

MINISTRY OF HEALTH



GULU REGIONAL REFERRAL HOSPITAL

VISION

**A HEALTHY AND PRODUCTIVE POPULATION THAT CONTRIBUTES TO
SOCIO-ECONOMIC GROWTH AND NATIONAL DEVELOPMENT**

FIVE YEAR STRATEGIC PLAN FINANCIAL

2020/21 -2024/25

Table of Contents

Table of Content.....	Error! Bookmark not defined.
List of Tables.....	iv
List of Acronyms.....	v
Foreword	vii
Acknowledgement.....	ix
EXECUTIVE SUMMARY	x
CHAPTER ONE: INTRODUCTION.....	12
1.0 Introduction	12
1.1 Background and Administrative Context.....	12
1.2 Demographic and socio-economic characteristics of the Acholi Sub-region.....	13
1.3 GLOBAL, CONTINENTAL, REGIONAL AND NATIONAL FRAMEWORK	14
1.4 The National Health Policy 2010.....	14
1.5 The Minimum Health Care Package.....	15
1.7 Description of GRRH structure:	16
Purpose of the plan.....	17
1.8 Approach and formulation process of the strategic plan.	17
1.9 Structure of the plan	18
CHAPTER TWO: SITUATION ANALYSIS.....	19
2.0 Introduction	19
2.1 Epidemiology status in the region and disease burden in GRRH.....	19
2.2 Infrastructure.....	25
2.2.2.2. Therapeutics:	26
2.3 Human Resources and Development	27
Waste management	28
2.4 Medicines and Supplies	29
2.5 Support Supervision.....	29
2.6 Training and Research.....	30
2.6.1 Training	30
2.6.2 Research and Publications	30

2.7.	Services Provided at Gulu Regional Referral Hospital as of 2019/20	31
2.8	Clinical laboratory tests	33
2.9	Blood transfusion services.....	33
2.10	Medical imaging services.....	33
2.11	Medical Rehabilitative services	33
2.12	General Support Services	33
2.13	Community Health Services	34
2.14	Pre-Service Training of Health Workers	34
2.15	Management and governance.....	34
2.16	Performance of the previous Plan/ Programs 2015/16 - 2019/20.....	35
2.16.1	Achievements made over the past five years. 2015/16 – 2019/20.....	35
2.16.2	Challenges faced	35
2.16.3	Lessons learned	36
2.16.4	Mitigation measures to the challenges	37
2.17	Integration of crosscutting issues	37
2.17.1.1	Environment	38
2.17.2.	Climate change.....	38
2.17.3.	Gender Equity	39
2.17.4.	Human Rights.....	39
2.17.5.	HIV	39
2.17.6.	Nutrition	40
2.17.7	Information, communication and Technology Management.....	40
2.18	SWOT Analysis	42
EMERGING ISSUES FROM SWOT ANALYSIS.....		43
2.19	Contributions of GRRH to the Health sector Development Plan	43
CHAPTER THREE: STRATEGIC DIRECTION.....		45
3.0	Introduction.....	45
3.1	Adoption of the NDPIII programs.	45
3.2	GRRH vision, mission, core values, goals and objectives.....	45
3.2.1	Hospital Vision.....	45

3.2.2 Gulu Regional Referral Hospital Mission 45

3.2.3 Gulu Regional Referral Hospital Core Values 45

3.2.4 Gulu Regional Referral Hospital Goal 46

3.3.1 Planned Projects. 52

 CHAPTER FOUR: IMPLEMENTATION AND FINANCING 70

4.1 Implementation of the Plan..... 70

4.2 Implementation Approach..... 70

4.3 Leadership and coordination 71

4.4 Partnerships 72

4.5 Financing of the plan..... 72

4.6 Major cost drivers 1

4.6.1 Strategies for financing the plan. 1

 CHAPTER FIVE: COMMUNICATION AND FEEDBACK MECHANISM..... 2

5.1 Communication and feedback mechanism 2

5.2 Objectives of this communication and stake holder’s strategy..... 2

5.3 Dissemination methods (In the cost matrix has been budgeted for)..... 2

 CHAPTER SIX: RISK MANAGEMENT 4

6.1 Implementation, Risk Management. 4

 CHAPTER SEVEN: MONITORING AND EVALUATION..... 6

7.0 Introduction: 6

7.2 Internal Supervision, Monitoring and Evaluation..... 6

 CHAPTER EIGHT: PROJECT PROFILES 8

8.0 Project Background..... 10

8.1 Situational Analysis 10

8.2 Problem Statement 10

8.3.1 Problem Causes 10

8.3.2 Problem Effects 10

8.4 Stakeholders 11

8.5 Location..... 11

8.6 Technical Description 11

List of Tables

Table 1: Districts Projected Population of Acholi Sub-region	13
Table 2: Morbidity in GRRH, 2017/18- 2019/20	19
Table 3: Trend of Indicators in GRRH 2017/18 to 2019/20.....	20
Table 4 : Shows Mortality Rates in Children and Adults in GRRH.....	22
Table 5 below show the trend of out patients’ attendance in OPD and special clinic for the previous four financial years. The attendance in 2019/2020 seems to have gone down because of the lockdown during covid-19 outbreak in Uganda.	23
Table 6: Summary of key services provided at GRRH.....	31
Table 7 Other emerging issues (health determinants) in the region and their implications on GRRH	Error! Bookmark not defined.
Table 8: Important contextual factors for health in Acholi sub Region and implications for Gulu RRH	Error! Bookmark not defined.
Table 9: SWOT analysis of GRRH.....	42
Table 10: Table showing Targets to be achieved at the end of the five-year period.	Error! Bookmark not defined.
Table 11: Specific objectives and interventions to be taken by GRRH in the next five years	Error! Bookmark not defined.
Table 12: Budget Projections.....	73
Table 13: Hospital budget estimate (in Billions / Bn- UGX)	74
Table 14: Budget for supply chain activities for Gulu Regional Referral Hospital	Error! Bookmark not defined.
Table 15: Risk factors to health in the Acholi Sub region and implications for the GRRH.....	Error! Bookmark not defined.
Table 16: Supervision and monitoring of the strategic plan	6
Table 17: Monitoring Indicators	Error! Bookmark not defined.
Table 18: Logical framework.....	Error! Bookmark not defined.
Table 19: Detailed Departmental Situation Analysis.....	Error! Bookmark not defined.
Table 20: Equipment and Infrastructure Requirements per Department	Error! Bookmark not defined.
Table 21: Recruitment plan for period 2015/16 – 2019/2020.....	Error! Bookmark not defined.
Table 22: Exit of staff for period 2020/21 – 2024/2025	Error! Bookmark not defined.
Annex 3 Table 23: Equipment and Infrastructure Requirements per Department	Error! Bookmark not defined.
Table 24: Equipment and Infrastructure Requirements per Department	Error! Bookmark not defined.
Table 25: Important contextual factors for health in Acholi sub Region and implications for Gulu RRH	Error! Bookmark not defined.

List of Acronyms

AIDS:	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research Foundation
ANC:	Antenatal Care
CVDs:	Cardiovascular Diseases
DOTS:	Directly Observed Treatment, Short Course (for Tuberculosis)
EMHS:	Essential Medicines and Health Supplies
EmOC:	Emergency Obstetric Care
ENT	Ear, Nose and Throat
FP	Family Planning
GoU	Government of Uganda
HCs	Health Centers
HCT:	HIV Counseling and Testing
HDPs:	Health Development Partners
HIV:	Human Immune Virus
HMIS:	Health Management and Information System
HRH:	Human Resource for Health
HSC:	Health Service Commission
HSDs:	The Health Sub-District System
HSSIP:	Health Sector Strategic and Investment Plan
ICU:	Intensive Care Unit
IEC:	Information Education and Communication
ITNs:	Insecticide-Treated Nets
JICA:	Japan International Cooperation Agency
MDR	Multi-Drug Resistant
M&E	Monitoring and Evaluation
MoFPED	Ministry of Finance, Planning and Economic Development
MoH	Ministry of Health
NDA	National Drug Authority

NDP	National Development Plan
NGO	Non-Government Organization
NHoP	National Hospital Policy
NHP	National Health Policy
NHS	National Health Systems
NMHCP	National Minimum Health Care Package
NRHs	National Referral Hospitals
OPD	Out Patients Department
ORS	Oral Rehydration Salts
PEP	Post Exposure Prophylaxis
PNFP	Private Not For Profit providers
PPPH	Public Private Partnerships for Health
RRH	Regional Referral Hospital
SHO	Senior House Officer
SIP	Strategic and Investment Plan
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infections
SWOT	Strength, Weakness, Opportunity and Threat
TB	Tuberculosis
UNHS	Uganda National Health Survey
UNMHCP	Uganda National Minimum Health Care Package
VHTs	Village Health Teams
WHO	World Health Organization
UNICEF	United Nations and Children's Education Funds
SUSTAIN	Strengthening Uganda's Systems to Treat Aids

Foreword

Gulu Regional Referral Hospital five-year strategic plan was developed to enable the Institution improve on the health of its clients and enhance accountability of resources for improved service delivery. The plan is in line with the National Development Priorities elaborated in the National Development Plan Three (NDPIII); and Ministry of Health Strategic Plan and Policies and the Uganda Vision 2040. Through the implementation of this plan, the hospital will be able to fulfill its mandate of providing specialized health services to the people of the Acholi sub region.

The strategic plan will facilitate and guide the hospital in addressing the growing burden of disease in the region especially; malaria HIV/AIDS, Hepatitis B, T.B, ARI, UTI, and non-communicable diseases like diabetes, and hypertension. The plan will also address the shortages in human resources for health, improve quality of health service delivery to meet the required minimum standards, address inadequacy of and poor state of medical equipment and health infrastructure as well as improving both medical and non-medical supplies.

The overall goal of the strategic plan is to, reduce morbidity and mortality from major health conditions among the people of the Acholi sub region. This is in line with the NDPIII especially the Human Capital Development Programme objectives of; improving the foundation of human capital development, population health safety and management as well as reducing vulnerability and gender inequality.

This plan is expected to improve on a number of health care indicators in the region including; neonatal mortality, infant mortality, under five mortality, maternal mortality, average length of stay among others. To effectively implement this plan, the Gulu Regional Referral Hospital will require a total of **UGX 142,016,000,000/=** which will be a contribution of government of Uganda, development partners, the community and private services.

