



KUMI HOSPITAL - ONGINO

5 YEAR STRATEGIC PLAN

2017 to 2021



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Mission

To provide holistic, preventive, curative and rehabilitative healthcare services that are efficient, and fully accessible and affordable to all, based on the healing Ministry of Jesus Christ.

Vision

Fully accessible quality and affordable healthcare for all.

And within this:

- **Sustainable strategies and innovations.** Obtain healthcare funding for the very poor and vulnerable.
- **Strong leadership and governance** to shape and implement healthcare policy.
- **Community collaboration** to nurture and help the community to improve their health, specifically through immunisation, HIV AIDS screening and care, nutrition assessment and rehabilitation.
- **Networking.** Work in close co-operation with Government Health Centres and other hospitals, to maximise the healthcare benefit to the people in our community.

Our Core Values

Core values shape the way in which we provide our healthcare services.

- **A Christian Organisation.** Recognising the supremacy of Jesus Christ in all that we do.
- **Compassionate.** We will be compassionate and caring all our activities especially to the poor, the highly stigmatised and the disabled people.
- **Professional.** We are committed to quality improvement and professional ethics, trust, honesty and integrity. We strive to do the right thing at all times and maintain a learner's attitude during continuous consultation. We strive for good and effective time management.
- **Humanity and Respect.** We will value humanity and work with all people without discrimination. We will always put the needs of the patient first and we will carry out our activities to suit the patient before our own needs. We will always have mutual respect for our patients and other staff.
- **Transparency and Accountability.** We will operate as an honest institution based on trust, integrity and mutual respect. We are committed to operating transparently with open accountability, information for staff, communications with all of our beneficiaries and harmonious relationships with the community.
- **Teamwork.** We have a strong belief in the strength of teamwork and delegation to team leaders. We will empower them to create an environment which encourages innovation, performance, improvement and feedback. We will work together with the local Health Centres and Village Health Teams for the good of the local people. We will work with sponsors on their areas of interest to achieve mutually agreed objectives.
- **Nurturing and supporting our staff both Spiritual and professionally.** We will encourage and support all our staff to be fully trained and competent to deliver healthcare services and to fully develop their capabilities. We will ensure that the facilities, systems and equipment are suitable for our healthcare services, and that valid and useful suggestions for improvement are considered.

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INTRODUCTION

The Kumi Hospital 5 year Strategic Plan 2017 to 2021 replaces the 2012 to 2016 Strategic Plan. Over the past 5 years Kumi Hospital has changed significantly and now has a new Board of Governors, new Senior Management, and a new strategic direction. This new Strategic Plan, dated November 2016, defines the new strategic direction of the hospital with an emphasis on the objectives for the next two years, 2017 and 2018, with a 5 year strategic outlook.

Our overall strategic direction is to be recognised as the best and most relevant hospital in the region and to be the obvious choice for the health centres and the village health teams to refer their patients to.

It is expected that Kumi Hospital will have outgrown this strategic plan by the end of 2018 and in 2019 will rewrite it to reflect the new detailed objectives required to achieve the overall strategic direction.

Message from the Chairman of the Board of Governors

A new Strategic Plan, by its very nature, represents an opportunity for us to take stock of all our activities over the past 5 years, which have been a turning point for Kumi Hospital, and to plan for the next 5 years which will usher in a renewed hope of strengthening our service delivery to the patient.

The Board is committed to engaging all the stakeholders and development partners to refocus their energies and enable Kumi Hospital to reach greater heights. We want to position Kumi Hospital as a centre of excellence in this region. Human resource training, both for doctors and nurse and midwives are being planned for.

We are optimistic that Kumi Hospital has only one direction to go, that is up.

God Bless

Dr. Godfrey Egwau, Chairman Board of Governors, Kumi Hospital

Medical Director's Vision for Kumi Hospital



The long term plan is to make Kumi Hospital a centre of excellence providing comprehensive medical healthcare to the region and to become a Medical Education Centre. We aim to see this institution to be perceived as valuable in the prevention and delivery of healthcare services and in medical education and research.

It will be my pride as CEO to see that we achieve the Vision and Mission through strategies like:

- Specialisation and branding in surgical specialities; orthopaedics, surgery, urology, eye care
- Medical specialities, internal medicine, paediatrics and child health
- Training centre, for nurses, midwives, theatre assistants, intern doctors

We will achieve our objectives through empowered team leaders. We are a private not for profit hospital and hence our charges and income have to be sustainable. We are one of the larger UMPB hospitals and by 2017 we aim to be the top hospital in the accreditation ratings.

I recognise and thank all those who have made views and opinions that have been of great utility value to the strategic planning process. I request all staff and stakeholders to join us by supporting this institution in achieving the status of being valued and protected in the prevention and delivery of healthcare service and medical training and research for the people in the Community of Ongino Sub-county, Teso Region, Uganda and the rest of East Africa.

Let us all draw our strength and comfort from scripture Psalms 23.

**Dr. Robert Olupot, Medical Director, Kumi Hospital
Consultant Surgeon**

KUMI HOSPITAL IN 2016 AND EXECUTIVE SUMMARY

Kumi Hospital (KH) was established in 1929 by the Church Missionary Society and is now a Private Not-for-Profit (PNFP) institution and a member of the Uganda Protestant Medical Bureau (UPMB).

Kumi Hospital has a capacity of 300 beds, employs 6 doctors, 76 nurses, midwives, and healthcare professionals and has four modern operating theatre rooms. With the improvements in the government hospitals and health centres, Kumi Hospital has become a centre of excellence in the region for maternal child health, orthopaedics and rehabilitation, HIV AIDS care, surgery and eye care.

We plan to also become a centre of excellence for:

- Tropical medicine, specialising in internal medicine and paediatrics.
- Immunisation, family planning, HIV/AIDS care, care of the malnourished, mental health care, and disease surveillance & prevention.

The village health teams, local health centres and other local hospitals often refer very sick patients to Kumi Hospital. We operate a community outreach service supporting the local health centres with specialist healthcare services. We have a functional orthopaedic workshop.

Kumi Hospital operates a policy of treating all patients irrelevant of their ability to pay and we specifically target the rural poor communities and the highly stigmatised and disabled persons. We operate a compassionate fund which assists the poorest with hospital fees.

We presently provide general healthcare to the local community of 600,000 within 20 km and specialist healthcare to the wider community of 2,000,000 within 60 km. The main town is Kumi with 12,000 people.

Our key medical statistics for 2015 are:

Outpatients	53,702	Babies delivered	1,627
Inpatients	6,947	Caesareans	502
Major operations	1,461	Minor operations	998



The cost model for the hospital in 2015 is as follows.

Revenue Income	mUGX	%	Revenue Expenditure	mUGX	%
Patient fees	1,380	57%	Medical Salaries & allowances	935	39%
Grants and contracts	950	39%	Drugs and Supplies for Wards	486	20%
Other income	83	3%	Other direct costs	154	6%
Total income	2,413	100%	Non-Medical Salaries & benefits	364	15%
Patient debtors WIP Write Off	109	4%	Other overheads	524	22%
			Total costs	2,463	102%
Capital			Revenue deficit for hospital	-160	-76%
Donations & expenditure	128		Total income other activities	39	2%
			Revenue surplus (deficit) for farm	-5	-0%
			Total surplus (deficit)	-126	-5%

KEY OBJECTIVES FOR 2017 AND 2018 AND BEYOND TO 2021

Our strategic direction over the next 24 months is to put in place the leadership, facilities, equipment, people and processes to enable us to become one of the best rural hospitals in Uganda. We are not looking to start anything big over the next 24 months, just to do what we do so much better and so become recognised as the obvious hospital for excellent healthcare services in Teso.

Our key objectives have to be SMART.

- S** Specific
- M** Measurable
- A** Achievable
- R** Realistic
- T** Time Bound

Our detailed objectives for the next 24 months and for the next 5 years are given below.

Strategic / financial

- 1 To make the hospital financially self sustainable with patient fee income and contract subsidies, and able to invest in the future, through excellent work and innovation.
- 2 To improve our patient numbers and income by at least 5% per year with the same medical establishment.
- 3 To achieve a revenue surplus of at least 5% of income (110 mUGX) on hospital activities, to always pay our current NSSF and PAYE and to reduce our liabilities (926 mUGX) by at least 5% per year (46 mUGX).
- 4 To increase the funds available to the Compassionate Fund by at least 50 mUGX per year from internal funding, which will enable us to really serve the healthcare needs of the poor.
- 5 To use a compassionate approach to the very poor patient debtors in the local community and a hard approach to those patient debtors who can afford to pay.
- 6 To increase the contract revenue finances by at least 300 mUGX per year. As a Christian Hospital, we have a duty both to treat the poor and to raise the revenue finances to enable us to do so.
- 7 To run major specialist surgery treatment camps at Kumi Hospital at least 6 times per year. These camps would typically be between 5 and 10 working days and would carry out between 60 and 120 major operations. Some of these camps would be based round visiting specialist surgeons.
- 8 To develop and invest in the farm and other external commercial activities so as to produce a revenue surplus which will be available to invest in the hospital.
- 9 To set up the Commercial Department with the objective to produce at least 500 mUGX in surplus income (cash) per year by the end of the five year period (2021) for use by the hospital, primarily for repayment of debts, investment and compassionate purposes. To develop our marketing and commercial capability.
- 10 To reviewed and incorporated into our KPI and statistics reporting process the Health Sector Key Performance Indicators and Targets given in MoH HSDP 2015/16 as these are the KPIs and targets which will be used to determine the performance against the PAF grant.

Organisational

- 1 To create a values based organisation, with full delegation and empowerment to the managers and in-charges. Emphasise our shared values and objectives rather than our differences. Define and enforce our standards on all staff, via the in-charges.
- 2 To ensure that we have good communications between the staff, the in-charges and the management.
- 3 To create a working environment that people are proud of. This includes well maintained wards and theatres, sufficient and working medical equipment, good supply of drugs, water, electricity etc and an effective in-charge and management structure.
- 4 To create an innovative and creative working environment which embraces new ideas and change. To ensure that all managers and in-charges encourage, accept and act upon feedback both from above and from below.
- 5 To attract local specialist doctors and surgeons who believe in our values and are prepared to put the needs of the hospital and the community first. To develop a salary package based on 4 mUGX net (6 mUGX gross) plus medical Admission Rights to use the Private Ward for private patients. To harness the talents of the specialist for the good of the hospital.
- 6 To attract volunteer expatriate specialist doctors and surgeons who want to come and work long term (over 6 months) at Kumi Hospital.

Hospital healthcare capabilities

- 1 To continue with the standard **orthopaedic** operations and develop the local capability to carry out the more specialist orthopaedic operations. Recruit a specialist Orthopaedic surgeon. Build a specialist orthopaedic theatre and ward.
- 2 To develop the **rehabilitation and disabilities department** to provide a full pre and post operative rehabilitation service, extending to up to six months as required. Recruit a specialist and experienced in-charge for the Rehabilitation Department. Extend the services to maternity.
- 3 To set up a routine **gluteal fibrosis programme** treating up to 30 children per week in a group. This is about 1,000 children per year. Obtain contract funding.
- 4 To develop the **rehabilitation and disabilities program** such that any child (or adult) in our catchment area whose disability can be alleviated by surgery, physiotherapy or other medical intervention is identified and assisted. Set up the database and obtain contract funding.
- 5 To continue to develop the **maternity department** and to reduce the need for caesareans by advanced birthing procedures. To work with the DHOs to reduce the maternal mortality rate from 500 deaths per 100,000 births to under 200. To offer more advanced gynaecology procedures.
- 6 To make the **eye care department** totally self sustaining so that it has a long term future at Kumi Hospital and that it is considered the best eye facility within 100km. To consider recruiting a full time specialist eye surgeon. To set up an optical dispensary and glasses workshop.
- 7 To develop the **paediatrics and child's health department**. To recruit a specialist paediatrician. To develop the **nutrition unit** such that we proactively reduce the occurrence of malnutrition in the community and the villages. To obtain additional donor funding.
- 8 To develop the **medical department** so as to achieve the same levels of referrals for tropical medical, infectious diseases, non-communicable diseases and general medicine as we do for surgical and maternity. To re-establish a dental capability. To recruit a Medical Deputy Director and build a new medical ward. To develop a **cardio vascular** specialism.

- 9 To work with the Churches to improve the mental and spiritual health of individuals within the community. To set up a **mental health unit** for depressive disorders. We estimate that 30% of our outpatients have depressive disorder issues rather than a strictly medical issue. Depressive disorder issues in Teso are being ignored and it is time to start to recognise and treat them.
- 10 To be recognised as one of the best managed **hospital pharmacies** in Uganda. To set up an over the counter (OTC) pharmacy and purchase approved drugs direct from suppliers. To consider recruiting a pharmacist.
- 11 To continue to expand **Community Health** so as to support all of the health clinics and VHT's in the districts. To acquire two motorbike ambulances to transport urgent patients to the hospital. To acquire a motorbike immunisation unit to delivery immunisation in the villages.
- 12 To re-establish the **Amref flying doctor** service. Consider relocating and enlarging the airstrip to 1,200m and then to 1,500m.

Education and Training

- 1 To set up a Nurses and Midwives Training School at Kumi Hospital working with Ngora Hospital NTS to offer a full range of healthcare training at the diploma registered level.
- 2 To recruit sufficient senior specialist doctors and surgeons to be recognise as an Intern Training Centre suitable to have intern doctors training at Kumi Hospital.
- 3 To continue to attract overseas medical elective students to the hospital.
- 4 To develop a fully costed 5 year Medical and Non-medical Staff Development Plan and look for external sponsorship for training these doctors, nurses and support staff.
- 5 To establish a MIS and Research capability and partner with an overseas university. To use the research data to raise donor funds.
- 6 To set up training and professional development courses for the local health centre healthcare workers, and become established as a centre of excellence and a resource for them to call upon.

Farming, External Activities and the Community

- 1 To continue with our positive and proactive relationships with the local community and take a lead on community issues including healthcare, water, sanitation and environmental, especially trees and land usage.
- 2 Depending on farming methods applied, strategic growth and its connected need for land mass, KH-AP aims to become profitable in the next 5 to 10 years and move to phase 2 of the MoU with the hospital. For the short term it is expected that land use will increase beyond 100 Ha within 2017.
- 3 To implement and develop the Land Utilisation Policy and Plan. Expand the forestry from 30,000 trees in 2016 to at least 100,000 trees in 2020. Expand the orchard from 2,000 fruit trees to at least 10,000. Issue the Forest Management Plan and obtain carbon credits.
- 4 To modernise the Orthopaedic workshop and market our products to all of Uganda and South Sudan. Invest in modern equipment, eg 3D printer for prosthetic legs.
- 5 To set up relevant local industries using the hospital facilities, land, water, electricity, etc, eg manufacturing building materials and quarrying, sanitary pad manufacture, etc.
- 6 To develop Hope Village (14 acres) into a specialist healthcare facility, eg School and rehabilitation centre for mothers of disabled children.

Operational

- 1 To become more efficient in our day to day activities. To achieve quality improvements and good timekeeping in all our activities. To set up KPI's to measure our efficiency and timekeeping etc.
- 2 To improve infection control, cleanliness, patient care and care of medical equipment such that good practices and high standards are normal in all our day to day activities. Develop enhanced patient safety in clinical care.
- 3 To set up and fully implement procedures, defined processes, checklists and good practice in all areas, especially surgery. To review and update the Finance Manual. To issue the Nurses Manual. To audit ourselves against the procedures and manuals.
- 4 To set up a centralised washing, laundry, sterilising and packing section. Eliminate all hand washing of potentially dangerous and infected gowns and sheets etc. Purchase industrial sized washing machines, dryers and autoclaves. To set up facilities for attendants and patients washing and laundry.
- 5 To fully implement and integrate the MedicAudit system, and computerise patient records once MedicAudit is stable, target date 2017.
- 6 To manage the cash process from robust and secure cash collection through to cash flow planning, to calculate and monitor payroll. To ensure that all accounting & stock data is recorded correctly, and to provide full accurate & relevant management information to the managers and in-charges.
- 7 To ensure sufficient experienced and trained accountancy staff so that they can continually reconcile the accounts and identify and investigate apparent discrepancies and periodically internally audit the whole cash, drug stock and financial processes.
- 8 To issue the Infrastructure Improvement Program. Refurbish 10 staff house, one ward and least 2 major facilities per year. We have 156 staff houses and over 10 wards. Move the finance department away from the generator. Set up an emergency room. Consider a second storey on the admin block. Install new hospital fence and gate controls, etc.
- 9 To set up a medical equipment maintenance section in 2017 and to ensure that at least 90% of our medical equipment is operational and fully serviced by the end of 2017. JMS are planning a medical equipment maintenance service based in Mbale from 2018.
- 10 To issue the Water Usage Policy including water for the community. Issue the Energy Plan, covering electricity, solar, lighting, solar thermal etc for the next 5 years.

