>
	Streamline the user fees, waivers and exemptions system at Ngora Freda Carr COU Hospital to ensure/address equity	<ul style="list-style-type: none"> <li>- Conduct annual reviews on user-fees for hospital services to inform a cost-benefit analysis in comparison with hospital recurrent expenditures</li> <li>- Develop and implement an approved policy on waivers and exemptions for the less-privileged clients with clear deterrents to avoid potential abuse</li> </ul>

Strengthen the IPC structures and systems of the hospital	<ul style="list-style-type: none"> <li>- Functionalize the IPC committee with clear terms of reference</li> <li>- Implement an IPC program including training and installation of necessary equipment such as water filtration and hand washing facilities etc.</li> </ul>
Rejuvenate the PHC/CBHC function at Ngora Freda Carr COU Hospital to improve preventive and health promotion programs	<ul style="list-style-type: none"> <li>- Recruit/appoint in-charge for the PHC/CBHC department of the hospital; a double trained Nurse or Public Health Doctor</li> <li>- Conduct integrated and targeted community outreaches for different services</li> <li>- Establish/ maintain CHW/VHT structures for community mobilization, health education and referral programs</li> <li>- Organize mobilization competition events (sports, drama etc.) for target groups such as youths, women etc.</li> <li>- Establish YFRS corner at the hospital to target youths clients alongside/to compliment the current HIV/AIDS center to accommodate as well the Sickle Cells youths services</li> </ul>
Enhance collaboration with hospital church founded and other LLFs in operational area	<ul style="list-style-type: none"> <li>- Carry out mapping of HFs at lower service levels within the Diocese/operational area</li> <li>- Conduct an assessment of the capacity of the LLFs to inform areas of collaboration and support</li> <li>- Develop MoUs with the LLFs on areas of collaboration</li> <li>- Establish a referral mechanism for clients from the LLFs</li> <li>- Establish community-based referral ambulance services using the available resources such as 'Boda-Boda' riders and CHW/VHT structures</li> <li>- Periodically integrate LLFs into the CME sessions of the hospital to enhance professional development</li> </ul>
Enhance capacity to provide specialized services and care	<ul style="list-style-type: none"> <li>- Conduct assessment for establishment of specialized services at Ngora Freda Carr COU Hospital including space, equipment (Ultra-sound scan, Digital X-ray etc.),and personnel</li> <li>- Establish specialized service(s) at the hospital (Pediatrics, General Surgery, Internal Medicine, Obstetrics and Gynecology, Ophthalmology, Physiotherapy and acquisition of necessary equipment</li> <li>- Hire/engage relevant critical staff notably a Pediatrician, Gynecologist, Physician and General surgeon, Ophthalmologist, Radiographer, to provide the critical services</li> <li>- Conduct exchange learning visits to sister institutions to inform new innovations and improved standards of care</li> </ul>

**SO 2: Strengthened HRH management to enhance provision of quality health care services and implement the entire hospital strategy 2027**

Strengthen the HRM function at Ngora Freda Carr COU Hospital	<ul style="list-style-type: none"> <li>- Review the hospital management structure to include a position of Human Resources Manager/Officer of the hospital</li> <li>- Develop/train a qualified and suitable staff to occupy position as per established job specifications and description</li> </ul>
Ensure effective HRM systems and practices at Ngora Freda Carr COU Hospital	<ul style="list-style-type: none"> <li>- Review the staffing needs and develop a staff establishment for Ngora Freda Carr COU Hospital</li> <li>- Develop/review the relevant hospital HRM policies and guidelines to guide the hire, remuneration, development, retention, rewards and retirement of hospital staff</li> <li>- Install and use the iHRIS to support management of human resources at the hospital and inform key HR decisions and planning</li> <li>- Conduct periodical/ annual staff satisfaction surveys for staff of Ngora Freda Carr COU Hospital</li> <li>- Fill key positions to support regular and specialized service delivery at the hospital as per the staff establishment</li> </ul>



	<ul style="list-style-type: none"> <li>- Support training of hospital staff to acquire relevant skills as per the hospital needs and specialized services through hospital annual budgets and partners</li> <li>- Conduct regular HR planning including succession and periodical staff productivity audits for the hospital</li> <li>- Develop a HRM policy with clear standards and guidelines/manual of procedures</li> <li>-</li> </ul>
<b>SO 3: Improved infrastructure and equipment for provision of quality services at Ngora Freda Carr (COU) hospital</b>	
Improve on existing infrastructure and equipment to conveniently accommodate existing and new services including risk events such as epidemic and pandemic outbreaks	<ul style="list-style-type: none"> <li>- Secure titles for the hospital available land , survey &amp; fence the land</li> <li>- Develop a new master physical plan to guide hospital infrastructure development</li> <li>- Put up structures to accommodate key services especially isolation centers (2 blocks)</li> <li>- Carry out renovation for existing hospital infrastructure especially the main wards, stores expansion and roofing, staff quarters, chapel etc.</li> <li>- Procure relevant equipment to provide key hospital services as per assessment report in SO1 above</li> <li>- Procure an ambulance to facilitate referrals in and out of the hospital</li> <li>- Procure a vehicle for PHC/CBHC programs and integrated community outreaches</li> <li>- Establish a Neonatal unit/building and equipment (incubators, phototherapy machines, beds etc.)</li> <li>- Establish an oxygen plant at the hospital</li> </ul>
<b>SO 4: Improved supply for medical and other supplies at Ngora Freda Carr (COU) hospital</b>	
Ensure an efficient supply chain for hospital key/essential medicines and supplies all the time	<ul style="list-style-type: none"> <li>- Strengthening the existing hospital procurement committee with clear TOR (training etc.)</li> <li>- Develop a Procurement and Disposal policy for the hospital</li> <li>- Develop and implement periodical procurement plans with clear monitoring mechanisms</li> <li>- Develop a business continuity management policy to include risk analysis and plan to supply for essential/critical medicines for the hospital in case of emergency needs</li> </ul>
<b>SO 5: Improved governance and management structures, policies and systems for Ngora Freda Carr (COU) hospital</b>	
Validation of the legal structures that own Ngora Freda Carr COU Hospital as an entity held in trusteeship of Kumi Diocese	<ul style="list-style-type: none"> <li>- Establish and certify (in consultation with the C.O.U Province) the trusteeship of the hospital as per the Trusteeship Incorporation act of Uganda</li> <li>- Review hospital constitution to re-align governance and management structures for the current and strategic aspirations of Ngora Freda Carr COU Hospital</li> </ul>
Strengthen functionality of the Ngora Freda Carr COU Hospital BoGs	<ul style="list-style-type: none"> <li>- Review the composition of current BoGs to ensure compliance established guidelines</li> <li>- Develop/review a BoGs operations manual/charter</li> <li>- Conduct regular scheduled meetings for BoGs</li> <li>- Conduct periodical/bi-annual review performance against the approved strategic plan 2027 during board meetings</li> <li>- Conduct a three-level periodical/annual performance evaluations for hospital BoGs</li> </ul>

Ensure availability and institutionalization of the required policies to implement the strategy 2027	<ul style="list-style-type: none"> <li>- Review the existing hospital policies and guidelines to ensure operational and legal relevance and Compliance</li> <li>- Develop and approve any deficient policies and guidelines required for effective Governance and management of the hospital</li> </ul>
Ensure functional management structure and systems	<ul style="list-style-type: none"> <li>- Review hospital structure/organogram to provide for effective supervision and coordination of Hospital services</li> <li>- Conduct periodical review of hospital operational systems to constantly improve efficiency and effectiveness</li> </ul>

#### **SO 6: Improved institutional visibility and stakeholder management at Ngora Freda Carr (COU) hospital**

Re-brand Ngora Freda Carr COU Hospital as a COU PNFP healthy facility providing affordable Christian quality health services	<ul style="list-style-type: none"> <li>- Design and procure promotional and display materials for the hospital such as fliers, brochures, envelopes (drugs, lab results, X-ray) etc.</li> <li>- Ensure regular update of the hospital website</li> <li>- Improve signage for the hospital at strategically positions around operational area</li> <li>- Establish a Communications position and hire a competent Officer to occupy the same with clear job description</li> </ul>
Strengthen the clients, public and external stakeholder management function at Ngora Freda Carr COU Hospital inclusive of ICT use	<ul style="list-style-type: none"> <li>- Establish a competent customer care desk at the hospital (Remuneration &amp; Office equipment/desk)</li> <li>- Establish/hire a competent public relations function at the hospital(Remuneration &amp; Office equipment/desk)</li> <li>- Produce annual hospital reports and periodical newsletters for dissemination/distribution to external stakeholders such as UPMB, MoH, NMS, HCs and NGOs in the catchment area</li> <li>- Hold annual hospital health fares/open days/assemblies to promote and engage stakeholders at hospital premises</li> <li>- Initiate and strengthen media and IT platforms such as such as radio, Whats-App, bulk SMS for information sharing on hospital services, program and plans</li> <li>- Conduct annual client satisfaction surveys to inform service provision and engagement mechanisms for resource mobilization</li> </ul>
Improve hospital commitment to corporate social responsibility initiatives in hospital area of operation	<ul style="list-style-type: none"> <li>- Support community based initiatives for health and development; technically and or financially such as women, youths groups</li> <li>- Conduct community based medical camps at least once a year</li> <li>- Conduct/participate in both local and national health awareness campaigns such as epidemics, NCDs, immunization etc. especially in partnership with District Local Governments</li> <li>- Conduct community based dialogue and feedback meetings on hospital services in the hospital operational area at least once annually</li> <li>- Support the local church initiatives such as constructions &amp; other development programs (CSR)</li> <li>- Construction of a borehole in appreciation of the land community donated for the hospital solar project in partnership with the District Local Government</li> </ul>

### SO 7: Increased revenue base for sustainability for Ngora Freda Carr (COU) hospital

Strategic positioning of Ngora Freda Carr COU Hospital to take advantage of its competitive advantage	<ul style="list-style-type: none"> <li>- Identify and provide a service(s) unique 'niche' to Ngora Freda Carr COU Hospital operational area and vicinity (General Surgery and Neonatal Care)</li> <li>- Carry out mapping of potential partners with focus/interest to support faith based health care initiatives</li> <li>- Develop annual hospital operational work-plans and budgets to share with partners for support especially District Local Government</li> <li>- Participate in planning sessions for partners and local government to advance integration of the hospital work plans and budgets for support</li> </ul>
Strengthen the capacity of the Hospital to mobilize resources from internal and external sources so as to reduce overdependence on user fees	<ul style="list-style-type: none"> <li>- Develop and implement a resource mobilization strategy for Ngora Freda Carr COU Hospital</li> <li>- Establish a resource mobilization desk/function at Ngora Freda Carr COU Hospital</li> <li>- Conduct training on resource mobilization and fundraising(proposal and concept writing) for HMT</li> <li>- Initiate IGAs for the hospital (finishing renovation and functionalizing of the hospital private wing, plant trees on hospital land; Establish a dairy farm and intensive cropping for reducing hospital expenses on staff meals but also provide for the nutritional services , re-functionalize the guest house complex)</li> <li>- Develop 2 funding proposals to potential support partners annually</li> <li>- Establish a functional Community Health Insurance program in collaboration with UPMB</li> <li>- Establish an OPD clinic/service at Kumi town (renovations and refurbishment of the site)</li> <li>- Re-functionalize the milling plant to produce nutritional foods/formulas to sell and hospital nutritional services</li> </ul>
Creation of captive markets through strengthening hospital linkages and relations with local church congregations	<ul style="list-style-type: none"> <li>- Conduct periodical orientation and resource mobilization campaigns in local church congregations in Kumi Diocese through St. Luke's Day etc.</li> <li>- Host annual open days for church congregations to enhance engagements with the hospitals</li> <li>- Establish mechanisms to engage the clergy and other church workers to engage in the CHI initiative</li> </ul>
Strengthen structures and systems for efficient financial and other resources management controls at Ngora Freda Carr COU Hospital	<ul style="list-style-type: none"> <li>- Conduct a needs assessment for upgrading the existing automated financial accounting system tailored to meet Ngora Freda Carr COU Hospital needs (server installation etc.) and equip office</li> <li>- Review/develop and implement financial and other resources management controls at Ngora Freda Carr COU Hospital such as vouchers, requisitions, budgets, accountabilities for advances, asset registers, log books etc.</li> <li>- Review/ implement a segregated system of requisition, approval, review and authorization of hospital expenditures</li> <li>- Review/develop a system for periodical financial reporting at different levels for Ngora Freda Carr COU Hospital (monthly, quarterly, annual etc.)</li> <li>- Develop documented SOPs for use of hospital assets such as vehicles, equipment etc.</li> </ul>

Strengthen the compliance and audit function at Ngora Freda Carr COU Hospital to ensure value for money expenditures	<ul style="list-style-type: none"> <li>- Strengthen the compliance and internal audit functions at Ngora Freda Carr COU Hospital to ensure value for money and systems and eliminate unnecessary expenditures of the hospital</li> <li>- Conduct annual external audits for the hospital</li> </ul>
Improve Governance mechanisms for engagement of hospital partners to ensure mutually beneficial partnerships	<ul style="list-style-type: none"> <li>- Develop a partnership engagement policy to guide working and fulfillment of the mutual obligations especially projects implementation</li> <li>- Sign/maintain MoUs with development partners inclusive of local government to tap into public resources to operationalize the policy on PPPH</li> </ul>

#### **SO 8: Strengthened capacity for research, innovation and learning at Ngora Freda Carr (COU) hospital**

SO 8 Strengthen research as a key component of the Hospital operations and learning	<ul style="list-style-type: none"> <li>- Conduct training on operational research for staff of the hospital with support from UPMB</li> <li>- Conduct at least one operational research/study annually to inform operations and interventions of the hospital</li> <li>- Use and disseminate research findings</li> </ul>
Collaborate with external research institutions/Universities	<ul style="list-style-type: none"> <li>- Carry out mapping exercise to identify potential partner institutions for research projects</li> <li>- Develop and implement MOU with identified partners to guide the mutual engagement with the hospital</li> </ul>

#### **SO 9: Institutionalized culture of professionalism and Christian ethics at Ngora Freda Carr (COU) hospital**

Promote the relevance of the Chaplaincy and the church in daily hospital operations and working environment	<ul style="list-style-type: none"> <li>- Review hospital chaplaincy function to include clear deliverables and performance evaluation mechanism</li> <li>- Develop mechanism/program to ensure daily devotions for hospital staff and clients</li> <li>- Establish/functionalize a committee with clear TOR to champion Christian morals at the hospital</li> <li>- Design and display Christ-centred messages of encouragement on hospital premises and service provision centers</li> <li>- Establish a Chapel/Chaplaincy account to accommodate funds for community/ congregations outreach programs and other initiatives</li> <li>- Establish a follow-up systems/mechanism for discharged patients and linking them to their local congregations for support</li> </ul>
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#### **SO 10: Strengthened student practicum placement system to enhance learning outcomes at Ngora Freda Carr COU Hospital health training school**

Strengthen the practicum placement and mentorship system of students to enhance learning outcomes	<ul style="list-style-type: none"> <li>- Conduct a re- assessment of the students practicum sites for availability of adequate equipment and qualified staff to carry out effective supervision</li> <li>- Conduct CMEs/ for student supervisors at/from practicum sites to ensure skills and knowledge update and or involve them in the periodical sessions of the hospital</li> <li>- Devise resource friendly mechanisms to motivate student-mentors at placement sites to improve learning outcomes</li> </ul>
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	<ul style="list-style-type: none"> <li>- Develop clear learning objectives for student placements and review them periodically to ensure compliance to dynamic health care standards</li> <li>- Establish and implement an approved mechanism for student feedback regarding placement site for CQI</li> </ul>
<b>SO 11: Improved level of staffing for better quality training at Ngora Freda Carr COU Hospital Health Training Institution</b>	
Improve staffing levels for Tutors, Clinical Instructors, Mentors at the HTI; plus non-teaching staff	<ul style="list-style-type: none"> <li>- Conduct an assessment for staffing levels at the HTI to establish the existing vs. deficient staffs at the school</li> <li>- Hiring part time tutors and clinical instructors from the neighboring this and Universities on contracts basis</li> <li>- Develop and implement a robust trucking system for part-time staff to ensure value for money engagement with the HTI</li> <li>- Develop an HTI development plan to enhance skills for content delivery and succession planning including budget allocation to support the same</li> </ul>
<b>SO 12: Improved infrastructure and equipment to facilitate effective learning and teaching at Ngora Freda Carr COU Hospital Health Training Institution</b>	
Improve the HTI infrastructure and equipment to provide better convenience for learning, teaching	<ul style="list-style-type: none"> <li>- Secure a title for the hospital available land and demarcate suitable portion to the HTI infrastructure development</li> <li>- Review/develop a new master physical plan to guide HTI infrastructure development</li> <li>- Put up structures to accommodate; student hostels, classrooms, etc.</li> <li>- Procure relevant equipment to learning and teaching services namely; computers</li> <li>- Implement a payment system to allow for student long-term financing for a bus to facilitate transport at the HTI</li> <li>- Review bonding mechanism for hospital/HTI support staff to minimize abuse and defaulting</li> </ul>
<b>SO 13: Increased integration of Information Technology in learning and teaching at Ngora Freda Carr COU Hospital Health Training Institution</b>	
Integrate IT in learning and teaching (e-learning) to enhance research and reduce strain on current objective capacity for HTI	<ul style="list-style-type: none"> <li>- Carry out an assessment of capacity of the HTI to integrate IT into learning and teaching</li> <li>- Implement a system of student payment for personalized computers/IT gadgets to facilitate IT integration in e-learning</li> <li>- Identification and installation of e-libraries on students and tutors IT gadgets</li> </ul>
<b>Strategic Objective 14: Increased revenues base for sustainability at Ngora Freda Carr COU Hospital Health Training Institution</b>	
Expand and diversify income base for Ngora Freda Carr COU Hospital HTI to support implementation of strategy 2027.	<ul style="list-style-type: none"> <li>- Develop a school fees policy for the HTI</li> <li>- Develop and implement two fees structures for students to provide for local and international students</li> <li>- Appoint recruitment agents/registration centers in Neighboring Countries such as DRC to tap into the international market for potential students at the school</li> <li>- Initiate low risk Income Generating Activities for the HTI taking advantage of available land and natural resources; but as well investing in property acquisition especially land</li> <li>- Initiate short term courses at the HTI to supplement main stream incomes</li> <li>- Train specialized cadres in nursing and midwifery in fields such as neonatal care, ultrasound technology etc. to provide a special niche to HTI student-product and expand revenue base (Pediatric Nurses etc.)</li> <li>- Conduct a feasibility study for establishment of the College of Health Science to upgrade the current School of Nursing and Midwifery</li> </ul>