Furthermore, the process of developing this strategic plan was highly consultative, participatory and transparent. The Hospital leadership, the Board and all staff took a critical role in providing strategic guidance on the development of the strategic plan. Collaborating partners, the community, private sector and other stake holders will be instrumental in financing and implementing this plan. I wish to express my gratitude to all the staff and stakeholders of GRRH for their tireless contribution towards support of all health-related activities in Acholi sub-region.

Finally, I urge Ministry of Health, Development partners and local leaders to support the finance the financing and implementation.

Dr. JANE RUTH ACENG

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The development of this Strategic Plan benefited from the contribution, participation, and support of various persons and institutions. GRRH would therefore like to thank all those who contributed in one way or another to the production of this Strategic Plan. We are particularly grateful to the Government of Uganda through the Ministry of Health and the Ministry of Finance Planning and Economic Development, the National Planning Authority that provided a leadership role and technical support to the production of this Strategic Plan. The Manager Population and Social Sector Planning at NPA (Dr. Nahalamba Sarah) and Asio Jennifer Rose (GT/ PSSP) are commended for their tireless efforts in providing technical support to ensure that a quality Plan is developed.

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I convey my greatest appreciation to the following members of Hospital Top Management who actively contributed and dedicated their time to the successful completion of this document. I acknowledge your full support in the overall process: Dr. James Elima (Hospital Director) Tibemanya David (Principal Hospital Administrator) Jasinta Akullu (Principal Human Resource Officer) James Otim Onegiu (Senior Hospital Administrator) Norah Nakate (Senior Principal Assistant Nursing Officer) and Beatrice Akello (Principal Assistant Nursing Officer).

I thank the heads of different departments and Units for submitting their work/performance plan that have been incorporated into this document. Lastly, I urge all the stakeholders to utilize this strategic plan to facilitate effective delivery of health services in the region.

Dr. James ELIMA
HOSPITAL DIRECTOR

EXECUTIVE SUMMARY

Gulu Regional Referral Hospital (GRRH) was established as a general hospital in 1934 and was later transformed to regional referral hospital in 1999 to serve Acholi sub region. The hospital serves an estimated population 1,751,000 FY million (2019/2020) and has a bed capacity of 450 with staffing level of 70%.

The Hospital catchment population is from eight districts of Gulu, Kitgum, Pader, Agago, Amuru, Omoro, Nwoya, Lamwo.

The vision of Gulu Regional Referral Hospital is to be a Centre of excellence for super specialized preventive, promotive, curative and rehabilitative health care services and thus required to develop a facility strategic and investment plan which has to respond to the national development plan III (NDPIII), National Health Policy, investment Plan, and the Uganda vision 2040. The GRRH five - year strategic plan is developed in line with the above to enable the institution improve the foundations for human capital development, improve population health, safety and management and reduce vulnerability and gender inequality along the life cycle. The focus is on delivery of the Uganda National Minimum Health Care Package (UNMHCP)

Through the implementation of this plan, the hospital will be able to fulfill its mandate of providing specialized health services to the people of Acholi sub region. The strategic plan will facilitate the hospital in addressing the growing burden of diseases.

The overall goal of this strategic plan is to reduce morbidity and mortality from major health conditions among the people of the Acholi region. Specifically, the plan aims at achieving six main objectives; **i) to increase equitable access to emergency management and comprehensive specialized services, ii) to enhance health promotion, environmental Health and community initiative iii) to strengthen research, trainings, innovation and technology development in the region iv) to strengthen Human resource planning and management v) to improve and strengthen infrastructure development, leadership and management for quality health care and VI) Strengthen Health Supply Chain Management.**

This Plan will focus on five priorities which include; Emergency management and comprehensive specialized services, Health promotion, environmental and community Health, Research, trainings, innovation and technology development, Human resource planning and management, Infrastructure development, Supply chain management, leadership and management for quality health care with

specific attention to promoting optimal Maternal, Infant, Young Child and Adolescent Nutrition practices; Increasing access to immunization against childhood diseases; Improving adolescent and youth health; Implementing a Regional Strategy against Child Marriage and Teenage Pregnancy; Improving maternal, adolescent and child health services at all levels of care; Reducing the burden of communicable diseases with focus on high burden diseases; Prevention and control of Non-Communicable Diseases with specific focus on cancer, cardiovascular diseases and trauma; Improving the functionality of the health system to deliver quality and affordable preventive, promotive, curative, rehabilitative and palliative health care services; Increasing access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and hand washing practices; Increasing access to SRH and Rights with special focus on family planning services and harmonized information; Promoting health research, innovation and technology uptake; Establishing and operationalizing mechanisms for effective collaboration and partnership for health at all levels; Improving nutrition and food safety with emphasis on children aged under five, school children, adolescents, pregnant and lactating women and vulnerable groups; Improving Occupational Safety and Health management; Promoting physical health activities and behavioral change across all categories of the population; Promoting delivery of disability friendly health services including physical accessibility and appropriate equipment; Reducing the burden of HIV epidemic and its impact on the social-development of communities, using the multispectral approach; and Implementing a Regional Male Involvement Strategies in promotion of gender equality

The plan is expected to improve on a number of health care indicators in the region namely neonatal mortality, infant mortality, under five mortality, maternal mortality, and average length of stay among others. To effectively implement this plan, the regional referral hospital will require a total of **UGX 142,016,000,000/=** which will be a contribution of government, development partners, the community and private services. The major cost drivers of this strategic plan are infrastructure development, staff salaries, and medical equipment and supplies and other recurrent non-wage items.

The hospital will take a critical role in providing strategic guidance on the implementation of the strategic plan. The hospital board of governance will be supported by top management and all staff from each department. The role of collaborating partners, the community, private sector and other stakeholders will be instrumental in implementing and financing this plan.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

The five years F/Y2020/2021-2024/2025 for Gulu Regional Referral Hospital is the second strategic plan to achieve Uganda's vision of 2040. It provides the strategic focus for the organization for the next five years. Including its midterm priorities and actions to be implemented in fulfillment to its mandates and function as a regional referral. It articulates on action and development, transformation towards excellence in provision of health care. The pillars of intervention over the strategic plan are prevention, promotion, curative, rehabilitative, training and research. It also influences policy on specialized service delivery.

1.1 Background and Administrative Context

Gulu Regional Referral Hospital is located in Gulu City, the largest town in the Acholi sub-region, located approximately 343 kilometers north of Kampala, Uganda's capital city on the coordinates latitude: 2°46'28.45N; longitude: 32°17' 56.36E. It was built 1934 as a provincial hospital, later became a district hospital until 1999 when it was made a Regional Referral Hospital. The hospital serves as the referral facility for the eight districts in Acholi sub region, with a projected catchment area population of 1,751,000 (F/Y 2019/20). As a teaching hospital, it is destined to become a National Referral Hospital by Act of Parliament.

This strategic plan provides the framework for service delivery to the community in line with Ministry of Health strategy to deliver the Minimum Health Care Package. It is a policy requirement that Ministries, Agencies and Departments including institutions like Gulu Regional Referral Hospital develop a strategic and operational document in order to provide quality health service, streamline and improve resource mobilization and utilization so as to produce efficiency and effectiveness in service delivery. The plan is developed in consideration of the national health systems structure and national policy documents: National Development Plan III, National Health Policy and Health Sector Development Plan.

Gulu Regional Referral Hospital's goal is to reduce morbidity and mortality through provision of specialized and general health care, conduct training, research and support supervision to other facilities in the region.

In the next five years the hospital focus will be on delivering of the Uganda National Minimum Health Care Package (UNMHCP). This shall contribute to human capital development; population health, safety, and management; and vulnerability and gender inequality along life cycle.

1.2 Demographic and socio-economic characteristics of the Acholi Sub-region

The Acholi sub-region is necessarily inexact ethno-linguistic taxonomy that refers to the region traditionally inhabited by the Acholi. It is administratively made up of eight districts; Gulu, Kitgum, Pader, Amuru, Nwoya, Lamwo, Omoro and Agago with an estimated population of 1,751,000 (F/Y 2019/2020). The region shares borders with Sudan in the north, Lango and Bunyoro sub regions in the south, West Nile in the west and Karamoja sub region in the North east.

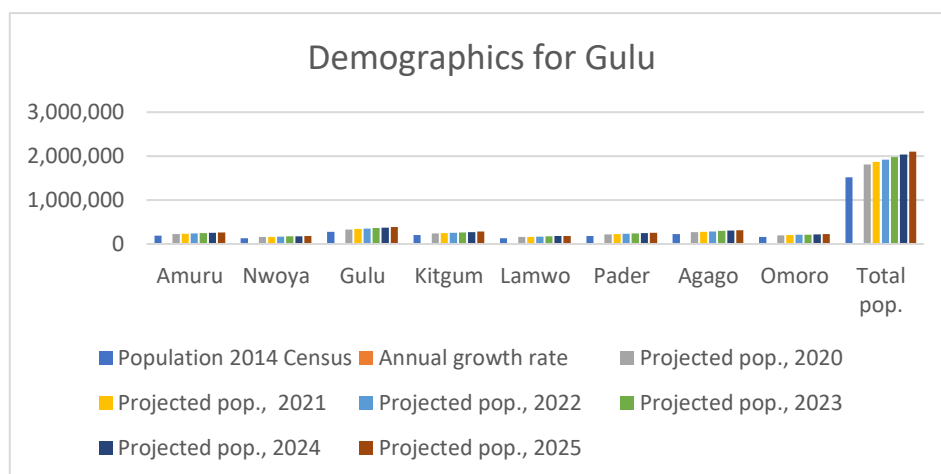
Gulu is a multi-ethnic district with over 85 percent of the people being Luo. Other tribes in the district are the Madi, Banyoro and Lango. The main local language in the region is Luo and over 80% live in the rural areas.

The main economic activity is agriculture and a very small fraction involved in formal employment. The region suffered many deaths and social disruptions resulting from the two-decade civil-war during which the government moved thousands of residents to Internally Displaced Persons (IDP's) camps. The guns went silent from 2005 and since then the region is in recovery, experiencing tremendous economic growth although up to 40.4% still living below the poverty line (Uganda National Health Survey, 2016/17

The two decade civil war had a setback on formal /informal education, settlement patterns, and socioeconomic activities hence the region registers negative health outcomes (MMR, NMR, poor health seeking behavior, high rate of teenage pregnancy and GBV among others).