REVIEW OF THE STRATEGIC PLAN 2012 TO 2016

A full review of the Strategic Plan 2012 to 2106 has been carried out and the outstanding objectives and actions transferred to this strategic plan or the Annual Plan 2017.

Objectives/ Outcomes/ Results	Indicator	Review in November 2016
SO1: Institutional Strengthening Plan - A well governed and managed health facility with adequate resources and quality healthcare services	Functional hospital systems, structures, equipment and supplies in place. Number of satisfied clients.	BoG and SMT in place. Patient numbers are increasing overall.
SO2: Improved clinical performance and service delivery to contribute to having a healthy population through targeting the most vulnerable, highly stigmatised and disabled persons	Improved health and livelihoods of target groups. Improved health seeking behaviours of the target groups. Good hygiene and sanitation conditions and practices.	No. We are really targeting the top 30%. The Compassionate Fund has helped but it needs to be bigger to be really effective with the very poor. Hygiene and sanitation are still poor.
SO3: Drastic reduction in the prevalence of Leprosy and occurrence of disabilities	Increased number of new cases reported.	About 5 new leprosy cases per year. Disability - we are just touching the surface. We need to be more proactive with GF. Relocation of the leprosy patients back to the community.
SO4: KH relations with the local community greatly improved	Number of community health volunteers with KH. A functional community health team established. A functional hospital public relations structure established.	Community relations are getting better. Relationships with the community could be difficult in the future as resources run out. Hospital PR needs to be set up.
SO5: Institutional sustainability through improved resource mobilization strategies	Number of willing donors/funders in partnership with KH Alternative sources of income (KH own financial resources)	Number of donors is going down, We need to set up a commercial department to generate income.
SO6: Improved institutional finance/ accounting and records management	Functional financial, accounting and records management systems and structures in place	Accounts and billing now computerised but not yet robust. Drug stock control not yet stable. Records management still manual.
SO7: Develop new and/ or refurbish and maintain existing infrastructure (staff houses, wards, ICT/ power/ water systems)	Well maintained and operational/functional hospital infrastructure in place and being utilised	A work in progress. ICT LAN in place Started to get rid of asbestos

What have we learned from the strategic plan?

- 1 The strategic plan needs to be fully reviewed at least every 2 years and updated and reissued as required.
- 2 The strategic plan should be reviewed annually and the actions for that year included in the Annual Plan.

STRATEGIC PLANNING PROCESS

The aim of the Kumi Hospital 5 year Strategic Planning Process was to gather a wide selection of views and opinions as to what is the real purpose and future direction of Kumi Hospital.

Stage 1 was to identify the **stakeholders** including:

- The local external stakeholders in Kumi Hospital as represented by the Board of Governors.
- The wider stakeholders, donors, contract providers, large clients, friends, universities etc.
- The internal stakeholders, Medical Director, doctors / surgeons, in-charges, & the franchisees.

Stage 2 was to appoint a **Strategic Planning Committee** to take responsibility for the strategic direction of Kumi Hospital and to provide guidance as required. The committee represented the above stakeholders. The Chairman was a Governor and was advised by an external consultant.

Stage 3 was to prepare the draft **Strategic Direction and Organisation Chart** which set out the initial thoughts of the Board of Governors, Medical Director and the hospital departments heads. This document gave a framework for all of the stakeholders to comment upon and add to.

Stage 4 was to prepare the **strategic and operational questionnaires** and send them out to all the external and internal stakeholders, inviting input within a 2 week timescale. This was followed up with an in-charge (and staff) meeting and individual meetings as required. Over 40 replies were received and analysed.

Stage 5 was to produce the **draft 5 Year Strategic Plan and associated budgets**. This was produced by the Medical Director, assisted by the external consultant and was reviewed during production by various internal and external stakeholders.

Any issue over say 100 mUGX should be included in the strategic plan. Issues under 100 mUGX should be included if they are strategic rather than operational.

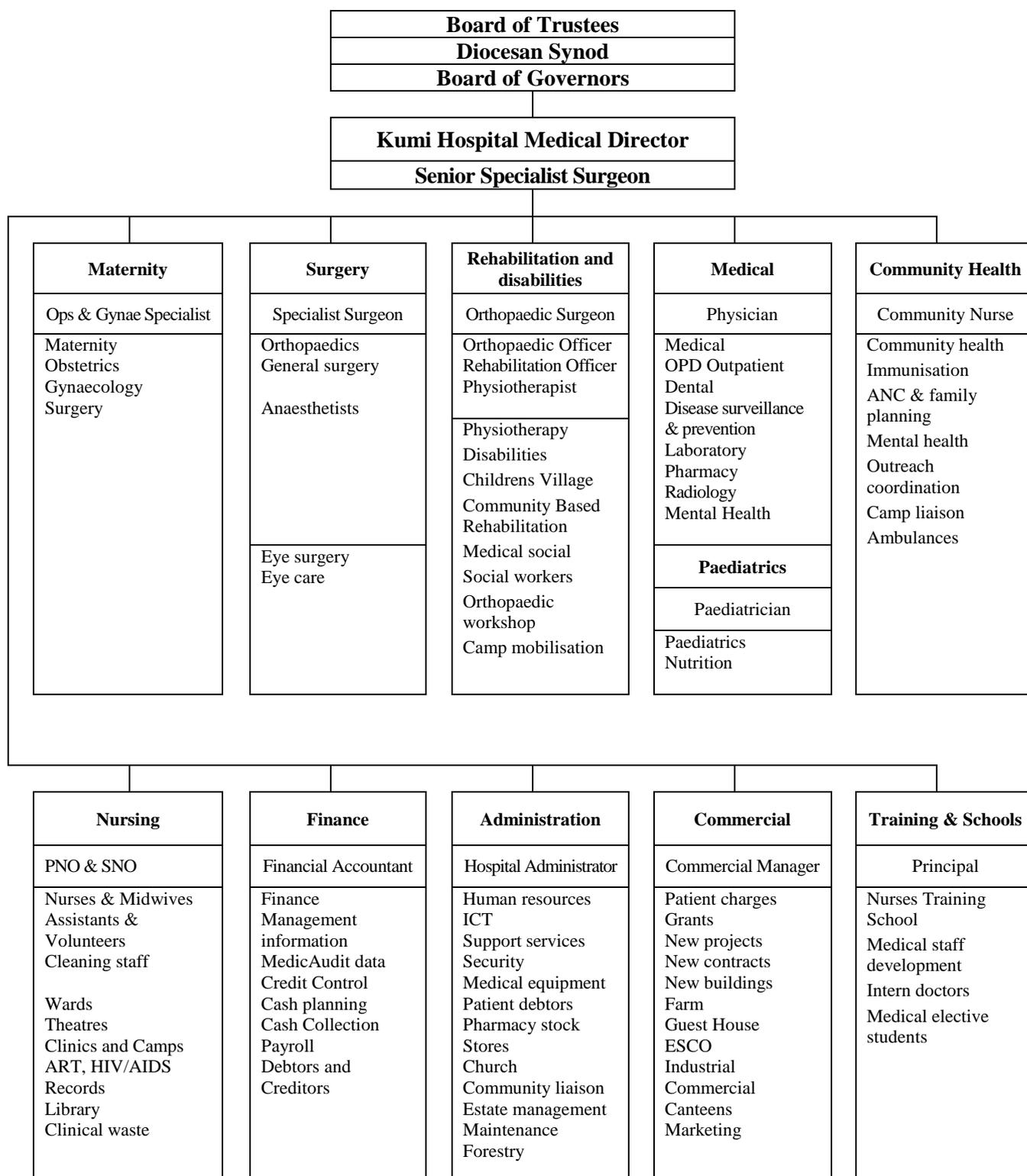
The questionnaire and meeting process highlighted many detailed operational issues and objectives which were included in the **Annual Plan and Budget for 2017**.

Stage 6 was the **Strategic Planning Meeting**. This meeting was over 2 days and was held away from the hospital in a hotel in Kumi town. The purpose of the meeting was to review the draft plan and associated budget and reach agreement on the strategic way forward.

Stage 7 was to issue the **Kumi Hospital 5 Year Strategic Plan and associated budgets**, and the Annual Plan and Budget for 2017 for approval by the full Board of Governors. After approval, the strategic plan is produced in an electronic pdf format and a printed version and distributed to all stakeholders.

KUMI HOSPITAL ORGANISATION CHART

The organisation structure to achieve this strategic direction is given below.



The hospital and other activities are now too big for the traditional MD organisational structure. We will consider over the next 2 years appointing a **Commercial Executive Director** in charge of the hospital, farm, new Kumi Nursing Training School, Ngora Hospital and Ngora NTS etc. The Medical Directors would be responsible for the hospitals and report to the Commercial Executive Director.

KUMI HOSPITAL OPERATING ENVIRONMENT

Key Healthcare Services

The key healthcare services we offer are given above in the organisation chart. We endeavour to add additional services as opportunities and funding arise.

In general we will charge for our services so that we can continue as a sustainable institution. Some services like HIV, and Antenatal are fully paid for by a grant / contract while other services like reconstructive surgery are part subsidised by development partners.

Communities and Districts where we work

We will continue to provide healthcare services in the 9 Teso districts within 60km as defined above. We will not in future accept any contracts outside of these 9 Teso districts, except for the orthopaedic workshop or if the patients travel to Kumi Hospital for treatment.

Links to the DHOs and Uganda Health Sector Strategic Plan

We will coordinate our Strategic Plan and Objectives with the District Health Officer's strategic plans, the Sustainable Development Goals (SDGs) 2 and 3 and with the GoU National Plan and Ministry of Health HSDP 2015/16 - 2019/20.

Sustainable Development Goals Targets

Goal 3. Ensure healthy lives and promote well-being for all at all ages
3.1 By 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births
3.2 By 2030 end preventable deaths of new-borns and under-five children
3.3 By 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases
3.4 By 2030 reduce by one-third premature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and well being
3.5 Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
3.6 By 2020 halve global deaths and injuries from road traffic accidents
3.7 By 2030 ensure universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes
3.8 Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all
3.9 By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination
Goal 2. End hunger, achieve food security and improved nutrition, and promote sustainable agriculture
2.2 By 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons

PESTEL Analysis

The PESTEL (Political, Economic, Social, Technological, Environmental, and Legal) analysis for Kumi Hospital is given below.

PESTEL Analysis	Opportunities	Threats
Political	Increased call for accountability. Influence of politicians. MoH and the new HSDP	Communication gap between hospital and management and politicians. Few government programs to support hospital and community.
Economic	Changing world focus on health issues which influences health financing. Identifying strategic partnerships. Partnerships for community health insurance. Introduction of new taxes by the GoU.	High inflation rates. Shrinking funding sources. The level of poverty of the surrounding communities. Poor marketing strategy for farmers' products. Weather conditions affect agriculture. High population growth leads to pressure on hospital resources eg land, water, trees.
Social	Changing disease patterns and burden. Health seeking behaviour. Gender focus. Male friendly services. Patient safety. Patient centred care (music, dancing, storytelling). Attitudinal changes to the role of motherhood across generations. Equal opportunities in health care. Many new graduates available for work.	Drive for money among the new health workers vs service deliver. Well qualified medical and commercial specialists prefer to work in Kampala. The high illiteracy levels around the hospital. Increased demands for free services. High drinking rate and gender based violence.
ICT	Use of social media in health service improvement. e-Health strategy. Use of ICT for improving service delivery. Modern diagnostic and treatment tools. Digital X Ray, CAT scanners, endoscopic surgery.	Inadequacy of equipment to meet the specialised needs of the community patients eg scan, ambulance.
Environmental	Plant more trees.	Land and water shortages. Power inconsistencies. Land disputes increasing insecurity, theft, destruction of pipes, trees. Environmental degradation because of poor use of land, cutting down of trees, stone quarrying. Poor road net work.
Legal	Focus on patient safety. Establish land titles.	Threat to sue the hospital over land ownership Procedures that threaten hospital to be sued eg termination of staff, retirement. Misconception of information about causes of some death in hospital leading to threat to sue.

SWOT Analysis

The SWOT (Analysis, Strengths, Weaknesses, Opportunities and Threats) analysis for Kumi Hospital is given below.

Strengths	Weaknesses
<p>People, expertise, knowledge and professionalism. Solid patient base & good reputation in community. Committed and active stakeholders. Generally good facilities and medical equipment. Good reliable utilities, water, electricity, land etc. Regular training and development for staff. Strong Christian Values. Land and farm. Surgical camps. Belief in teamwork. Retention of Long Term staff. Salaries paid on time motivates staff. Internal security. Support from other stake holders.</p>	<p>Not yet making a surplus. No culture of spending only as income allows. Large historical debt burden (926 mUGX). Poor control of patient debtors. Lack of commercial capability. Retaining specialist doctors and surgeons. Poor relationship between hospital and community. Dilapidated housing units. No clear sustainable plan for the poor without gross implication to the Hospital. Medical equipment maintenance. No management culture of understanding, critical review, and corrective actions based on MIS. Low attitude in praising team work. Low transparency, accountability and combined consultation with other stakeholders.</p>
Opportunities	Threats
<p>See text for individual department opportunities. Affordable healthcare for the poor. Orthopaedic Worksop. Airfield. Look at prices for the rich. Attracting specialists for clinics and camps. ISSP health Insurance role out. Voucher system for maternity. Expand physio to maternity, strokes etc. Community contributions. Labour provided by the community. Access to donors because of the services provided. Support from political leaders, government, district and other stake holders. Access to other institutions for the benefit of staff eg schools. Health insurance.</p>	<p>Political situation in Uganda (and South Sudan). Rise in quality of local health centres. Private for Profit health clinics offering a more focused and better service. External debts. Salary demands of specialist surgeons. Future liability for gratuities not being addressed. Land disputes between hospital and community. Demand for employment and education opportunities from the surrounding communities. High expectations from the community. Poor cropping security in and around the community; theft, distraction of food, crops workers. Demand for very low prices for services provided. Unwillingness to pay medical bills. Completion from other facilities both government and private. Poor road network from town.</p>

Competitor and Complementary Service Analysis

Competition from the government hospitals and health centres is now becoming serious (which is good for the healthcare of the community) and Kumi Hospital has to continually move up a level in quality, patient care, infection control and specialist healthcare services to remain relevant. There are the following hospitals within a 50km radius.

Location	Hospital	Type	No of beds	Distance from Kumi	Services	Number of doctors
Kumi	Kumi Hospital Ongino	PNFP	300	8km east	Orthopaedic Paediatric Maternity	6
Kumi	Orthopaedic Centre	PHP	30 +	In Kumi	Orthopaedic	3+
Kumi	HC4	Gov / Free	~30	In Kumi	Maternity General	~1
Atatur	District Hospital	Gov / Free	300	10km south	General Maternity	3
Mbale	Regional Hospital	Gov / Free	300	50km south	General Maternity	20+
Soroti	Regional Hospital	Gov / Free	300	47km north	General Maternity	20+
Ngora	Mission Hospital	PNFP	150	20km west	General Maternity	3
Ngora	Maternity HC3	Gov / Free	~100	20km west	Maternity General	~1
Ngora	HC4	Gov / Free	~40	20km west	Maternity General	~1
Oningo	Oningo General Hospital	PHP	20	12km east	General	1

The total number of people served by these hospitals is in excess of 2 million. The number of people within a 20 km radius is estimated to be 600,000.

Kumi Hospital needs to carry out a key customer needs review and determine just how we can be better than the other hospitals, and which services we need to excel at. However we need to be sympathetic to the other hospitals needs as we get a lot of referrals from them.

The **Kumi Orthopaedic Centre** is a private orthopaedic hospital which has a well-deserved reputation for excellence and has a very high level of patient care and infection control. Kumi Hospital is presently not at the same level and if we are to continue to be relevant, then we have to improve our performance to match the levels at the Kumi Orthopaedic Centre.

Ngora Hospital and Nurses Training School

Ngora Hospital (and the associated Ngora Nurses and Midwifery Training School) were improving but they are not in surplus and they continue to be fragile. We need to be prepared to proactively help Ngora Hospital if need be.