## 1.8 Strategy 2027 implementation and monitoring scorecard

Table 3 showing Ngora Freda Carr COU Hospital strategy 2027 implementation and outcomes score card matrix

Pillar/ Focus Area	Strategic intervention	Expected outcomes	Strategic Targets	What to Monitor	How to measure /progress/achievement	Means of verification	Period of implementation				
							YR 1	YR 2	YR 3	YR 4	YR 5
Quality health care services and Programs	SO 1: Improved quality and accessibility to preventive, curative and health promotion services and programs at Ngora Freda Carr COU Hospital										
	Expand/strengthen en the scope of Ngora Freda Carr COU Hospital services (Pediatrics, General Surgery, Internal Medicine, Obstetrics and Gynecology, etc.)	Widened scope of key services to meet required level of service delivery as a general hospital	25% level of utilization of expanded services by 2025	Track %s	% utilization for expanded services	Periodical HMIS statistics	X	X	X		
			20% increase in hospital user fees from expanded services 2025		% of hospital user fees from expanded services	Financial income reports	X	X	X		
	Strengthen the Continuous Quality Improvement (CQI) structures and systems of the hospital	CQI structures and systems of the hospital strengthened	Functional CQI team with clear TOR available by July 2023	Track availability	Availability of established CQI team with clear TOR	CQI team periodical reports and	X				
			90% level of functionality for CQI structures and systems by 2023	Track %	% level of functionality for CQI structures and systems established/strenathene	Periodical CQI team reports	X	X			
			Standard Operating Procedures (SOPs) available at 90% of all relevant hospital service centers by July 2023	Track %	% availability of SOPs at relevant hospital service centers	Observation	X				
Strategy 2027 winding up and End Evaluation											

		Incident audits related maternal deaths, drugs reactions, interactions etc,	100% of medical incidences audited	Track audits	% level of medical incidents audited	Incident audit reports					
	Strengthen systems for clinical management of clients and billing for services	Improved clinical and billing systems for hospital clients	Systems for Clinical management and billing of patients available by December 2023	Track availability	Availability of functional Clinical management and billing systems at the hospital	-Procurement records - Observation	X				
			80% level of clients satisfaction with the Clinical management and billing systems by July 2025	Track %	% level of clients satisfaction with the Clinical management and billing systems	Annual Client satisfaction survey reports	X	X	X		
	Streamline the user fees, waivers and exemptions system at Ngora Freda Carr COU	Improved accessibility to services by less privileged clients/equity	Functional waivers and exemption systems available by July 2023	Track availability	Level of adherence to waivers and exemption systems established/available	Periodical waivers and exemption reports	X				
	Strengthen the IPC structures and systems of the hospital	IPC structures and systems functional and institutionalized	Functional hospital IPC committee with TOR available by December 2023	Track availability	Availability of functional IPC committee with TOR	-Observation -IPC committee	X	X			
			85% level of functionality of IPC structures and systems by 2027	Track functionality, utilization	% level of functionality of IPC structures and systems	-Observation, Annual IPC reports	X	X	X	X	
											Strategy 2027 winding up and End



	Rejuvenate the PHC/CBHC function at Ngora Freda Carr COU Hospital to improve health promotion programs	Functional PHC function at the hospital	Functional PHC services/department available by March 2023	Track availability	Availability of functional PHC services/department	-Observation - Periodical hospital reports	X	X	Strategy Mid-term Evaluation		
		PHC and CBHC outreach and referral programs strengthened	A vehicle for PHC and CBHC outreach programs secured by December 2024	Track availability	Availability of vehicle for PHC and CBHC programs	Observation	X	X			
	Strengthen Youths Friendly Services at the hospital to target youthful clients alongside the HIV/AIDS centre with other services such as sickle cell, lifestyle, reproductive health etc	Increased utilization of integrated youths friendly services at the hospital	Functional centre for integrated youths friendly services available by December, 2023	Track availability	Availability of a functional centre for integrated youths friendly integrated services	Observation	X				
			60% increase in level of utilization of Youths friendly services by December, 2024	Track utilization	% level of utilization of youths friendly integrated services	Periodical hospital reports	X	X			
	Enhance collaboration with church founded and other LLFs in hospital operational area	Strengthened partnerships with church founded and other LLFs in hospital operational area	Functional referral system/mechanism with LLFs established by January 2024	Track availability	Availability of functional referral system/mechanism between hospital and LLFs	- Referral reports	X	X			
			MoUs with willing facilities within the operational area on areas of collaboration signed by December	Track availability	Availability of signed MoUs with partner LLFs	Copies of MoUs	X				



				A community-based referral ambulance services mechanism with 'Boda-Boda' riders and CHW/VHT structures established by December, 2024	Track availability and utilization	Availability of functional community based referral mechanism		X	X			
						%level of utilization for the community based referral mechanism	Periodical Referral reports	X	X			
		Enhance capacity of Ngora Freda Carr COU Hospital to provide specialized services and care	Improved capacity of the hospital to provide specialized services and care	Infrastructural space and equipment to provide specialized services available by July 2024	Track %s, availability	Availability of Infrastructural space and equipment to provide specialized services and care	Observation	X	X	Strategy Mid-term Evaluation		
				Specialists ( Pediatrician, Gynecologist, Physician and General surgeon, Ophthalmologist, Radiographer, available to provide specialized services by December 2024		Availability of HRH specialists	Hospital hiring records	X				
				15 % level of utilization for specialized services by 2024		% utilization of specialized services	Periodical HMIS statistics	X	X			
				20 % increase in hospital user fees from specialized services by 2024		% of hospital revenue from specialized services	Financial income reports	X	X			

		<b>SO 2: Strengthened HRH management at Ngora Freda Carr COU Hospital to enhance provision of quality health care and to implement the entire strategy 2027</b>										
		Strengthen the HRM function at Ngora Freda Carr COU	Functional HRM position at Ngora Freda Carr COU Hospital	Fully functional HRM position available at the hospital by 2023	Track availability	Availability of functional HRM position at the hospital	-Hospital hiring records	X				<b>Strategy 2027 winding up and End Evaluation</b>
		Ensure effective HRM systems and practices at Ngora Freda Carr COU Hospital	Improved effectiveness and adherence to the HRM systems and practices	Hospital staff establishment available by December 2023	Availability	Availability of a hospital staff establishment	Copy of hospital staff establishment	X				
		75% of hospital staff establishment filled by 2024		Track %	% of hospital positions filled	-Hospital staff establishment	X	X				
		3% of hospital annual budget allocated to staff development available by 2027		Track %	% of annual budget allocated to staff development	Annual hospital budgets	X	X	X	X		
					90% of key HRM policies and tools available and utilized by 2023	Track %	% of required policies developed and approved	-HRM policies and tools	X			
<b>SO 3: Improved infrastructure and equipment for provision of quality service delivery at Ngora Freda Carr COU Hospital</b>												
		Improve on existing infrastructure and equipment to conveniently accommodate existing and new services	Improved hospital physical infrastructure and equipment	Renovated infrastructure for service delivery available by July 2024	Track availability	Availability of renovated hospital infrastructure	-Observation	X	X			<b>Strategy 2027 winding</b>
				Developed and approved master plan for hospital infrastructure development available by July, 2024	Track availability	Availability of approved master plan	Observation	X	X			

Strategy 2027 winding up and End Evaluation

Strategy 2027 winding

	including risk events such as epidemic outbreaks		New infrastructural developments/construction for service delivery available by June 2027	Track availability	Availability of new infrastructural developments/construction for service delivery	-Observation -Hospital Procurement	X	X	X	X	
		Improved space to manage epidemic outbreaks	Fully fledged isolation centers (2 blocks to manage epidemic cases available by July 2024	Track functionality	Availability of functional isolation space to manage epidemic cases	Observation	X				
		Improved equipment for quality and specialized care	Functional equipment for targeted specialized services by 2024	Track functionality	Availability of functional equipment for specialized services	Asset register	X	X			
			90% level of client satisfaction with hospital infrastructure and equipment by 2027	Track satisfaction	% level of Client satisfaction with hospital infrastructure and equipment	Client satisfaction survey reports	X	X	X	X	
			Functional oxygen plant for the hospital available by December, 2025	Track availability	Availability of functional oxygen plant	Observation	X	X	X		
		Improved security at the hospital premises	CCTV Cameras installed and functional by December, 2024	Track availability	Availability of functional CCTV cameras	Observation	X	X			
	<b>SO 4: Improved supply for hospital medical and other supplies at Ngora Freda Carr COU Hospital</b>										
	Ensure an efficient supply chain for hospital key/essential medicines and	Strengthened system for ordering and supply of essential medicines and other supplies	Zero stock outs for essential medicines and supplies by 2023	Track Satisfaction	Level of stock outs	Stock records	X	X			
			90% of client satisfaction with availability of essential medicines and supplies by 2025	Track %	% of client satisfaction	Annual Client satisfaction survey report	X	X	X		

		supplies all the time	Procurement planning strengthened	A system for developing annual and quarterly procurement plans institutionalized at the hospital by December,	Track availability	Availability of approved annual and quarterly procurement plans	Copies of the approved periodical procurement plans	X				
			Improved mechanism for continuity in supply chain for medicines and essentials	An Business Continuity Management (BCM) policy and plan to include supply chain for medicines and essentials developed and available by July, 2024	Track availability	Availability of an approved hospital BCM policy and plan	Observation	X	X			
	<b>Governance and management (Structures, Systems, Policies)</b>	<b>SO 5: Improved governance and management structures, policies and systems for Ngora Freda Carr COU Hospital</b>										
		Validation of the legal structures that own Ngora Freda Carr COU Hospital held in trusteeship of the Church of Uganda	Certified Hospital trusteeship	Legally recognized/certified trustees of Ngora Freda Carr COU Hospital by 31 <sup>st</sup> December 2023	Track availability	Availability of Certificate Of Trusteeship Incorporation (COTI)	Copy of COTI	X		Strategy Mid-term Evaluation		<b>Strategy 2027 winding up and End Evaluation</b>
			Registered and certified hospital as a legal juridical entity	Legally recognized hospital with right to sue and or be sued by December, 2024	Track availability	Availability of Certificate of registration for the hospital	Copy of Certificate of registration for the hospital	X	X			
		Strengthen functionality of the Ngora Freda Carr COU Hospital Board of Governors (BoGs)	Improved functionality for Hospital BoGs	90% level of BoGs functionality by 31 <sup>st</sup> December 2023	Track functionality	% level of functionality for the BoGs	-BoGs meeting minutes/record and evaluation reports	X	X			
				Hospital BoGs charter available by July 2023	Track availability	Availability of approved and functional charter for Ngora Freda Carr	Copy of charter	X				

[illegible]

	Ngora Freda Carr COU Hospital inclusive of use of ICT	Integration of IT and mass media in client and stakeholder engagement and reporting initiated	Functional IT platforms and mass media channels for client and stakeholder engagement and reporting available by December 2023	Track availability	Availability of functional IT platforms and mass media channels for client and stakeholder engagement and reporting	Observation	X	X	Strategy Mid-term Evaluation		
			75% level of client satisfaction with use of IT systems and mass media for engaging clients and other stakeholders by December 2023	Track%	% level of Client satisfaction with use of IT systems for engagement	- Annual client satisfaction reports -Observation	X	X			
		Strengthened Communications function at the hospital	A qualified Communications Officer recruited by December, 2023	Track availability	Availability of a qualified Communications Officer at the hospital	HR recruitment records	X	X			
	Improve hospital commitment to corporate social responsibility initiatives in hospital area of operation	Strengthened hospital commitment to corporate social responsibility	2.5% of annual hospital budget dedicated to corporate social responsibility initiatives including open days, health camps etc. December 2024	Track %	% of hospital annual budget dedicated to corporate social responsibility initiatives	-Copy of annual hospital budgets	X	X	X		
Hospital Sustainability and business	<b>SO 7: Improved revenue base and sustainability for Ngora Freda Carr COU Hospital</b>										
	Strategic positioning of Ngora Freda	Uniqueness of Ngora Freda Carr COU	30% level of utilization of the hospital niche service (s) by July 2025	Track %s	% Level of utilization for hospital niche service(s)	Periodical HMIS reports	X	X	X	X	

	<b>continuity (Revenue, Financial/ Resources , Risks management)</b>	Carr COU Hospital to take advantage of its competitive advantage	Hospital in health service provision arena strengthened	15% of hospital annual user fees revenue financed by the hospital niche service(s) by July 2025		-% of annual hospital revenue from user fees financed from the hospital niche service(s)	Hospital annual income reports	X	X	X	X	Strategy 2027 winding up and End Evaluation
		Strengthen hospital capacity to mobilize resources from internal and external sources	Hospital capacity for resource mobilization strengthened	Hospital resource mobilization strategy available by July 2023	Track availability	Availability of resource mobilization strategy for the hospital	Copy of resource mobilization strategv	X	X			
				At least 2 Resource mobilization concepts submitted to potential donors annually	Track #	# of resource mobilization concepts written and submitted for support	Copies available					
				IGAs for hospital diversified income available by July 2023	Track availability	Availability of initiated IGAs by the hospital	Observation	X	X	X		
				20% of hospital revenue from other sources financed from IGAs by July 2025	Track %	% of hospital revenue from other sources financed from IGAs	-Hospital annual budgets/incom e reports	X	X	X	X	
				At least 2 fundraising events held years by 2025	Track #	# of HTI fundraising events organized	Fundraising reports					
		Community Health Insurance Program strengthened		10% increase in revenue raised from the CHI program by December 2025	Track %	% increase in revenue raised from the CHI program	-CHI reports  - Hospital annual income reports	X	X	X	X	

	Creation of captive markets through strengthening hospital linkages and relations with local church congregations	Strengthened partnerships with church institutions to ensure improved hospital captive market	Formal and mutual hospital partnerships with church institutions established/available by July 2023	Track availability	Availability of established hospital partnerships with church institutions	MoUs with partners/partnership agreements	X	X			Strategy Mid-term Evaluation	Strategy 2027 winding up and End Evaluation
			10% of hospital revenue from other sources financed by church institutions annually by December 2025	Track %	% of hospital revenue from other sources financed from church institutions	Hospital annual financial reports	X	X	X	X		
	Strengthen structures and systems for efficient financial and other resources management controls at Ngora Freda Carr COU Hospital	Structures and systems for management of financial and other resources strengthened	Robust/upgraded financial accounting system available by July 2022	Track availability	Availability of a robust/upgraded financial accounting system	Observation	X					
			Financial/resources control systems available by July 2023	Track compliance	Availability of a financial/resources control systems	Hospital financial/transactional/usage records	X					
	Strengthen the compliance and audit function at Ngora Freda Carr COU Hospital to ensure value for money and systems and	Internal audit function institutionalized at the hospital	Internal audit function available and institutionalized at the hospital by July 2023	Track availability	Availability of the internal audit function at the hospital	Hospital internal audit reports	X	X				
		Compliance function strengthened at Ngora Freda Carr COU	Compliance function available and institutionalized at the hospital by December 2023	Track availability	Availability of the compliance function at the hospital	Hospital financial/transactional records	X	X				



	Improve Governance mechanisms for engagement of hospital partners to ensure mutually	Strengthened management of hospital development partners	Institutional partners' engagement policy available by July 2023	Track availability	Availability of the partners' engagement policy at the hospital	Copy of policy on partners' engagement	X				
Research and learning	<b>SO 8: Strengthened capacity for research, innovation and learning at Ngora Freda Carr COU Hospital</b>										
	Strengthen research as a key component of the Hospital operations and learning	Enhanced hospital internal capacity to conduct relevant research	Policy to guide research at the hospital available by December 2024	Track availability	Availability of approved hospital research policy	Copy of research policy	X	X	X		
			Research skills and expertise available at the hospital by June 2025	Track availability	Availability of research skills and expertise among hospital key staff	Skills development training report	X	X	X	X	
		Establish on-going collaborations with external research institutions	Research Collaboration(s) with external research institutions available by July 2025	Track availability	Availability of functional on-going collaborations with external research institutions	MoUs with partners/partnership agreements	X	X	X	X	
Institutional culture	<b>SO 9: Institutionalized culture of professionalism and religious ethics at Ngora Freda Carr COU Hospital</b>										
	Promote the relevance of the Chaplaincy and the church in daily hospital operations and working environment	Christian morals and principles strengthened and institutionalized in the hospital operations	85% level of Client satisfaction with chaplaincy function by June 2023	Track %	% level of Client satisfaction with chaplaincy function	Annual client satisfaction survey reports	X	X	X		Strategy 2027 winding
			90% level of routine chapel attendance by hospital staff by December 2023	Track %	% level of routine chapel attendance by hospital staff	Attendance records	X	X			