The main transport system in the region is by road and all the towns have a fairly good road network. The great north road from Cape Town to Cairo passes through Gulu and Amuru districts. There is an established airfield in Gulu (to be upgraded to an International airport) and air strips in Kitgum, Pader and Agago districts. The railway line from Mombasa through eastern Uganda traverses the region up to Packwach in West Nile sub region. Telecommunication services are well covered by the private Mobile Telephones companies and a good number of the populace has access to telephone handsets. The completion of construction of a logistics hub in Gulu City is expected to boost trade and economic development in the region.

Graph 1: Districts Projected Population of Acholi Sub-region



1.3 GLOBAL, CONTINENTAL, REGIONAL AND NATIONAL FRAMEWORK

The global, continental regional and national perspectives provide both opportunities and threats that inform strategic focus of this plan. Global growth is uncertain, tilted on the downside as the impact of the Corona pandemic is not clear and economies are likely to be in recession in 2020 as the Corona pandemic impact becomes clearer (NDPIII).

Uganda is signatory to regional and international development agendas which gives opportunities for development cooperation with other state and non-state Organization. This presents commitments to increase the wellbeing and quality of life of its people. This also presents a platform like the East African Vision 2050, the Africa Agenda 2063 and the United Nations Sustainable Development Goals (2030 Agenda) for mobilizing resources for funding program and projects at different level

The regional and international development agendas are fundamentally rooted in the principles of inclusivity, equality and leaving no one behind. It requires the country to achieve certain set development targets within specified time frames. The delivery of health services in Uganda utilizes the above structure and guided by a number of policy documents such as the NDP, NHP, HSDP and the Hospital Strategic and Investment Plan with the overall goal of attaining a healthy and productive population for the nation.

In pursuit of Uganda Vision 2040, the health sector aims at producing a healthy and productive population that effectively contributes to socio-economic growth. This will be achieved by Universal Health coverage in Uganda through delivery of promotive, preventive, curative, palliative and rehabilitative health care services. Therefore, the roles and contributions of all health care players like the government, non-governmental (NGOs) and private institutions including indigenous traditional and complimentary health practitioners remain pertinent in the implementation of this Plan (*NDPIII 2020/21-2024/25*).

In the HSSP II the framework for the sector programme has been adjusted to reflect the central nature of the delivery of the Uganda National Minimum Health care package (UNMHCP) and the important and supportive role of the programme objectives.

Similarly the organization of sector plans and reports like the AHSPR reflect this restructuring , with focus in the document on the performance against UNMHCP and the Supporting Health system.

1.4 The National Health Policy 2010

The focus of NHP II shall be improving the foundations for human capital development, improving population health, safety and management and reducing vulnerability and gender inequality along the life cycle. It will specifically prioritize the effective delivery

of the Uganda National Minimum Health Care Package (UNMHCP), more efficient use of available health resources, strengthening public and private partnerships for health and strengthening of health systems. In the period of the NHP II and in line with global agendas, emphasis will be placed on attempts to achieve universal access to a minimum health care package as well as equitable and sustainable financing mechanisms.

1.5 The Minimum Health Care Package

The Minimum Health Care Package in Uganda shall consist of the most cost-effective Priority Healthcare interventions and services addressing the high disease burden that are acceptable and affordable within the total resource envelope of the sector. The package shall consist of the following clusters

Health promotion, Environmental Health, Disease Prevention and Community Health Initiatives, including epidemic and disaster preparedness and response

Maternal and Child Health, Prevention, Management and Control of Communicable Diseases, Prevention, Management and Control of Non-Communicable Diseases

The composition of the Package shall be re-visited periodically depending on the following: changes in disease burden, availability of new interventions to address these conditions, changes in the cost-effectiveness of interventions and the total resource envelope available for service delivery based on available evidence. Greater attention shall be paid to ensure equitable access to the package including affirmative action for under-served areas, Vulnerable Populations and Continuum of Care. (2nd NHP 2010)

1.6 The MOH strategic plan and Gulu Regional Referral Hospital plan 2020/21-2024/25

MOH strategic plan is a medium-term development agenda and part of the overall health sector planning framework. It provides the strategic focus of the ministry of health strategic contributions in accordance to constitution and legal framework of the country in line with vision 2040. The theme of the NDP II was *"Strengthening Uganda's Competitiveness for Sustainable Wealth Creation, Employment and Inclusive Growth"*.

It is a key anchor document in the sector, drawing orientation from the NHP II and the NDP III, and provides orientation to:

- Business / investment plans for health services programs (Malaria, EPI, etc), system areas (human resources, and others), parastatals and districts by providing them with sector targets and priority interventions
- Sector budgeting process by providing this with the key investments that require financing and their related outcomes, and so influencing the operational planning process.

GRRH strategic plan entails the development of an agenda which is in line with MOH strategic plan for attaining priorities around disease prevention, mitigation and control, strengthening the national health systems including governance, health education, promotion and control, curative services, rehabilitation, palliative care and infrastructure development.

The MOH and GRRH provides overall strategic direction for stakeholders in the health, together with outlining their expected roles and responsibilities in attaining this strategic agenda. Besides this, it lays out implementation framework within which stakeholders contribute towards improving the health of the population. Furthermore, strategic plan lays down clear coordination mechanisms for the various stakeholders.

1.7 Description of GRRH structure:

The regional referral hospital policy provides for hospital board which report direct to the ministry of health. Top management committee which report to the board, senior

management committee that report to top management, clinical, research and training committee. Gulu regional referral hospital is headed by hospital director and the organisation is structured into an array of clinical and support services which includes clinical services, nursing division, research and community services as well as administrative services. Each of these department cascade into detailed division, sections and units reflective of the current service range of the hospital.

The GRRH is a self-accounting institution granted by MoFPED and has a Hospital Director appointed by the MoH. Who ensures proper accountability and transparency for the resources, timely planning and implementation of the plan drawn for the hospital, resource mobilization, encouraging participative decision making as well as information sharing.

Purpose of the plan

The purpose of this plan is to translate the mandates and functions of Gulu Regional RH into strategies and priority actions in light of new development in the economy and global environment. Gulu RRH recognizes thaas a national Health institution servicing vast population its actions are critical instruments for allowing the preservation of human rights.

It is therefore a guide to the organization's development and service delivery, frame work over the 5 years horizon (FY 2020/2021-2024/2025)

The specific objectives of formulating this plan are to:

- 1- Guide the hospital in building on the achievements of the last five years and consolidates its organisational capacity to holistically to execute its mandates
- 2- Provide strategies and intervention for optimising comprehensive, holistic quality of care.
- 3- Provide a basis for preparing annual work plan and budgets over the plan period
- 4- Provide the basis for effective implementation, monitoring and evaluation of GRRH deliverables.

1.8 Approach and formulation process of the strategic plan.

The production of this plan is in line with the NDPIII program planning and budgeting approach. A mix of top down and bottom-up approaches were used. This was to ensure that strategic guidance is provided at the top/ senior management, departmental and to units' level. The articulation of the identified development priorities were done at departmental and units levels through the development of departmental program and activities. The direction of GRRH strategic plan was informed by an extensive consultation process based on background analytical work on past strategic plan implementation efforts and strategies, trends in key indicators in the following areas:

prevalence of under 5 stunting; neonatal mortality rate; under 5 mortality rate; Maternal Mortality Rate; unmet need of family planning; mortality due to NCDs; Mortality due to high risk Communicable Diseases; teenage pregnancy rate; gender gap index; access to safe water; access to basic sanitation and hand washing; proportion of the population accessing universal health care; and percentage of vulnerable people with access to social insurance.

1.9 Structure of the plan

This Plan is organized into eight chapters. **Chapter one** covers the Introduction and background, **Chapter two** provides an in-depth situation analysis of Population of the catchment area of GRRH, infrastructure, systems, service delivery key indicators and management, **Chapter three** elaborates adaptation of the National development program, GRRH's Vision, Mission, Core Values, Goals and Objectives, Priority areas, Performance Indicator, Planned Projects and interventions, Chapter **Four** presents the structure for financing the plan to ensure the implementation of the strategic objectives and the implementation arrangements to be followed during the plan period.

Chapter **Five** presents roadmap that the hospital shall take to communicate with and engage the different stake holders. Chapter **six** provides the Risk management, and chapter **seven** provides for monitoring and evaluation framework for the plan. It includes Risk management strategies, M&E approaches and a detailed M&E results.

CHAPTER TWO: SITUATION ANALYSIS

2.0 Introduction

This chapter provides an in-depth situation analysis of Population of the catchment area of GRRH, infrastructure, systems, service delivery key indicators and management. The description of the hospital is in terms of relations to national health systems framework, geographical scope, population covered and other major social demographic indicators are highlighted in chapter one under background.

The hospital has an actual bed capacity of 450 and a staffing level of 70% excluding project and University staff (specialist Lecturers). Besides the core function of clinical care, it is one of the two teaching hospitals for Gulu University Medical School and an internship training Centre for medical doctors, nurses, pharmacist and other allied health professionals from within and outside Uganda.

2.1 Epidemiology status in the region and disease burden in GRRH

The disease burden in the area served by Gulu Regional Referral Hospital remains high. According to hospital HMIS, the common causes of morbidity and mortality in the region include; Prematurity, Birth Asphyxia (HIE), Neonatal Sepsis, , Malaria, HIV/AIDS, Hepatitis B, TB, UTI and non- communicable diseases like Sickle Cell Disease, diabetes mellitus, hypertension among others.

2.1.1 Morbidity

According to **HMIS 105** Malaria has been the leading cause of ill-health in the region in the last two financial years (2017/18 and 2019/20). The table below presents a summary of morbidity in GRRH during the period 2017/18 to 2019/20.