Community Analysis for the rural communities in Teso in which we operate

Inclusive Development Model	Typical basic food	Health	Education	Finances	Suitable development projects	%
	Meat every day, Eggs, milk, fruit Vegetables Variable meals	Access to private health services and transport	All children at school, primary, secondary & tertiary Reading and writing Private schools	Well off Can afford to travel by private means	Bigger businesses Setting up and running charities	1%
	Meat (occasionally) Eggs, milk, fruit Vegetables Variable meals	Access to private health. Transport	All children at school, primary & secondary Reading and writing Gov. and private	Choice of where to spend money	SME / Entrepreneurship	4%
	Meat (occasionally) Eggs, milk, fruit Vegetables Variable meals	Access to private health. Can travel	80% of children going to primary school	Choices limited to basic needs	Biogas Farming SME/Entrepreneurship Climate change	10%
	More nutrients Cassava and beans Vegetables, maze, rice & bananas	Health centres Traditional healers	A major struggle to pay for basic educational needs	Hand to mouth existence, low income	Education Skills / trade training Mental health Irrigation	15%
	Cassava and beans Cow peas Dried sweat potatoes One meal a day	Malnutrition Low life expectancy No money for health Traditional healers	Few children going to school. No money for uniform and books	Well under 3000 UGX per day per person	Water / WASH Mental health Stoves (wood) Nutrition Education Family planning	70%

This analysis shows that Kumi Hospital has mainly been serving the top 30% of the community and in the future must strive to serve the other 70%. Kumi Hospital has a responsibility to both treat the poor and to raise the finances to enable us to do so

Delivering Healthcare together with the District Health Authorities (DHO)

Kumi Hospital is a secondary hospital and does not have responsibility for primary health in the community. This responsibility lies with the DHO and the VHTs, HC2s, HC3s and HC4s.

We have a responsibility to provide a centre of excellence and the associated high level advice and support to the primary health community and to be the main referral hospital in our catchment area as part of a public private partnership.

We have a responsibility to assist the primary health community with primary prevention measures including:

- Inoculations
- ANC and family planning
- Malnutrition
- ART / HIV

We will set up quarterly strategy meetings with the local DHO's to formalise and enhance this public private partnership for the good of the health of the communities in the local districts and to ensure that effective primary prevention measures are being implemented.

Ministry of Health. Health Sector Development Plan 2015/16 - 2019/20

The Health Sector Key Performance Indicators and Targets given in section 3.2 on page 49 need to be reviewed and incorporated into our KPI and statistics reporting process as these are the KPIs and targets which will be used to determine the performance against the PAF grant. We need to fully understand the MoH HMIS information and reporting system and the new computerised requirements.

The Specific Objective 4 - To enhance health sector competitiveness in the region and globally is given in section 3.6 on page 60. These Health Systems Areas are:

- 1 Health governance and partnerships
- 2 Service delivery systems
- 3 Health information
- 4 Health financing
- 5 Health products and technologies
- 6 Health workforce
- 7 Health infrastructure

As the HSDP 2015/16 – 2019/20 is rolled out, Kumi Hospital will need to align its strategic objectives to the MoH objectives.

Local perception

The local perception of Kumi Hospital appears to be:

- Kumi Hospital is cheaper than the health clinics and the other private hospitals but more expensive than the government hospitals.
- Kumi Hospital is good at difficult medical conditions and has doctors, anaesthetists and drugs while often the government hospitals do not have.

GOVERNANCE AND HOSPITAL MANAGEMENT

Board of Trustees

The Kumi Diocesan Synod under the guidance of the House of Bishops of the Church of Uganda.

Members of Board of Trustees

His Grace the Archbishop of CoU	Chairman AGM
Mrs. Okiria Gladys	Member
TBA	Member
Canon Pauline Magomu	Member

Board of Governors

Dr Godfrey Egwau	Chairman
Dr Charles Otim	Bukedi Diocese
Rev Robert Erone	Kumi Diocese
Mr Patrick Okello	Kumi Diocese / Finance
Sr Edyegu Jane	DHO Office Kumi
Mr Aisu Charles-Michael	LC3 Chairman Ongino Sub-County
Mr Aisu Oumo Jonathan	Soroti Diocese
Mrs Wakumire Edith	Mbale Diocese
Dr Tonny Tumwesigye	Executive Director UPMB
Ms Angela Akurut	CAO Office, Kumi
Dr Robert Olupot	Medical Director / Secretary
Dr Gorrett Ibilata	Acting Medical Director Ngora Hospital

The present Board of Governors was appointed in 2013 for a 4 year period and we expect most of the present Governors to be reappointed for a second 4 year period. The stated aims of this BoG include:

- Make the hospital self reliant in terms of finances.
- Offer the best healthcare services in the district.
- Attract good staff, train them and retain them. HR is a key issue.
- Achieve results not just meetings.

Senior Management Team

The Hospital Senior Management Team (SMT) will be the people appointed to the top row positions (Department Heads) in the organisation chart given on page 10 plus the Human Resource Manager and Hospital Chaplin.

The SMT provides strategic direction to the hospital and formally meets once a month.

Organisational Objectives

Our organisation objectives are given below. The measures for these objectives will be subjective rather than objective or numerical.

- 1 *To create a values based organisation, with full delegation and empowerment to the managers and in-charges. Emphasise our shared values and objectives rather than our differences. Define and enforce our standards on all staff, via the in-charges.*
- 2 *To ensure that we have good communications between the staff, the in-charges and the management. Praise the staff when they do well and support them when they deviate.*
- 3 *To create a working environment that people are proud of. This includes well maintained wards and theatres, sufficient and working medical equipment, good supply of drugs, water, electricity etc and an effective in-charge and management structure.*

- 4 *To create an innovative and creative work environment which embraces new ideas and change. Ensure that all managers and in-charges encourage, accept and act upon feedback both from above and from below.*
- 5 *To share our objectives and values with all of the managers, in-charges and staff. Share management information on a monthly basis. Be prepared to explain it and to answer any queries.*

Management Culture and the role of Heads of Departments and In-charges (section heads)

Over the next two years we will change our management culture from a Command and Control culture to a Team Culture such that the emphasis is on the in-charges and section heads and their teams. The role of the SMT will be to support these teams.

We will expect each in-charge, section head, and department head to be responsible for their section / department including:

- The income and expenditure and to ensure that there is sufficient income to meet all the expenditures. To enable them to do this we will have to supply accurate and timely monthly management accounts and to be open with hospital management information.
- The budget. Once the budgets are agreed, to manage their own budgets, with the purchase order approvals carried out by the accounts department.
- Key activities including infection control, cleanliness, patient care etc.
- Proactively manage their section / department, and make proposals for improvements.

The in-charge of a ward or the theatres is in charge of that ward or theatre, not the doctors.

Our HR aim over the next 5 years is to develop and if necessary recruit staff who have high standards and who want a long term career at Kumi Hospital and hence will be loyal, local, self motivated, committed and happy.

Committee Structure

We operate a Committee Structure made up of managers and in-charges. The committees include:

Finance	Infection Control	MedicAudit
Procurement	Medical equipment	
Housing	Hospital charges	

Corruption and fraud

We have a zero tolerance to any corruption and fraud, whether or not it is legalised. The three main risks of fraud are cash, drugs and contracts/purchasing. While well designed systems, processes and procedures will help to minimise incidences of fraud, the management attitudes to openness and transparency are as important.

Church of Uganda Kumi Diocese

Any money that CoU Kumi Diocese demands from Kumi Hospital for its pastoral activities or to build the new churches just reduces the amount of healthcare services we can give to the poor. Our policy is to expect to receive a contribution from the Diocese and the local churches, either financial or in kind.

STAFF NUMBERS AND STAFF DEVELOPMENT

Recruitment

In 2017 and 2018 we will recruit the following full time senior staff on a salary level which means that we can attract high quality candidates:

- Obs and gynae surgeon
- Orthopaedic surgeon
- Head of Rehabilitation and Disabilities (doctor)
- Physician as Head of Medical
- Commercial Manager / Director

Staff numbers

Our policy is to keep the total number of staff below 200 while we expand our activities by at least 5% per year. This will be achieved by increased efficiencies.

Total staff and Gov. appointees	2015	2016
Kumi Hospital staff	179	171
Gov. healthcare appointees	15	14
Total staff and gov. appointees	194	185
Doctors	5f/t+4p/t	5f/t+4p/t
Healthcare staff	108	107
Support staff	80	78
Volunteers	8	3

Staff Training and Development

In 2017 we will fully implement the staff development policy including:

- Information for staff on the strategic objectives of the hospital
- Publish the key hospital statistics monthly on the notice board
- 6 monthly competency based staff appraisals
- Training plan for each member of staff

We will actively look to exchange staff, especially at in-charge level, with other hospitals for short periods of time. This level of exchange spreads ideas and good practice and also shakes up existing ways of working.

Management Succession and Management Training

We will identify and publish the key member of staff who will succeed into management and in-charge positions. We will provide appropriate management training, especially financial and people management skills.

Staff salaries and allowances

We will aim to increase staff salaries by 2% per year. All allowances will be reviewed and any allowance which is just for doing the job will be removed. Eg bank visits by accounts staff, managers attending Governors meetings, etc. We will reintroduce the in-charge allowance and we will consider a bonus scheme for achieving financial targets.

We will operate a fixed Target Gross Salary scheme and not pay stipends for project work, in accordance with UPMB policy.

Retaining Specialist Doctors and Surgeons

Our objective is to attract local specialist doctors and surgeons who believe in our values and are prepared to put the needs of the hospital and the community first. We will develop a salary package based on 4 mUGX net (6 mUGX gross) plus medical Admission Rights to use the Private Ward for their own private patients. We will harness the talents of the specialists for the good of the hospital.

Recruiting and retaining specialist doctors and surgeons is a major issue for all rural hospitals. One method is to recruit junior doctors who are prepared to settle in this area and to pay to put them through specialist training (3 years and 40 mUGX). They are then bonded for 4 years to work for Kumi Hospital.

However the key factors for long term retention of specialist doctors and surgeons include the following:

- A basic remuneration of 6 mUGX gross (4 mUGX net) per month tied to a fee earning of at least * 3, ie 18 mUGX per month. This represents 60 operations per month / 15 per week.
- Admission Rights to the Private Ward. The doctor can bring their private patients into the ward and the hospital will only charge standard rates to the doctor. This should enable the doctor to earn up to an additional 4 mUGX gross per month.
- Ensure that they establish their families in Kumi. If the families are in Kampala, the doctor will not stay. Provide good accommodation, transport (if required), schooling, health, etc. Look after the needs of the family as well as the needs of the doctor.
- Give the doctor the freedom and support to develop their department and specialisation as they want. Support them on fellowships and developing their skills as necessary.
- Ensure that Kumi Hospital is the best place for specialist doctors to work in (as well as for).

Expatriate specialist doctors and surgeons

Our objective is to attract volunteer expatriate specialist doctors and surgeons who want to come and work long term (over 6 months) at Kumi Hospital.

DONORS, VISITORS AND STAKEHOLDERS OF KUMI HOSPITAL

Kumi Hospital would like to thank our donors, volunteers and stakeholders for their continued support. Our core donors have stayed with us during the difficult periods and we look forward to making new relationships with new donors in the coming years as we expand our services.

Compassionate Funds

Our objective is to increase the funds available to the Compassionate Fund by at least 50 mUGX per year from internal funding, which will enable us to really serve the healthcare needs of the poor.

Kumi Hospital aims to operate a policy of treating all patients irrelevant of their ability to pay and we specifically target the rural poor communities, and the highly stigmatised and disabled persons. Our patient charges policy is to minimise or fix charges while continuing to operate as a viable hospital.

Over 40% of the population cannot afford basic healthcare and are afraid to come to a hospital because they just do not have any money. This especially affects the children, who are then excluded from basic healthcare.

External funding from CBM and others for eye care and reconstructive orthopaedic surgery has greatly helped us to treat the poor in Teso, who would otherwise go without. Our plan is to extend these funding principles to our other healthcare services so that in the future we should be able to treat anyone who needs our healthcare services irrelevant of their ability to pay.

This is our Compassionate Fund and it is managed by the hospital social workers. Within 5 years we expect the Compassionate Fund to be over 10% of our turnover. We estimate that we will need to raise or fund at least 200 million UGX (€65,500) per year.

Stakeholders

Our stakeholders are one of our main pillars of support. Our role is to work with the local and regional community and to provide vital specialist hospital healthcare services to the community.

In 2016 and beyond we intend to become much more proactive in the community and to take the lead on various healthcare issues. In 2017 we will restart the quarterly Stakeholders Meetings.

Expert Volunteers

We have a steady stream of expert volunteers, mainly from the Netherlands and the UK, who support the hospital and provide their expertise and support.

We are looking in the future to create more links with European hospitals and to increase the number of expert volunteers visiting the hospital.

Strategic Partners

We will recognise strategic partners for whom and what they are and give them high priority. Strategic partners include key surgeons, consultants, key in-charges, guesthouse, ESCO, JMS, UIC, visiting surgeons, UPMB, etc.

Other charities

There are numerous other charities which serve the local community but often ask for logistical support from Kumi Hospital. Logistical support includes transport, guesthouse, internet and office services, maintenance and often staff time.

Examples of these other charities include a charity which supports 40 local families with disabled children or a charity supporting 36 children at a local orphanage. These activities are very admirable but they are community based activities and not hospital based activities.

Our policy has to reflect the financial reality of the hospital which is that if the financial contribution of the charity to the hospital is higher than the total cost of the logistical support then we will provide a subsidised service, if it is available. Otherwise we would prefer them to use locally available commercial services. The hospital needs have to come first and we have to be sustainable.

Sometimes these charities expect Kumi Hospital to treat their children (or adults) for free or at a highly subsidised rate. The needs of these children will be assessed along with the hundreds of other requests we get for free or subsidised treatment but in general the requests will be refused because we will expect the charity to pay for the treatment at full rates. See Compassionate Fund above.

FINANCIAL AND STRATEGIC PLAN

Strategic / financial objectives

Our strategic and financial objectives include the following.

- 1 *To make the hospital financially self sustainable with patient fee income and contract subsidies, and able to invest in the future, through excellent work and innovation.*
- 2 *To improve our patient numbers and income by at least 5% per year with the same medical establishment.*
- 3 *To achieve a revenue surplus of at least 5% of income (110 mUGX) on hospital activities, to always pay our current NSSF and PAYE and to reduce our liabilities (926 mUGX) by at least 5% per year (46 mUGX).*
- 4 *To increase the contract revenue finances by at least 300 mUGX per year. As a Christian Hospital, we have a duty both to treat the poor and to raise the revenue finances to enable us to do so.*

Key Statistics and Financial Performance by department for 2015

The Key Statistics by month for 2015 are given in Chart 1.

Key Performance Indicators (income) for 2015 for area line and budget line in MedicAudit are given in Charts 2 and 3. These charts indicate that over 55% of our income comes from surgery and maternity.

Forecast Key Performance Indicators for the next 5 years

The Key Performance Indicators (units) by year for 2015 and 2016 and projected for the next 5 years are given in Chart 4. More details are given in the individual sections below.

We have assumed a modest growth of 5% per year in the main Key Performance Indicators (units). The main drivers of the Key Performance Indicators (and the associated income) are the number of surgical camps that we organise, the number of specialist surgeons and doctors, and having a realistic charging structure.

These Key Performance Indicators will need to be aligned with the MoH indicators when they are fully developed.

Financial Results and Forecasts

The financial results for 2015 and 2016 and the forecasts for the next 5 years are given in Appendix 1. These forecasts include Income and Expenditure on an accrual basis and the Balance Sheet. The key assumptions and objectives for the forecasts include the following.

Income and Expenditure

The budget for the next 5 years is conservative. We have assumed a modest increase of 3.5% in income and a corresponding increase in expenditures, giving a budget with a small surplus of 35 mUGX in 2017 rising to 59 mUGX in 2021. Kumi Hospital is over the difficult years and now has to strategically expand to meet the healthcare needs of Kumi District and the whole of the Teso sub-region.

There is a decline in grants and contracts, offset by an increase in patient fees. However there are still a significant number of medical contracts by local and foreign NGO's and we have to make a concerted effort to bid for and be awarded these contracts. This could be worth over 300 mUGX per year.