		Promote the vision, Mission and core values at all levels of the hospital	Vision, Mission and core values institutionalized at governance, management and operational levels	Hospital vision, Mission and core values displayed at every strategic service area of the hospital by December 2023	Track availability	Availability of hospital vision, Mission and core values at every strategic service area of the hospital	Observation	X			Strategy Mid-term	
	Health care training	<b>SO 10: Strengthened student practicum placement system to enhance learning outcomes at Ngora Freda Carr COU Hospital health training school</b>										
		Strengthen the practicum placement and mentorship system of students to enhance learning outcomes	Student practicum placement system improved	100% of eligible student practicum sites re-assessed by January 2024	Track %	% of eligible student practicum sites re-assessed	Assessment report	x				
			Enhanced/updated knowledge, skills of mentors at student practicum sites	4 hospital/HTI based quarterly CMEs attended by mentors December 2023	Track #	# of quarterly CMEs attended by mentors from practicum sites	CME reports	x	x			
				100% attendance of mentors from practicum sites to hospital/HTI based quarterly CMEs by December 2023	Track %	% attendance of mentors from practicum sites of hospital/HTI based quarterly CMEs	CME reports		x			
			Improved motivation for critical/key mentors at student practicum sites	Documented and approved plan to motivate mentors at student practicum sites by December 2023	Track availability	Availability of approved plan to motivate mentors at student practicum sites	Copy of approved plan		x			
				100% of eligible mentors at student practicum sites motivated by December 2023	Track %	% of eligible mentors motivated	Financial reports		x			Strategy 2027 winding up

<b>SO 11: Improved level of staffing for better quality training at Ngara Freda Carr COU Hospital health training school</b>										
Improve staffing for Tutors and Clinical Instructors at the HTI	Improved HTI staffing level at the HTI	Approved HTI staff establishment available by July 2023	Track availability	Availability of HTI staff establishment	Copy of staff establishment		X			
		100% of needed Tutor and Clinical Instructors hired by July 2023	Track #	# of hired Tutor and Clinical Instructors	Hospital hiring records		X			
	Strengthened tutorial attendance system at the HTI	Documented monitoring system for tutorials available by July 2023	Track availability	Availability of documented approved monitoring system for tutorials	Tutorial attendance records	X	X			
<b>SO 12: Improved infrastructure and equipment to facilitate effective learning and teaching at Ngara Freda Carr COU Hospital health training school</b>										
Improve the HTI infrastructure and equipment to provide better convenience for learning and teaching	Secured land/above ground space and master plan for HTI developments	Hospital title deed and demarcated land for HTI available by December 2023	Track availability	Availability of land title and demarcated land for HTI physical development	Copy of demarcated HTI land Observation	x	x			
		HTI physical development master plan available by July 2023	Track availability	Availability of physical development master plan for HTI	Copy of master plan	x	x			
		Documented and approved Student long term financing plan for capital developments/assets (e.g. bus ) and personal IT gadgets by January	Track availability	Availability of a functional Student long term financing plan for capital developments	Copy of approved plan	x				

			HTI infrastructure, training and learning equipment improved	Constructed students accommodation structures/hostels available for use by December 2025	Track availability	Availability of constructed accommodation structures	Observation	x	x	x	x	
				At least 40 functional computers available by December 2023	Track availability	Availability of more computers in the HTI laboratory		x	x			
				A new students bus to facilitate mobility available by July 2025	Track availability	Availability of a students' bus to facilitate transport	Observation	x	x	x		
		<b>SO 13: Increased integration of Information Technology in learning and teaching at Ngora Freda Carr COU Hospital health training school</b>										
		Integrate IT in learning and teaching (e-learning) to enhance research and reduce strain on current objective capacity	Improved capacity to	74% level of capacity to integrate IT into learning	Track %	% level of capacity to integrate IT into	Capacity assessment	x	x			
			IT integrated into student learning and teaching July 2024	100% of enrolled students have personalized IT gadgets to facilitate learning by December 2024	Track %	% of students with personalized IT gadgets	Observation	x	x			
				100% of student owned gadgets installed with functional e-books/materials by January 2025	Track %	% of students gadgets installed with functional e-books/materials	Observation	x	x	x		

		<b>SO 14: Increased revenues base or sustainability at Ngora Freda Carr COU Hospital health training school</b>									
		Expand and diversify income base for Ngora Freda Carr COU Hospital HTI to support implementation of strategy 2027	Increased HTI revenue from students contributions/fees	Reviewed and approved students school fees policy applicable to local and international students available by July 2023	Track availability	Availability of approved students school fees policy	Copy of fees policy	x			
				Approved two fold fees structures for local and international students available and functional by July 2023	Track availability, functionality	Availability of two fold fees structures for local and international students	Copy of fee structures	x			
				Appointment and service agreements for recruitment agents for students from DRC available and functional by December 2023	Track availability, functionality	Availability of functional service agreements for international recruitment agents	Copy of service agreements	x			
				Specialized programs for Nurses such as Neonatal care, ultrasound available by December 2025	Track availability	Availability of Specialized programs for Nurses and Midwives	Observation	x	x	x	
			Increased HTI revenue from other sources	Certified short term courses available and offered by December 2024	Track availability	Availability of short term recess courses in IT and public health	Observations	x	x		

			Other IGAs available including investing in property acquisition especially land by July December 2024	Track availability	Availability of other low risk IGAs for revenue supplementation	Observations	x	x			
			Feasibility study for upgrade School of Nursing and Midwifery to College of Health Science conducted by December 2024	Track Progress	Verifiable evidence of progress	Feasibility study report	x	x			
			College of Health Sciences established by December,2025	Track progress	Verifiable evidence of progress	Periodical Progress reports	x	x	x	x	



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## **1.9 Implementation plan and M&E Framework for Ngora Freda Carr COU Hospital strategy 2027**

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For effective implementation of Ngora Freda Carr COU Hospital strategy 2027, deliberate start-up activities shall be set out and implemented in the preamble year 2022 annual operational plan. Such activities shall include among others: Orientation of the governance and management structures plus other key players and stakeholders on the strategy and their role (s) in effective implementation, monitoring and evaluation; Participatory development of annual operational plan for year 1 of the strategy with clear and measurable targets and applicable costs/budget.

The Hospital Management Team shall ensure implementation of the strategy through annual operational plans. The hospital Board shall ensure an oversight role in implementation of the prioritized strategies and evaluation of the same.

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### **1.9.1 Building on existing structures, achievements and progress**

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Ngora Freda Carr COU Hospital will build on the existing structures and successes to implement the new strategic plan. Even without a strategic plan, the hospital has over the years attained some successes especially in the area of clinical services delivery to patients. Implementation of the new strategic plan will build on the already existing infrastructure, clinical services, health training services and staff; in addition to new inputs to attain the new aspirations and targets.

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### **1.9.2 Direct service provision**

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Largely, the strategic plan implementation will entail direct service delivery to the served communities. Ngora Freda Carr COU Hospital will implement activities that will lead to increased quality and quantity of direct services to target beneficiaries. Efforts will be made to ensure continuity of existing services while improving their quality and utilization as well as initiating additional services that have been identified. The M&E activities will be designed to identify to what extent the target communities are being reached, the type and quality of services being provided by the hospital.

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### **1.9.3 Capacity development**

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Focus here will be on developing capacity of Ngora Freda Carr COU Hospital to deliver on the strategy 2027. It will consist of strengthening and empowering the hospital management team through clarification of roles and reporting relationships based on the reviewed organogram as well as enhancing their skills to deliver on the assigned roles. Capacity building will also target the governance structures of particularly the Board including reviewing and adapting their terms of reference, orienting the Board and ensuring compliance with the Provincial/ UPMB guidance on composition, functionality and evaluation among others. Additional capacity building will be in the area of infrastructure and equipment to meet the current and future requirements of the hospital.

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#### 1.9.4 Partnership, Networking and Coordination and Advocacy

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In order to ensure sustainable and quality service delivery with a wide coverage and reach, Ngora Freda Carr COU Hospital will build and maintain healthy relationships with other key players including UPMB, MOH and government, other private sector and faith-based organizations and funding partners. The main output from this is expected to be increased access to and coverage of services, resource mobilization and sharing, skill and knowledge transfer among others.

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#### 1.9.5 Monitoring and Evaluation

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The day to day implementation of the strategic plan will be overseen by the Hospital Director of Ngora Freda Carr COU Hospital. Through use of regular reports, the progress of implementation will be shared with the hospital Board and other key stakeholders including Ngora District local government, UPMB and MOH plus other implementing partners. A number of reporting indicators and targets have been identified and listed in the plan on which routine reporting will be based. Ngora Freda Carr COU Hospital records department will be responsible for collecting, analyzing and generating accurate performance reports based on the selected indicators. The reports will be generated on periodical basis that is; monthly, quarterly and annual basis as stipulated in the monitoring plan.

Midterm evaluation will be undertaken to assess progress towards the set targets as reflected in this plan and to review the relevance of the goals to national and international health targets. This will be particularly important in light of the new health targets that may emerge. An end of plan period evaluation will be done at the end of the 5 years.

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#### 1.9.6 Relationship between strategy Implementation and M and E

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It was important to note that good strategies were not all that was needed to achieve the overall objective of this Plan. The right strategies have to be properly and effectively implemented. Annual plans with well thought through and sequenced activities will need to be developed to ensure efficiency and effectiveness. It will be important to identify the relevant partnerships to develop and sustain at the right time. The implementation and effectiveness of the plan will be closely monitored and reported on annually. Annual performance review sessions will be ideal to closely follow on progress as an institution.

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#### 1.9.7 Popularizing the Plan

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Popularizing the strategy 2027 shall involve mobilizing the BoGs, management team and staff plus other stakeholders and sensitizing them on the plan and calling them to action. A shared strategic framework that clarifies to each stakeholder how their activities would contribute to achieving the overall plan objectives is essential. Within Ngora Freda Carr COU Hospital a problem-solving process that analyses and learns from performance data and adapts the strategy to emerging issues will be adopted in consultation with the consultant/UPMB.

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### 1.9.8 Financing Plan

This Strategy will be financed through contributions from the hospital user fees , the proposed community revitalized health insurance scheme, government, donors, development partners, St Luke's day contributions, funds generated from consumers of health services, friends and well-wishers (from within and overseas) among others. The journey towards successful implementation of the strategy will very much depend on availability of funds to cover the needs identified in various programs activities to be implemented during the strategic period. The estimated costs of strategic objectives are provided in the table below:

**Table 4 showing estimated costing for the strategy 2027**

<b>Strategic</b>		<b>Program description</b>	<b>Budget ugx</b>
I.	SO 1	Improved quality and accessibility to preventive, curative and health promotion services and programs at Ngora Freda Carr COU Hospital	2,769,732,870
II.	SO 2	Strengthened HRH management at Ngora Freda Carr COU Hospital to enhance provision of quality health care services and implement the entire hospital strategy 2027	365,000,000
III.	SO 3	Improved infrastructure and equipment for provision of quality service delivery at Ngora Freda Carr COU Hospital	3,470,000,000
IV.	SO 4	Improved supply for medical and other supplies at Ngora Freda Carr COU Hospital	11,000,000
V.	SO 5	Improved governance and management structures, policies and systems for Ngora Freda Carr COU Hospital	271,000,000
VI.	SO 6	Improved institutional visibility and stakeholder management at Ngora Freda Carr COU Hospital	1,093,768,000
VII.	SO 7	Improved institutional visibility and stakeholder management at Ngora Freda Carr COU Hospital	1,387,264,000
VIII.	SO 8	Strengthened capacity for research, innovation and learning at Ngora Freda Carr COU Hospital	84,000,000
IX.	SO 9	Institutionalized culture of professionalism and religious ethics at Ngora Freda Carr COU Hospital	19,000,000
X.	SO10	Strengthened student practicum placement system to enhance learning outcomes at Ngora Freda Carr COU Hospital health training school	40,000,000
XI.	SO11	Improved level of staffing for better quality training at Ngora Freda Carr COU Hospital health training school	208,600,000
XII.	SO12	Improved infrastructure and equipment to facilitate effective learning and teaching at Ngora Freda Carr COU Hospital health training school	550,000,000
XIII.	SO13	Increased integration of Information Technology in learning and teaching at Ngora Freda Carr COU Hospital health training school	70,000,000
XIV.	SO14	Increased revenues base or sustainability at Ngora Freda Carr COU Hospital health training school	200,000,000
<b>TOTAL</b>			<b>10,539,364,870</b>

**1.9.8.1 Internal funding:** The hospital shall increase the local income resource base such as improving the private wing, improved specialized services and creation and improving the other income generating units. Hospital management will ensure effective planning and management of low risk income generating projects.

**1.9.8.2 External Funding:** According to table 5 above, the hospital projects at total of 5,212,919,811 Ug. Shs in income. This implies a gap of about 5,326,445,059 Ug. Shs to implement the strategy 2027. The Strategic plan 2027 besides being resource mobilization tool in its own right, stresses resource mobilization both internally and externally as key in meeting strategic capital expenditure items. These sources shall be actively pursued through proposal writing, fund raising events, networking and building alliances. The hospital shall strengthen and expand partnership with government and non-governmental organizations.

**Table 5 showing the hospital projected Income and expenditure for next five years**

<b>INCOMES BY SOURCE</b>									
	<b>Historical performance</b>			<b>Five year projections</b>					
	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
<b>User fees</b>	332,333,541	309,574,582	429,505,035	511,259,778	672,000,000	728,200,000	771,892,000	864,519,040	907,744,992
<b>PHC grants</b>	223,437,366	187,152,980	187,466,907	224,866,148	224,866,148	238,358,117	238,358,117	247,892,442	247,892,442
<b>Monetary value of drugs received- Pull system</b>	144,818,112	222,427,768	212,682,816	186,059,058	224,866,148	238,358,117	238,358,117	247,892,442	247,892,442
<b>Other income (Projects)/RBF-BTC/IBC</b>	23,000,000	40,762,590	53,876,550	158,142,197	320,855,988	303,000,000	3,800,000,000	3,600,000,000	3,550,640,000
<b>MOH Credit line JMS/NMS</b>									
<b>External donations</b>	83,975,300	34,682,225	677,853,661	66,103,455	271,660,000	3,200,000,000	3,000,000,000	250,000,000	210,000,000
<b>Community Health Insurance????</b>	0	0	0	0	0	25,000,000	30,000,000	45,000,000	48,750,000
<b>SELECTED EXPENDITURES BY VOTE</b>									
<b>Staff salaries and wages/Employment</b>	560,704,623	492,947,263	521,808,248	608,384,452	762,059,545	838,265,500	880,178,775	968,196,653	1,161,835,984
<b>Administration</b>	39,322,548	35,179,450	65,728,667	62,236,837	107,665,871	118,432,458	142,118,950	156,330,845	140,697,761
<b>Property COST</b>	9,568,200	10,119,700	12,830,600	17,809,647	30,100,000	31,605,000	32,237,100	35,460,800	40,779,900
<b>Transport and plant</b>	8,905,400	15,365,100	20,934,600	49,514,800	52,420,000	55,041,000	63,297,150	72,791,700	87,350,040

**1.9.8.3 Accountability:** The BOD and management shall adhere to strict financial principles of procurement and expenditure so that there is no wastage/inefficiency in deployment of resource. The hospital will ensure accountability to all stakeholders.

## 1.10 Assumptions

**Figure 1 showing critical assumptions for Ngora Freda Carr COU Hospital strategy 2027**

- ✓ Functional BoGs, supportive church structures and government policies
- ✓ Strong and un-interrupted longer spell for current Hospital Management Team
- ✓ Skilled, professional and motivated hospital staff with IT skills
- ✓ Better management of development partners for continued support to the hospital
- ✓ Robust Human Resources, financial, stakeholders and staff management systems
- ✓ Relevant policies, guidelines, SOPs available to guide implementation of strategy
- ✓ Resources available/mobilized to finance key interventions
- ✓ Land is available and allocated for hospital expansion and other income generation projects
- ✓ Affordable, user-friendly IT available on market for integration into hospital management systems
- ✓ A strong institutional culture of Christian values and professionalism
- ✓ An institution open to new learning and innovations

### 1.11 Approval of the strategy 2027

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This Ngora Freda Carr Church of Uganda Hospital strategy 2022-2027 has been approved this.....day of .....2022

#### Hospital Director:

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Signature (Above)

-----

Name (Above)

-----

Date (Above)

#### Chairperson Hospital Board of Governors:

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Signature (Above)

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Name (Above)

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Date (Above)

Hospital stamp

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## SECTION 2: BACKGROUND TO THE STRATEGY – I

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### 2.1 The Contextual analysis- Internal Perspective

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#### 2.1.1 About Ngora Freda Carr COU Hospital

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Ngora Hospital COU Freda Carr Hospital founded in 1922 belongs to Church of Uganda, Diocese of Kumi. The governance of the Hospital is by a Board of Governors (BOG), a responsibility and authority delegated to them by the synod. The Hospital operates as a charity, Not-for-Profit Health Institution and Ministry of this part of Christ's Church.

In its operations, the Hospital is committed to and implements the policies of the Ministry of Health of Uganda, the policies of the Government of Uganda that govern Non-Governmental Organizations and other international health policies which are not contradictory to the Christian Code of Ethics. It works within the frame-work of the Provincial Health Policy in close collaboration with the Diocesan Health Board and Health Co-ordination Office of Kumi Diocese. The hospital operates under the technical support supervision of the Uganda Protestant Medical Bureau (UPMB).

Working with and through her partners, the hospital provides a wide range of services ranging but not limited to; OPD services, HIV/AIDS clinics, General surgery, Pediatric services, Maternity services, Dental services, Gynecology services, Infectious diseases control and general medicine, Immunization, Family planning, HIV/AIDS prevention, counselling and treatment, Integrated clinic Community outreaches. The hospital provides Nurses and Midwives training and functional chaplaincy services for spiritual care of both patients and staff.