Table 1: Morbidity in GRRH, 2017/18- 2019/20

Indicator	2017/18	2018/19	2019/20
Overall Total HIV Tested	25304	34714	20052
HIV PR, all age groups (Per 1000 pop.)	3per/1000	4per/1000	4per/1000
HIV IR, all age groups	3.87%	3.35%	6.8%

Pulmonary TB (all ages) [New & Re-attendance]	243	318	416
Malaria- U5s	1081	1142	1229
Diarrheal diseases in U5s (per 1000 pop.)	939	673	643
Malnutrition in UFs (all forms)	136	60	107
Notifiable diseases (All)	7511	6182	6966
Region-specific diseases (Hepatitis B-Admission)	82	71	92
Sickle Cell disease	52	26	28
CVD, all age groups (per 1000 pop) New/Re-attendance	910	553	530
Diabetes mellitus, all age groups (per 1000 pop) [New & Re-attendance]	384	226	285
Cancer, all types, all age groups (per 1000 pop)	47	73	82
Asthma all age groups (per 1000 pop) New /Attendance	302	221	220
Psychiatric disorders in adults(per 1000 pop)	985	949	910
Abortions (Total)	1080	1064	1290
Obstructed labour	136	82	56
Hemorrhage related to pregnancy, APH/ PPH	45	51	76
All trauma due to road accidents	76	92	72
Others trauma	866	523	670
Substance abuse	66	67	65

2.1.2 Indicators

The table below provides the trend of key indicators of service delivery in the Hospital for the period 2017/18 to 2019/20 (Source HMIS 107)

Table 2: Trend of Indicators in GRRH 2017/18 to 2019/20

S/N	Attendances/Cases	2017/18	2018/19	2019/20
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			8/19	
1	OPD Total Attendance	151901	159 829	128499
2	General OPD Total Attendances	37569	265 66	23875
3	Specialized Clinics	114332	133 263	104624
4	Total Admissions	24135	271 18	26306
5	Antenatal Care	7499	844 5	12599
6	(HIV First time & Re-tests) in ANC & Maternity	3779	437 1	5897
7	HIV positive Mothers	158	141	101
8	Maternity Ward Admissions	3958	444 2	4377
9	Maternity Patient Days	8407	819 5	10760
10	Maternity Average Length of Stay (ALOS)	2.1 Days	1.8 Day s	2.5 Days
11	Maternity Average Bed Occupancy (ABO)	23	22	29
12	Maternity Bed Occupancy Rate (BOR)	82%	79%	103.6%
13	Total Deliveries	3461	325 7	4302
14	Normal Deliveries	2954	276 0	3696
15	Caesarian Section	507	625	606
16	MMR (per 100,000)	87/100000	120/ 100 000	116/1000 00
17	Abortion In-patients	960	920	1132

18	Total HIV tested	25304	347 14	20052
19	Total HIV positive	981	116 3	1373
20	Family Planning Total	3669	345 1	2979
21	Total Immunization	38791	435 08	47592
22	TB Treatment Success Rate	60.1%	54.2 %	
23	OPD Malaria Cases	6029	543 2	5321
24	DPT % coverage	43.1%	142. 6%	130.5%

2.1.

Mortality

The mortality rates for under five and above five age groups obtained from the HMIS 107 is summarized below.

Table 3: Shows Mortality Rates in Children and Adults in GRRH

INDICATORS	2017/18		2018/19		2019/20	
	< 5Yrs	> 5Yrs	< 5Yrs	> 5Yrs	< 5Yrs	> 5Yrs
Pneumonia	8.1%	3.3%	9.2	3.9%%	11.6%	10.3%
Malnutrition	6.1%	1.2%	4.6%	1.8%	3.3%	0.3%
Malaria	8.1%	4.5%	13.7%	5.5%	14.4%	9.7%
Anaemia	3%	2.4%	6.9%	1.2%	5.5%	1.3%
Diarrhea	1%	0%	0%	0.6%	0%	0.9%
Septicemia	1%	1.2%	2.3%	0.3%	4.4%	2.6%
RTI No Pneumonia	0%	4%	1.5%	3.6%	0%	2.9%
TB	0%	8.2%	0%	13%	0%	7.4%
Meningitis	1%	4%	0%	4.8%	0.6%	3.5%
CVS: ST,Stroke, Cardiac	0%	5.7%	0.8%	4.8%	0%	4.8%

Injury (RTA)	0%	0.8%	0%	0.9%	0%	0.6%
Injuries Others	0%	0.8%	0%	7%	1.7%	4.8%
Hepatitis B	0%	1.2%	0%	1.8%	0%	2.9%
Diabetes Mellitus	0%	0.8%	0%	1.8%	0%	2.3%
Psychiatric disorders	0%	0.8%	0%	0.6%	0%	0.6%
All Cancers	0%	2.9%	0%	1.8%	0%	0.9%

Source: HMIS 108 DATA-2017/18-2019/20

In relation to above table, the mentioned conditions below are contributing to the greater percentage and in the rise among the mortality in GRRH according to the trend.

- Cardiovascular diseases (CVDs): Hypertensive Heart diseases, cardiovascular Accidents (CVA/stroke), pulmonary events (Embolism), and cardiac arrest. (HMIS, monthly return in-patients, form 108)
- Cancers: hepatocellular, cervical, breast, prostate, digestive organs (esophageal, stomach, pancreatic, colon, and rectal) lungs, haemopoetic tissue, Kaposi sarcoma, skin, and other neoplasms. (HMIS, monthly returns for in-patients, form 108).
- Psychiatric disorders: anxiety, mania, depression, schizophrenia, dementia, and other mental disorders.

SELECTED SPECIAL CLINICS ATTENDANCES (NEW & RE-ATTENDANCES)

The attendance in 2019/2020 seems to have gone down because of the lockdown during covid-19 outbreak in Uganda.

Table 4: Trend of out patients' attendance in OPD and special clinic

S/N	CLINIC	2016/17	2017/18	2018/19	2019/20
1	GENERAL OPD	33763	37569	26566	23875
2	SPECIALISED OPDs	103624	114332	133263	104624
3	ART CLINIC	32294	29994	42958	29380
4	ENT	4400	2851	2399	1710
5	EYE CLINIC	14093	13350	14204	12857
6	DENTAL CLINIC	10250	10236	10756	11728
7	PHYSIOTHERAPY	3627	2927	3090	2503
8	DIABETIC	2718	3013	3884	2961
9	CARDIAC	1468	1689	1192	928
10	PSYCHIATRICS	10183	8743	8025	9056
11	SCD	976	1386	1014	1019

12	ADOLESCENCE F.S	6843	6775	5254	4166
13	PEADIATRICS	558	656	1574	1272
14	CANCER OF THE CERVIX SCREENING	689	802	854	936

Source: HMIS 105

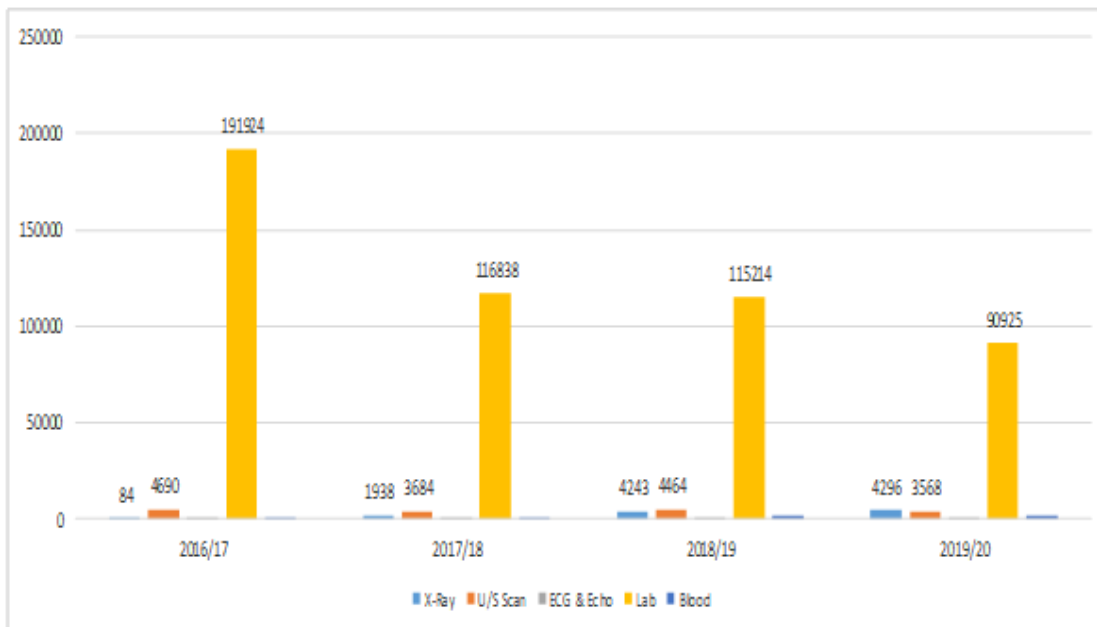
Table 5: shows trend of preventive services under community health

S/N	CLINIC	2016/17	2017/18	2018/19	2019/20
1	YCC	7093	7763	11366	9241
2	FAMILY PLANNING CONTACTS	3574	3669	3451	2979
3	ANC ATTENDEEES	8886	7499	8445	12599
4	HIV TESTS FOR EMTCT	3593	3779	4371	5897
5	IMMUNIZATIONS	47333	38791	43508	47592

Source: HMIS 105

Diagnostic Services

Graph 2 showing the trend in access to diagnostics services at GRRH

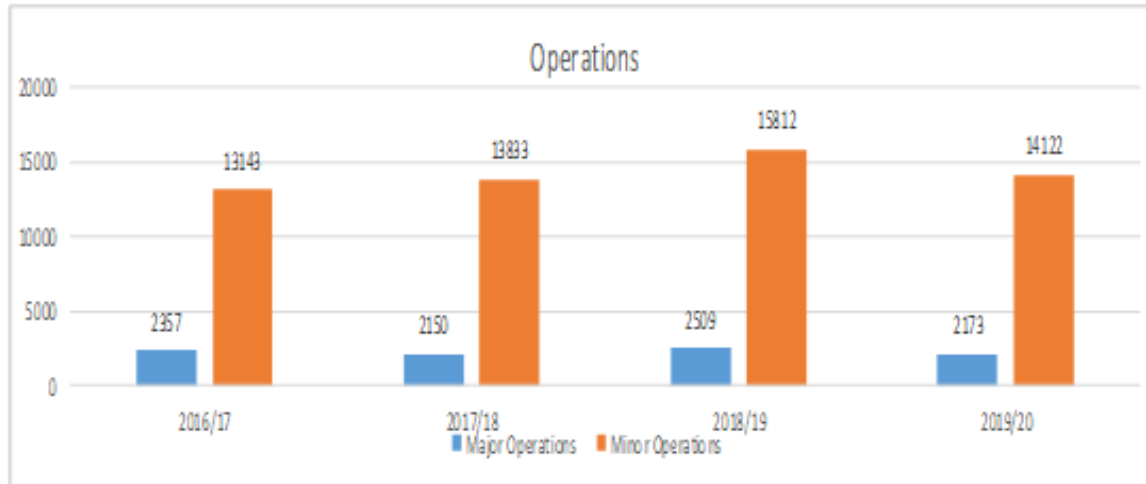


Source: HMIS 105

Surgical operation services

The graph below shows the functionality of the theater at GRRH for the previous four financial years but in 2019/2020 major operation went down due to demolition of the main theater in a bid to construct the modern theater and the COVID-19 19 pandemic.