Chart 1 Key Statistics by month for 2015

Annual Reports for 2015	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total 15	Ave 15
Out Patients in OPD Dept	1,175	1,015	1,185	1,080	1,223	1,368	1,396	1,270	1,286	1,423	1,187	1,423	15,031	1,253
Out Patients in outreach etc	2,236	2,557	2,084	7,211	3,111	2,325	2,115	2,166	2,369	9,054	2,260	1,183	38,671	3,223
Total Out-Patient attendances	3,411	3,572	3,269	8,291	4,334	3,693	3,511	3,436	3,655	10,477	3,447	2,606	53,702	4,475
In-patient Admissions	630	581	498	551	684	637	677	577	544	540	489	539	6,947	579
Bed Occupancy	63%	61%	55%	57%	57%	62%	61%	57%	54%	42%	43%	41%	54%	54%
Deaths	12	10	11	12	9	7	10	5	9	4	9	9	107	9
Deliveries	148	138	120	146	124	119	126	149	159	127	115	156	1,627	136
Caesarean Sections	37	42	25	41	35	34	34	63	51	40	45	55	502	42
Major Operations	100	105	74	95	86	97	102	161	173	213	133	122	1,461	122
Minor Operations (excluding eye)	47	38	39	54	48	71	102	45	50	27	32	46	599	50
Eye minor operations	24	26	47	37	30	21	10	43	59	40	48	14	399	33
ART/HCT services	952	1,349	1,230	1,327	819	1,004	969	958	943	1,765	869	1,240	13,425	1,119
HIV Positive	24	28	24	29	13	8	20	13	18	27	18	24	246	21
B/S for Malaria parasites	875	686	882	698	898	607	1,189	912	588	767	725	738	9,565	797
Positive for Malaria	138	98	86	97	335	185	394	170	64	37	36	76	1,716	143
Antenatal Attendance (New-Re-at	177	188	230	219	163	64	97	130	127	122	190	164	1,871	156
Nutrition Unit Admissions	10	12	11	9	15	29	37	14	9	9	11	9	175	15
Paediatric Ward (Stone)	193	233	146	116	214	230	256	159	95	89	108	139	1,978	165
Maternity Ward (Laing)	183	176	169	193	200	165	176	188	206	184	174	206	2,220	185
Male + TB Ward (Busimo)	76	69	72	72	96	84	84	86	69	57	64	57	886	74
Surgical Ward (Ojikan)	167	93	101	147	147	140	152	137	156	198	133	123	1,694	141
Private Ward (Ndahura)	11	10	10	23	27	18	9	7	18	12	10	14	169	14

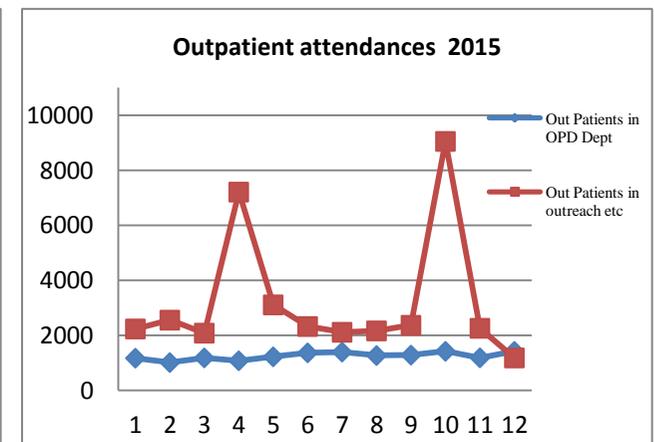
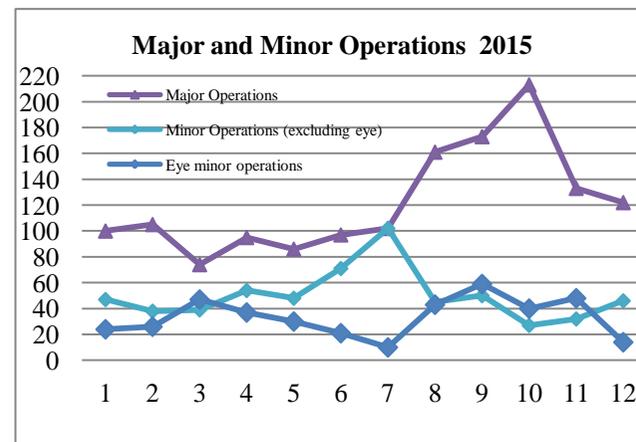
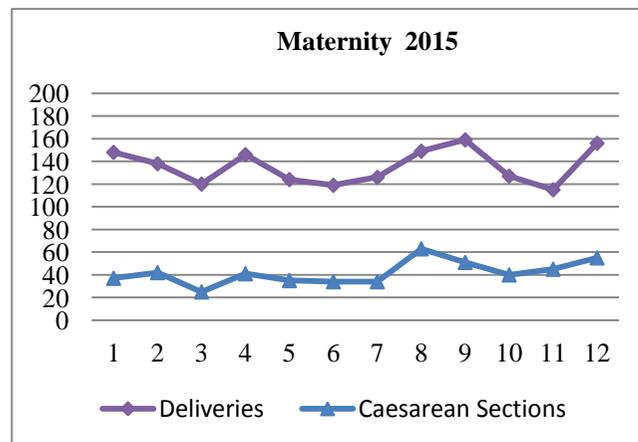


Chart 2 Financial Performance by department in 2015

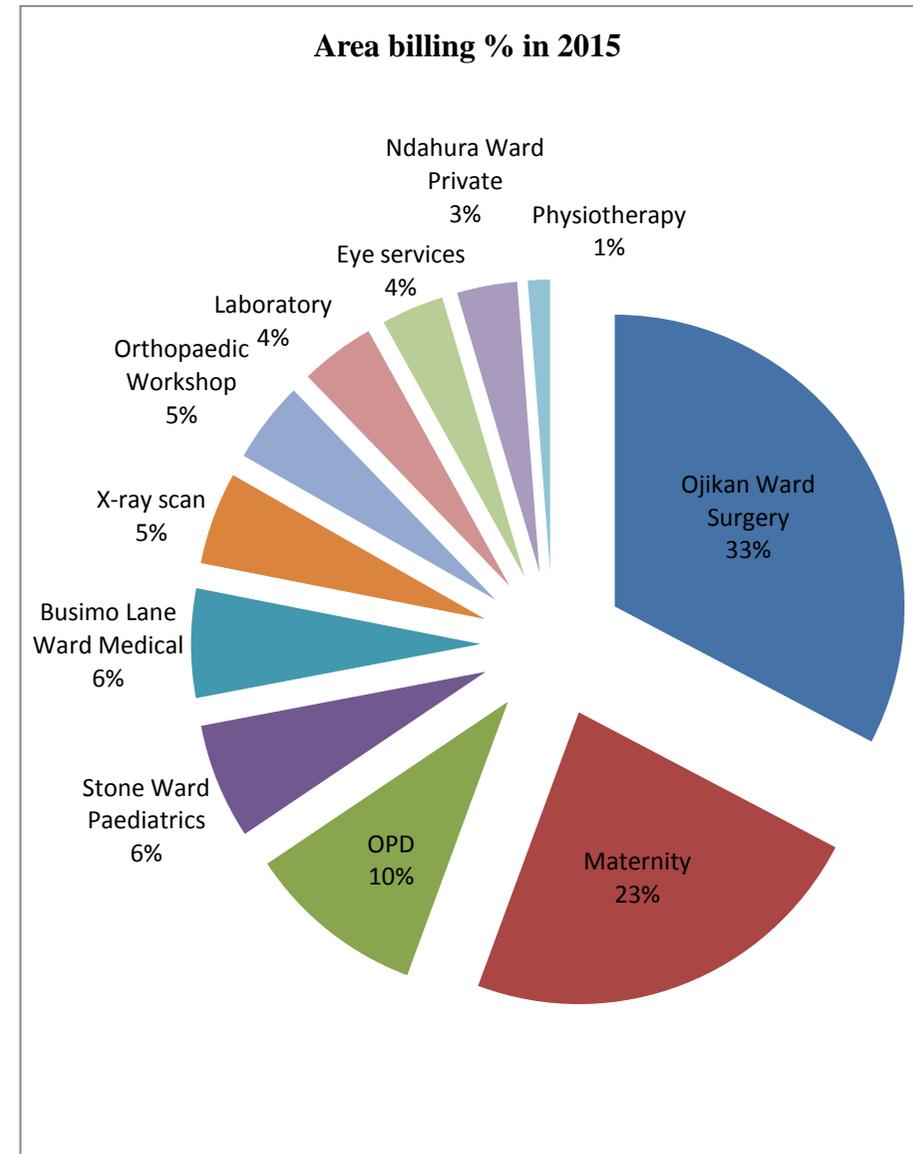
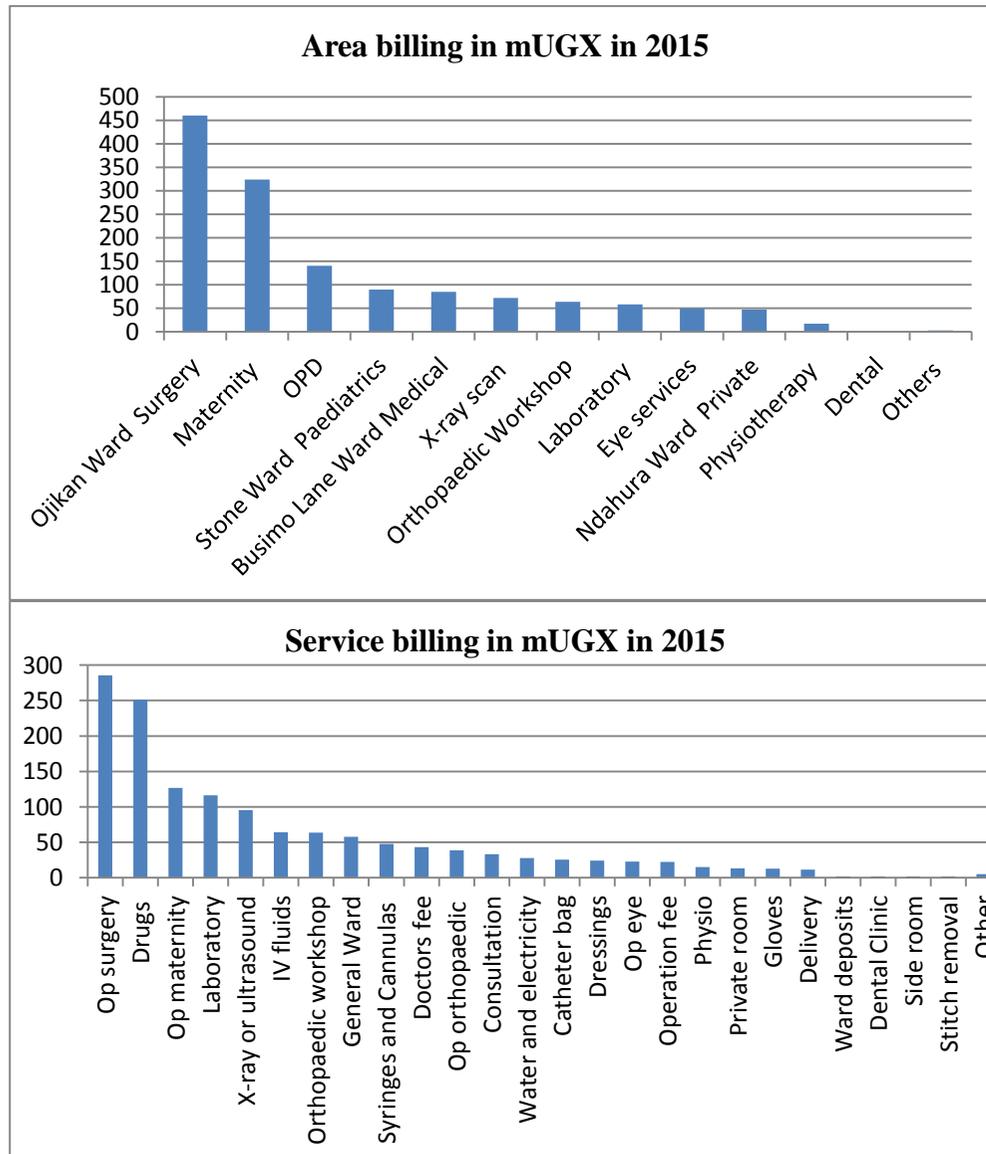


Chart 3 Key Performance Indicators (income) for 2015 for area and service billing in MedicAudit

Area billing	mUGX	%		Service billing	mUGX	%
Ojikan Ward Surgery	460	33%		Op surgery	285	20%
Maternity	324	23%		Drugs	251	18%
OPD	140	10%		Op maternity	127	9%
Stone Ward Paediatrics	90	6%		Laboratory	116	8%
Busimo Ward Medical	85	6%		X-ray or ultrasound	95	7%
X-ray scan	72	5%		IV fluids	64	5%
Orthopaedic Workshop	64	5%		Orthopaedic workshop	64	5%
Laboratory	59	4%		General Ward	58	4%
Eye services	49	3%		Syringes and Cannulas	48	3%
Ndahura Ward Private	47	3%		Doctors fee	43	3%
Physiotherapy	17	1%		Op orthopaedic	39	3%
Dental	2	0%		Consultation	33	2%
Others	3	0%		Water and electricity	28	2%
Total	1,412			Catheter bag	26	2%
				Dressings	24	2%
				Op eye	23	2%
				Operation fee	23	2%
Orthopaedic workshop not in MedicAudit				Physio	15	1%
S Sudan work	46.4			Private room	13	1%
				Gloves	13	1%
				Delivery	11	1%
				Ward deposits	2	0%
				Dental Clinic	2	0%
				Side room	2	0%
				Stitch removal	2	0%
				Other	5	0%
				Total	1,412	

Chart 4 Key Performance Indicators (units) by year for 2015 and 2016 and projected for the next 5 years

	Av price	2015	2016	2017	2018	2019	2020	2021	% inc	15/16 diff.
	KUGX	Actual	Act/fc	Forecast	Forecast	Forecast	Forecast	Forecast		
No of beds		300	300	300	300	300	300	300		
Bed occupancy		54%	45%	50%	50%	50%	50%	50%		
Maternity										
Deliveries	10	1,627	1,582	1,661	1,744	1,831	1,923	2,019	5%	-2.8%
Caesarean	250	502	637	656	675	696	716	738	3%	26.8%
Gynae operations	250									
Surgery										
Major ops orthopaedic										
Major ops general surgery										
Major ops other, eg plastics										
Major operations inc caesareans	400	1,461	2,066	2,169	2,277	2,391	2,511	2,636	5%	41.4%
Minor operations (excl eye)	150	599	397	436	480	528	581	639	10%	-33.8%
Minor operations eye	250	399	402	422	443	465	488	513	5%	0.7%
Rehabilitation										
Physio in department				4,800	5,040	5,292	5,557	5,834	5%	
Physio outreach clinics				5,481	5,755	6,043	6,345	6,662	5%	
Physio home visits				555	583	612	642	675	5%	
In-patients										
	Beds									
In-patient admissions	300	6,947	7,498	7,873	8,267	8,680	9,114	9,570	5%	7.9%
Nutrition Unit Admissions	15	175	182	191	201	211	221	233	5%	4.1%
Paediatric Ward (Stone)	40	1,978	2,006	2,106	2,211	2,322	2,438	2,560	5%	1.4%
Maternity Ward (Laing)	64	2,220	2,551	2,679	2,813	2,953	3,101	3,256	5%	14.9%
Male + TB Ward (Busimo)	46	886	1,020	1,071	1,124	1,181	1,240	1,302	5%	15.1%
Surgical Ward (Ojikan)	54	1,694	1,814	1,905	2,000	2,100	2,205	2,315	5%	7.1%
Private Ward (Ndahura)	28	169	229	240	252	265	278	292	5%	35.3%
Eye ward	38									
Spare beds	15									

Chart 4 Key Performance Indicators (units) by year for 2015 and 2016 and projected for the next 5 years (cont)

	Av price	2015	2016	2017	2018	2019	2020	2021	% inc	15/16 diff.
	kUGX	Actual	Act/fc	Forecast	Forecast	Forecast	Forecast	Forecast		
Outpatients										
Out Patients in OPD Dept	2	15,031	18,304	19,219	20,180	21,189	22,248	23,361	5%	21.8%
Out Patients in outreach etc		38,671	25,130	27,643	30,407	33,448	36,793	40,472	10%	-35.0%
Total Out-Patient attendances		53,702	43,434	46,862	50,587	54,637	59,041	63,833	5%	-19.1%
Healthcare services										
Dental				100	105	110	116	122	5%	
Child immunisation										
Orthopaedic workshop		1,041	1,093	1,148	1,205	1,265	1,329	1,395	5%	
Antenatal attendance		1,871	2,174	2,282	2,396	2,516	2,642	2,774	5%	16.2%
ART/HCT services		14,374	15,984	16,783	17,622	18,503	19,429	20,400	5%	11.2%
Laboratory tests		61,172	64,231	67,442	70,814	74,355	78,073	81,976	5%	
X-rays		1,250	1,375	1,513	1,664	1,830	2,013	2,214	10%	
Ultrasounds		1,350	1,485	1,634	1,797	1,977	2,174	2,392	10%	
Pharmacy										

The total for medical salaries has been kept at 6% growth. In practice they should grow faster than this as specialist senior doctors are recruited, but so will the fee income to offset the increase.

Patient debtor write offs have been included at around 55 mUGX or 2.5% of income. This should be lower, depending on the performance of the Compassionate Fund. A lot of the patient debtor write offs are because the patient is just too poor to pay their bills.

Modest capital expenditure (around 70 mUGX per year) has been included, offset by 50 mUGX donor funding. We expect to spend significantly more than this. The infrastructure and equipment deteriorate each year and we need to spend at least 70 mUGX per year to renovate them. This is included as a cost and is not capitalised and depreciated.