#### 2.1.2 Hospital location and catchment area

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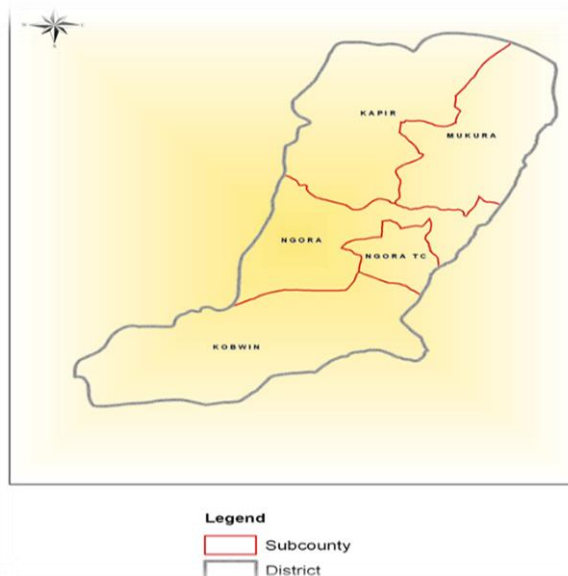
Ngora Freda Carr COU Hospital, is a private, non-profit, community hospital in Uganda. The hospital is located in the village of Ngora, a suburb of the town in Ngora District. Ngora district is located in the Eastern part of Uganda. It borders Kumi district in the East, Serere to the West, Soroti in the North West, Katakwi district in the North and Pallisa district in the South. Ngora district headquarters are located in Ngora Town Council and with a distance of about 326 kms from Kampala. It lies approximately between: latitude 1°10' North and 1°35' North and longitude 33°30' East and 34°20' East. Ngora district covers a total area of 715.9 sq km, out of which 177.44sq.kms is land area while 330.76 (18.7%) is covered by open water bodies and swamps/wetlands. The main water bodies include Bisina, Nyaguo, Meito and Nyasala. There are a number of other numerous medium-sized private health facilities all over and around town offering general medical services. Among all these Ngora Freda Carr COU Hospital continues to excel in rendering Christian quality services. The hospital catchment area include 6 districts namely; Ngora, Serere, Katakwi, Pallisa, Soroti and Kumi.

**Maps 1 showing the location of Ngora District in Uganda**



Source: Google Maps 2022

**Maps 2 showing Ngora District sub counties**



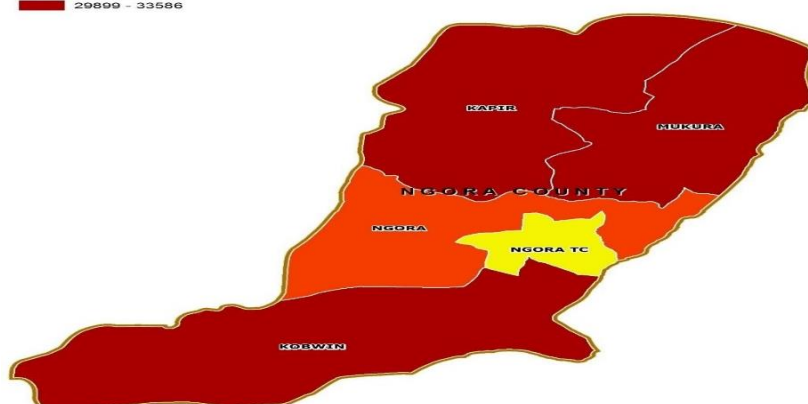
Source: Google Maps 2022

According to the National Population and Housing Census Area Specific Profiles 2017 by UBOS, Ngora district is estimated to have a population of about 141,919 people of which 68,414 are males and 73,505 are females representing 48.2% and 51.2 % respectively (NPHCASP Report, 2017).

**Map 3 showing distribution of population by Sub-county; Ngora District, 2014**

**Population Distribution**

Yellow	15148 - 18836
Orange	18837 - 22523
Dark Orange	22524 - 26211
Red	26212 - 29898
Dark Red	29899 - 33586



Source: NPHCASP Report, 2017 pg. 9

As shown by the map above, Kobwin Sub-county has the highest population in the district with that is estimated to range between 29,899 to 33,586 people; and Ngora Town Council with the least of between 15,148 to 18,836 people respectively.

## 2.1.3 The current Ngora Freda Carr COU Hospital organizational set up

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### 2.1.3.1 Governance structure: Composition and significance to strategy 2027

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The hospital has at the apex a Board of Governors of membership equivalent to 13 members with 7 members having the voting rights and others ex-officios. The current composition was as follows:

- ✚ Six (6) Synod and other Church direct appointees
- ✚ Six (6) other members by virtue of offices from UPMB, District Local Government and Community
- ✚ One (1) hospital legal representative

The current composition of the Board of Governors had a lot left of it to be desired. It in some ways did not necessarily reflect the key principle of corporate governance related to segregation of duties between the Trusteeship/Ownership, Governance and Management levels.



**Observation:** There was therefore need to strategize for review the Board composition in line with the Provincial Health Policy 2022, which also provides for periodical evaluations of their performance to ensure effectiveness. There was also need to develop a Board charter/Board operations manual to guide functionality. The Board Chair also chairs another hospital BoGs in same COU Diocese which may not be recommendable as per corporate governance practices.

**Significance to the strategy 2027:** There was therefore need to review the Board composition accordingly and provide for periodical evaluations of their performance to ensure effectiveness, including a charter/Board operational manual to guide operations.

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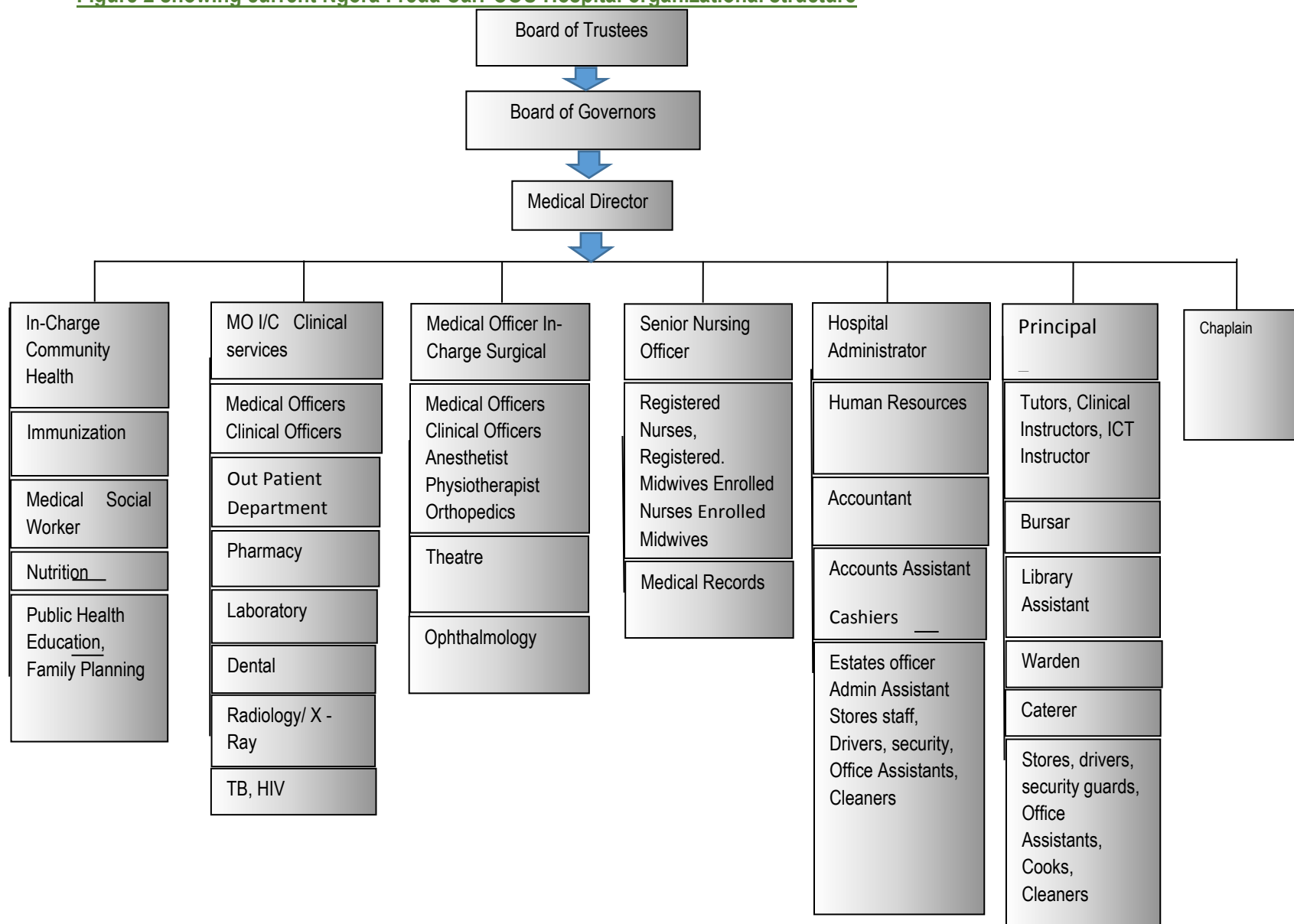
### 2.1.3.2 Ngora Freda Carr COU Hospital Organizational structure and significance to strategy 2027

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Figure 2 below shows the current institutional arrangement of Ngora Freda Carr COU Hospital reflective of ownership, governance, management and operational levels.



**Figure 2 showing current Ngora Freda Carr COU Hospital organizational structure**







**Observation:** A closer analysis of the organizational structure indicated an almost ideal set-up. However the arrangement lacked some critical positions key in institutional functioning such as those related to internal audit function among others. It is also needed re-organization to reflect supervisory competencies as defined by lines of reporting. It may as well not be effective in implementation of the hospital aspirations 2027 with introduction and or expansion of scope of services and hiring of more specialized personnel as an envisaged center of excellence in the region.

**Significance to the strategy 2027:** There was therefore need to review the hospital organization structure to address such and any other deficiencies as well as to accommodate futuristic aspirations of the hospital to implement and realize the strategic plan 2022-2027.

### 2.1.3.3 Current Institutional culture at Ngora Freda Carr COU Hospital

<b>Vision statement</b>	<b>'A healthy and God fearing community.'</b>	
Mission statement	<i>'To provide holistic healthcare services to the community, produce competent healthcare Professionals, and proclaim the word of God.'</i>	
Institutional Core values	<i>Agape love</i>	<i>Unconditional love for the underserving</i>
	<i>Excellence</i>	<i>To be outstanding</i>
	<i>Honesty</i>	<i>Truthfulness</i>
	<i>Integrity</i>	<i>Strong moral standing</i>
	<i>Morality</i>	<i>Distinguish between good and bad</i>
	<i>Compassion</i>	<i>Concern for other's sufferings or problems</i>
	<i>Devotion to duty</i>	<i>Commitment to duty</i>
	<i>Accountability</i>	<i>Show how you have used entrusted resources</i>
	<i>Hard work</i>	<i>Put in a lot of efforts to the task</i>
	<i>Punctuality</i>	<i>Being on time for duty and meetings</i>
	<i>Team work</i>	<i>Ability to work with others on a common goal</i>
	<i>Morning devotions</i>	<i>Daily prayers at the hospital chapel</i>



Ngora Freda Carr  
hospital Institutional  
objectives

- ✚ The objects for which the hospital is established are:
- ✚ To promote health of body, mind and spirit.
- ✚ To bear witness to the love of God and to proclaim the gospel of Jesus Christ.
- ✚ To further the aforementioned objectives in the work of the hospital and in its training of medical personnel and other workers.
- ✚ To purchase, lease, or otherwise acquire land, buildings or any other property, real or personal, and to construct, provide, maintain works, stores, plants and things which may be prerequisite for the purposes of or capable of being used conventionally in connection with any objects of the hospital.
- ✚ To do all such other acts and things as may be deemed incidental or conducive to the attainment of any of the objectives of the hospital.



**Observation:** Interactions with the senior and other hospital staff indicated a clear certainty that the above elements were not well inscribed and later on institutionalized at governance and management structures plus individual staff levels. This seemed to affect the 'way things were done and guided on daily, periodical and strategic levels.

**Significance to the strategy 2027:** There was thus need for the strategy 2027 to include deliberate pathways that would inculcate institutional culture among the existing and future governance and management structures and individual staffs of the hospital.

## 2.1.4 Performance History and current status – Where we have been and where we are now

### 2.1.4.1 Financial status

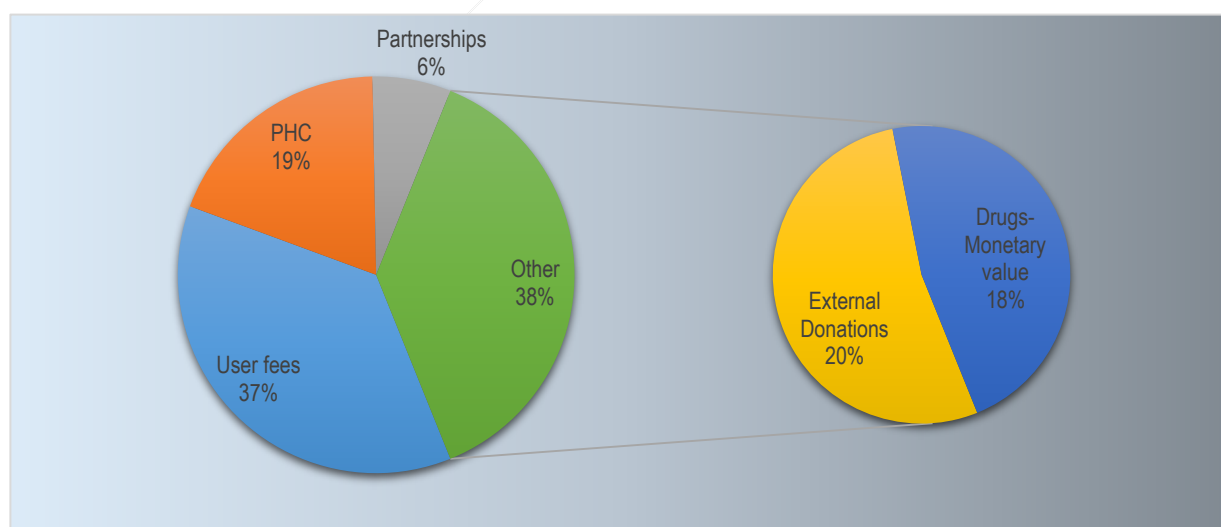
#### 2.1.4.1.1 Hospital income

**Table 6 showing Ngora Freda Carr COU Hospital incomes trends 2016/17 to 2019/20**

Hospital Incomes by source	2016/17	2017/18	2018/19	2019/20	Total
User fees	332,333,541	309,574,582	429,505,035	511,259,778	1,582,672,936
PHC grants	223,437,366	187,152,980	187,466,907	224,866,148	822,923,401
Monetary value of drugs received- Pull system	144,818,112	222,427,768	212,682,816	186,059,058	765,987,754
Other income (Projects)/RBF-BTC/IBC	23,000,000	40,762,590	53,876,550	158,142,197	275,781,337
MOH Credit line JMS/NMS	0	0	0	0	0
External donations	83,975,300	34,682,225	677,853,661	66,103,455	862,614,641
Community Health Insurance	0	0	0	0	0
Grand Total Income for 4 years					<b>4,309,980,069</b>
<b>Hospital Expenditure by Major Votes</b>					
Staff salaries and wages/Employment	560,704,623	492,947,263	521,808,248	608,384,452	2,183,844,586
Administration	39,322,548	35,179,450	65,728,667	62,236,837	202,467,502
Property COST	9,568,200	10,119,700	12,830,600	17,809,647	50,328,147
Transport and plant	8,905,400	15,365,100	20,934,600	49,514,800	94,719,900
Grand Total Expenditure for 4 years					<b>2,531,360,135</b>

Source: Ngora Freda Carr COU Hospital Annual financial reports

**Figure 3 showing hospital sources of funding by percentage 2016/17 to 2020/21**



Source: Ngora Freda Carr COU Hospital Annual financial reports

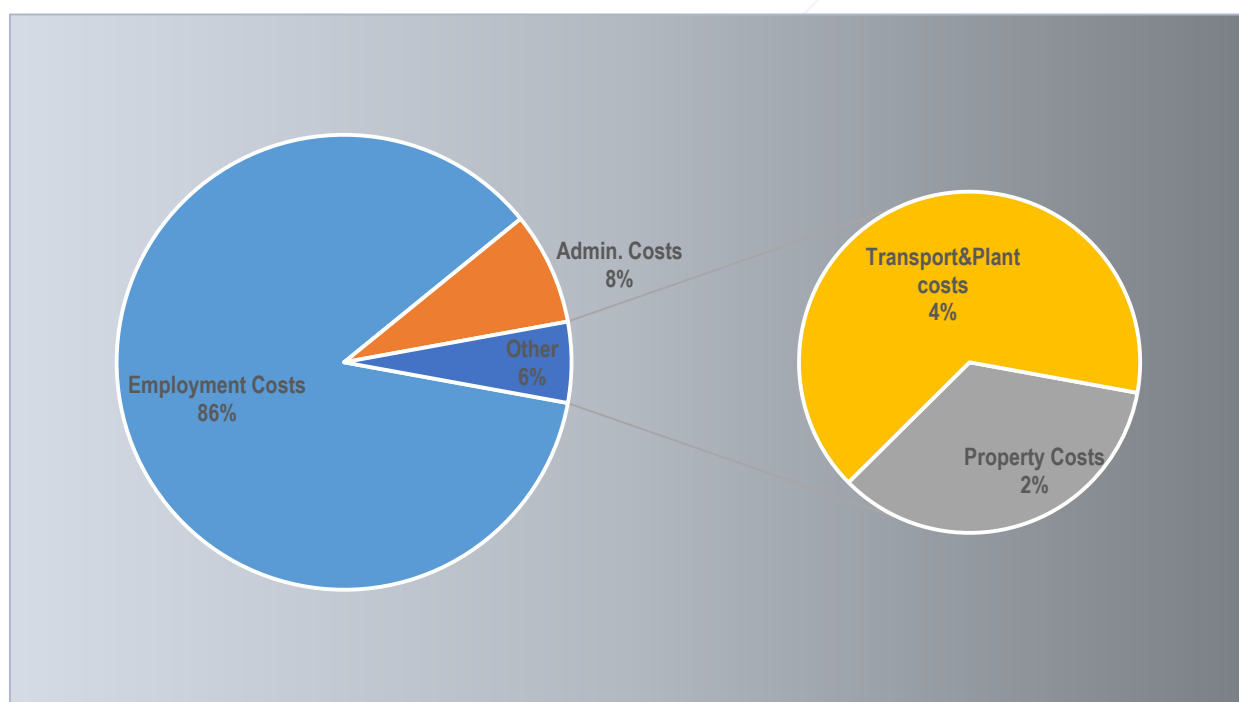


**Observation:** Table 6 above showed generally a healthy financial status of the hospital with a surplus of 1,778,619,934 Ug. Shillings over the period of 4 years with fluctuations in between. From figure 3 above, only 37% of the hospital current revenue was generated from services-user fees. 20% was from external support in donations, 19% from PHC and 18% from projects/donations and a significant 38% from other hospital sources.