Graph 3 showing surgical operation services



2.2 Infrastructure

2.2.1 Buildings

Most of the physical structures (Residential and non-residential) were built in the 1930s when the hospital was constructed. Therefore, most structures are dilapidated and moreover unable to accommodate big number of both patients and staff (The staff quarter is able to only accommodate 7% of the total number of staff 308). This accommodation challenge has affected staff attraction and retention hence the low staffing level of 70%. There have been efforts by both government and development partners (JICA, AVSI, Italian corporation, Soletterre, USAIDS, Sheffield in te construction of new structures like administration block, doctors’ block, therapeutic feeding unit, and Radiology department. However, there are newer structures still under construction like the 54 staff housing unit and a storeyed complex to house operation theaters, Intensive Care Unit (ICU), Sterilization unit, Accident & emergency, Obstetrics & gynecology ward and Neonatal Intensive Care Unit (NICU)). The old buildings have been undergoing refurbishing. These included Eye department, physiotherapy unit, ART clinic, laboratory, MDR TB, General OPD and Mental health Unit.

As a result of the dilapidated structures, the costs of maintenance is quite high in terms of renovation, plumbing, electrical and carpentry works. However, efforts are being made by the hospital to continuously maintain them through budget funded by government of Uganda. More so, the pre-existing walk ways were broken down during the construction of the new building hence accessibility within the hospital remains a challenge for both

patients/clients and staff. Additionally, there is an ill-defined inadequate perimeter wall fence which imposes insecurity threats to hospital properties, patients and staff.

The hospital currently has a master plan developed in 2010 which guides the construction within the Hospital.

The hospital physical planning and layout designed during the Colonial period does not now conform to the regional functionality. The hospital is currently challenged with the issue of space for provision of services and expansion hence limited services are being provided. Gulu RRH has not been able to provide super specialized care services partly due to lack of space to accommodate cancer Institute, Heart Institute, ICU, Dialysis rooms, and endocrinology facilities. A proposed solution to the above problem of lack of land for expansion would be construction of storeyed structures for newer buildings or acquisition of land elsewhere to act as satellite sites. In the last strategic plan (2015/2016-2019/2020) government and development partners invested in the infrastructural development of the Hospital.

2.2.2 Equipment

There has been investment to supply hospital equipment to facilitate diagnostic and clinical services. However key investigation and diagnostic equipment are still lacking and these include:

2.2.2.1. Diagnostics: Electro Encephalogram (EEG), Arterial Blood Gas (ABG) Analyzers, ECG, MRI, HSG machines, spirometer, Echo, mammography, portable X-ray equipment, CT scan, MRI, Sonography services, endoscopy (upper and lower GIT, cystoscopy, laparoscopes, fluoroscope)

2.2.2.2. Therapeutics: Dialysis machine, Radiant warmers, Incubators, Nebulizers, ventilators (adults and children), Defibrillator, phototherapy machine. Other essential tools like Pulse oximeters, Patients' monitors, Anesthetic machine, infusion pumps, Deep freezers, fridges, water dispensers and piped oxygen to all wards and units.

2.2.3 Transport and Ambulance Service

There are 14 designated vehicles (one for the Hospital director, 01 for administration, 01 for Maintenance, 02 for Eye Department, 02 for community department, 03 Ambulances in good working condition and 02 currently grounded, 01 for nurse's van, 01 Pool Land Cruiser). These vehicles cater for general hospital functions and project activities. However, we still experience problems in transportation of referrals and emergencies. The cars are also depreciating hence maintenance is costly. Since many staff stay outside, it would be of importance to acquire a coaster/bus for transporting staff to and fro and

also for other activities such as nurse's day celebration, burial, social functions and bench making.

2.2.4 Energy Supply

The hospital power supply is from the national grid but this is associated with a lot of fluctuating supply leading to high black out, frequent machine breakdown resulting to consequential loss of lives especially for patients on oxygen. Above all, expenses of running the generator is alarmingly high and it is worse during rainy season. Installation of power back up and solar supplies in critical areas like theatre, acute care unit, labour ward and emergency unit has not provided an everlasting solution.

2.2.5 Water Supply

The main source of water supply to the hospital is from National Water and Sewerage Corporation. However, there are two submersible pumps of which only one is functional. Other minor sources are boreholes and few rain harvesting tanks. Water supply is still inadequate since the current tank has a small capacity and not able to supply the newer taller buildings. Dry season likewise affects water supply source in the whole district due to low level of water at the dam which is the main source of water to the National Water and Sewerage Corporation. However, there is new tank being erected of a capacity of 153,000litres which may partly solve the problem of water storage and preservation to the hospital. Half of the hospital is connected to the main sewage line while the remaining part is using septic tanks.

2.3 Human Resources and Development

The human resource capacity of GRRH has steadily improved, but staffing remains inadequate. The welfare and motivation of staff is still low, limiting the Institute's capacity to retain some of its specialized staff. As such, GRRH has progressively failed to attract some of its critical specialized staff to offer specialized health care.

Staff approved posts are at 90% filled at 78% and percentage of vacant posts is at 18%.

Availability of relevant technical and specialized competences remains wanting due to lack of special cadres like consultants.

Over the years, the organization continued to experience variance in the budget and expenditure in its operations secondary to unabsorption of critical cadre like consultants and senior consultants.

None the less, recurrent expenditure has since gradually increased from 2nd year of the plan implementation.

Table 1: Budget Performance of GRRH Strategic Plan 2014/15-2019/20

Financial Year	Approved	Actual
17/18	7,542,102,788	6,623,474,126
June 2018/19	8,900,316,229	8,326,261,180
June 2019/20	10,322,055,341	9,117,503,499
June 2020/21	11,780,667,865	9,840,895,121

Waste management

The hospital produces both medical and domestic wastes arising from the patients/clients and staff. Currently there is a modern incinerator constructed with support from WHO in partnership with Baylor. This was a response to a concept written in 2018 to address the challenge of medical waste disposal. The only incinerator then was small and the cost of maintaining it was high as it would frequently break down. Domestic wastes are disposed through collaboration with the Gulu Municipal Council where a skip is positioned and routinely carried away for disposal. Medical waste management in GRRH fairly conform to the WHO guidelines (70%) (WHO, 2020). Additionally, the hospital received colour coded Skips from Green Label (USAID project) for storage of medical waste which are emptied and taken for incineration on daily basis. However there is need for continuous

training on waste management segregation to ensure sustainability of the new incinerator. More so, there is also need to train and support the medical waste management team to observe the SOPs.

2.4 Medicines and Supplies

The procurement and supply management of essential medicines and health supplies for the public sector including GRRH is handled by the National Medical Stores (NMS). In the last years the supply system has been both push and pull system whereby the facility could quantify using the essential drugs and commodities list basing on their actual demand. Delivery to the Hospital is made in Bi-monthly intervals by the National Medical Stores and the costs are charged against a credit line (Essential Drug Account). The drugs are dispensed free to the patients as this is a government policy that medical services should be provided free. There is however a private wing whose operations are legalized. The private wing services are not free and their medicines and supplies are procured from pre-qualified service providers with funds generated from the private Wing.. There are some donations which the Hospital receives from development partners, implementing partners, and other stakeholders.

2.5 Support Supervision

2.5.1 Support supervision to the districts

GRRH is mandated to conduct regional supervision, mentor-ship, coaching, operational research and on-site training to the districts under its catchment area. The specialists conduct their mandate to general hospitals and HC IV in the region. The development partners have played key roles in facilitating support supervision and mentor-ship in the Hospital and lower facilities. The hospital, with her limited staffing of 70% makes efforts to fulfill the regional mandate for supervision. In collaboration with Gulu University the hospital conducts training to medical students, clinical and nursing students.

Internally, there has been effort to conduct operational, Continuous Professional Development sessions (CPD), maternal perinatal death reviews and surveillance tailored towards improving quality of health care. However, there is still need for skill development in various areas of health services delivery to cover new recruits and refresher for old staff. This could boost the quality of health service delivery hence restoring good image of the hospital to the community.

2.6 Training and Research

2.6.1 Training

The hospital contributes to human resource development for both staff and students. This includes long and short-term training of Health workers namely super specialized training, Masters, Bachelors, Diplomas, and certificates. There is also provision for in-service training (CPDs, skills building, and major ward round teachings) for all staff. More training programs need to be developed in line with changing trend in medicine and this can be achieved with good collaborations with Gulu University, and other training institutions around the hospital and the country at large, more training programs will be developed.

2.6.2 Research and Publications

The National Health Policy aims at institutionalizing health operational research at all hospital levels. In order to do so, it is envisaged to: strengthen the coordination between the hospitals and the relevant research institutions and consumer organizations; establish a mechanism to build capacity for research and establish Ethical Review Committees at all RRHs.

The hospital currently has a research and ethics committee working closely with higher institutions of learning. The hospital has research partnerships in many areas in both health and non-health related areas. However, being a teaching hospital, a lot of research are done by students from the various training institutions, development partners as well as other line ministries (multi-sector approach). The hospital carry out operational research with other implementing partners. The institution needs to develop a research centre with an established resource centre where researchers' published books are kept for references. There is also need to build skills of staff in proposal writing, research activities, and lobbying for research grants. The hospital needs to have specific budget to runs research activities.

The hospital research and ethics committee is mandated to validate and approve all researches carried out in the Hospital and its target population. These scientific studies are carried out by the internal Hospital staff, students from training institutions in and out of the country and ministry of health and development partners.

The overall objective of the committee is to enhance research capacity of health care personnel and students, increase the number of publications and to leverage on study findings to improve health service delivery. Additionally, the objective is also to ensure all researches done in the Hospital have got ethical approval from the relevant ethics and review boards to ensure safety of the study subjects. The committee during this period is

looking at submitting abstracts to relevant national and international conferences for presentation and also publications in national and international scientific journals. We intend to achieve this by building the capacity of Hospital staff in writing proposals, abstracts and manuscript writing.

2.7. Services Provided at Gulu Regional Referral Hospital as of 2019/20

The services provided at GRRH are in line with the provision in the NDP, NHP and HSDP which emphasises on governance, disease prevention, mitigation and control; health education, promotion and control; contributing to early childhood development; curative services; rehabilitation services; palliative services; and health infrastructure development. The hospital implements these through its general and various specialized departments mentioned below. Training and research is not underscored as this is one of the two teaching hospitals for Gulu University Faculty of Medicine.