The direct farm income has been included at a low level. The income from rental of the land etc is in other income.

Balance sheet

The balance sheet looks healthier because we have included the value of the land in one of the Village Treatment Centres. The main issue with the balance sheet is the level of outstanding debt (over 926 mUGX) which has been rising by over 100 mUGX per year due to the previous losses. The first stage is to stop making losses and hence start to decrease the size of the debt.

We will start negotiations with the two major creditors, NSSF and PAYE. We are relying on our commercial activities to repay these debts by 2021. We cannot repay them out of revenue funding. Further while some organisation have got donors to repay their debts, this is not feasible without at least 2 good years of making a significant surplus on revenue activities.

The liability for paying gratuities for long serving staff who are approaching retirement age is conservatively estimated at 305 mUGX in 2016. This liability needs to be costed and then included in the Balance Sheet, and we need a policy for paying them.

Charges

The policy on healthcare charges is to be in the third quartile, just below the average for rural Uganda. Drug charges are being reviewed as drug costs have gone up by over 20% over the past 2 years. The drug mark-up should be a minimum of 25%.

We will review our charges on a yearly basis based on the following principles:

- Reasonable and fair as well as competitive
- Low fixed charges as this is more suitable for the poor. Menu pricing is only suitable for the wealthy
- Making a small surplus so as to remain sustainable

In some sections, eg Eye Department, we will charge 250,000 UGX for a cataract operation and allocate 5% of that money towards subsidising cataract operations for the poor.

Our cost model for charges in November 2016 is based on the following:

- | | |
|----------------------------------|------------------|
| - Per night in a ward | 30,000 UGX |
| - Operations per hour in Theatre | 350,000 UGX |
| - Drugs mark up | over 25% average |

Our policy is to charge a realistic sum based on cost and overhead recovery for major surgery.

Visiting doctors and clinics

We employ a number of specialist visiting doctors and surgeons who run a day clinic. We will expand this service into other healthcare specialisms. Our payment policy is that the visiting surgeon will earn in fees at least 3 times (*3) their costs; with 4 times (*4) for cataract operations because of the large consumable and lens costs.

Budgets

In 2018 we will adopt a zero based budgeting process ie we will critically review all budget lines, asking whether we really need to spend it. We will expect all in-charges to be responsible for both income and expenditure for their sections.

GENERAL MANAGEMENT

Our objective is to become much more efficient in our day to day activities and to achieve quality improvements and good timekeeping in all our activities. To set up KPI's to measure our efficiency and timekeeping etc.

Processes and systems

Our objective is to set up and fully implement procedures, defined processes, checklists and good practice in all areas, especially surgery. To review and update the Finance Manual. To issue the Nurses Manual. To audit ourselves against the procedures and manuals.

We will manage our operations using protocols and checklists. During 2017 we will:

- Issue or update all of the hospital manuals including Finance Manual and Nurses Manual
- Issue all of the detailed checklists and protocols including surgery, infection control & patient care
- Audit all of the sections against these manuals, protocols and checklists using QA methodologies.

Infection Control and Patient Care

Our objective is to improve infection control, cleanliness, patient care and care of medical equipment such that good practices and high standards are normal in all of our day to day activities. Develop enhanced patient safety in clinical care.

Infection Control and Patient Care is the responsibility of the PNO and we have to be by far the best in the region if we are remain relevant as a hospital.

Doctors and nurses must wash or disinfect their hands between patients and patients and attendants must wash their hands with soap after going to the toilet. The toilets are unhygienic and most of them need to be demolished and rebuilt, with proper washing facilities.

The checklist for Patient Care has been issued and needs to be fully implemented in 2017. We will expand our patient's comments and complaints process and make it more interactive.

Preparations for Highly Infectious Diseases

We are presently unprepared for highly infectious diseases (like Ebola or Marburg) and some of our healthcare staff might catch the virus. Most of the staff might just run away. There is little relevant personnel protective equipment and no one has been trained on how to use it.

The protocol has been written in draft and the senior management will set up the HF Committee. Identifying and purchasing the basic infection control personnel protective equipment and train staff how to use it, is the absolute minimum we must do. We will also write the Disaster Preparedness Plan to ensure that the hospital can continue to provide healthcare services during an incident.

ICT Policy

The ICT policy is to slowly computerise the hospitals operations with one step per year as follows:

2013	Computerise the accounts (Tally) and payroll (Paymaster).
2014	Patient billings (MedicAudit).
2016	Resolve the major MedicAudit issues.
2017	MedicAudit for drug stock, pharmacy, patient records, HMIC statistics. Separate time recording. Issue ICT policy into Finance Manual. Move accounts to more advanced software, eg Tally Server 9, QuickBooks, or Sage.
2018	File server, firewall, email and internet, Wifi system. Digitise x-ray. Computer in every department (40 PC's). Hospital phone system. Implement a PAX IT type of information system.

The choice of which software to purchase and use is a major strategic decision.

MATERNITY

The Laing maternity ward has 64 beds and a 3 bed delivery suite. In 2015 the number of deliveries was 1,627 and the number of caesarean operations was 502.

Within 30km there are only 3 effective operating theatres for maternity, which serve a young population of over 1 million with one of the highest birth rates in the world. Kumi Hospital is the main referral hospital in this area and hence the high number of caesareans we carry out.

However this area also has one of the highest maternal mortality rates in Uganda, estimated at over 500 deaths per 100,000 births, or 1.3 mothers dying every day during delivery in our catchment area.

The main reason is not medical but logistical and educational. We need an efficient subsidised ambulance service covering this area and we need the local population to be educated to transfer potentially difficult births to the hospitals in plenty of time. This service needs to be heavily subsidised as over 70% of the local population are poor and live on less than 3,000 UGX per person per day (€0.86).

Our objectives for maternity for the next 2 to 5 years are to continue to develop the maternity department and to reduce the need for caesareans by advanced birthing procedures. We will work with the DHOs to reduce the maternal mortality rate from 500 deaths per 100,000 births to less than 200. We will offer more advanced gynaecology procedures.

We will achieve this by:

- Appointing a specialist obs and gynae surgeon.
- Ensuring that we have a high midwife / patient ratio.
- Identifying high risk expectant mothers and bringing them in early to the hospital.
- Implementing advanced birthing techniques so as to reduce the number of caesareans.
- Encouraging all expectant mothers who have over 5 children to give birth in a hospital environment.
- Working closely with all health centres within 20 km so that they refer difficult cases to us in time.
- Setting up a motorbike ambulance service.
- Cancer screening at the ANC stage.

We will need to set up a residential area for high risk expectant mothers, sometimes for up to a month.

Neonatal

In Uganda 106 newborn babies die every day from preventable causes, of which 26% are from birth asphyxia. This equates to 3 babies per day in our catchment area. We have set up a neonatal section as part of maternity and we will ensure that it has the right equipment. The donor funds are available.

Maternity processes and equipment

We will ensure that all of the antenatal information for a patient is available when it is needed at the time of the birth, which often will be 3 am on a Sunday morning. We will aim to implement a PAX IT type of patient information system in 2018.

Prices

We presently charge 10,000 UGX per delivery and around 250,000 UGX per caesarean. The delivery price is tied to the PAF grant. We do not expect to change the prices except for inflation. We are looking at donor funding (insurance scheme) for maternity, which would reduce the prices and increase the numbers.

Key measures

The key measures for Maternity include:

- Maternal deaths as reported by the DHO's.
- No of deliveries, caesareans and gynae procedures.

The forecast patient numbers are given in chart 4 above.

SURGERY

Kumi Hospital is now the main hospital within a 30 to 60 km radius for specialist surgical referrals for maternity, orthopaedics, general surgery and ophthalmic (eye). Kumi Hospital is blessed with good maternity and surgery facilities and wards.

- We have three operating theatres in the main theatre block and a separate maternity operating theatre attached to the maternity and delivery ward.
- The Ojikan surgical ward has 54 beds and a treatment centre.

Our main weakness is anaesthetics. We will employ at least 3 of our own anaesthetists by the end of 2018.

The medical equipment required for the operating theatres is given in the Medical Equipment section below.

We propose to refurbish the main theatres and to build a new Orthopaedic Theatre in 2018.

The forecast patient numbers are given in chart 4 above. Surgery is the main financial earner of the hospital.

ORTHOPAEDIC SURGERY

*Our objective is to continue with the standard **orthopaedic** operations and develop the local capability to carry out the more specialist orthopaedic operations. Recruit a specialist Orthopaedic surgeon. Build a specialist orthopaedic theatre and ward.*

We typically carry out over 500 orthopaedic and gluteal fibrosis operations per year. In addition to the standard orthopaedic operations, our main thrust is reconstructive surgery and the surgical treatment of disabilities, eg club feet. We are very grateful to CBM and others who subsidised these operations.

We need to ensure that no child within 30 km of Kumi Hospital who needs reconstructive orthopaedic surgery goes without it for medical or financial reasons. There is a significant demand for higher level of orthopaedic operations which will enable people who are presently severely disabled to lead a more normal life.

We will achieve this by:

- Appointing a specialist orthopaedic surgeon.
- Appoint specialist orthopaedic nurses for the theatre and the ward.
- Purchase the additional specialist orthopaedic equipment for the theatre.
- Working closely with the health centres within 50 km so that they refer all suitable patients to us, providing transport as required.
- Working with the Kumi Orthopaedic Centre so as to provide a full range of services.
- Raising the appropriate funds and grants so that no child remains disabled who could be cured for the lack of a few shillings.

We will fully review the whole orthopaedic, pre and post operation and rehabilitation service to ensure that it is appropriate for the long term health of our patients.

Our policy is to charge a realistic sum based on costs and overhead recovery for orthopaedic surgery. The forecast patient numbers are given in chart 4 above.

GENERAL SURGERY

In 2015 we carried out over 200 general surgery operations. The Medical Director is a general surgeon specialising in fistula treatments. General surgery mainly includes:

- Trauma
- Septic conditions and abscesses
- Emergency obstructions and alterations

There are many major and minor trauma cases, mainly from accidents etc. In 2016 we treated over 20 casualties from overloaded lorries turning over into the ditch.

In 2017 we will recruit a surgeon to carry out most of the routine general surgery, to take clinical responsibility and to be on call for emergencies. This will relieve the Medical Director to concentrate on major emergencies, specialist elective surgery like fistula and camps, and strategic expansion of the hospital.

We will set up a specialist urology section within the next 5 year with endoscopic equipment.

The forecast Patient numbers are given in chart 4 above.

SPECIALIST SURGERY CAMPS

Our objective is to run a major specialist surgery camp at Kumi Hospital at least 6 times per year. These camps would typically be between 5 and 10 working days and would carry out between 60 and 120 major operations. Some of these camps would be based round visiting specialist surgeons.

Themes for the specialist surgery camps include:

- Plastic surgery, eg clef lips, burns, etc
- Fistula and hernias
- Gluteal Fibrosis
- Urology
- Children's orthopaedics

We will ensure that these camps 'pay their way' ie all costs are covered, with donor funding if necessary to fund those patients who cannot afford to pay.

Permanent specialist presence in Kumi

Over the next 5 years we will develop a permanent specialist presence in Kumi for the following specialisations with the associated resident (or regular visiting) surgeons and funding streams:

- Fistula
- Gluteal Fibrosis
- Urology

The funding issue with the above specialisms (and a lot of child related disabilities) is that the 'man of the family' will not allocate their savings (cows) towards these predominantly women and children ailments. We will work with the community to overcome this attitude.

EYE CARE

*Our objective is to make the **eye care department** totally self sustaining so that it has a long term future at Kumi Hospital and that it is considered the best eye facility within 100km. We will consider recruiting a full time specialist eye surgeon. We will set up an optical dispensary and glasses workshop.*

Our eye care department continues to provide a vital service to the whole of the Teso sub-region. The next nearest surgical facilities are in Tororo which is two hours south by road. There is a limited facility in Soroti Hospital. The main issue is that the Government Hospitals consider holding consumables for eye care to be non-essential.

We provide an eye care outreach service to the local population within 50 km and often treat over 50 patients per outreach. We carry out over 300 cataract operations at the hospital per year.

In 2017 we are aiming to carry out 300 cataract operations and to charge an average of 250,000 mUGX per cataract. We also propose to:

- Re-equip the eye department with up to date medical equipment, cataract lens calibrator, and surgical sets, budget cost 33 mUGX.
- Set up an optical workshop to provide glasses.
- Set up an Eye Compassionate Fund to which will be allocated 5% of the eye department revenue income (around 4 mUGX) to fund (or part fund) those patients who cannot afford to pay the full charges and to target children.

60% of the Eye Compassionate Fund will be allocated for children. The aim is to seek out all blind children within a 50km radius and to assess whether the blindness can be reversed by surgery or other means. In general we will try and charge the parents for the cost of the treatment, but only after it has been successful.

Glasses

Short or long sightedness can be very disabling but can often easily be fixed by a pair of new glasses which cost under 30,000 UGX (€8.6). At present there is only one optician in Mbale who send their work to Kampala. Hence glasses are out of reach for most of the population. There are a few private health clinics, who carry out eye tests and can dispense some second hand glasses which have been supplied on a charitable basis from Europe.

Over the next two years, we will set up our own optical workshop and supply over 6,000 glasses per year. This will barely meet the demand as we estimate that there are over 100,000 adults and children within 50km whose life would be significantly improved with a pair of glasses.

REHABILITATION AND DISABILITIES

*Our objective is to develop the **rehabilitation and disabilities department** to provide a full pre and post operative rehabilitation service, extending to up to six months as required. Recruit a specialist and experienced in-charge for the Rehabilitation Department. Extend the services to maternity.*

During 2017 we will set up our Rehabilitation and Disabilities Department which will be responsible for:

- Physiotherapy
- Rehabilitation
- Disabilities and camp mobilisation
- Children's Village
- Community Based Rehabilitation
- Medical social
- Social workers
- Orthopaedic workshop

Physiotherapy

The department offers rehabilitation services to both out-patients and in-patients together with outreach services.

The range of services include physiotherapy, club foot manipulation, non-operative fracture management, gluteal fibrosis (post operative), epilepsy, cerebral palsy, urology, VVF and leprosy.

- 4,855 patients were seen in the department in 2013, 3,335 children and 1,520 adults.
- 5,481 patients were seen in the Disability Outreach Clinics in 2013.
- 555 disability home visits were carried out in 2013.

We will expand physiotherapy to maternity patients.

The forecast Patient numbers are given in chart 4 above.

Rehabilitation

The Rehabilitation and disabilities department is responsible for identifying and finding the patients in the community, and arranging for them to come for treatment. After surgery or physiotherapy they are then responsible for the long rehabilitation process back in the community. Rehabilitation after surgery can often take 6 months and needs to be managed and monitored.

We will set up a full rehabilitation program per patient who has had major surgery. We will then encourage the patient to follow this program, either by return visits to the hospital or via outreach clinics or even home visits. We will liaise with the local VHTs.

Disabilities in Teso

At least 50% of disabilities in Teso can be prevented or treated. We estimate that there are over 2,000 disabled people locally who could be treated, mainly by surgery.

We take a specific ailment approach (vertical) rather than a community based approach (horizontal) to disability. While the community based approach feels fairer, a specific ailment approach (eg gluteal fibrosis or club foot) treats more patients and hence gives better outcomes. The specific ailment approach is also easier and hence more successful for raising awareness, fundraising and publicity campaigns.

We implement the specific ailment approach around a surgical or physiotherapy camp. For 5 days we can operate on over 100 disabled people. The subsidised charge rate can be as low as 10% of the normal charge rate, or free. Our objective is to run 6 camps per year based on a specific ailment. Some specific camps will be run during school holidays.

Rehabilitation and disabilities program

*Our objective is to develop the **rehabilitation and disabilities program** such that any child (or adult) in our catchment area whose disability can be alleviated by surgery, physiotherapy or other remedial intervention is identified and assisted. We will set up the database and obtain contract funding.*

We will:

- Set up the Rehabilitation and Disabilities Department and appoint a doctor to be in charge.
- Raise the necessary cash to fund this department without it being a drain on the hospital resources.
- Set up a database of all disabled people in the 9 districts.
- Follow up on all disabled people who can be treated.
- Work with other NGOs on CBR activities.

Community Based Rehabilitation (CBR) program

Community based rehabilitation (CBR) help people with disabilities, by establishing community based programs for social integration, equalisation of opportunities and rehabilitation for the disabled. The CBR (horizontal) community based approach is very necessary in the 9 Teso districts as it addresses specific disability issues in a way that is complimentary to our vertical approach.

We will set up joint venture partnerships with local NGO's and the Churches' development organisations. They would deliver the social CBR programs and we would deliver the medical aspects. We will set up a regular Church Liaison Group to strengthen the links with the local community.