**Significance to the strategy 2027:** The hospital strategy 2027 had to interrogate the mechanisms of engaging partnerships at the hospital and devises interventions that would facilitate to manage such arrangements including development of applicable partnership engagement policy and strategy. There was also need for strategic interventions to ensure income diversification, but as well enhance the current sources to possible optimum levels including scope expansion for services provided at the hospital.

#### 2.1.4.1.2 Hospital expenditures

**Figure 4 showing hospital percentage expenditures by major votes from 2016/17 to 2020/21**



Source: Ngora Freda Carr COU Hospital Annual financial reports



**Observation:** Hospital expenditure generally consumed 59% of the income realized over the past 4 years. According to figure 4 above, employment costs remained the biggest hospital expenditure at 86% during the same period was no cost expended on major capital developments. This inevitably put inconsiderable strain on other expenditures such as medical supplies and notably over the same period.

**Significance to the strategy 2027:** The proposed strategy for the hospital had to be mindful of interventions to generate needed funding for employment costs, hospital medical supplies and ultimately capital development.

### 2.1.4.2 Hospital Service delivery

With a bed capacity of 126 beds, Ngora Freda Carr COU Hospital provides health care services that include among others; Maternal and child health services including Antenatal Care, deliveries, Post natal care and Immunization (with outreach programs that include patient follow-up & monitoring); General medicine, pediatrics, surgery, comprehensive HIV care and treatment & prevention services including Safe Male Medical Circumcision, radiology unit to include X-ray, scan; Health Education Services, HIV Counseling & Testing services, Laboratory and dental and services.

**Table 7 showing level of service utilization at Ngora Freda Carr COU Hospital as at July 1<sup>st</sup> 2019**

Inpatient services	2016/17	2017/18	2018/19	2019/20	OPD attendances	2016/17	2017/18	2018/19	2019/20
Total Patient admissions	3992	2498	3401	3148	New attendances				
Total deaths	63	58	86	93	Male	3725	3209	3578	3647
Total inpatient days	14014	6274	9513	8507	Female	5639	5247	5372	5034
Average length of stay	3.5	2.5	2.7	2.7	Re-attendances				
Average occupancy	38	17	26	23	Male	115	122	127	109
Bed occupancy	99	90	89	87	Female	183	186	221	172



**Observation:** Although the hospital had a recommendable clients' average length of stay, there was evidence for underutilization of hospital objective capacity given the statistics above. That notwithstanding, there was inadequacies in capacity of the hospital in relation to documentation inclusive of HMIS; and later on its use to make strategic and management decisions.

**Significance to the strategy 2027:** Strategic interventions had to be identified to improve utilization of hospital objective capacity and ensuring more effective documentation and data use at and by the hospital.

### 2.1.4.3 Hospital key partnerships

Figure 5 showing the current Ngora Freda Carr COU Hospital key partnerships



**Observation:** The above represent the key partners supporting Ngora Freda Carr COU Hospital to offer the current services. However, an environmental scan revealed that potential partners are still out there that the hospital has not yet tapped into. Further, the hospital did not have in place at governance level a partnership engagement policy and strategy to guide the process of working with the different partnerships.

**Significance to the strategy 2027:** Ngora Freda Carr COU Hospital strategy 2027 had to be inclusive of interventions that ensured increased visibility and mechanisms for partnerships engagement and management.

#### 2.1.4.4 Ngora Freda Carr COU Hospital staffing

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The hospital had the basic staffing level to provide services at Ngora Freda Carr COU Hospital. However deficiencies were observable in both quantities and quality especially in futuristic view of hospital strategic direction.



**Observation:** From table 8 below, the current staffing level at Ngora Freda Carr COU Hospital stood at level of 37.4% compared to the government recommended level of a general hospital. This was 37.6% less of the minimum Uganda MoH recommendation of at least 75%.

**Significance to the strategy 2027:** The strategy 2027 had to identify interventions that will ensure not only improvement towards the recommended staffing standard but as ensure hiring, development, motivation and retain cadres congruent to the immediate, intermediate and futuristic needs and aspirations of the hospital.

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**Table 8 showing the comparative statistics between Government staffing norm and Ngora Freda Carr COU Hospital**

Government staffing norm Medical Cadre (Cadre and number)			Ngora Current staffing	Government staffing norm Medical Cadre (Cadre and number)			Ngora Current staffing	Government staffing norm Medical Cadre (Cadre and number)		Ngora Current staffing	
Medical Officers			Allied Health Professionals			Senior Accounts Assistant		1	0	1 Accountant available	
Principal Medical Officer	1	0	Senior Clinical Officer			1	0	Stenography Secretary		1	1
Medical Officers Special Grade (Community)	1	0	Health Educator			1	0	Stores Assistant		2	1
Senior Medical Officer	1	3	Senior Laboratory Technologist			1	0	Records Assistant		2	2
Medical Officers	4	3	Psychiatric Clinical Officer			1	0	Accounts Assistant		2	2
Sub-Total	7	6	Ophthalmic Clinical Officer			1	0	Office Typist		1	1
Dental			Clinical Officer			5	3	Sub-Total		15	10
Dental Surgeon	1	0	Health Inspector			1	0	Support staff			
Public Health Dental Officer	2	0	Assistant Entomological Officer (Medical)			1	0				
Dental Assistant	1	0	Radiographer			2	1	Darkroom Attendant		1	0
Sub-Total	4	0	Physiotherapist			1	1 Assist. available	Mortuary Attendant		1	0
Pharmacy			Occupation Therapist			1	0	Driver		2	2
Dispenser	2	0	Assistant Health Educator			1	0	Askari		2	5
Sub-Total	3	0	Anesthetic Officer			3	1	Artisans' Mate		3	0
Principal Nursing Officer	1	0	Laboratory Technicians			2	0	Ward Cleaners/Toilet		6	10
Senior Nursing Officer	5	0	Laboratory Assistants			1	3	Estates Assistant		1	1
Nursing Officer/ Nursing	17	2	Anesthetic Attendants			2	0	Compound Cleaners		3	4
Nursing Officer/ Midwifery	3	1	Sub-Total			28	8	Chaplain		1	1
Nursing Officer/ Psychiatry	1	0	Administrative and Other Staff				Assistant Chaplain		1	0	
Public Health Nurse	1	0	Senior Hospital Administrator			1	0	Plumber		1	0
Enrolled Psychiatric Nurse	2	0	Hospital Administrator			1	1	Carpenter		1	0
Enrolled Nurse	46	15	Personnel Officer			1	1	Subtotal		17	23
Enrolled Midwife	25	6	Medical Social Worker			1	0	Total =		190	71
Nursing Assistant	15	0	Nutritionist			1	0				
Sub-Total	116	24	Supplies Officer			1	1				



#### 2.1.4.5 Infrastructure status

All major hospital departments are housed on the main hospital premises. The Major Infrastructure include: Two Ultra sound probes, Ultrasound machine, Electro cardiograph, Ward Trolleys, Autoclaves, Operating lamps, CBC Machine, Microscopes, Lawn mower, Patient monitors, Oxygen concentrators, Infusion pumps, Pulse oximeters, Operating table, Sterilizer drums, Foetal Doppler, Baby incubator, Examination coaches, Stretchers, Staff houses -28, Guest house-2 houses in 1, Admin block-1, OPD, with Emergency Room, Clinical rooms, X ray, Pharmacy, and clinical laboratory, Wards-3 (General ward, Children's, and maternity), Theatre building-2 theatres for major and minor procedures.



**Observation:** Observably, the hospital had available the basic infrastructure and equipment to provide services recommendable of a general hospital. However, there was verifiable evidence for the need for renovation and expansion of existing physical infrastructure and replacement and or better maintenance of existing equipment. Some hospital equipment were clearly old and obsolete. There was also absence of key structures including isolation centres, limited equipment in the training institution among some others.

**Significance to the strategy 2027:** The strategy 2027 had to be cognizant of interventions that ensured improvement of current physical infrastructure and equipment for both hospital and training school to accommodate current and futuristic aspirations of the hospital.

#### 2.1.5 Ngara Freda Carr COU Hospital stakeholders' analysis

Ngara Freda Carr COU Hospital key stakeholders were identified and ranked during strategy planning sessions. Each stakeholder was assessed based on their Influence and Interest in the institutions. A stakeholder analysis matrix that mapped stakeholders depending on their level of Influence on the organization decisions and interest in what the organization does, was developed.

A stakeholder with high Influence and Interest was scored with a four – i.e. 2 times 2 for both high Influence and Interest. This enabled identification of key stakeholders, as indicated with a four shown in Table 8. Since the hospital could not seek to satisfy all her possible stakeholders, any stakeholder with a low Influence shall not be prioritized other than keeping them informed of the developments at the organization to increase interest and support. Stakeholders are a critical element in this strategy as reflected in our scorecard targets.



**Table 9 showing Ngora Freda Carr COU Hospital local stakeholders mapping and analysis matrix**

No	Stakeholder	Responsible entity	Nature of relationship	Expectation/ Interest	Influence and interest	Strategy to obtain support
1	Church founded lower level health facilities- HC IIS & IIs	Hospital Director	Sister facilities under C.O.U	Referral mechanism	Interest (2), Influence, (2) = $2 \times 2 = (4)$	<ul style="list-style-type: none"> <li>a. Increase presence at stakeholder forums</li> <li>b. Support supervision &amp; technical support capacity building</li> <li>c. Regular communication</li> <li>d. Deliver on MoU</li> <li>e. Meet their emerging needs</li> </ul>
2	Gov't of Uganda through MoH, Ministry of Gender, Local Government	Hospital Director	<ul style="list-style-type: none"> <li>- Policy and oversight</li> <li>- Funding (PHC;</li> <li>- HRH support</li> <li>- Medicines through NMS &amp; JMS</li> <li>- Supervisory</li> </ul>	<ul style="list-style-type: none"> <li>- Delivery on targets</li> <li>- Compliance offering and relationship management</li> <li>- Service delivery (complementary) on targets</li> <li>- Reporting in national systems</li> <li>- Compliance with guidelines &amp; policies</li> </ul>	Interest (2), Influence, (2) = $2 \times 2 = (4)$	<ul style="list-style-type: none"> <li>a. Compliance with the policies and guidelines</li> <li>b. Delivery on the approved scorecard</li> <li>c. Regular communication.</li> <li>d. Deliver on results</li> <li>e. Quality and timely information to guide decision making</li> <li>f. Timely reporting in national systems</li> <li>g. Participate in TWGs &amp; national meetings</li> </ul>
3	Patients and students	Hospital Director and Principal	Consumers of Health and training services	Quality and affordable health care and training	Interest (2), Influence, (2) = $2 \times 2 = (4)$	<ul style="list-style-type: none"> <li>a. Appropriate infrastructure</li> <li>b. Availability of competent staff</li> <li>c. Competitive services pricing</li> <li>d. Availability of adequate supplies</li> <li>d. Good customer care</li> </ul>
4	Joint Medical Store	Hospital Director	Major Supplier for essential medicines and supplies	<ul style="list-style-type: none"> <li>- Essential medicines and supplies</li> <li>- Capacity building</li> </ul>	Interest (2), Influence, (2) = $2 \times 2 = (4)$	<ul style="list-style-type: none"> <li>a. Reporting (Financial)</li> <li>b. Oversight of facility reporting and ordering for health supplies medicines following the cycles.</li> <li>c. Regular communication</li> <li>d. Good Governance systems through the Board</li> </ul>
5	Church/Diocese	Hospital Director	Ownership/founding body	<ul style="list-style-type: none"> <li>- Advocacy and lobbying</li> <li>- Spiritual guidance</li> <li>- Governance and management support</li> </ul>	Interest (2), Influence, (2) = $2 \times 2 = (4)$	<ul style="list-style-type: none"> <li>a. Regular communication.</li> <li>b. Upholding church values.</li> <li>c. Participate in stakeholder meetings</li> </ul>
6	Partner hospitals such as Ngora HCIV, LG Maternity Unit, Kumi COU	Hospital Director	Partnerships to pursue common interests	Work together to pursue common interests	Interest (2), Influence, (1) = $2 \times 1 = (2)$	Information sharing

	hospital, Soroti Regional Referral, Anume NTS					
7	Implementing partners such as Local Government,	Hospital Director	Partnerships in projects implementation	- Service delivery - Compliance with MoUs	Interest (2), Influence, (2) = $2 \times 2 = (4)$	a. Effective and sustainable Service delivery b. Compliance with MoUs c. Participate in stakeholder meetings d. Accountability and reporting e. Communication
8	Other suppliers	Administrator	Service provider	- Provision of quality foods and services - Meeting contractual obligations	Interest (2), Influence, (1) = $2 \times 1 = (2)$	Meeting contractual obligations
9	Hospital Board of Governors	Hospital Director	Oversight	- Implementation of the Strategic plan - Upholding KH values.	Interest (2), Influence, (2) = $2 \times 2 = (4)$	a. Effective implementation of strategic plan b. Effective Communication c. Establish robust institutional culture
10	Hospital staff	Hospital Director	Employee/Employer	- Competitive remuneration - Healthy work environment - Job security	Interest (2), Influence, (2) = $2 \times 2 = (4)$	a. Job satisfaction b. Job security c. Secure working environment
11	Regulatory bodies e.g. URA, NSSF, UMDPC, NGO Board	Hospital Director	Regulator	Compliance with regulations	Interest (2), Influence, (2) = $2 \times 2 = (4)$	a. Reporting b. Effective compliance mechanisms
12	Potential local donors e.g. local banks, Rotarians, Lions Clubs	Hospital Director	Funders and partners	- Service delivery - Compliance with MoUs	Interest (2), Influence, (1) = $2 \times 1 = (2)$	a. Keep a good reputation b. Regular communication c. Compliance with MoUs.
13	Government and special affiliate groups including Parliament, Professional associations, Teaching Institutions and or Universities e.g., IUIU	Hospital Director	Regulatory as well as partner in delivering health services	Compliance and Service Delivery quality	Interest (2), Influence, (2) = $2 \times 2 = (4)$	a. Compliance with laws specifically tax b. Compliance with MOU c. Quality service delivery with on-going updates

### 2.1.6 The SWOT (Strengths, Weaknesses, Opprtunities, Threats) analysis



Table 10 showing Ngora Freda Carr COU Hospital SWOT analysis matrix

SWOT ANALYSIS DERIVED INTERVENTIONS			INTERNAL FACTORS		
1	Provide all recommended services for a general hospital	a	Strengths (+)	b	Weaknesses (-)
2	Maintain constant supply of utilities; water, power etc.	1	Available high quality staff/Consultants available in 3 fields i.e. General Surgeon, Pediatrics, Obstetrics & Gynecology	1	Some policy documents are lacking such as retention policy, partner engagement policy and strategy, safeguarding policy, staff development plan etc.
3	Maintain constant supplies of medicines and supplies from competent suppliers;	2	Family bond (hospital and health training school)	2	Lack of mechanism to monitor the progress of the strategic plan
4	Improve on available staffing in numbers and critical skills	3	Some IGAs available such as Guest Houses	3	Lack of Master Plan for hospital physical infrastructure development
5	Improve on existing equipment and available infrastructure)	4	Hospital and health training school providing relatively cheaper services	4	Inadequate hospital specialized programs
6	Determine hospital staffing norm/establishment	5	Functioning Board of Governors	5	Lack of adequate grant/ donor aided programs
7	Develop/approve relevant policies	6	Regular board and committee meetings	6	Limited multi-disciplined committees of the Board of Governors
8	Establish a robust/functional HR management system for planning, recruitment, remuneration, motivation, development and retention	7	Self-motivated, skilled management team	7	Unstable/ever changing management of the training school
9	Strict adherence to available HR policies and systems	8	Have most key documented systems in place to run the institution	8	Old and dilapidated hospital infrastructure
10	,Institute a robust institutional/corporate culture	9	Culture of being a God fearing institution through morning devotions	9	inadequate equipment for hospital and computers for HTI
11	Ensure productive use of available resources especially land for infrastructure development using resources from donors, CHI, church structure, government, NGOs	10	Partners who offer specialized services such as Ngora Regional Referral hospital	10	Lack of specialized staff to give specialized services

12	Utilize robust financial management practices to promote media activities/programs	11	Have considerable infrastructure such as Lab, Pharmacy, Theatre,	11	Delayed supplies of medicines and others
13	Adapt/Adopt and utilize available IT systems for patient management, hospital management and improving public relations	12	Have basic and advanced equipment to run the institution such as X-ray etc.	12	Lack of fence around hospital land
14	Improve governance functionality	13	Have a considerable number and qualified staff (Medical, Clinical instructors, tutors, mentors etc.)	13	High indebtedness with NSSF, JMS, etc.
15	Improve customer care and public relations functions of the hospital;	14	Have a documented financial policy	14	Corruption (theft, laziness, absenteeism, frauds etc.
16	Rationalize service costs/user fees	15	Competent financial management team	15	High expenditure on fuel for a generator
17	Improve community linkages and awareness creation;	16	Streamlined systems and practices to manage finances	16	Limited Sources of Income for the hospital and training institution
18	Have multi-sect oral Board with better public representation	17	Have constant supplies of medicines from competent suppliers	17	Inadequate Staffing due to inability to attract and retain staff including full-time tutors
19	Improve customer care and public relations functions	18	Dedicated serving hospital staff	18	Inadequate bed capacity for clients and accommodation for staff, students
20	Establish mechanisms for community engagement, participation and feedback	19	Practicum placement sites for students at the HTI	19	Lack of some aspects on technical capacity such as finance
21	Use available media to channel information about services, programs, costs/charges and other critical information	20	Have a computerized system to manage finances	20	Unreliable power supply
22	Engage potential donors and use church structures to raise resources to improve infrastructure, equipment, increase bed capacity, introduce specialized clinics, reduce staff voluntary turnover	21	Land available for expansion	21	Lack of social media platforms such as whatsapp, Twitter save for Website
		22	Computerized data system	22	Limited range of medical services including the specialized and laboratory tests
		23	Church will for hospital development	23	lack of specialized clinics and specialists