Table 6: Summary of key services provided at GRRH

S/N	Services	Description /Departments
1	Curative/clinical services	Provided as inpatient and outpatient services. These are medical, surgical, Paediatrics and child health, Gynaecology /obstetric, Ophthalmology, ENT, and Diagnostic services (Radiology and Laboratory).
2	Preventative services	School Health, Environmental Health and Sanitation, Immunizations, Growth Monitoring, STI/HIV, Epidemics and Disaster, Nutrition, Counseling, Adolescent care and cancer screening.
3	Surveillance for epidemics diseases	For notifiable diseases and epidemics/Disasters: Hemorrhagic fever, Acute Flaccid Paralysis/Poliomyelitis, Leprosy, Measles, Neonatal tetanus, malaria, snake bites, cholera, dysentery, guinea worms, animal bites, bacterial meningitis, plaque, yellow fever, severe acute respiratory infection, adverse events following immunization, typhoid fever, presumptive or MDR- TB, others emerging notifiable diseases e.g. influenza and Covid-19
4	Health Education and Promotion	Family planning, Antenatal care, HIV/AIDS prevention and care, Water and Environmental Protection, behavior change, Hepatitis B, substance abuse, Gender Based Violence, and Teenage pregnancy
5	Maternal and Child Health	Maternity services, Antenatal care, Intermittent Presumptive treatment, infant feeding and care, Family Planning services, eMTCT, New born care, Post natal care, and Post abortion care

6	Outreach services	Conducted to General Hospitals and H/C IV include the following EPI, HCT, Environment Health units, Health education and promotion, Rehabilitative, maternal and Neonatal mortality review, Mental health, Ophthalmic, Voluntary safe male circumcision (VSMC), Palliative care and surgical
7	Support and management functions	Conducting clinic and non-clinical Support supervision outreaches to the lower health facilities, ambulances
8	Others services provided	Kitchen, Library, mortuary services, waste management, Laundry, store management

Source: Financial year 2016/2017 Annual report of GRRH (HMIS FORM 107: Health Unit Annual Report

2.8 Clinical laboratory tests

The following tests include haematology, microbiology, chemistry, and parasitology and Hormonal Assay amongst others.

2.9 Blood transfusion services

The regional blood bank is located in Gulu city, about a kilometer from the hospital. This therefore, renders easy access for transfusion services. There is need to have better collaboration with the Regional Blood Bank. With a plan to elevate GRRH to National Referral Hospital there would be need to have services of hematologists, microbiologists, parasitologists, and clinical chemists among others.

2.10 Medical imaging services

These include X-ray imaging and ultrasonography. The Hospital has newly received a portable X- ray machine which will surely ease workload. However, there is need to have computerized digital system in the whole hospital that interconnects departments and units. More so, other equipment needed are EEG, ECG, Echo, mammography, CT scan, MRI, Sonography services, and endoscopy (upper and lower GIT, cystoscopy, laparoscopes, and fluoroscope). These should be connected to the computerized digital system.

2.11 Medical Rehabilitative services

There is a well-established regional rehabilitation center comprising of physiotherapy unit, occupational therapy unit, Orthopaedic workshop and social work department. This provides the following services: exercise therapy, manipulative therapy, and electrotherapy, production of appliances, counseling, re habilitation and skill training.

2.12 General Support Services

This involves all the support services required for quality health service delivery and they include Finance and administration, Human resource functions, equipment and maintenance (plant and machinery) workshop, stores and supplies, social work, laundry, cleanliness, security, transport, library and resource center, ICT, record, sterilization, mortuary and kitchen. However, a lot more is required to construct a modern kitchen, library and resource center

since the current buildings are very old, small and can hardly accommodate the services.

2.13 Community Health Services

The community health services are provided both at the hospital and outreach posts. The services include ANC, Family planning, immunization, awareness/early detection and screening services, palliative care, school health, adolescent health services, prevention of injuries and trauma, disease surveillance and health education.

2.14 Pre-Service Training of Health Workers

The hospital is involved in the training of students from a number of training institutions which are both public and private. The institution also receives international medical student in exchange programs. These training institutions have signed MoU with the GRRH.

2.15 Management and governance.

The GRRH is a self-accounting institution granted by MoFPED and has a Hospital Management Board appointed by the MoH on the recommendation of the district councils within the catchment area in accordance to the guideline provided by MOH.

The hospital board is composed of prominent personalities in the districts of the catchment area: Chairperson is a graduate retired health worker, and members includes businessman, retired health worker, an engineer, a lawyer, Director of the hospital as the secretary to the board, Chief Administrative Officer (CAO) of any district within the catchment areas, and head of nursing division and representative form MoH at a level of commissioner (MoH, 2018).

The ex-officials to the board include District Health Officer of any districts in the catchment areas, Principal Hospital Administrator- PHA (minute secretary), head of one of the health training institutions and head of pharmacy.

The board carries out a large number of functions, described in the 2018 guidelines for the management of the Regional Referral Hospitals.

The hospital has also instituted Senior Management Team which comprises of all doctors (medical officers and medical officers' special grades), chairperson of different hospital committees, head of departments / units, all ward in charges, and members of top management. The team meets weekly on Wednesday and is chaired by a staff appointed by the Hospital Director. Who should ensure proper accountability, transparency for resources provided, planning and follow up of the implementation of the plan drawn, participate in decision making as well as information sharing.

The hospital Communicates with the communities through different channels which include Radio talk shows, daily health talks/education conducted within the hospital in different service points, use of media houses and community dialogue.

2.16 Performance of the previous Plan/ Programs 2015/16 - 2019/20.

2.16.1 Achievements made over the past five years. 2015/16 – 2019/20.

- Improved funding from government both for capital development and Non-wage Recurrent:
- on-going Construction of 54 staff unit and a storeyed complex with support from JICA;
- construction of a 153,000 liters water tank
- Construction of annex in ART clinic(IP)
- Renovation of the laboratory (IP)
- Renovation of neonatal Intensive Care unit (IP)
- Improved staffing levels in all cadres
- New vehicles (two)
- Renovation of sewage system
- Partial installation of solar system in the compound
- With support from development partner: Refurbishing of children ward, physiotherapy unit, Eye department
- Procurement of assorted medical equipment
- Construction of a modern incinerator

2.16.2 Challenges faced

1. Limited functionality of lower health centers leading to overwhelming turn up of patients at GRRH.

Limitations on space for expansion, work space for health workers, bed capacity, and houses for staff accommodation

2. Limited funds from government for running hospital activities
3. Shortage of medicines and medical supplies
4. Failure by health commission to absorb the staff who have trained or upgraded
5. Difficulties in attracting senior staff like consultants, senior consultants, Radiologist, anesthesiologists amongst other critical cadres). Other HR related challenges includes remuneration and Workload
6. Disease outbreaks like Malaria, hepatitis B, COVID-19
7. Shortage of medicines and medical supplies.
8. High cost of living
9. Power outages.
10. Long distance to the national referral hospitals like Mulago and Butabika.
11. Security of the hospital is a challenge due to porous fence
12. Limitation in the range of services offered (laboratory services, radiology services and other specialized services)
13. Increasing population with growing demands hence constraining the services
14. Hospital structure has not been reviewed for more than ten years
15. Increasing medical legal awareness
16. High poverty level (33.4%) of the population in the Acholi sub region (UBOS, 2016)

2.16.3 Lessons learned

1. Maximization of the available space by mainly putting up storeyed structures would mitigate challenge of limited land
2. Purchase of land outside the hospital to introduce satellite sites would meet the growing demands of the population and increase on specialized /super specialized care so as to decongest the hospital
3. Initiation of income generating projects like cafeteria, parking, and conference facilities/services could supplement government funding.
4. The hospital needs to come up with internal policies to guide in the welfare of the staff (housing, training, medication, revenue sharing) which should be approved by the Board.
5. Regular quarterly performance reviews help to identify the gaps and fix immediately
6. Building partnership helps in mobilizing resources and Strengthening health service delivery
7. Creating Development Partners / Implementing Partners desk helps in avoiding duplication of work and efficiently maximizing resources

8. Having in place development and replacement policy would mitigate the challenge of staff shortage
9. Having departmental initiated career development plan redirects the focus toward individuals' goal to the hospital goals
10. Availability of water storage points reduces water shortage and this could be re-enforced by putting up water harvesting tanks and underground tank construction
11. Planning for transitioning on donor funded projects would enhance sustainability

2.16.4 Mitigation measures to the challenges

1. Availability of standby generator and embracing of solar energy for power supply. (achievement)
2. Establishment of Task force for disaster preparedness and budget allocation.
3. Participatory and transparent budgeting processes
4. Building collaboration and partnership with development and implementing partners.
5. Creating Development /Implementing Partners desk or focal person to oversee activities within the hospital and catchment areas.
6. Increasing integrated support supervision within Acholi sub region
7. Strengthen lobbying and advocacy for support from DPs /IPs
8. Improving performance review quarterly for the hospital and bimonthly for the department
9. Availability of fully equipped and functional standby ambulance for emergency referrals.
10. Expansion and improvement of private services to meet the growing demand of health care and for income generation
11. Develop a strategic development plan to prioritize resource allocation and utilization.
12. Prepare for transitioning in case of winding up of hospital- based projects

2.17 Integration of crosscutting issues

The implementation of the strategic plan in the region can either be successful or not based on how crosscutting issues are addressed during the implementation of the same. The core cross cutting issues anticipated to impact on the implementation of the planned activities /initiatives of GRRH include: environment, climate change, gender equity and Violence, population increase, HIV AIDS, Population migration, human rights and this section highlights on some of the factors.

Cultural practices: However there are Cultural practices such as widow inheritance, polygamy, ‘Tea-Tea’ (therapeutic cuts) and false teeth extraction, is still common in the region. These practices promote spread of infections such a HIV and Hepatitis and predisposes to Septicemia and anaemia amongst others. The issue of Gender norms reflected into low percentage women and men participating in decision making. The consequences is registered in poor health seeking behavior for services like ANC, Family Planning. The burden of health care is left on women since there is Low participation of male in health care in region

2.17.1.1 Environment

Environmental management plays a critical role in the sustainability of the available resources like land. The hospital environment experiences border restrictions. The environment is all surrounded by institutions like police, Gulu College of Health Sciences, Laroo Division Head Quarter and individuals Assets like Hostel. This is limiting hospital expansion to offer the whole package of health services as required. The resulting consequences is that health care services is going is to be offered in scattered points affecting access to these services.