Donor Support for Disabilities

Donor support to help Kumi Hospital to treat disabilities is vital, as neither the hospital nor the families of the disabled can afford to pay for the treatment themselves. It is the role of Kumi Hospital both to treat the very poor and to raise the funds to enable us to do so.

Gluteal fibrosis

*Our objective is to set up a routine **gluteal fibrosis program** treating up to 30 children per week in a group. This is about 1,000 children per year. Obtain contract funding.*

We estimate that there are at least a further 10,000 children disabled with Gluteal Fibrosis which is easily treated with surgery and physiotherapy (cost 300,000 UGX). Gluteal Fibrosis is caused by injecting quinine directly into the buttocks: this is medical malpractice by the drug clinics. Most parents cannot afford to pay and we will raise donor funding to set up a campaign to fix this national disgrace. The children also need ongoing physiotherapy exercises (for the rest of their lives) to stop the condition returning. We want to raise awareness to incorporate these exercises into the school PE curriculum.

The operation to correct gluteal fibrosis takes about 30 minutes and is only meaningful with intensive physiotherapy. The child is normally walking and squatting with knees together within 2 days.

As part of our gluteal fibrosis programme we would continue with our publicity campaign to highlight the issues. This would be at local and national level with articles in the national papers and appearances on national television.

Orthopaedic workshop

The Orthopaedic Workshop originated when Kumi Hospital was a leprosy hospital. The workshop provides the following products and services:

Some products & services	2014	2015
Foot wear for leprosy patients	370	319
Orthoses (splints, callipers, etc)	483	505
Prostheses	144	217
Total	997	1,041

The patient base is the whole of northern and eastern Uganda and extends up into South Sudan.

See section below in Commercial to set up the Orthopaedic Workshop as a separate profit centre.

Medical social, TB and leprosy

Kumi Hospital used to be one of the largest leprosy hospitals in Eastern Africa but fortunately leprosy is now curable. We render counselling and feeding services to over 100 ex-patients who live in the local community. Typically there are around 5 new leprosy patients each year.

One of our main challenges is the lack of funds to help people challenged by leprosy, especially when they need surgeries and expensive healthcare investigations. Kumi Hospital presently funds most of the leprosy support out of our income.

Social workers

Our social workers perform a vital service to Kumi Hospital and are predominantly responsible for mobilising patients for camps & general surgery, and for rehabilitation & follow up back in the community. They are also responsible for managing the Compassionate Fund.

MEDICAL AND PAEDIATRICS

*Our objective is to develop the medical department so as to achieve the same levels of referrals for tropical medical, infectious diseases, non-communicable diseases and general medicine as we do for surgical and maternity. We will re-establish a dental capability. We will recruit a Medical Deputy Director and build a new medical ward. We will consider developing a **cardio vascular** specialism.*

The Medical department includes:

- Paediatrics
- Nutrition
- Medical
- OPD Outpatient
- Dental
- Disease surveillance & prevention and medical research (see MIS & Research section)
- Diagnostic & therapeutic
 - Laboratory
 - Pharmacy
 - Radiology (X-ray & ultrasound)

Our preference is that the Medical Deputy Director is a European doctor on a voluntary basis for up to 2 years.

Paediatrics

The Stone paediatrics ward is a modern 40 bed ward specialising in the treatment of children. During the dry season we can have less than 15 malaria patients, while in the wet season this can increase to over 70. Due to the work with mosquito nets, the number of cases of malaria seem to be decreasing.

*Our objective is to develop the **paediatrics and children's health department**. Recruit a specialist paediatrician. Develop the **nutrition unit** such that we proactively reduce the occurrence of malnutrition in the community and the villages. Obtain additional donor funding.*

We aim to set up an ICU unit for children by 2018.

Nutrition

In 2015 we treated 15 malnourished children per month but the demand is for at least 50 per month. Every time we go out to a village we find another 5 malnourished children, but generally we are unable to persuade the parent to let them come to the hospital. The parents cannot afford to pay and often cannot afford to feed themselves when at the hospital. They certainly cannot afford transport.

We do not follow up or provide ongoing monitoring, although this is a basic requirement. We must raise donor funding to expand this department.

Our main activities include:

- Provision of a special diet and food assistance to children and adults from other wards.
- Out-reaches and mobilization of malnourished children from communities together with CBM.
- Nutritional counselling and education of attendants and the community.

Our objective with nutrition is to proactively reduce the occurrence of malnutrition in the community and the villages. We will:

- Be more proactive within the community and set up a database of all at risk children (and adults).
- Set up nutrition ‘peer mothers’ or ‘family groups’ in the villages.
- Start sustainable industries, soap making, hand crafts, vegetable growing, group farming etc.
- Demonstrations gardens and poultry keeping.
- Community food stores.

We will re-establish the garden next to the Nutrition Unit to provide food for the children but mainly to be used for educating parents on nutrition and farming small-holdings.

Busimo medical ward

The Busimo medical ward is located in 5 separate buildings with 42 beds. There is also a 12 bed TB / isolation ward.

We propose to build a new medical ward within the next 5 years with 40 male and 40 female beds, some private rooms and an ICU. We will apply for the appropriate grants etc.

We will review our policy and approach to palliative care both in the hospital and in the community.

Private ward

We have a 10 bedroom private ward with 28 beds. We will set up an intensive care room and facility in the Private Ward. The private ward needs to be refurbished urgently so as to provide Access Rights to specialist doctors.

OPD, Outpatients Department

The Outpatient Department (OPD) is the face of Kumi Hospital. It is an area where patients are received, where severe emergencies are handled and the admission procedures followed. It is the place where screening for various illnesses is conducted. OPD needs to provide a very high level of patient care.

The following patients attended OPD in 2015.

Type of out-patient	2015	Charge, UGX
Out Patients in OPD Dept	15,031	1,000 to 2,000
Out Patients in outreach etc	38,671	Free
Total Out-Patient attendances	53,704	

We will set up specialist clinics for diabetes, cancer screening and sickle cell.

Dental

The dental department will be re-established in 2017 and we aim to treat at least 100 patients per month. The dental services include:

- Minor oral surgery (tooth extractions, jaw fractures, biopsy).
- Periodontal treatment (cleaning, sealing and polishing).
- Conservative and operative dentistry (root canal treatment, filling, posts, pins and crowns).
- Rehabilitative dentistry (dentures and bridges).
- Simple orthodontic treatments.

We will also carry out community dental outreaches to Kumi prison, other prisons, and various schools and health centres where free dental health education, extractions and pain relief is offered to local people.

DIAGNOSTIC & THERAPEUTIC

Radiology (X-ray and ultrasound)

There are only two effective x-ray and two ultrasound machines available to the poor within a 50km radius of Kumi Hospital. There are various private machines which are available at a price. In 2015 we replaced our ultrasound machine with a modern machine.

Ultrasound is a key diagnostic tool and it is vital that more modern ultrasound facilities are installed and are available at a price that the poor can afford.

During 2015 we carried out over 1,350 ultrasound examinations and over 1,250 x-rays.

We aim to digitise our x-rays by 2018 and we are looking at setting up a CT scanner and endoscopic camera by 2019.

Laboratory

The laboratory carries out a wide range of tests and activities to assist with diagnosis and prognosis.

Test	2015
Haematology	11,773
Blood Transfusion	5,682
Parasitology	9,175
Clinical Chemistry	163
Immunology	1,544
Serology	20,085
Microbiology	5,200
Other tests / glucose	7,550
Total	61,172

The histology specimens are sent to Mulago National Referral Hospital. External quality assurance and control are by AMREF Nairobi, UVRL Entebbe and Stop Malaria.

We expect the number of tests to increase in line with patient numbers. We will continue to require additional test and other equipment as the number of tests increases.

Pharmacy

*Our objective is to be recognised as one of the best managed **hospital pharmacies** in Uganda. We will set up an over the counter (OTC) pharmacy and purchase approved drugs direct from suppliers. We will consider recruiting a pharmacist.*

In 2015 Pharmacy spent 512 mUGX (€146,000) on drugs and medical supplies which is 20% of our income. The price of medicines is escalating, and the ability of patients to pay for drugs appears to be decreasing.

Our objective in 2017 is to be recognised as one of the best managed hospital pharmacies in Uganda. This means:

- Holding around 5 weeks stock and having minimal stockouts.
- Appointing an experienced pharmacist to be in charge full time.
- Stocking the drugs that the doctors prescribe, and arranging special deliveries as required.
- Having a robust stock control and distribution system, fully computerised.
- Having a zero tolerance to unauthorised leakages.
- Setting up an over the counter (OTC) pharmacy service.

Our key immediate objective is to re-establish an effective computerised drug stock control system.

COMMUNITY HEALTH

*Our objective is to continue to expand **Community Health** so as to support all of the health clinics and VHT's in the districts. We aim to acquire two motorbike ambulances to transport urgent patients to the hospital. We aim to acquire a motorbike immunisation unit to delivery immunisation in the villages.*

The Community Health Department was formed in 2012 in response to the revised National Health Policy. The role of the department is to manage Kumi Hospital community outreach services which support the local health centres with specialist healthcare services, and to ensure that Kumi Hospital becomes a centre of excellence for:

- Immunisation
- Public Health education
- ANC and family planning
- Disability, especially preventable disability
- Mental health
- Reduction in maternal mortality rates
- Maternal and child health
- Palliative care

The Community Health Manager's responsibilities include:

- Coordinate the Kumi Hospital outreach programs of which there are over 10 per month.
- Develop a wide range of contacts and networks in the local healthcare community.
- Liaise between Kumi Hospital, the Health Centres and the DHO.
- Liaise between Kumi Hospital and visiting health professionals.
- Liaison manager for camps, health education days and open days.
- Liaise between Kumi Hospital and local churches, their development arms, and local schools.
- Liaise between Kumi Hospital community elders and gatherings.
- Coordinate the allocation of free and subsidised healthcare service in the community.

Immunisation program

The immunisation department activities are Government funded under the PAF grant and include:

- Conduct seven EPI outreaches in the catchment area (Kumi District) per month.
- Daily immunisations in the hospital Young Child Clinic.
- Give tetanus toxoid to all women of child bearing age and other patients who may need it.
- Health education carried out daily at the Young Child Clinic.
- Screen for exposed infants and refer them to the ART clinic for care.

We aim to acquire a motorbike immunisation unit to delivery immunisation in the villages at a cost of 30 mUGX.

Inoculation

The inoculation program is to proactively go out into the community and offer inoculations for a fee for all those diseases not covered by the Government funded immunisation program. These inoculations include Hepatitis B, Rabies etc.

Mental health - depressive disorders

*Our objective in 2017 is to work with the Churches to improve the mental and spiritual health of individuals within the community. To set up a **mental health unit** for depressive disorders. We estimate that 30% of our outpatients have depressive disorder issues rather than a strictly medical issue. Depressive disorder issues in Teso are being ignored and it is time to start to recognise and treat them.*

We are in discussions with various community organisations about a joint approach to depressive disorder issues. We are looking for funding for this mental health - depressive disorders department as we do not believe that we can charge for depressive disorder counselling at this stage.

ANC and Family Planning

The Antenatal attendance in 2015 was 1,871, down from 3,033 in 2013. The antenatal activities include:

- Health education talks every morning.
- Pre and post test counseling for pregnant women.
- HIV testing.
- History taking and examination, providing mothers with ITN.
- Provision of drugs for EMTCT.
- Identification of complication of pregnancy and referring mothers appropriately.
- Attending to mothers post natal.
- Preparing patients and providing family planning.

Ambulance

We need at least two motorbike ambulances, cost £7,000 each.

GENERAL HEALTHCARE SERVICES

*Our objective is to re-establish the **Amref flying doctor** service. We will consider relocating and enlarging the airstrip to 1,200m and then to 1,500m.*

NURSING

The Nursing Department is the core of patient care in the hospital. We presently have 76 nurses, midwives and other healthcare professionals, of whom 62 are staff and 14 are seconded from the District Health Office. The nursing in-charges are responsible for running the wards, the theatres and other departments.

We presently pay nurses around 80% of the equivalent Government salary plus accommodation and other benefits and our staff turnover is steady at less than 10%. We also pay our salaries on time.

Our policy is to send and sponsor 2 nurses or midwives per year on the nurses training programs. This is at the enrolled or registered level. The cost of this training is presently sponsored by FOAG and others.

We will continue with the program of Continuous Professional Development which includes training on management of malnutrition, mental health, quality and infection control, among others.

Continuous monitoring and supervision is done by internal and external teams from the DHO and UPMB. The nurses' standard operating procedures (Nurses Manual) are in draft and will be completed and issued in 2017.

In 2017 we will split the PNO position into two roles: people management; and technical. We will appoint a SNO to be responsible for the technical aspects of nursing, reporting to the PNO. Technical includes nursing quality standards, values, technical competence, audits, training and appraisals, infection control, cleanliness, patient care, medical equipment etc.

ART and HIV / AIDS

In 2015, we provided 14,374 ART services, an average of 1,198 per month. The ART and HIV/AIDS activities are given below.

Activity	2015
No Counselling & Tested	14,374
No +ve	241
Safe male circumcision	180
No of clients enrolled on HIV/AIDS care	140
No of clients initiated on ART	167
No of clients active on ART	1,100
Total No of clients active on care	1,517
Home based care	314
CD4 count cell tests	1,435
PCR/DNA Tests	70

The challenges we face include:

- Education and treatment of those we have not yet reached.
- Poor HIV clients not able to afford drugs for treatment of infections.
- The fragile funding for ART and HIV/AIDS, which presently comes through Cardno.

Laundry

Our objective is to set up a centralised washing, laundry, sterilising and packing section. Eliminate all hand washing of potentially dangerous and infected gowns and sheets etc. We will purchase industrial sized washing machines and dryers as well as an additional large autoclave machine.

We will set up facilities for attendants and patients washing and laundry.

We need decide whether the autoclave is electrical or gas operated, depending on whether go for a solar PV solution for emergency generation. The spare elements should be easily to source in Uganda.

Records

The records department maintains all of the patient records and is responsible for completing the monthly and yearly hospital statistics which they report directly to the District Health Office (DHO) and the Government Minister of Health (MOH). The objective is to computerise the records department in 2017 and to fully comply with the new computerised HMIS requirements.

Library

The Kumi Hospital library was reopened in 2010 and is attached to the orthopaedic workshop building next to the Eye ward. The library can accommodate up to 9 staff and has a computer for the use of the staff for Continuous Medical Education. In 2017 we will endeavour to install a second computer and printer for use by the staff and in-charges.

Clinical waste management

The hospital operates the recognised 4 colour coded bucket system for the control and disposal of clinical waste. All clinical waste is burnt in a specialist incinerator. Biological waste is buried in accordance with local custom and practice. Non-clinical waste is burnt in a pit in hospital grounds. The specialist incinerator will need to be fully refurbished in 2017.

MEDICAL EQUIPMENT

Medical equipment

Our Medical Equipment Policy includes:

- Continually updating and modernising our medical equipment.
- Only acquiring medical equipment which can be serviced and maintained in Uganda and for which we can afford the maintenance and operating costs.

In general most medical equipment is donor funded. Our identified need for additional medical equipment is given below.

Department	Medical equipment	Qty	Cost		Year	Funding status
			mUGX	€		
Main theatre	Anaesthetic machine	1	110	31,400	2017	
Wards and theatre	General small items	-	20	5,700	Per year	
Main theatre	LED operating lighting	2	10	2,900	2017	
Maternity theatre	LED operating lighting	1	5	1,450	2017	
Radiology	Digital x-ray machine	1	210	60,000	2017	Plates system
Radiology	CT scanner	1	350	100,000	2018	
Radiology	Endoscopic	1	90	26,000	2018	
Eye	Optical dispensary and glasses workshop	1	63	18,000	2017	
Eye	Cataract lens calibrator,	1	88	25,000	2018	
Eye	Surgical sets	1	28	8,000	2017	
Community Health	Motorbike immunisation	1	30	8,500	2018	
Community Health	Motorbike ambulances	2	60	17,000	2018	
Wards & theatre	Centralised oxygen generator & distribution	1	70	20,000	2018 2020	
Wards & theatre	Oxygen concentrators	10	10	3,000	ongoing	
Laboratory	General test equipment	-	10	3,500	Per year	
Laboratory	Fridge, domestic	1	2	700	2018	
Orthopaedic theatre	Sets, drills, saw etc	-	15	4,200	2017	
Orthopaedic theatre	Specialist table	1	70	20,000	2018	
Orthopaedic theatre	CM fluoroscopic x-ray	1	88	25,000	2018	

Medical Equipment Maintenance

Our objective is to set up a **medical equipment maintenance section** in 2017 and to ensure that at least 90% of our medical equipment is operational and fully serviced by the end of 2017. JMS are planning a medical equipment maintenance service based in Mbale from 2018.

We are looking for sponsorship for this medical equipment maintenance section of around 20 mUGX per year. We will need to recruit a biomedical technician to be in-charge.