EXTERNAL FACTORS				24	Lack of staff development plan
	<b>C- OPPORTUNITIES (+)</b>	<b>AC</b>	<b>AC- STRENGTHS (+) / OPPORTUNITIES (+) STRATEGY -</b> <i>How do we build on existing strength to take advantage of identified opportunities?</i>	<b>BC</b>	<b>BC-WEAKNESSES (-) / OPPORTUNITIES (+) STRATEGY-</b> <i>How do we address the weaknesses using the available opportunities</i>
	The only general Hospital in the district	AC1	<ul style="list-style-type: none"> <li>Provide all recommended services for a general hospital plus specialized care</li> <li>Maintain constant supply of utilities; water, power etc.</li> <li>Maintain constant supplies of medicines and supplies from competent suppliers</li> <li>Improve on available staffing in numbers and critical skills</li> <li>Improve on existing equipment and available infrastructure)</li> <li>Health training school and hospital to tap into neighboring countries</li> </ul>	BC 1	Embrace and streamline available IT inclusive of platforms such as Whatsapp, twitter, website for patient management, hospital management and improving public relations
	Qualified staff available in market/nearby institutions such as Mbale RRH, Muni University, UCU, for recruitment including specialists	AC 2	<ul style="list-style-type: none"> <li>Determine hospital staffing norm/establishment</li> <li>Develop/approve relevant policies</li> <li>Establish a robust/functional HR management system for planning, recruitment, remuneration, motivation, development and retention;</li> <li>Strict adherence to available HR policies and systems</li> <li>Institute a robust institutional/corporate culture</li> </ul>	BC 2	Engage potential donors and use church structures to raise resources to improve infrastructure, equipment, increase bed capacity, introduce specialized clinics, reduce staff voluntary turnover etc.
	Strategic location(near the highway and near Soroti City with number of other lower level health facilities and research centres	AC 3	<ul style="list-style-type: none"> <li>As in AC 1</li> <li>Re assess and strengthen the student placement at practicum sites for improved outcomes</li> </ul>	BC 3	Use available media to channel information about services, programs, costs/charges and other critical information

Have partners for donor opportunities i.e. Government, TASO, TDT, UPMB, Friends of Ngora etc.	AC 4	Ensure productive use of available land especially infrastructure development using resources from donors, CHI, church structure, government, NGOs e	BC 4	More involvement of the founding body/church in hospital governance including performance review of the Board to ensure an effective policy development and implementation
Accessibility to media houses	AC 5	<ul style="list-style-type: none"> <li>Promote services available using media</li> <li>Utilized robust financial management practices to promote media activities/programs</li> </ul>		
Availability of Information and Technology for use by the hospital to improve service delivery and management	AC 6	Adapt/Adopt and utilize available IT systems for patient management, hospital management and improving public relations		
Absence of high level training institutions for bachelors plus specialized training such as Ultrasound, pediatrics etc.	AC7	Initiate specialized training in Ultrasound, Pediatrics etc. at Ngara HTI		
<b>D- THREATS (-)</b>	<b>AD</b>	<b>STRENGTHS (+) / THREATS (-)</b> <b>STRATEGY - How do we build on our strengths to address the threats</b>	<b>BD</b>	<b>WEAKNESSES (-) / THREATS (-)</b> <b>STRATEGY - How do we address our weaknesses to deal with the threats</b>
Stiff competition	AD 1	<ul style="list-style-type: none"> <li>As in AC 1- AC6</li> <li>Improve governance functionality</li> <li>Improve customer care and public relations functions of the hospital</li> <li>Rationalize service costs/user fees</li> </ul>	BD 1	<ul style="list-style-type: none"> <li>Improve on the existing old and dilapidated infrastructure</li> <li>Develop/institute specialized services/programs and engage specialized staff</li> <li>Develop and institutionalize HR systems and policies to motivate staff</li> </ul>
Continued poor reputation of hospital in the community and the old syndrome of Ngara Freda Carr COU Hospital reserved for treating leprosy patients	AD 2	<ul style="list-style-type: none"> <li>Improve community linkages and awareness creation</li> <li>Have multi-sectoral Board with better public representation</li> <li>Improve customer care and public relations functions</li> </ul>	BD 2	<ul style="list-style-type: none"> <li>Use social media platforms such as WhatsApp, Twitter save for Website</li> <li>Create good information flow systems, constantly review relevant policies</li> </ul>
Irrational/ market	AD 3	Establish mechanisms for community engagement, participation and feedback	BD 3	As in AD 2

Low awareness of services offered at the hospital	AD 4	As in AD 2	BD 4	As in AD 3
Hospital land conflicts from squatters and other litigations	AD5	<ul style="list-style-type: none"> <li>As in AD2</li> <li>Secure land title for the hospital, initiate IGAs to ensure land use</li> <li>Demarcate land for HTI development</li> </ul>		
Poverty in User Community	AD6	As in AD3 above		

### 2.1.7 Ngora Freda Carr COU Hospital risks analysis

This subsection highlighted the identified risk events that posed a threat to the existence of Ngora Freda Carr COU Hospital and health training school and services provided there-at. Likely causes, potential effects and proposed interventions were also underscored as in table below:

**Table 11 showing the risk analysis matrix for Ngora Freda Carr COU Hospital**

Risks Events	Likely services/areas affected	Potential effects	Proposed interventions
<i>Epidemic outbreaks due to location and porous borders e.g. Corona virus , Ebola</i>	All services	<ul style="list-style-type: none"> <li>Widespread infections</li> <li>Staff running away for fear of infections</li> <li>Massive deaths</li> <li>Strain on existing infrastructure and staff</li> </ul>	<ul style="list-style-type: none"> <li>Re activation and empowering the infection prevention and control committee, Ebola task force</li> <li>Establish isolation space and ICU</li> </ul>
<i>Accidents (collapse of won out buildings and trees</i>	All services	<ul style="list-style-type: none"> <li>Clients and staff injuries</li> <li>Clients and staff deaths</li> </ul>	<ul style="list-style-type: none"> <li>Assess and identify the won out buildings for evacuation, demolition and reconstruction</li> <li>Remove unnecessary trees</li> </ul>
<i>Fire out break from lab oxygen cylinders, electric short circuit</i>	Laboratory, inpatient wards	<ul style="list-style-type: none"> <li>Clients and staff injuries</li> <li>Clients and staff deaths</li> </ul>	Establish the firefighting system e.g. have fire drills, equipment,
<i>Power instability</i>	Laboratory, Theatre	<ul style="list-style-type: none"> <li>Deaths in theatre</li> <li>Lack of lab tests</li> </ul>	Have a sustainable power back up system e.g. solar panels



Dependence syndrome (unsustainability of services without health partners) Land loss (land conflict) Theft (Hospital not fenced)	All services	<ul style="list-style-type: none"> <li>High hospital debt burden</li> <li>Failure to meet hospital operational costs</li> </ul>	Start self-sustainable alternatives/IGAs e.g. CHI, hydro - power
	All services	<ul style="list-style-type: none"> <li>Hospital inexistence</li> </ul>	Community dialogue
	All services	<ul style="list-style-type: none"> <li>Loss of hospital property</li> <li>High costs of replacements</li> </ul>	<ul style="list-style-type: none"> <li>Fencing up the Hospital premises, burglary proofs to hospital infrastructures or departments.</li> <li>Security network, engraving, court apprehending</li> <li>Insurance of hospital properties</li> </ul>
Reduced client hospital and students' attendance/enrolment	Medical , training	Low hospital and HTI revenue	<ul style="list-style-type: none"> <li>Use of media houses to talk about what we offer,</li> <li>Improving quality of services including diversification of revenue sources</li> </ul>
Demotion of hospital to lower level of service delivery	Theatre, specialized services	Low hospital and HTI revenue	Lobbing for support through proposal writing from donors
Change of PPPH policy for drugs ,HR, Finance	All services	<ul style="list-style-type: none"> <li>Increased hospital expenditures</li> <li>Reduces revenue source</li> </ul>	<ul style="list-style-type: none"> <li>Look for other alternative sources of funding e.g. grants, projects, maintain HR numbers that can be managed with the local income, increase on local income i.e. user fees.</li> </ul>
Political instability (Insecurity both internal and external) leading to displacement of people, massive injuries, poverty, physical destruction of structures, looting of hospital properties +drugs	Medical, training	<ul style="list-style-type: none"> <li>Closure of services</li> <li>Overcrowding of hospital</li> <li>Epidemic outbreaks</li> <li>Loss of hospital property</li> </ul>	Engage in peace building initiatives
Political sabotage e.g. a politician may decide to misrepresent the hospital	All services	<ul style="list-style-type: none"> <li>Loss of partners</li> <li>Loss of development support</li> </ul>	Regularly engage political leaders and have them represented at hospital structures especially BoGs
Debts	All services	<ul style="list-style-type: none"> <li>Litigation and fines</li> <li>Auctioning of hospital property</li> </ul>	Instalments schedule and dialogues
Unsustainable wage bill	All services	<ul style="list-style-type: none"> <li>Litigation</li> <li>High staff turnover</li> </ul>	Scaling down the salaries/retrench
Corruption	All services	<ul style="list-style-type: none"> <li>Litigation</li> <li>Loss of hospital revenue</li> </ul>	Develop whistle blowers protection policy and mechanisms
Missing a lot of information and other benefits of information technology			<ul style="list-style-type: none"> <li>To recruit staff who already have IT skills or train them</li> <li>To procure essential IT equipment and soft ware</li> <li>To lay off untrainable staff</li> <li>To have an active website for the institution all the times</li> <li>Electronic way of trucking clients and appointments</li> <li>E-learning</li> <li>E-medical care to our patients Whats App group for the staff for easy communication</li> </ul>

		electronic data management (LAN) MRI/CT scanning/PACs
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## SECTION 3: BACKGROUND TO THE STRATEGY – II

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### 3.1 The Contextual Analysis – External Perspective

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In this section we describe the external dynamics especially those related to the health situation in Uganda as a whole and Ngora Freda Carr COU Hospital catchment area demographic specifics.

**Figure 6 showing summary of Ngora Freda Carr COU Hospital external environmental scan**

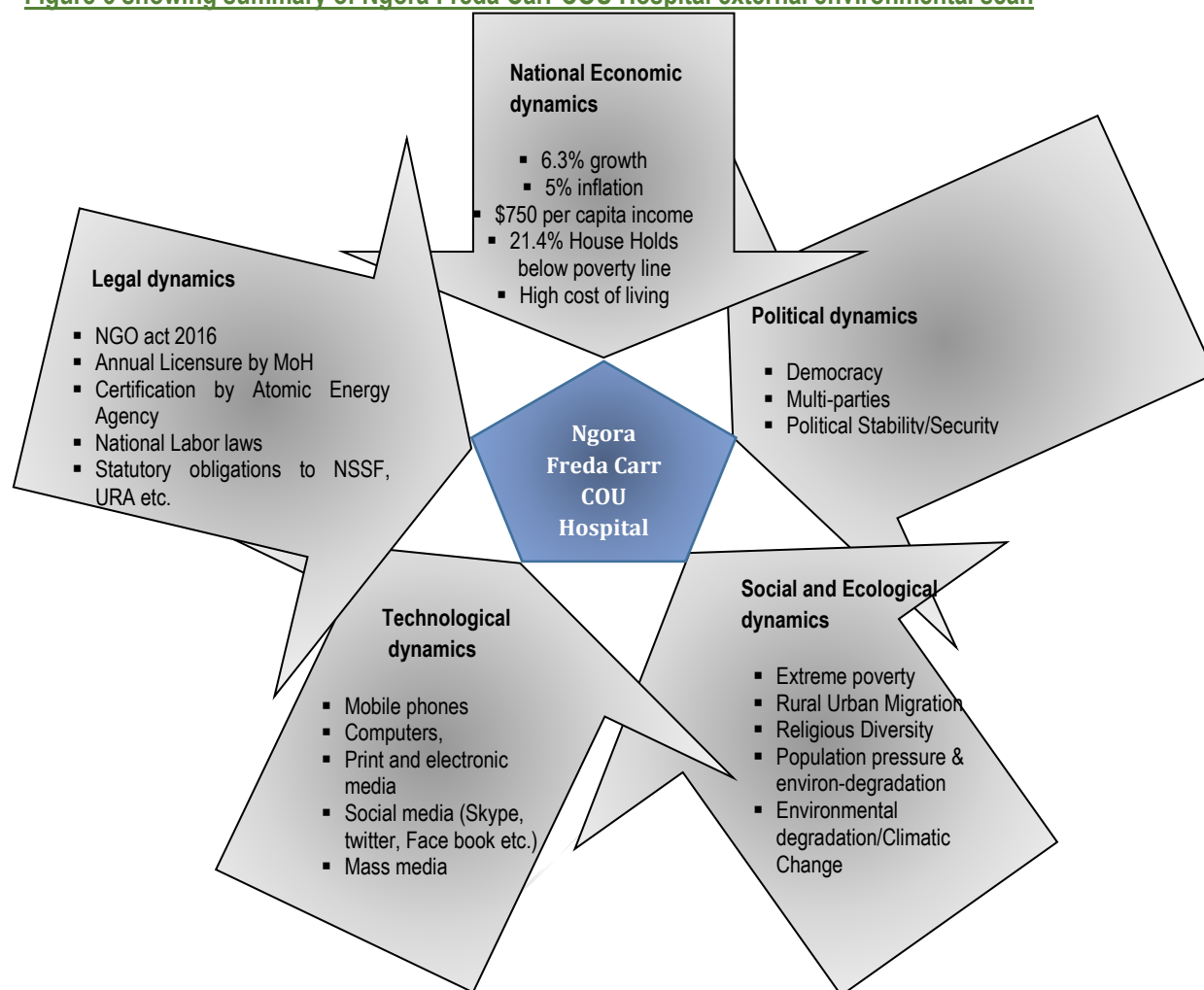


Figure 6 above provides a PESTEL (Political, Economic, Social, Technological and Legal) analysis of the operational environment of perspective to ensure adherence, strategic positioning and mechanisms to both take advantage of opportunities and address threats Ngora Freda Carr COU Hospital.

The analysis provided both opportunities and threats that the hospital strategy 2027 had to consider as well.

### 3.1.1 Situational snapshot for selected external dynamics in Uganda

#### 3.1.1.1 Population and related dynamics

In Uganda, between 2002 and 2014, the population increased from 24.2 million to 34.6million.This implied average growth rate of 3.0 percent per annum.

**Table 12 showing trend analysis of Uganda population size and growth rates 1980-2014**

Census year	Male	Female	Total	Inter-censal	Average Annual
1980	6,259,837	6,376,342	12,636,179	1969-1980	2.7
1991	8,185,747	8,485,558	16,671,705	1980-1991	2.5
2002	11,824,273	12,403,024	24,227,297	1991-2002	3.2
2014	17,060,832	17,573,818	34,634,650	2002-2014	3.0

Source: UBOS Report 2014

### 3.1.1.2 Characteristics of the Uganda's population

The Illiteracy status rate was at 72 percent among persons aged 10 years and above. Out of the 17.7 million persons of working age (aged 14 to 64 years), 13.8 million (78 percent) were working in the labour Force, with the most common occupation being subsistence farming (65%). Two out of every 25 (8%) children less than 18 years of age were orphaned. One in every 16 (6% ) of the girls aged 12 to 17 years had already given birth. One in every 15 (6.5%) of the girls aged 12 – 17 had ever been in a marriage union. Seven out of every 10 children (70%) aged less than five years did not have a Birth certificate. There was a general improvement in the demographics of the population with the infant Mortality Rate decreased to 53 deaths per 1,000 live births. The Life Expectancy at Birth also increased to 63.3 years (National Population and Housing Census Report -Area Specific Profiles – Ngora District , 2014).

### 3.1.1.3 Characteristics of the Households

The UBOS 2014 census report enumerated a total of 7.3 million households with a population of 34.1 million. This gave an average household size of 4.7. The 'Tadooba' remained the most common source of lighting being used by 52 percent of the households.

Only one in every five households (20%) had access to electricity. On the other hand, Wood fuel was the most common fuel used for cooking, with only six percent (one in every 16) of the households using other fuels. Sanitation remained a challenge with only thirty percent of the households with unimproved toilet

facilities. About 600,000 households did not have any toilet facility at all. The majority of the households (69 percent) derived their livelihood from subsistence farming. Only 27% of the households depended on earned income. One in every nine households (11%) were having only one meal per day (for adults). Some of the households (11%) received remittances from abroad in cash or in kind. More than two thirds of the households (69%) had at least one member owning a Mobile phone. Ownership of a Mobile among persons aged 10 years and above was at 38 percent. The radio remains a dominant source of information and about 60 percent of the households owned a radio (National Population and Housing Census Report -Area Specific Profiles – Ngora District, 2014 ).

### 3.1.1.4 Agricultural Activities

Agriculture has remained a dominant sector in the economy. The Census revealed that a total of 5.8 million households engage in agriculture. More than two thirds (69%) of households derived their livelihoods from subsistence farming as the main source of earning. In terms of employment, the majority of the working population (65 percent) were subsistence farmers (National Population and Housing Census Report -Area Specific Profiles – Ngora District, 2014).

## 3.1.2 Ngora Freda Carr COU Hospital catchment area

### 3.1.2.1 Population and related dynamics: Significances to this strategic plan

**Table 13 showing total population by age group in Ngora District in 2014**

Age group	Male	Female	Total
0-9	25,225	24,186	49,411
10-19	19,129	19,389	38,518
20-39	14,434	17,460	31,894
40-59	6,506	7,801	14,307
60+	3,120	4,669	7,789
<b>District</b>	<b>68,414</b>	<b>73,505</b>	<b>141,919</b>

Source: (National Population and Housing Census Report -Area Specific Profiles – Ngora District, 2014)



**Observation:** Congruent to the national statistics, Ngora district had its highest of the population comprised of 84.4% between the age bracket of 0-39 years. 62% % was under the youthful age bracket of 0-19 years. At the average national population growth rate of 3% annually, the youth bracket must have expanded to estimated 74.9% by end of year 2022 (National Population and Housing Census Report -Area Specific Profiles – Ngora District, 2014, 2014; pg 21).