Despite the deliberate effort to have hospital land back and manage the environment, hospital is still very grappling with some challenges such as waste management whereby incinerator was constructed within the facility premises. The Hygiene, water and sanitation remains as well a challenge whereby 27% urban and 23% rural are without slab or open pit. This coupled with rapid urbanization, poverty, expansion of informal settlements, and the impact of climate change contributes to increase in numbers with communicable diseases and non-communicable diseases.

2.17.2. Climate change

The region like any other part of the nation and globe is experiencing climate change thus affecting disease patterns like malaria cases, diarrheal diseases, eye infections, respiratory tract infections among others. Therefore the hospital registers high volume of patients during certain seasons and this has great implication on resource allocation and availability. In this situation the hospital has been engaged preparedness and response as well as having surveillance system in place.

2.17.3. Gender Equity

Gender refers to socially constructed allocated roles for men and women. Equity refers to acting fairly in all aspects of service delivery. Gender and equity remain a challenge in provision of quality health care. The hospital in executing its mandate is faced with gender inequality in the areas of resource allocation, power differences/decision making organ in families and communities. This is the long run is leading to poor seeking health behavior, people come when they are critical ill, low male involvement in supporting health activities like HIV testing, Family planning, and cancer screening. However the hospital has come out with initiatives to have special days for men, continuous community dialogue and increasing access throughout researches. This is affecting sustainability and observing equity in resource utilization.

2.17.4. Human Rights

Besides the international instruments, regional/international conventions and treaties, Uganda recognizes right to health hence GRRH subscribes to it. Therefore GRRH guarantees the right of everyone to public health, medical care, and other social services without any other form of discrimination. Thus together with development partners GRRH aims at increasing affordable and quality health care, strengthen preventive programs to promote women's health, undertake gender-sensitive initiatives to address STI, HIV/AIDS, sexual/reproductive health, promote research and disseminate information, and increase resource and monitors follow-up for women's health. For children the Hospital enhances child friendly health services.

2.17.5. HIV

According to UNAIDS data (2020), in 2019 Uganda had 1.5m people living with HIV, HIV prevalence in adult was 5.8% (in age 15-49 years), and there were 53,000 new HIV infection with 4,000 AIDS related death although 85% adult are on care. Notably HIV prevalence is almost four times higher among young women aged 15 to 24 than young men of the same age and this is attributed to gender-based violence (including sexual abuse) and a lack of access to education, health services, social protection and information about how they cope with these inequities and injustices. Couple with urbanization of Gulu being elevated to a city status, the situation would worsened through increase in sex workers. Thus the hospital is working towards increasing adoption of safer sexual behaviours and reducing risk behaviours, scaling up

coverage and use of biomedical HIV prevention interventions (such as voluntary medical male circumcision and PrEP), delivered as part of integrated health care services and mitigating underlying socio-cultural, gender and other factors that drive the HIV epidemic

2.17.6. Nutrition

The region is facing environmental degradation as a result of trees cutting hence poor harvest. Even where harvests has been good everything is sold to cater for other needs rendering the households in food insecurity. Notably proportion of Household with hardly a meal in a day, Households employing negative coping strategies (increase domestic violence, early child marriages), high stunting rate in under-fives, high percentage of wasting and underweight in the community, and low Household income. The hospital has been managing all clients with nutritional challenges and promoting nutritional assessment in all service delivery points.

2.17.7 Information, communication and Technology Management

Over the last 10 years the records department in the hospital has tremendously improved. The improvement has been on surveillance, reporting which is up-to-date and required indicators as per the Ministry of Health are always available. However, the department still faces the challenges of inadequate supply of HMIS tools, storage space, equipment (computers, scanners, printers, photocopier, and shelves) furniture and human resource. More so, there is need for the hospital to have interconnected computerized system (digitalized system) for capturing patient/clients' information. Besides understaffing, information management in the hospital still requires a lot of capacity building, conversion to the ICT conformity and standardization of certain indicators by the MoH. This requires availability of space in all main wards/departments. More so, the hospital needs an independent structure for records. Furthermore, there would be need for on job mentor-ship of health workers on filling primary Health Management Information System (HMIS) tools, periodic data quality assessment and performance review.

Key consideration for financing the plan

It is important to note that, financing for GRRH and overall system relies on MOFPED through MOH which constitute to 95% of the hospital budget/financing, External and internal development partners contribute about 5% and thus a need to explore more innovative financing approaches during the implementation of the developed plan

2.18 SWOT Analysis

Table 7: SWOT analysis of GRRH

Strengths	Opportunities
<ul style="list-style-type: none"> • Availability of qualified staff who are committed and work under minimum supervision in the hospital • Funding from the GoU and Development partners • Availability of the infrastructure and location of the Hospital • Good leadership at all levels • Participatory management style • Good Networking with partners • Restored security 	<ul style="list-style-type: none"> • Presence and collaboration with the training institutions • Presence of development partners and implementing partners • Conducive political environment • Restored Security • Good will of the community • The presence of the other supporting institutions (business, religious, utilities institutions) • The presence of established other health facilities • National referral status • Up grading of Gulu municipal to city status • Political support
Weakness	Threats
<ul style="list-style-type: none"> • Inability to involve stakeholders in planning and budgeting processes • Inability to implement plans e.g. Quality improvement plan • Inability to attract and retain specialized staff • Non functionality of some committees because inadequate to the secretariat of the committee • Lack of performance indicators for tracking committees' performance (SOPs/ job descriptions) • Unstreamlined appointments of staff to different duties/assignment without supervisors' involvement • Nonexistence of the tailored strategic plan of over the previous years • Limited resource pack • Information flow gaps /inadequate sharing of information • Inability to absorb staff who are upgrading to the right position as the qualification • Lack of absorption of the trained or upgraded staff in the current skill acquired • Weak collaboration with Ips 	<ul style="list-style-type: none"> • Encroachment on hospital land • Changing policies without civic education to the internal and external consumers • Low budget • Increasing refugee population in Acholi Sub-region • Mushrooming private health facilities in the Acholi sub-region • Inadequate human resource • Low rating of performance of the hospital by the community • Traditional practices • Mushrooming religious sects • Poor road network and conditions • Political interference • Increase in communicable and Non communicable

EMERGING ISSUES FROM SWOT ANALYSIS

1. The main strength identified in overall health service delivery revolve around the existence of policy, guidelines, health system as well as institutional frame works to improve the delivery of the services
2. Government, supportive Ips and institutional initiatives to improve service delivery have been identified as good opportunities to the overall quality of care. The challenge that remains is the continuous gradual implementation.
3. The main weakness identified in the overall service delivery is the state of infrastructure, focus on curative and rehabilitation services, training, level of information flow to the clients/ community through the weak monitoring and evaluation mechanism and un streamlined links with the health care system including stockouts following high dependency on.
4. Limited financial and human resource, insufficient staff training and lack of ongoing monitoring and evaluation of service delivery remains threats that can hinder possible improvement in the institution.

2.19 Contributions of GRRH to the Health sector Development Plan

The plan is consistent with the Third national development plan(NDP III) 2020/21-2024/25.

The Health sector Development plan(2020/21-2024/25) and the National Health policy(NDPII). The Government of Uganda adopted the programme approach to planning and this plan contributes to the achievements of the outcome of Human Development Program in the NDPIII.

In Particular this plan seeks to contribute to significantly reducing mortality due to preventable diseases and conditions from 40% to 30%.

It thus contributes to objective 4 of the NDP III under chapter 16(Human Capital Development) which relates to improving population health, safety and management. The plan prioritizes promoting specialized health care, training and research, information and Technology, infrastructure , prevention of both communicable and non communicable Diseases, infrastructure Development which is wholly aligned with the National and sector policies of the government .

GRRH SP is of great relevance to the Health sector Performance plan 2020/21-2024/25 as it seeks to the investment in specialized medical and diagnostic services and training.

It will also strengthen the health system and ensure universal access to specialized services in order to achieve the sector objectives of reducing morbidity and mortality from the major causes of ill health and Premature death.

The plan is also in line with the Health infrastructure development and maintenance plan whose overall objective is improvement of existing health facilities provision of appropriate medical equipment, Establishment of a functional referral system and Provision of a sustainable maintenance programme.

CHAPTER THREE: STRATEGIC DIRECTION

3.0 Introduction

This chapter provides a description of the hospital strategic direction. It gives the narrative of the hospital Vision, Mission, Core Values, Goal, Objectives, key priority areas, interventions and outcome results. It also presents the major investment projects for the hospital for the five-year period. The Specific Objectives are in line with the National Development plan III, National Health Policy and Ministry of health strategic plan which are designed to deliver the Minimum Health Care Package to the population.

3.1 Adoption of the NDPIII programs.

GRRH contributes to Four major programmes that are; Human Capital Development Programme, to improve population health, safety and management, and to reduce vulnerability and gender inequality along the life cycle, Enhance usage of ICT in national development and service delivery.

3.2 GRRH vision, mission, core values, goals and objectives

3.2.1 Hospital Vision

A National center of excellence for specialized and super specialized health services, research and training.

3.2.2 Gulu Regional Referral Hospital Mission

To provide specialized health care services, medical training, research and support supervision to general hospitals and lower health facilities to the people of Acholi sub-region and the world at large

3.2.3 Gulu Regional Referral Hospital Core Values

In delivery of services to the community GRRH shall adhere to the following social values and principles

- (a) Confidentiality

- (b) Equity
- (c) Professionalism
- (d) Good quality of services
- (e) Effective communication
- (f) Respect of culture and tradition of clients
- (g) Team work
- (h) Non-discrimination
- (i) Accountability
- (j) Transparency
- (k) Innovation/creativity

3.2.4 Gulu Regional Referral Hospital Goal

To reduce morbidity and mortality of major health conditions through delivery of integrated cost-effective health services, and to conduct research and training in Acholi region

3.2.5 OBJECTIVES OF GULU REGIONAL REFERRAL HOSPITAL

1. To increase equitable access to emergency management and comprehensive specialized services.
2. To enhance health promotion, environmental Health and community initiative.
3. To strengthen research, trainings, innovation and technology development in the region.
4. To strengthen Human resource planning and management
5. To improve and strengthen infrastructure development, leadership and management for quality health care.
6. To strengthen the health supply chain management system in the region.

Priority areas

1. Emergency management and comprehensive specialized services.
2. Health promotion, environmental and community Health
3. Research, trainings, innovation and technology development
4. Human resource planning and management

5. Infrastructure development, leadership and management for quality health care
6. Health supply chain management system.