INFRASTRUCTURE IMPROVEMENT PROGRAM

The overall Infrastructure Improvement Program is given below. In general most of the refurbishment program is donor funded and the timescale depends on being able to raise the donor funds and the associated matched funding.

Infrastructure Improvement Program

Department	Refurbishment	Unit cost		Year	Funding status
		mUGX	€		
Main theatre	Full refurbishment	350	100,000	2018	100% donor funding
Main theatre	New orthopaedic theatre	535	150,000	2019	100% donor funding
Medical	Set up an emergency room	100	28,600	2018	
Private ward	Refurbish 10 bedroom private ward	175	50,000	2017	
Medical	New medical ward	525	150,000	2017	
Orthopaedic	New orthopaedic ward	525	150,000	2020	
Hospital	Improve Walk Ways within Facility. Covered walkways.	35	10,000	2017	
Hospital	Refurbish specific wards, renewal of ceilings, floors, window mosquito nets, painting, etc.	175	50,000	Each year	
Hospital	Hygiene / infection control. Hot water (solar thermal) on all wards. New hygiene facilities.	182	52,000	2018	
Hospital	New latrines and welfare facilities, septic tanks & soakaways. 6	105	30,000	2018	
Hospital	Centralised laundry and sterilising unit for hospital	87	25,000	2019	
Hospital	Suitable clothes / sheet washing facilities for patients & attendants	35	10,000	2019	
Fencing / security	Install new hospital fence and gate control. Separate OPD from In-Patient Section	35	10,000	2017	
Accommodation	Refurbish 10 staff house per year (out of 141)	200	57	Each year	
Hospital	Mortuary	100	28,600	2019	
Hospital Accommodation	Improve LED lighting in hospital and staff quarters	10	3,000	Each year	
Electrical	Earthing of Hospital and Lightening protection	35	10,000	2018	
Electrical	Solar system for hospital, 10kW + battery backup	70	20,000	2019	
Electrical	Auto changeover for generator	12	3,500	2017	
Electrical	Solar lighting in the wards	14	4,000	2017	
Admin	Move the finance department away from the generator	30	8,600	2019	
Admin	Removal of all asbestos from the hospital and accommodation areas	30	8,600	Ongoing	
Office	Second storey on the admin block	100	28,600	2019	

Infrastructure Improvement Program (cont)

Department	Refurbishment	Unit cost		Year	Funding status
		mUGX	€		
Admin	Clean up all hospital and accommodation grounds, demolish and fill in old latrines etc	20	5,700	Ongoing	
Hospital	Cook houses for attendants (4)	50	14,300	2018	
Maternity	Accommodation units for high risk expectant mothers	50	14,300	2018	
Farm	Secure the Institutional Land by fencing etc	350	100,000	Ongoing	
Airstrip	Airstrip Improvements. 1,200m Marram Surface. 7.5 ha	175	50,000	2019	
Guesthouse	Guest House improvements, phase 1	100	28,600	2016	Donor specified and funded
Guesthouse	Block of 6 + 6 apartments for single people	210 210	60,000 60,000	2020 2021	Two storey
Students hostel	Expand and ensuites for 12 students	70	20,000	2018	
Community	Construct Community Water Stand	25	7,100	2017	
Training School	Refurbish the old Training School buildings	350	100,000	2018	
ICT	Robust Cat 6 network system for whole hospital.	14	4,000	2018	
Accommodation	Full review of all accommodation and staff security	17	5,000	2017	
Hospital	Refurbish the incinerator	10	3,000	2017	
Transport	Refurbish the garage	50	14,300	2018	

In 2017 and 2018 we are looking to **refurbish the main theatre and build a new orthopaedic theatre** for a total cost of €250,000.

In 2019 we are looking to build a **new medical ward** for a total cost of €150,000.

In 2017 we will review the cook house arrangements for patients' attendants and rebuild them smoke free. At present these are very smoky and are damaging to health.

Non medical equipment

Our non-medical equipment needs for the next 5 years is given below.

Department	Equipment	Qty	Cost		Year	Funding status
			mUGX	€		
Transport	Vehicle	1	85	24,300	2018	
Water	Spare pump and engine	1	35	10,000	2019	
Accounts software	QuickBooks or Sage	1	8	2,300	2017	
IT	IT equipment, Firewall NAS, Mail Server, Server, WIFI System Internet (VSAT Dish)	-	10	3,000	Per year	
Admin	Lawn mowers	2	3	860	2018	
Admin	New desks and chairs	-	5	1,400	Per year	

EDUCATION, TRAINING AND RESEARCH

Because of our size and our strategic objective of being a centre of excellence for healthcare services in North Eastern Uganda, Kumi Hospital should also be a centre of education, training and research.

Nurses and Midwives Training School at Kumi Hospital

Our objective is to set up a Nurses and Midwives Training School at Kumi Hospital working with Ngora Hospital NTS to offer a full range of healthcare training at the diploma registered level.

As phase 1, we will expand our range of MoUs with various healthcare schools to provide hands on experience for their students. These include:

- Ngora School of Nursing and Midwifery (Ngora NTS) to send up to 25 of their enrolled nursing and midwifery students for at least 50% of the year.
- The Kampala School of Physiotherapy to send up to 15 students for a week.

We will expand this facility to other schools but we will ensure that we are not overwhelmed and that all of our costs are covered. We will set a maximum of 30 students in the hospital at any one time. We will define how we will accommodate this number of students.

Ngora NTS is 25 km away and has modern facilities and accommodation for up to 250 students. They offer courses at the enrolled level and have plans to extend this to the diploma level (registered) for a further 150 nurses and midwives. Planned start date is May 2017 with 10 students.

As phase 2, in 2017 we will set up a joint venture with Ngora NTS so that they carry out the academic classroom based training and Kumi Hospital provide the practical training for diploma level (registered) nurses and midwives. We have the principle and registered nurses (and the doctors) who can act as mentors to the trainee nurses. We will:

- Appoint a Principal to be responsible for this development.
- Obtain registration as a NTS from the Nurses School Council.
- Start to assemble the library and IT training suit needed at Kumi Hospital.

We need to totally refurbish the old Training School buildings to provide the basis of the proposed new Kumi NTS. This will include classrooms, accommodation in dormitories for 50 students, and welfare and eating facilities, etc. The budget cost is €100,000 in 2018.

As phase 3, we will set up and build a full Nurses and Midwives Training School at Kumi Hospital. We estimate that this will be in 2021 at a cost of at least €250,000. In time we would offer at least the following:

- Enrolled level training for nurses, midwives and theatre assistants (250 students).
- Diploma level (registered) training for nurses and midwives (150 students).
- Specialist training (practical & community) for trainee physiotherapists.
- Specialist training in radiography, ultrasound, anaesthetics etc.

In 2017, we will prepare a fully costed proposal / business plan and we will allocate land for the new NTS.

Intern Training Centre

We will recruit sufficient senior specialist doctors and surgeons to be recognise as an Intern Training Centre suitable to have intern doctors training at Kumi Hospital.

Our aim is to have at least 4 intern doctors training at Kumi Hospital by 2019. We will provide suitable accommodation for them, which might be a shared house or intern hostel.

Overseas medical elective students

Our objective is to continue to attract overseas medical elective students to the hospital.

Our aim is to have no more than 10 students at any one time (3 community and 7 specialist) and that they typically stay for 7 weeks. This gives a maximum of 70 students per year; in 2016 we will have had 32 students. A fee of €250 is charged for each student to cover consumables, outreach travel etc.

We will need to expand the students hostel to make the rooms ensuite and suitable for 12 mixed students.

Medical and Non-medical Staff Development Plan

Our objective is to develop a fully costed 5 year Medical and Non-medical Staff Development Plan and look for external sponsorship for training these doctors, nurses and support staff.

Department	Person	Course	Duration	Cost per year mUGX	Number per year	Bond years	Funding status
Orthopaedic	Specialist Surgeon	Masters	4 years	20	1 every 2 years	4	
Ophthalmology	Specialist Surgeon	Masters	4 years	20		4	
Surgery	Anaesthetist	Specialist	2 years	20	Need 3	3	
Nurse	Enrolled nurse	Registered nurse	2 years	5	2 new per year	3	
Midwifery	Enrolled midwife	Registered midwife	2 years	5		3	
IT	IT Manager	Medical informatics	2 years	10	1 off	3	
Pharmacy	Dispenser	Diploma	2 years	5	1 per year	3	

MIS and Research capability

Our objective is to establish a MIS and Research capability as partners with an overseas university. We would use the research data to raise donor funds. Target date is early 2018 for the first research student.

There is little basic medical research being carried out in the Teso regions. We will:

- Partner with an overseas university to set up a medical research department and basic research capability.
- Attract research students to Kumi Hospital to carry out their research projects.

Typical research projects include:

- Cause, effect, mechanism and numbers of Gluteal Fibrosis cases in Teso.
- Disease surveillance & prevention investigations including Hepatitis B & C, diabetes, hypertension, etc.

Continual Professional Development Courses

Our objective is to set up training and professional development courses for the local health centre healthcare workers, and become established as a centre of excellence and a resource for them to call upon.

The purpose of these Continual Professional Development Courses is to train the local health centre healthcare workers so that they can deliver a higher quality healthcare service to the community. The courses can be free of charge (without allowances). The courses will also train the healthcare workers when to refer the more serious cases to hospital.

FINANCE DEPARTMENT

Our finance department objectives include:

- 1 *To fully implement and integrate the MedicAudit system, and computerise patient records once MedicAudit is stable, target date 2017.*
- 2 *To manage the cash process from robust and secure cash collection through to cash flow planning, to calculate and monitor payroll. To ensure that all accounting & stock data is recorded correctly, and to provide full accurate & relevant management information to the managers and in-charges.*
- 3 *To ensure sufficient experienced and trained accountancy staff so that they can continually reconcile the accounts and identify and investigate apparent discrepancies and periodically internally audit the whole cash, drug stock and financial processes.*

We will:

- Issue detailed management accounts by the 15th of each month.
- Develop the hospital cost model so that we know the income and cost drivers of the hospital.
- Revise the charge sheets based on costing and market information and the needs of the poor.
- Ensure that all projects, camps and contracts have properly costed budgets.
- Fully implement Tally or change to a more modern software package, with an audit trail.

We will:

- Fully implement and integrate the MedicAudit system, including drug stocks.
- Computerise patient records and HMIS statistics once MedicAudit is stable, target date 2017.
- Ensure that the MedicAudit data is always accurate and up to date.

We will issue significantly more financial and statistical information to the staff via the notice boards, on a monthly basis. The yearly hospital objectives, the organisation chart, list of in-charges and the telephone directory will also be displayed.

We will move the accounts department to the rooms next to the admin offices due to the noise from the emergency generator.

We will use MedicAudit to run a proactive credit control (collection of debts) process.

We will actively seek discussions with senior management, to increase their awareness of accounting indicators.

We will ensure that the regular statutory audit is carried out within 2 months of year end.

ADMINISTRATION

The Administration department includes:

- Human resources
- ICT
- Support services, transport, estate management, maintenance, security
- Medical equipment
- Church
- Community liaison
- Forestry

Human resources

The role of HR is to support the staff so that they can give their best. We will emphasize our values, mission and vision. We will enforce our professional and service code of Conduct and Ethics and our Code on Patient Care. We will treat managers and all staff the same, irrelevant of their position in the hospital.

ICT

See ICT policy above.

Support services, transport, estate management, maintenance, security

The hospital has two old Toyota Land Cruisers, an 8 year old Toyota Rav4, a Toyota Hilux twin cab, and an old 20 seater bus. It also has 3 old motorbikes. The hospital aims to purchase an additional vehicle in 2018. All vehicles should be serviced on time.

The workplace ergonomics need reviewing in 2017 and improving, especially for chairs, desks and computer screens.

The hospital and the staff houses have reliable water and electricity supply. We pump water from the lake and we have mains electricity with a 40kw standby generator.

The electrical system needs to be substantially upgraded in 2017/18, eg better protection. We will issue the **Energy Plan** for electricity, solar, lighting, solar thermal etc for the next 5 years in 2017.

We will issue the **Water Usage Policy** in 2017 including water for the community and the construction of a Community Water Stand

We will carry out a **full security review** of the hospital and the accommodation and upgrade as required. This will include:

- Physical security, locks, bars on windows etc
- Lighting
- Communications
- Security guards and response
- Alarm buttons

Church

There are at least 3 levels of church activities in the hospital.

- Staff devotions each morning.
- Patient devotions are multi denominational and are held on Tuesday and Friday mornings and on Thursdays for ART clinic.
- Prayer for healing for patients (and attendances) which happen by arrangement.

We ensure that all churches, Church of Uganda, Catholic, Evangelical (PAG etc) and the Muslims have equal access to all church activities and to patients and staff.

We expect the hospital Pastors to take a lead role with counselling any patients or attendances who have mental health issues or as requested by the nurses or other healthcare staff.

COMMUNITY LIAISON

Our objective is to continue with our positive and proactive relationships with the local community and take a lead on community issues including healthcare, water, sanitation and environmental, especially trees and land usage.

Community liaison on a day to day basis is the responsibility of the HR manager and the Hospital Administrator. Community liaison aims to be proactive and working in partnership with the community and their leaders, and being firm while not being aggressive.

The hospital is located within a local community of over 10,000 people and we need to continue to live and work in harmony with this local community and our environment. The community wants to control Kumi Hospital's land and resources and we need a plan to ensure a balanced approach.

We will work with the local community on issues like water, electricity, trees and fire wood, grazing for cows, and employment of local people. However the local community has a high birth rate and is running out of basic amenities. Over 70% of the local community are very poor and existing on less than 3,000 UGX per person per day. This means one starch based meal per day, with little nutrients.

The land is being subdivided and is reaching the level where there is not enough land to support the number of people. The land is also degrading. We are seeing significant encroachment onto the hospital lands.

The number of trees has reduced to such an extent that the local community is now cutting down most of the small trees and the fruit trees and there is extensive stealing of hospital trees. Within 3 years this will reach a crisis level. We will introduce fuel efficient stoves and plant more trees.

Access to water is poor and we estimate that the pumped hospital water supply supports at least 5,000 of the local community. However they often abuse it by leaving taps running to provide water for the cows. The water supply outside the hospital is now only available twice a day.

Land

We need to demarcate the 7 km of boundaries to our 1,000 ha of farm land. The preferred option is a fence over the next 5 years or so. We will install fences around the hospital, the accommodation, the farm orchard, and other high value farming activities.

There are various **public rights of ways** across the hospital lands which need to be defined. We propose to fully develop the farm over the next 5 years and hence the community use of the land will need to be reduced.

COMMERCIAL

The objective of the Commercial Department is to produce at least 500 mUGX in surplus income (cash) per year by the end of the five year period (2021) for use by the hospital, primarily for repayment of debts, investment and compassionate purposes.

We will develop our marketing and commercial capability and we will invest in the farm and other external commercial activities so as to produce this revenue surplus.

Website and external image of Kumi Hospital

We will develop our:

- Website
- Database of contacts
- Quarterly newsletter (via email and website)
- PR and Kumi Hospital external image
- Annual reports

Contracts and Grants

The overall policy is to work with existing donors who already know us and to extend into new services, and to extend our existing services with new donors.

The Commercial Manager is the de-facto Project Officer for all existing contracts and grants. Their responsibility, working with the specialists, is to maintain and extend these existing contracts and grants.

The Commercial Manager is responsible for producing the new proposals and budgets, working with the specialists, for any new contract and grant. They will be proactive in seeking out new opportunities including:

- Partnerships with UK and European charities and NGO's.
- Partnerships with international NGO's working and established in Uganda.
- Grant and contract applications.

Projects and buildings

The Commercial Manager will actively seek out and apply for grants for new projects, equipment and building etc as defined in this strategic plan.

The timing and scope of these projects will depend on the availability and success rate of these endeavours.

Hospital Farm

The hospital farm is 1,000 hectares (ha) of low to medium quality land suitable for grazing cattle and growing crops. It is predominantly flat and there is a large lake nearby (between 4 km and 8 km). The topsoil is fragile and needs preserving and nurturing, ie no deep ploughing. Most of the farm is presently fallow and needs clearing. The bush clearance cost is €400 per ha.

An MoU has been signed with the **Uganda Investment Corporation (UIC)** to develop a profitable farm based on 500 hectares. The terms of the MoU are such that UIC lease the farm land that they are using and develop it in partnership with Kumi Hospital for 10 years before the developed land and the farm organisation is returned in full to Kumi Hospital in 2028. UIC have assigned their involvement to Kumi Hospital Agro Park Ltd. (KH-AP).

Kumi Hospitals Farm Land

The Land Utilisation Policy states the following land usage.