**The significance to the strategy 2027:** There had to be strategies targeted and user friendly to the youths as the widest population age group in the district/Ngora Freda Carr COU Hospital's catchment area.

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### 3.1.2.2 Education and literacy

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**Observation:** The UBOS report 2014 reported that in Ngora District, persons aged 15 years and above who had completed O-level were 83.5% of that population with a higher number among females at 21,957 compared to 17,157 in male counterparts. The illiterate level was perceived small a percentage at 16.5% until that was computed to the total population which gave a total number of 23,416 people. Also UBOS reported that 32.8% of persons 18 years and above in general population in Ngora district were illiterate (National Population and Housing Census Report -Area Specific Profiles – Ngora District, 2014; pg 22).

**The significance to the strategy 2027:** Strategic interventions had to be designed to cater for this social incapacitation while seeking for relevant approaches to trigger positive response to health care programs from the group including reach out with appropriate messages and interventions.

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### 3.1.2.3 Parental Survival and Orphan-hood

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**Observation:** Out of the total of 81,096 number of people 0-17 years of age, 34,048 of them had lost at least one parent according to UBOS report 2014. This represented 4 % of the general population in Ngora district but a significant 50% in their age bracket (National Population and Housing Census Report -Area Specific Profiles – Ngora District, 2014; pg 22).

**The significance to the strategy 2027:** Ngora Freda Carr COU Hospital in the planned new strategic plan had to ensure health and development interventions that would help to address the orphaned groups and increase accessibility of such to her services in the district/hospital catchment area.

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### 3.1.2.4 Disability

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**Observation:** A total of 18,579 persons 2 years and above had a disability which represented 13 % of the total population; and children aged 2-17 years with a disability were estimated to be 5,024. The disabilities were categorized as seeing disability, hearing disability, walking disability, remembering disability, multiple disabilities (National Population and Housing Census Report -Area Specific Profiles – Ngora District, 2014; pg 23).

**The significance to the strategy 2027:** Special needs interventions and mainstreaming were critical in the planned hospital strategies towards 2027 including in any proposed infrastructural development and services.

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### 3.1.2.5 Working status

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**Observation:** A percentage of about 34.7% of persons within the age bracket of 18 years and above were working. Notably also, a total of 2,965 representing 11.9 % of children 10-15 years were working (UBOS Ngora district area specific report, 2014; pg 23)

**The significance to the strategy 2027:** Strategic interventions had to reach out to the population with financial capacity to effectively demand for out-pocket health care expenditures or be organized into pre-paid mechanisms for services offered by the hospital. However, there was as well evidence for children involvement in child labor, which needed to inform strategies for intervention to address the same.

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### 3.1.2.6 Use of information, communication and Technology

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**Observation:** A total of 21,198 of the population (23.3%) of 10 years and above owned at least a mobile phone with at least 10.6% among those in the age group of 18-30 years/youths. However, only 4.7% of persons 10 years and above and only 9.1% of the youths 18-30 years used internet (UBOS Ngora district area specific report, 2014; pg 24).

**The significance to the strategy 2027:** Interventional strategies had to take an opportunity to utilize ICT to enhance the hospital operations, improve visibility including the use of systems that could interact with clients via mobile phones among others; while taking care of the population group that may not access internet-based services/programs.

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### 3.1.2.7 Access to a health facility

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**Observation:** Only about 25.67 % of the households in the district were located in vicinity of 5km and beyond from a health care facility whether public or private (UBOS Ngora district area specific report, 2014; pg 25). This showed a lot of competition in health care providers.

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**The significance to the strategy 2027:** The hospital had to develop strategic interventions to include creating niche services and visibility that would make it a unique and preferred facility for medical services in the district

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### 3.1.2.8 Gender perspectives

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**Observation:** While there have been efforts within the region to address gender disparities, there still exist practices with deleterious effects that disproportionately affect women. These include early marriages, preference of boys to girls when sending children to school in addition to already existing vulnerabilities to HIV/AIDS and mortality/morbidity arising out of early and or unwanted pregnancies. For instance, early marriages is one biggest problem faced by the girl child. A total of 547 females aged 10-17 years were reported as having ever been married Ngora District. There also seemed to lack deliberate efforts to mainstream gender perspectives in the hospital systems and structures. For example, there was lack of evidence that the recommended 1/3 of the board composition were women as per the recommended number by the affirmative policy framework in Uganda.

**The significance to the strategy 2027:** Deliberate strategies had to be developed to ensure gender mainstreaming in hospital programs inclusive of hospital structures especially the Board of governors (1/3 women) composition.

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### 3.1.3 Health market competition and benchmarking

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#### 3.1.3.1 Ngora Freda Carr COU Hospital Competitors/Benchmarking Partners

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Tables 14 showing benchmarking analysis of Ngora Freda Carr COU Hospital and Kumi Government hospital



Competitor	Strategy focus	Lessons learnt/Significance for hospital strategy 2027
Soroti Regional Referral Hospital	<b>Winning Aspiration:</b> Excellence, specialized care	Focus is on excellence, specialization, accessibility/affordability and quality. Quality and specialized services are never cheap or 'free'; even where they seem to be someone who meets the cost. In case of Ngora RRH, Government does. For Ngora Freda Carr COU Hospital to thrive, excellence, specialization and quality balanced off with accessibility/affordability are paramount preferably following models that are unique and befitting of the hospital capacity.
	<b>Charge:</b> Providing accessible and quality healthcare to all people in West-Nile region through delivery of promotive, preventive, curative, palliative and rehabilitative healthcare	
	<b>Customers:</b> Adults and children with more loyalty to 'free' services	Need for creation of a segmented niche for clients to serve; and focus needed on clients willing to create loyalty based on 'paid'-quality services
	<b>Channels:</b> Government established community based health structures such as VHTs, Focus on specialized care, Signage, Government institutions	Leverage on existing government established structures especially the community based plus church structures especially the clergy for clients/community mobilization. Better signage/visibility matters in competitive environment.
	<b>Products and services:</b> General medicine and specialized care	More focus on specialized services needed plus creation of an anchor product/service unique to Ngora Freda Carr COU Hospital.
	<b>Geography:</b> Eastern region for MOH	Geographical scope never limits scope of health services. Quality and niche in care will attract clients beyond geographical boundaries.
	<b>Capabilities:</b> Captive market (free services) , research programs to inform practice and attract resources	Need to invest in and attract research programs; and leverage on church congregations and support to create a captive market
	<b>Winning approach:</b> Leveraging on government and partners' support to offer affordable/'free' services	Leverage on church congregations to create a captive market; investment in resource mobilization strategies is paramount including income sources diversification
	<b>Governance and Management systems:</b> Government established and supported structures and systems	Robust/functional and governance and management structures and systems necessary, regularly evaluated for performance

### 3.1.4 Global trends in health and development

The world has since moved away from eight (8) Millennium development goals to Seventeen (17) Sustainable development goals (SDGs) as seen in Fig 4 below.

Figure 7 showing the 17 Global Sustainable Development Goals



Each SDG has a set of indicators and targets. SDG 3 and SDG 6 pertain to health. The SDGs will drive the investments by governments, Funding agencies, donor and private sector company social responsibility programs.

#### 3.1.4.1 The impact of new changes on Ngora Freda Carr COU Hospital

Fundamental developments have over the years occurred in the economic, social and political arenas that affect Ngora Freda Carr COU Hospital to experience challenges in realizing its full potential. In this era of VUCA – volatile, uncertain, complex and ambiguous world, there is uncertainties from reduced donor funds, restrictive regulatory environment, unpredictability of many economic & political factors and high cost of living. The needs of our current and target stakeholders and the organizational priorities keep changing. Table below analyses the emerging strategic issues and significances to Ngora Freda Carr COU Hospital.

**Table 15 showing local and global perspectives**

No	Issue	Explanation	Significance to Ngora Freda Carr COU Hospital	Possible response	strategic action/
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	1. The new NGO Act passed in 2016 with the Act further reviewed in May 2017	A National Bureau for NGO that will register and oversee activities of all NGOs in the country with the mandate to: Suspend the permit of any NGO; Expose the affected (suspended) organization to the public; Blacklist the organization; Revoke an organization's permit	Need to examine the legal establishment of Ngora Freda Carr COU Hospital	Ascertain the ownership of the hospital to ensure legal 'trusteeship' certification by relevant Government ministry.
2	Government call to Phase out HC II – AHSPR FY 2016/17 and HSDP 2015-2022 – AIDE MEMOIE – MOH Government Priorities	Some of the health centers anticipated to comprise a mechanism for referral to Ngora Freda Carr COU Hospital are at level II. Government plans to phase out these facilities as a way of making maternity services more accessible to the population.	The hospital may lose some of facilities to be included in the referral mechanism	The hospital should guide the Diocese to upgrade all the HC II's to level III to remain more relevant in the Health Service Delivery Sector
3	National Health Insurance Bill – Community Health Insurance as passed by the House of Bishops meeting August 2018 for all the Churches in Uganda plus their congregation	Currently insurance services are being offered at Ngora Freda Carr COU Hospital, yet Government of Uganda is also planning to start a NHI scheme. The hospital needs to prepare appropriately so as to tap into this opportunity and or complement appropriately.	The hospital may miss out on the opportunity due to lack of preparedness in being eligible to the scheme due to the poor management practices and lack of capacity to offer the desired services	The hospital should strengthen the Governance and Management structures and systems and also enroll as many clients on insurance scheme that will increase their preparedness to tap into the scheme
4.	Result Based Financing (RBF) by MOH and Donors e.g. ENABEL, World Bank Funding for RMNCAH	The MOH in partnership with the Donors is implementing and rolling out RBF as an alternative funding source for the Health Sector initially in Ruwenzori and West Nile Region (ENABEL) and now 74 Districts in Uganda (WB funded) main in the HC III, IV's and Hospitals. Ngora Freda Carr COU Hospital is/was a beneficiary.	The hospital has opportunity to improve on its sustainability, increase outputs and better the quality of services.	Plan to upgrade the facilities provided so as have potential to offer services that attract better funding from similar projects/programs.
5.	Action towards operationalization of PPP in Health – Re: PPPH TWG	Through the support of donors, the MOH-PPPH unit is being developed and encouraged to partner with the private sector to offer specialized services to the community e.g. Imaging services, Oncology, Cardiac, orthopedic, Neurosurgery, Renal Liver surgery etc.	The hospital may be a Center of excellence for specialized treatment so as to stand the chance to tap into this resource and offer these services on behalf of the Government.	The hospital should aggressively plan to offer with excellence specialized treatment so as to stand the chance to tap into this resource envelop

6.	Human Resources for Health (HRH) – Government has increased salaries of Health Workers (HW) which may affect Ngora Freda Carr COU Hospital	The Government of Uganda increased the HW salaries by over 150% for some cadres. This has created a big discrepancy in salaries between the PNFP and the public health workers	The increased salaries in the in public services will worsen the already high attrition rate of in the PNFPs including Ngora Freda Carr COU Hospital. Create pressure to increase the fixed costs of the hospital in an attempt to off-set the situation	Develop and implement a robust staff retention strategy inclusive of salary review and other affordable benefits by the hospital
7.	Embracing ICT for efficiency such as E- Patient, other interactive E – platforms, Uganda Electronic Medical Record (EMR) so as to contribute to the National M & E Framework, RASS, Web Based Ordering and reporting System (WAOS), Electronic Financial Management System	ICT is a useful enabler in modern management of the hospital. ICT use is one of the Government and Donor priorities in enhancing efficiency and service delivery.	The lack of ICT use means that the hospital lacks the competitive edge in transacting business and information and as such in the modern world lag behind in their quest for effective planning, growth and provision of quality care.	Invest in ICT infrastructure development and on-line open-source applications to integrate technology in care, hospital management and information sharing with stakeholders
8	Six building blocks of health system – WHO also consider the USDP 2015 -2022 – 7 building blocks- Governance and Leadership; Human Resource for Health; Financial; Management; Logistics management HMIS; Health Service delivery; Technologies; Infrastructure	The Building blocks have been identified as the key drivers of the health sector both at the global and at country level.	There is need for more skilled staff and efficient systems across the hospital to allow for effective service delivery.	Training of more staff through the affiliated training centers and establishment and institutionalization of effective systems to support service delivery.
9.	Change in the mode of channeling funds by PEPFAR	Change in strategy of CDC to strengthen decentralized structures through Regional and or districts	The hospital may no longer be a direct recipient of funding, thus a reduction in support or any chances in future.	Improve on branding, communication, visibility, governance and management systems and practices to be identified as a champion and potential preferred partner in health care provision.
10.	Non-Communicable Diseases (NCDs)	Uganda becoming a satellite center for cancer treatment	There will be more funding allocated to the NCD segment and programs	Resource mobilize for NCD services and programs with unique approaches using the church structures for captive market and reach-out initiatives

### 3.1.5 The Uganda/National perspective - The Situation of Health Services in Uganda

The Uganda Annual Health Sector Performance Report of 2017/18 indicated in analysis improvements in some areas of the health care system indicators. For instance, the life expectancy rose to 63.3 years in from 50.4 years in 2002. The facility based fresh still births (per 1,000 deliveries) reduced to 9.4 per 1,000 deliveries from 10.1 per 1,000 in 2016/17 and above the HSDP target of 13/1,000 for the year. The number of maternal deaths among 100,000 health facility deliveries also reduced by 30% to 104 per 100,000 health facility deliveries from 148 per 100,000 in 2016/17 (AHSPR, 2017/18). The health sector staffing improved slightly in 2017/18 to 74% from 73% (45,029/61,796) in 2016/17. The same report however highlighted several gaps that still exist, and these remain a major cause of concern that require all players including the hospital to play their part. For instance, the rate of under five deaths among 1,000 under 5 admissions increased to 22.4 per 1,000 admissions compared to 20.2 per 1,000. The HSDP target was 16.9 per 1,000. ART retention declined to 76% in 2017/18 from 82% in 2016/17 which is short of the HSDP target of 84% and TB treatment success rate declined to 77% in 2017/18 from 80% in 2016/17 which is still far below the HSDP target of 86% for the year (AHSPR, 2017/18). The WHO estimates that close to 60% of the causes of death are attributable to malaria (21%), pneumonia (19%), and diarrhea (15%) all of which are preventable (WHO report: Uganda 2011). There is an emerging epidemic of non-communicable diseases (cancers, Diabetes, hypertension) the contraceptive prevalence rate remains a mere 30% and under-fives that are stunted are at a whopping 33%. Although the health sector staffing improved slightly in 2017/18 to 74% from 73% (45,029/61,796) in 2016/17. The number of health workers per 1,000 population in Uganda is still far below the WHO threshold of 2.5 medical staff (doctors, nurses and midwives) per 1,000 population. In 2017/18 FY the doctors, nurses and midwives ration per 1,000 population was only 0.4 compared to the WHO recommendation of 2.5 (AHSPR, 2017/18).

The vision 2040 of the Uganda National Development Plan (NDP) is '*A transformed Ugandan society from a peasant to prosperous modern country*'; and the mission of the Ministry of health (MOH) is '*To facilitate the attainment of a good standard of health for all people in Uganda in order to promote healthy and productive lives*'. As part of this the MOH is working to ensure availability to every person a minimum package which includes promotive, preventive, curative rehabilitative and palliative services. The attainment of all these remains a tough call due to inadequate funding for health.

### 3.1.5.1 Funding for the health sector in Uganda

According to the Uganda Annual Health Sector Performance Report 2019/20, the allocation to the Health Sector was 7.2% of the total National Budget in same period. This represented a stagnant budget form the previous year 2018/19. This was a reduction by 1.7% from the same budget allocation 9 years ago and way below the 15% target set in the Abuja Declaration.

**Figure 8 showing trends in health budget allocation against the Abuja target**

Year	Health Budget	Growth	Total Government Budget	Growth	Health as % of total budget
2010/11	66		7,37		8.9
2011/12	79	21%	9,63	31%	8.3
2012/13	82	4%	10,71	11%	7.7
2013/14	1,128	36%	13,06	22%	8.6
2014/15	1,281	14%	14,98	15%	8.5
2015/16	1,271	-1%	18,31	22%	6.9
2016/17	1,827	44%	20,43	12%	8.9
2017/18	1,950	6.7%	29,00	42%	6.7
2018/19	2,373	18%	32,70	13%	7.2
2019/20	2,589	9%	36,11	10%	7.2

Source: Annual Health Sector Performance Report 2017/18

The GoU budget allocation to health as a % of the total government budget increased by 4% over the 5-year period from 6.9% to 7.2% though still far from the 15% target. Whereas the proportion of GoU contribution dropped to 57% in 2019/20 from 64% in 2015/16, the nominal budget allocations have been steadily and significantly increasing in the last two years. The increase was majorly attributed to the enhancement of salaries for medical workers and increase in inflows from external funding e.g. Global Fund, GAVI and WB supported projects. The per capita allocation for health increased from UGX 35,408/= (USD 13) in 2015/16 to UGX 62,031/- (USD 17) in 2019/20 FY but still below the WHO recommendation of USD 46 Total Health Expenditure per capita to achieve UHC, thus the still high out of pocket expenditure for health. Budget allocation to LGs increased by 76% to UGX 552.21 billion in 2019/20 from UGX 314.47 billion.

### 3.1.5.2 PHC Budget allocations for the PNFP Sector

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The Government of Uganda (GoU) also supported the PNFPs facilities with conditional grants worth shs.28bn of which 50% was earmarked for PHC Non-Wage and 50% for the medicines credit line under Joint Medical Stores (JMS). Except for the PHC wage component that has been rising, the other grants have remained static over the last 8 years. The average PHC Non- wage allocations per level of service are far below what is required to carry out the core functions of management and ensure quality service delivery.