- Usage for Agro forestry 253 Ha (632.5 acres), however, expansions likely.
- Usage for UIC activities 500 Ha (1250 acres) (Diary and Crop), however, expansions likely.
- Usage by staff 240 Ha (600 acres).
- Usage for COU activities 10 Ha (25 acres).
- Usage by Adesso Primary School 8 Ha (20 acres).
- Usage by immediate surrounding Community Omulokonyo, Kachaboi, Oseera, Ceele, Kalengera 50 Ha (125 Acres).



The agro forestry activities include:

- Expand the forestry from 30,000 trees in 2016 to at least 100,000 trees in 2020.
- Expand the orchard from 2,000 fruit trees to at least 10,000.
- An investment budget of 10 mUGX per year.

We will issue the Forest Management Plan and obtain carbon credits in 2017.

UIC / KH-AP managed Farm Land

Kumi Hospital Agro Park Ltd. (KH-AP) aims to provide durable employment in the region, increase food security and provide a sustainable income for Kumi Hospital, in order to increase and sustain quality healthcare services.

The source of income for Kumi Hospital is derived through current land use (KH-AP pays for 100 Ha, even though not utilized yet), rent of bakery building, rent of housing, hiring of Askari, mowing and transport services at cost recovery rates and daily milk for the Nutrition Unit. In order to support in their focus on medical care, KH-AP took over responsibility of the dairy including staff salary burden.

Depending on farming methods applied, strategic growth and its connected need for land mass, KH-AP aims to become profitable in the next 5 to 10 years and move to phase 2 of the MoU. with the hospital. Meanwhile the land fee as agreed will apply and will be determined per quarter of the year. For the short term it is expected that land use will increase beyond 100 Ha within 2017.

Hospital land

We are looking at applying to convert the 1,000 ha hospital land from leasehold to freehold, and aim to complete this review in 2017. There will be costs involved in this process.

We will formalise the ownership of the two plots (and three potential plots) of land in Kumi town.

Catering and hospital kitchens

The catering and hospital kitchen franchise prepares food for the hospital staff and for meetings. We have a policy of providing lunch for the staff who are on duty in the theatre and food for BoG and management meetings.

The kitchen and catering arrangements need to be reviewed and brought into one modern facility with smoke free kitchens and good seating arrangements.

Village Treatment Centres

From around 1930 Kumi Hospital set up various Village Treatment Centres in the surrounding districts. By 1974 there were 5 Village Treatment Centres remaining each of which has a few buildings, water, sometimes access to electricity and around 120 areas of land. They are located at Asamuk, Usuk, Kaberamaido, Sorokoni, and Bucharia.

During the troubles in 1988 these Village Treatment Centres were abandoned and in reality Kumi Hospital staff had not visited them for over 25 years. During 2013 we visited 3 of the Village Treatment Centres who acknowledged that the land and facilities belonged to Kumi Hospital.

In 2017 we propose to formalise the legal ownership positions and then to determine the best use of these facilities and land for the local communities. This could include setting up some form of agricultural college or a vocational and comprehensive training school.

Guesthouse

The Kumi Hospital guesthouse is a franchise managed by Ms Ikeba Anne. The guesthouse has 4 main ensuite bedrooms with 8 beds and provides a warm welcome with full guesthouse services. There are overflow facilities into nearby staff houses and in the students' hostel (8 beds). The guesthouse typically has between 4 and 12 guests and students. An excellent guesthouse is vital to attract expatriate and local medical staff to Kumi.

The refurbishment and extension of the guesthouse over the next 5 years will depend on the available finances. It will stay in its present position and will extend into the fields behind. It will be open plan and outdoor based, rather than one building.

The present guesthouse is being refurbished (new roof, ceiling and new plumbing etc). The kitchen will be upgraded to a modern hygiene level based on gas. A solar PV and battery backup will be provided for all guesthouse facilities and accommodation. The budget is €28,600 and is donor specified and funded.

A biogas system (at least 5 cow size) might be installed to provide gas for cooking. The farm is also looking at a centralised biogas system which would then bottle the gas for local distribution.

A solar hot water system will be installed at a later date.

A new accommodation unit will be built near to the guesthouse for single staff and long term guests. It will have 6 + 6 separate apartments on two floors with bedroom, sitting room, kitchenette and indoor toilet and shower, with hot water. Security will be good and suitable for female staff living alone.

At least two twin high level guest rooms will be built based on the traditional hut. See Salem Brotherhood guesthouse for an example. The layout is two separate rooms in twin huts in an 8 configuration with the facilities in the join in the middle.

The guesthouse will need a covered area for a canteen / restaurant for around 30 covers.

ESCO

Kumi Hospital has 156 staff houses which are provided with secure water and electricity supply. ESCO manages the provision of electricity to the staff houses via a prepaid meter system.

The staff housing electrical distribution system requires an investment of at least 4 mUGX per year in maintenance and refurbishment over the next 5 years. This will be paid for by a levy on the cost of the electricity purchased by the staff.

Hope Village

Our objective is to develop Hope Village (14 acres) into a specialist healthcare facility, eg School and respite centre for mothers of disabled children.

The plan for Hope Village will be formulated during 2017/18. It is too far from the hospital for guest accommodation and it suffers from a level of noise (loud music and traffic) from the village.

Orthopaedic workshop

Our objective is to modernise the Orthopaedic workshop and market our products to all of Uganda and South Sudan. We will invest in modern equipment, eg 3D printer for prosthetic legs.

The orthopaedic workshop should be expanded into a full industrial sized factory manufacturing and assembling modern artificial limbs and other disability products for the whole of East Africa. See Limb International website for an example. We will develop a separate business plan and budget for this expansion. We will review the commercial viability of wheelchair fabrication.

Industrial

Kumi Hospital has good facilities and resources including land, electricity, water, people etc and hence our objectives for 2017 onwards is to set up an Industrial Centre for Healthcare Related Products using the hospital facilities, land, water, electricity, etc.

Building products

Kumi Hospital has a large building program over the next 5 years and the surrounding district is quickly running out of trees. Using fired bricks is not an environmentally sensible option. Further we have to encourage all of the surrounding population to change their building habits from using fired bricks to using concrete blocks and tiles, otherwise they will just come and steal our trees.

In 2017 we are considering setting up a concrete block, fence posts and tile factory typically using the equipment supplied by a specialist company in Kenya. We will employ local labour and aim to provide the local population with their concrete blocks and tiles at a delivered price which is below the cost of fired bricks.

Sanitary pads

We could manufacture sanitary pads and the associated underwear. See www.Afripads.org for an example. The cheap (or free) supply of sanitary pads to school girls is the best method to reduce teenage pregnancy as it enables the girls to stay at school and in full time education.

THE WAY FORWARD

Kumi Hospital has the staff, the opportunities and the facilities to become the best rural hospital in Uganda. All we have to do is to take that the opportunity and put in the hard work to succeed.

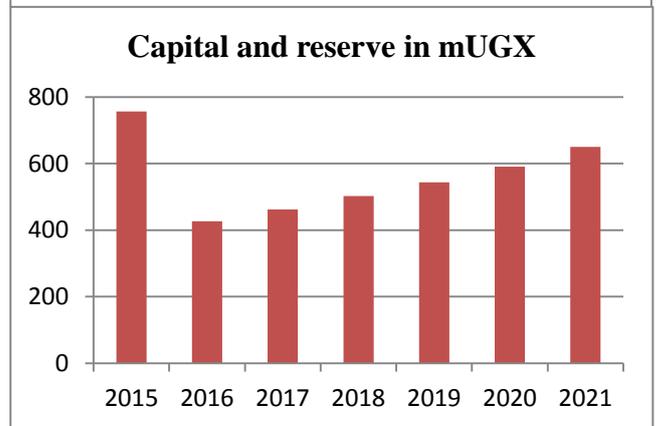
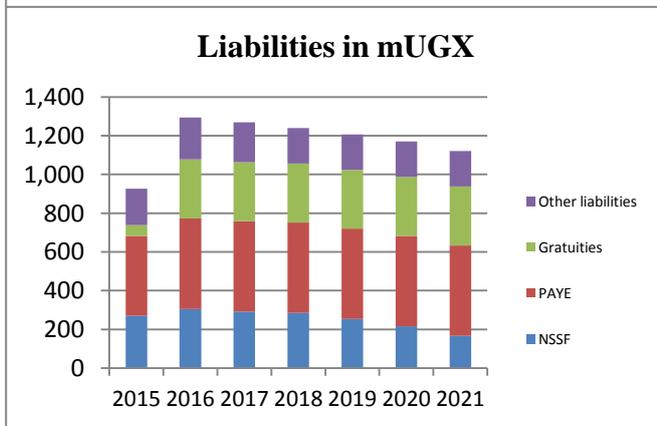
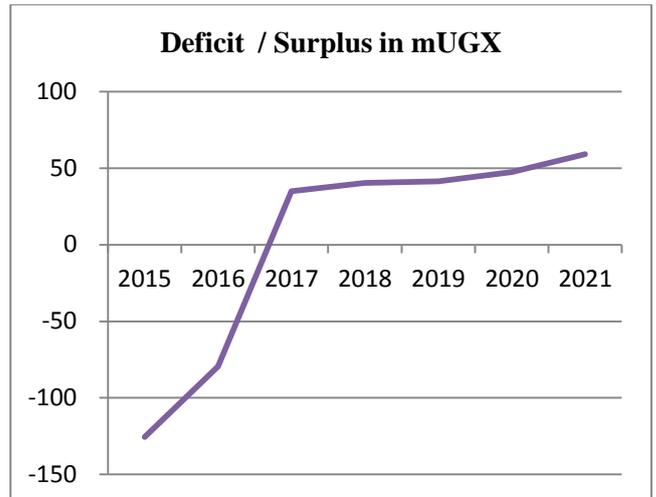
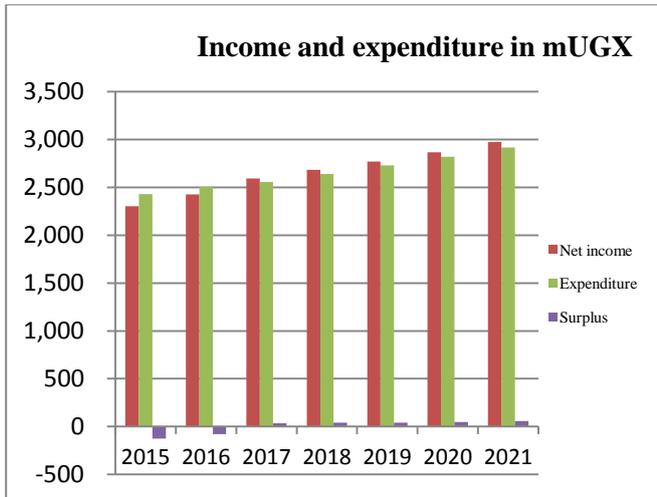
APPENDIX 1.1 INCOME AND EXPENDITURE ON AN ACCRUAL BASIS

KUMI HOSPITAL	Actual	Act+F/c		Forecast	F/cast	F/cast	F/cast	F/cast
Income & Expenditure in mUGX	2015	2016	%	2017	2018	2019	2020	2021
Grants and Contracts	950	792	31%	744	700	665	632	600
Patient Fees	1,380	1,694	66%	1,863	1,994	2,113	2,240	2,375
Income Other	83	84	3%	88	93	97	102	107
Total income	2,413	2,570	100%	2,696	2,786	2,876	2,974	3,082
Patient debtors WIP Write Off	109	97	4%	55	55	55	55	55
Patient discounts		48	2%	49	50	51	52	53
Medical Salaries	778	778	30%	825	874	927	982	1,041
Medical Allowances	157	195	8%	199	203	207	211	215
Drugs and Supplies for Wards	486	512	20%	523	533	544	555	566
Orthopaedic Workshop Materials	30	31	1%	31	32	32	33	34
Welfare of Patients & Staff	58	36	1%	37	38	38	39	40
Community Health	51	33	1%	34	34	35	36	37
Trachoma Project Costs	16	0	0%	0	0	0	0	0
Total cost of direct hospital activity	1,575	1,585	62%	1,648	1,714	1,783	1,856	1,932
Gross surplus	728	840	33%	944	968	987	1,011	1,042
Gross surplus % against net income	32%	35%		36%	36%	36%	35%	35%
Non-Medical Salaries	206	213	8%	218	222	226	231	236
Staff Benefits	158	115	4%	117	120	122	125	127
Fuel for vehicles	54	57	2%	58	60	61	62	63
Other vehicle & accommodation costs	104	89	3%	91	92	94	96	98
Admin	144	158	6%	161	164	167	171	174
Staff training	33	22	1%	23	23	24	24	25
Maintenance	59	71	3%	73	74	75	77	79
Staff welfare	10	64	3%	66	67	68	70	71
Utility costs	97	105	4%	107	109	111	114	116
Depreciation	25	0	0%	0	0	0	0	0
Total overheads	888	895	35%	913	931	950	969	988
Revenue surplus (deficit) for hospital	-160	-55	-2%	32	37	37	43	54
Disposal of assets	25	10	0%	10	10	11	11	11
Hire of Farm Land	14	13	1%	13	14	14	14	14
Total income other activities	39	23	1%	23	24	24	25	25
Capital donations for hospital	128	20	1%	50	50	50	50	50
Capital expenditure for hospital	128	62	2%	70	70	70	70	70
Net capital expenditure for hospital	0	-42	-2%	-20	-20	-20	-20	-20
Total surplus on hospital activities	-121	-74	-3%	35	40	41	48	59
Farm income	5	3	0%	8	8	8	8	8
Farm expenses	10	8	0%	8	8	8	8	8
Revenue surplus (deficit) for farm	-5	-5	0%	0	0	0	0	0
Total surplus (deficit)	-126	-79	-3%	35	40	41	48	59
Net capital investment in the farm		16	1%	10	10	10	10	10

APPENDIX 1.2 BALANCE SHEET AT 31 DECEMBER

KUMI HOSPITAL	Actual	Act+F/c	Forecast	Forecast	Forecast	Forecast	Forecast
Balance sheet 31 December	2015	2016	2017	2018	2019	2020	2021
Fixed Assets	mUGX	mUGX	mUGX	mUGX	mUGX	mUGX	mUGX
Village treatment centres	1,200	1,200	1,200	1,200	1,200	1,200	1,200
Plots of land	11	11	11	11	11	11	11
Equipment Control	188	194	194	194	194	194	194
Vehicle Control	96	96	96	96	96	96	96
Goats shade	20	20	20	20	20	20	20
Total Fixed Assets	1,516	1,521	1,521	1,521	1,521	1,521	1,521
Ongino Farm Investment	48	64	74	84	94	104	114
Total Fixed Assets and investments	1,563	1,585	1,595	1,605	1,615	1,625	1,635
Total Stocks	50	78	78	78	78	78	78
External debtors	39	10	10	10	10	10	10
Staff Debtors	7	6	6	6	6	6	6
Staff advances	13	13	13	13	13	13	13
Total current debtors and advances	59	29	29	29	29	29	29
Total old patient debtors	21	21	21	21	21	21	21
Total debtors and prepayments	80	50	50	50	50	50	50
Cash in Hand	2	6	6	6	6	6	6
Total Bank Accounts	27	44	44	44	44	44	44
Tied and Third Party funds	-39	-42	-42	-42	-42	-42	-42
Total Current Assets	119	136	136	136	136	136	136
External Creditors and provisions	162	195	184	172	172	172	172
Gratuities	55	55	54	54	54	54	54
Gratuities not in BS (provisional)		250	250	250	250	250	250
NSSF due post Dec 15	0	35	21	21	10	0	0
PAYE post Dec15	0	55	55	55	55	55	55
Total other liabilities	15	11	11	11	11	11	11
Total Current Liabilities post Dec 15	232	600	574	562	551	541	541
NSSF Arrears pre 2013	104	104	104	104	104	104	77
NSSF 2013/14/15	167	167	167	161	140	113	90
Salaries Arrears	11	11	11	0	0	0	0
URA PAYE Arrears	412	412	412	412	412	412	412
Total Payroll Liabilities pre Dec 2015	694	694	694	677	656	629	579
Total Current Liabilities	926	1,294	1,268	1,239	1,207	1,170	1,120
Net Current Assets	-807	-1,159	-1,133	-1,103	-1,071	-1,034	-984
Net Assets	756	427	462	501	543	590	650
Closing Capital Account	1,513	1,513	1,513	1,513	1,513	1,513	1,513
Opening excess of Income over Exp	-631	-757	-1,086	-1,051	-1,011	-969	-922
Prior year adjust		-250					
Current Period	-126	-79	35	40	41	48	59
Closing excess of Income over Exp	-757	-1,086	-1,051	-1,011	-969	-922	-863
Capital and reserve	756	427	462	502	543	591	650

APPENDIX 1.3 ACCOUNTS GRAPHS





KUMI HOSPITAL

Our vision is

Fully accessible quality and affordable healthcare for all



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