### 3.1.5.3 Alternative Health financing mechanisms

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#### 3.1.5.3.1 Health financing in the UPMB network

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During the FY 2019/20, UPMB member health facilities realized a total of ugx. 108,760,115,691 accounting for a 12.3% increase in financial collections from the previous year. Internally generated revenues through user fees, tuition fees from Health Training Institutions and Community Health Insurance (CHI) contributed the highest source of income to the facilities of unto 56% while Government support and Donor funding contributed 12% and 32% respectively. For the last three years, there is a gradual increase in Health Facility incomes. Remarkable increments have been noted with internally generated funds while there was a drop in external donor funding to the facilities (AHSPR, 2014). The government has shown interest in identifying alternative financing mechanisms including Social Health Insurance (SHI) and Results Based Financing (RBF) of health services. The National Social Health Insurance Scheme is expected to take off soon. Even then there is a lot of skepticism from employers, trade unions and worker representatives about government's ability to guarantee efficient service delivery given the poor state of health facilities in the country. There are on-going partnerships between government and development partners around payment to providers to deliver a specified set of services. These include the Results based financing a project implemented by the Belgian technical cooperation for the PNFP sector and a number of voucher payment systems.

These were promising health financing opportunities that could be explored pending the implementation of the SHI. A number of hospitals in the country also implement Community Health Insurance (CHI) on a small scale. This has shown to work and has additional benefit of increasing ownership and participation of communities in health service delivery. Donors continue to provide additional funding for the health sector, with PEPFAR, Global Fund, GAVI and EU among the key funding mechanisms. Between 2009 and 2011 PEPFAR provided \$ 896.8 Million towards HIV/AIDS control in Uganda and 386M in 2014/15 alone. The funds are channeled majorly through implementing partners as cooperative agreements or contracts. The Global Fund has also been a major source of funds targeting HIV/AIDS, Malaria and TB.



To-date Uganda has received close to \$ 700M in grants for the three diseases as well as strengthening of health systems (Global Fund website). The non-governmental actors receive their grants several partners in a regionalized mechanism in since the recent past. UPMB has played a major role in resource mobilization for her member health units and their parent dioceses. A number of donors have found it easier to channel their funding through UPMB which thus serves as a source of funds for her member health facilities. Other Funding sources/opportunities come through development partners.

### 3.1.6 Health services delivery- Ngora District local Government perspective

#### 3.1.6.1 Health care facilities

The district health office and the different health facilities play a key role in the delivery and management of health services at district. The health services are structured into general hospitals (Ngora Freda Carr Hospital - a Private not for profit), health center IV, HC III and HC IIs. The Village Health Teams (VHT) work as a link between health facilities and the community. Private, for profit clinics are continually emerging at rural shopping centres throughout the district. These clinics are very often the first stop center for people seeking medical care. Ngora district has 12 health facilities, which include: 1 Ngora (PNFP) hospital, 6 health centres III and 4 health centres II. All these offer UNMHC package. Ngora hospital offers general health services, these include; diagnostic clinical laboratory, X-ray, Ultra Sound, HCT, ART service and curative, promotive as well as preventive e.g. immunization.

**Table 16 showing all health facilities by location, level, bed capacity in the MOH Eastern sub-region**

Health Facility Name	No. of beds	Location	Sub-county
Capri HC III	5	Areas	Capri
Omit HCII	2	Omit	Capri
Kobwin HC III	2	Kobwin	Kobwin
Afoot HC II	1	Afoot	Kobwin
Opt HC II	0	Opt	Kobwin
Ngora HC IV	42	Kobuk	Ngora Town Council
Ngora District Maternity Unit HC III	48	Institutional complex	Ngora Town Council
St. Anthony HCII	2	Okoboji	Ngora Town Council
Ngora Hospital Freda Carr COU Hospital	126	Institutional complex	Ngora Town Council
Ago HC III	4	Ago	Ngora
Maura HC III	4	Okunguro	Maura
Ajeluk HC III	2	Ajeluk	Maura
<b>Total</b>	<b>238</b>		



### 3.1.6.2 Health Services Delivery

The delivery of health services in the Ngora district is by both public and private sector. The public health delivery system is through health center IV which is only one in Ngora district, health center IIIs which are 6 in Ngora district and these 6 include District Maternity Unit which though planned as health center III is offering services of health center IV, health center IIs which are 3 and health centres I which are 137 Village Health Teams. These health centres provide promotive, preventive and curative health services. The private health sector includes: one Private Not for Profit (PNFP) hospital, one missionary health center II and numerous private clinics and drug shops. In the private sector there are traditional and complementary medicine practitioners (TCMPS) who pose a challenge to the health sector.

The public private partnership at district level is however still weak. The health sector has defined Uganda National Minimum Health Care Package (UNMHCP) as its priority interventions and these interventions have been clustered:

**Cluster 1: *Health promotion, environmental health, disease prevention, community initiatives including disaster preparedness and epidemic response.***

Over 75% of Uganda's disease burden is considered preventable as it is caused by poor hygiene and sanitation. Malaria, ARIs, diarrheal diseases, AIDS and vaccine preventable diseases can all be prevented as effective preventive measures exist. This cluster supports other clusters through creating awareness about diseases and health in general, strengthening community capacity for health promotion and improving service delivery and promotion of community participation in the delivery and management of health services.

These interventions focus on:

- Promoting individual and community responsibility for better health through the strategy of Village Health Teams (VHTs).
- Contributing to the attainment of significant reduction of morbidity and mortality due to environmental health and unhygienic practices and other environmental health related conditions.
- Reduction of morbidity and mortality due to diarrheal diseases.
- Improving the health status of school children, their families and teachers and inculcate appropriate health seeking behavior among this population.
- Ensuring equitable access by people in PRDP districts (districts in conflicts and post conflict situations) of health services.
- Preventing, detecting and promptly responding to health emergencies and other diseases of public health importance.
- Scaling up delivery of nutrition services
- Promote exclusive breast feeding
- Formulate food security and nutrition policy
- Create a nutrition unit

**Cluster2:      *Prevention, Management and Control of Communicable Diseases HIV and AIDs, tuberculosis (TB) and malaria, are the leading causes of ill health.***

These interventions are to:

- Prevent and Control STI/HIV/AIDS, Prevent and Control Malaria, Prevent and Control Tuberculosis and elimination and/or eradication of some particular diseases such as Leprosy, Lymphatic Filariasis, Trypanosomiasis ,soil transmitted helminthes and Schistosomiasis
- Improve the quality of life of terminal ill patients by provision of palliative care and counselling to family members

**Cluster3:      *Prevention, Management and Control of Non Communicable Diseases, disabilities and injuries and mental health problems***

NCDs include hypertension, cardiovascular diseases, diabetes, chronic respiratory diseases, mental illness, cancer conditions, injuries as well as oral diseases. The increase in NCDs is due to multiple factors such as adoption of unhealthy lifestyles, increasing ageing population and metabolic side effects resulting from lifelong antiretroviral treatment. The majority of the NCDs are preventable.

The key interventions:

- Promote individual and community responsibility for better health.
- The strategies for achieving this include:
- Strengthening IEC initiatives to bring about changes in health and health related behaviors among people in Ngora district.
- Establishment and training of VHTS in all the villages in Ngora district.
- Initiation and implementation of advocacy programs to influence provision of effective preventive health services.
- Outreach clinic in hard to reach areas of Orisai, and Kodike
- Creation of Ngora District Government General Hospital
- Creation of Maura Health Centre IV
- Establish dental clinic at Ngora Health center IV

**Cluster 4: Maternal and Child Health**

Maternal and child health conditions carry the highest total burden of disease with perinatal and maternal conditions accounting for 20.4% of the total disease burden in Uganda.

The interventions are aimed at:

- Reducing mortality and morbidity related to sexual and reproductive health and rights.
- Improving newborn health and survival by increasing coverage of high impact evidence based interventions e.g. immunization, breast feeding promotion etc.
- Scale up and sustain high effective coverage of priority which is cost effective for survival packages which are cost effective for child survival in order to reduce under five mortality e.g. promotion of Vitamin A supplementation during bi-annual child days.

### **Cluster 5: Strengthening inter-sectoral linkages for health promotion**

The interventions are aimed at:

Contribute to the attainment of a significant reduction of morbidity and mortality due to environmental health and unhygienic practices and other environmental health related conditions.

The strategies include:

- Advocating and promoting improved sanitation and hygiene as detailed in the Kampala Declaration and Sanitation.
  - Support and encourage Lower Local Government LC3, LC2 and LC1 councils to formulate bi-laws on environmental health and ensure that they are enforced.
  - Strengthening the capacity of public and private health practitioners in health care (medical) waste and industrial waste management.
  - Supporting and advocating for food hygiene and safety, safe water chain and hand washing with soap and provision of hand washing facilities.
  - Mitigating effects of climate change and health.
  - Strengthening, supporting and improvement of environmental health management information system in both public and private sector service delivery.
- Reduce mortality and morbidity due to diarrheal diseases
  - Strengthening initiatives at all levels for control and prevention of diarrhea at all levels by training of health workers at health facilities and community.
- Improve the health status of school children, their families and teachers to inculcate appropriate health seeking behaviors.
  - Expanding the provision of clean water and improved sanitation to schools with special emphasis to primary schools-water harvesting gadgets.
  - Provision of sanitary pads etc.
- Preventing, detecting and promptly responding to health emergencies and other diseases of public health importance.
- Strengthening epidemic, disaster prevention, preparedness, response and management at all levels by building the capacity of health workers at the community level to be prepared to detect, respond, manage and mitigate epidemics and disasters.
- Control of communicable diseases preventing STI/HIV/TB transmission and mitigation of medical and personal effects of the epidemic.

### **Cluster 5: HIV Prevention and management**

The strategies include:

- Strengthening all aspects of HIV prevention namely reduction of sexual transmission of HIV, preventing Mother to Child Transmission (MTCT) and prevention of HIV through blood transfusion and blood products.
- Improving access to quality HIV treatment and services at all levels including treatment of opportunistic infections.
- Strengthening coordination, management, monitoring and evaluation of HIV programs at all levels.
- Reduce the mortality, morbidity and transmission of tuberculosis.

- Expand and consolidate high quality DOTS services.
  - Expand and strengthen TB/HIV collaborative activities, address MDR-TB and other challenges in special settings and populations.
  - Engage all care providers in TB care.
  - Empower people with TB and the communities to participate in TB care.
  - Build capacity for TB control.
- Sustain the elimination of leprosy in the district
  - Strengthening the capacity of health workers to diagnose and treat leprosy cases.
  - Conduct sustained leprosy elimination and treatment campaign.
- Reduce the mortality and morbidity rate due to malaria in all age groups.
  - Strengthen measures to control malaria transmission by procuring and distributing LLINS and expanding coverage of indoor residual spraying.
  - Strengthening the implementation of comprehensive policy on malaria diagnosis and treatment.
  - Strengthening IEC/BCC for malaria prevention and control.
  - Building the capacity of health workers for malaria control, prevention and treatment.
- Reduce mortality and morbidity relating to sexual and reproductive health and rights.
  - Strengthen IEC activities on sexual and reproductive health which will include use of VHTS to create awareness about SRH, empowering communities by sensitization on their SRH rights and responsibilities, promoting deliveries by trained/skilled health workers.
  - Expanding the provision of quality SRH services.
  - Building institutional and technical capacity at health facility and community of SRH.
  - Strengthening adolescent SRH services.
- Improve new born health and survival by increasing coverage of high impact evidence based interventions in order to accelerate reduction of infant mortality.
  - Mobilize and develop capacities of households and families to keep new born healthy, make health decisions and respond appropriately to illness through recognition of danger signs early enough.
  - Improve capacities and quality of health services at community and facility level.
  - Build awareness of the right to health and survival of the new born.
  - Strengthen linkages between service levels and ensure continuum of care.
- Scale up and sustain high effective coverage of priority package of cost effective child survival interventions in order to reduce under five mortality.
  - Provision of and increase population oriented scheduled services for child health and survival e.g. EMTCT.
  - Improve preventive infant and child care through immunization.
  - Strengthen clinical referral

### 3.1.6.3 Access to health services

Regarding the access to health services, 90% of the total population access health services within five kilometers of health facility. However the challenge is provision of adequate quality health services due to low staffing norms which is at 39%. The choice of treatment and care seeking behaviors are mainly through: health units, drug shops and clinics. The district however lacks motorized ambulance for referral and most radio calls are non-functional. However, choice of treatment center and care seeking behaviors are dependent on economic factors, others go to government health units, drug shops and private clinics.

### 3.1.6.4 Ngora Freda Carr COU Strategic challenge

The hospital strategic interventions thus needed to consider the provision of the Uganda UNMHCP and strategies, focus on the quality of health services especially through improved staffing, development of effective and efficient referral pathways with especially the lower level facilities in the district and prepare to face the challenges of competition and or collaboration with prospective Government general hospital and HCIV as per the District Local Government future plans.



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## SECTION 4: THE PRECURSOR AND PROCESS FOR THE HOSPITAL STRATEGY DEVELOPMENT

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### 4.1 The precursor: Ngora Freda Carr COU Hospital Strategic Plan 2027

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Ngora Freda Carr COU Hospital has never had and implemented a strategic plan. It was revealed prior to the stakeholders meeting that there was no systematic and documented evidence for existence and implementation of the plan and later-on for any deliberate monitoring of performance against the same plan. This failure was attributed to factors that included among others the high cost and lack of technical capacity to develop the plan.

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### 4.2 Rationale for the Strategy 2027

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The idea to develop the strategic plan 2022-2027 was conceived out of the notion that; 'Only managers who **'LEAD'** actually **'THINK'** and **'MANAGE'** strategically because they are conscious that change is the only constant'. From lessons learnt for the previous unplanned period, this strategic plan 2027 was developed for the rationale spelt out as below:

- ✚ To create a shared vision of a strategic plan helps align and inspire employees as well as stakeholders
- ✚ Creation of a sense of ownership engendering commitment and improved performance
- ✚ To provide for alerts to hospital leadership about where the institution is now, where it should go & why; as well as recognize optimal time to shift direction
- ✚ Guiding entire institution regarding what it is we are trying to do & achieve, define purpose for enhancing long-term performance
- ✚ To cater for management's threshold for change thus creating a sense of pro-activeness rather than reactive atmosphere and responses
- ✚ To unite numerous strategy-related decisions of the managers at various levels of the hospital and engender system's thinking and vision for the 'big picture'.
- ✚ Provision of basis for evaluating competing budget options and steer resources to support the strategy and other results-producing areas.

### 4.3 The strategy development Process

**Table 17 showing the process specifics in development of the hospital strategy 2027**

No.	Objectives	Focus areas
1	Contextual analysis	<p><b><u>1a. External environment-</u></b> PESTeL Analysis</p> <p><b><u>Focus:</u></b> <i>Institutional existence and operations in the PESTeL atmosphere and how it is affected in present and future</i></p> <p><b><u>1b. Internal environment-</u></b> SWOT analysis</p> <div><div><div><div><div></div><div>Strengths</div></div><div><div></div><div>Weaknesses</div></div><div><div></div><div>Opportunities</div></div><div><div></div><div>Threats</div></div></div><div><div></div><div></div><div></div><div></div></div><div><div>Internal dynamics</div><div>External dynamics</div></div></div><p><b><u>Focus:</u></b></p><div><div><div></div><div>Existing institutional weaknesses, strengths, opportunities and threats in core areas namely: Institutional culture and set-up; Governance structure, systems and practices; Management structures, systems and practices; Service delivery systems and practices; Administration systems and practices; Infrastructure; Coordination function (Internal church structures and external partners); Stakeholder management; Community involvement; Competition management</div></div></div></div>
2	Strategic analysis options	<p>The external and internal analysis provided the basis for the selection of the strategies that Ngora Freda Carr COU Hospital would adopt. The Hospital focused two broad areas i.e. the Clinical and Organizational areas. Four (04) strategic objectives were identifies in the clinical planning area, and five (5) strategic objectives in the organizational planning areas.</p> <p><b><u>Focus:</u></b></p> <div><div><div></div><div>Building on existing strengths, taking advantage of identified opportunities?</div></div><div><div></div><div>Addressing the weaknesses using the available opportunities</div></div><div><div></div><div>How do we build on our strengths to address the threats</div></div><div><div></div><div>How do we address our weaknesses to deal with the threats</div></div></div>
3	Strategy implementation planning	<p><b><u>Focus:</u></b></p> <div><div><div></div><div>Implementation, monitoring and evaluation plan</div></div><div><div></div><div>Resource mobilization approaches</div></div></div>



## Appendix 1: The Ngora Freda Carr COU Hospital as envisioned by stakeholders

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- ✓ Totally Renovated buildings, including gate and wards
- ✓ Neonatal Ward completed
- ✓ Reliable water supply
- ✓ Constant power backup available
- ✓ Well accommodated staff
- ✓ Improved patient attendance,
- ✓ Reduced perinatal and maternal deaths
- ✓ Debt free
- ✓ No land conflicts
- ✓ Good community perception of Ngora Hospital
- ✓ School upgrade to College of Health Sciences, equipped with enough staffing, equipment etc.
- ✓ School with a garden for food stuffs
- ✓ Disciplined and computer literate students
- ✓ Better managed power utility, more of solar
- ✓ College of Health Sciences in Partnership with other institutions
- ✓ Self-sustaining
- ✓ Well fenced premises
- ✓ Motivated and happy employees
- ✓ Adequate staffing
- ✓ Trained and effective hospital board
- ✓ Timely payment of salaries
- ✓ Christ centered faith
- ✓ Regain past glory
- ✓ Implement planned activities
- ✓ Recruited right people in a non-corrupt way
- ✓ Effective referral system
- ✓ Specialist services are offered
- ✓ Security values are observed
- ✓ Excellent laboratory services
- ✓ Master Plan in place
- ✓ Computer literate staff
- ✓ Beautiful and attractive environment
- ✓ Better visibility
- ✓ Board members lobby for grants for School and Hospital
- ✓ Research Centre for Pediatric Cancers in Maternal and Child Health



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