Key Health Outcome Level Results

Tracking progress made during the implementation of this plan will be done through a set of outcome level indicators, as defined in table 14. These indicators cover all major areas of health care, research and training, and leadership.

Table 8: Key outcome result

GOAL AND OBJECTIVES	HEALTH INDICATORS	BASELINE 2020/21 (INSTITUTIONAL)	TARGETS 2024/25
Goal: To reduce morbidity and mortality of major health conditions through delivery of integrated cost-effective health services, research and training.	Neonatal mortality rate	20 Per 1000	16 per 1000
	Infant mortality rate	37 Per 1000	29 per 1000
	Under 5 mortality rate	36.9%	36.16%
	Maternal mortality rate	116 Per 100000	93 per 100000
	Case fatality rate for Malaria	1.8%	0.36%
	Malaria under 5 morbidity cases	1229	985
	Case fatality rate for pneumonia	2.3%	1.84%
	Cure rate for T.B	74%	85%
	Pulmonary T.B cases all ages (new and re-attendance)	1852	1480
	HIV incidence rate	6.8%	5.44%
	Hepatitis B Incidence rate(admission cases)	1513	840

	Cancer incidence rate all age groups (all types per1000	47/85	22/85
	Cancer mortality rate(all cancers)	0.9%	0.7%
	Cardiovascular disease morbidity (all age groups per 1000)	2 Pts. Per 1000	1 per 1000
	Diabetes disease morbidity (all age groups per 1000)	1 Pt. Per 1000	1 per 1000
	Under five malnutrition morbidity cases (all forms)	107	87
	Under five malnutrition mortality rate (all forms)	3.3%	2.64%
	Diarrheal diseases under-fives morbidity cases per 1000	2 Pts. Per 1000	1 per 1000
	Trauma morbidity cases (all forms)	742	594
	Objective 1: To increase equitable access to emergency management and comprehensive specialized services	Patient waiting time to access care at entry points	2hrs
Average length of stay(days)		3.5 Days	2.4 Days
Drug stock outs and medical supplies		30%	15%
Proportion of functional medical equipment as per standard requirement		87%	90%
proportion of required infrastructure as per Master Plan		50%	75%
Increased adherence to		60%	85%

	clinical quality standards		
	Average number of laboratory investigations(investigations per laboratory worker per day)	23 Investns./staff /Day	10 Inve stns./ staff/ day
	Average number of specialized investigations (investigations per worker/day)	15/staff/day	10/staff day
	Average number of patients/pharmacist /day	85 Pts./Pharm./D ay	50 pts./pharm/d ay
	Number of specialized clinics	30 Clinics	
	Hospital utilization rate(OPD)	387 Per 1000	464 Per 1000
	Patient satisfaction level	81%	90%
	Reduced percentage of self-referrals to RRH	98.6%	48.6 %
	Increased percentage utilization rate of lower health facilities	58%	75%
	Percentage of transfers to other RRHs	0.02%	0.01
	Percentage of referrals to the National referral hospital	0.03%	0%
	Objective 2: To enhance health promotion, environmental Health	Number of patient receiving rehabilitative services	12281
No. of annual health promotion, education		24	48

and community initiative.	programs conducted		
	Annual number of patients managed with chronic illnesses	45691	4797 6
	Annual number of substance abuse cases.	65	40
	Disease surveillance and reporting	29404	1050
	Number of hospital acquired infection cases.	14	6
Objective 3: To strengthen research, training and partnership for effective health care services.	Number of staff trained in research annually	4	6
	Number of researches being carried out in specialized areas.	8	10
	Number of research products in major health illnesses	387 per 1000	623 per 1000
	No. of multi-sectorial research collaborations	8	10
	Number of partnership arrangements	8	10
	Number of staff in post attending professional training	50	50
	No. of students attending nursing training per year	138	160
	No. of students attending medical training per year	350	400
	No. of students attending Allied professional training per year	928	1021

	Number of medical interns per year	25%	35
Objective 4: To strengthen Human resource planning and management	Staffs rewarded per year	5%	25%
	% of filled posts	78%	90%
	% of staffs for in service training per year	10%	25%
	Number of mentorships conducted per year	4	8
Objective 5. To improve and strengthen infrastructure development, leadership and management for quality health care	Drug stock outs in medical and non- medical supplies	49%	25
	% of patients receiving full package of medicines prescribed per encounter	63%	80%
	Annual staff retention levels	52%	80%
	Staffing level	78%	90%
	Staff workload per patient /day	7pts./Staff/Day	9pts./staff/day
	Staff productivity level	60%	85%
	Average time for procurement in months	70%	80%
	Improved timely delivery of supplies	80%	90%

3.3.1 Planned Projects.

Table 9: List of Projects

PROJECTS	IMPLEMENTATION PLAN (UGX Bn)					GRAND TOTAL
	2020/21	2021/22	2022/23	2023/24	2024/25	
Completion of 54 staff house	1.700	1.350	1.350	0.000	0.000	4.400
Construction of the ICU private wing, walk ways, driveways, and parking yard	0.500	0.500	0.000	0.000	0.000	1.000
Recruitment of new staff	0.010	0.010	0.010	0.010	0.010	0.050
Strengthen functionality of CHD	0.020	0.025	0.025	0.030	0.030	0.130
Completion of water storage tank	0.548	0.010	0.010	0.010	0.010	0.588
Construction of laundry and Hospital Perimeter wall.	0.100	0.100	0.500	0.500	0.500	1.700
Construction of cafeteria	0.000	0.000	0.200	0.000	0.000	0.200
Renovation of mental health unit	0.000	0.100	0.300	0.000	0.000	0.400
Acquire land for additional hospital functions e .g comprehensive diagnostic services (MRI)	0.000	0.000	0.400	0.100	0.100	0.600
Construction of Research center	0.000	0.000	0.000	1.200	1.200	2.400
Construction of Records Department	0.000	0.000	1.250	1.250	0.000	2.500
Enhance computerized digital system	0.000	0.000	0.215	0.000	0.000	0.215
Capacity building for all category of health care staff	0.000	0.100	0.100	0.000	0.000	0.200

construction of a modern Outpatient department complex housing special clinics, and Antenatal unit (ANC)	0.000	0.000	0.000	1.500	1.500	3.000
Construction of surgery, orthopaedic and medical complexes; construction of modern laboratory, Construction of records department housing resource Centre (Modern library) and registry, construction of nutrition unit, incinerator, installation of piped oxygen, and completion of the 54 staff units	0.000	0.000	0.000	2.500	2.500	5.000
GRAND TOTAL (UGX BN)	2.878	2.195	4.360	7.100	5.850	22.383

Note: GRRH is receiving support from JICA in form of infrastructural development of a storied building to house Obstetrics and gynecology department, operating Theatre, Intensive care unit, sterilization unit, Accident and emergencies by 2020/21.

Table 10: NDPIII PROGRAMMES RELEVANT TO GRRH

NDPIII Programme	Goal	Objective (s)	Outcome Results	Intervention (s)
Human Capital Development	Improving productivity of labour for increased competitiveness and better quality of life for all	Objective 1: Improve the foundations for human capital development	Child and maternal nutrition enhanced Target population fully immunized Health facilities providing adolescent	1.2 Promote optimal Maternal, Infant, Young Child and Adolescent Nutrition practices a. Strengthen the enabling environment for scaling up nutrition at all levels c. Promote dietary diversification 1.3 Increase access to immunization against childhood diseases 1.4 Improve adolescent and youth health a. Provide adolescent friendly health services 1.5 Strengthen the family unit to reduce domestic violence, child

			friendly services	deprivation, abuse and child labour
		Objective 4: To improve population health, safety and management	<p>Reduced mortality due to NCDs from 40 to 30 percent;</p> <p>Increased access to SRHR services</p> <p>Prepayment mechanisms for health insurance promoted</p> <p>Health research & innovation promoted</p> <p>Hunger and malnutrition reduced</p> <p>Workplace injuries, accidents and health hazards reduced</p> <p>Physical fitness increased</p> <p>Inclusive HCs and equipment</p> <p>HIV and AIDS, strategies, and guidelines, developed and disseminated to MDAs, DLGs and non-state actors</p>	<p>4.1 Reduce the burden of communicable diseases with focus on high burden diseases (Malaria, HIV/AIDS, TB, Neglected Tropical Diseases, Hepatitis), epidemic prone diseases and malnutrition across all age groups emphasizing Primary Health Care Approach</p> <p>4.2 Prevent and control Non-Communicable Diseases with specific focus on cancer, cardiovascular diseases and trauma.</p> <p>4.3 Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services focusing on:</p> <p>4.4 Improve maternal, adolescent and child health services at all levels of care</p> <p>4.6 Increase access to Sexual Reproductive Health (SRH) and Rights with special focus to family planning services and harmonised information</p> <p>4.7 Increase financial risk protection for health with emphasis on implementing the national health insurance scheme</p> <p>4.8 Promote health research, innovation and technology uptake</p> <p>4.10 Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women and vulnerable groups</p> <p>4.11 Improve Occupational Safety and Health (OSH) management</p> <p>4.12 Promote physical health activities and behavioural change across all categories of the population</p> <p>4.13 Promote delivery of disability friendly health services including physical accessibility and appropriate equipment</p> <p>4.16 Reduce the burden of HIV epidemic and its impact on the socio-development of communities, using the multisectoral</p>

				approach
		5. Reduce vulnerability and gender inequality along the lifecycle	Gender Based Violence prevention and response system strengthened	Increased percentage of vulnerable people with access to social insurance from 7 to 15 percent 5.6 Scale up Gender Based Violence (GBV) interventions at all levels
Innovation, Technology Development and Transfer	Increase the application of appropriate technology in the production and service delivery processes through the development of a well-coordinated STI eco-system	1. To strengthen R&D capacities and applications 2. To increase development, transfer and adoption of appropriate technologies and innovations	1. Increase the Global Innovation Index from 25.3 to 35.0 2. Increase Gross Expenditure on R&D as a percentage of GDP (GERD) from 0.4 percent to 1 percent	1. Conduct ST&I surveys and studies for use in evidence-based planning and policy formulation 2. Develop, oversee and implement programmes in new and emerging areas of space science, marine, nuclear, data and climate science, nanotechnology, bio-technology, among others 3. Establish research collaborations at local, regional and international level
Digital Transformation	Increase ICT penetration and use of ICT services for social and economic development	Enhance usage of ICT in national development and service delivery;	Provide 80 percent of government services online	Mainstream ICT in all sectors of the economy and digitize service delivery

Table 11: GRRH-Programmes, Interventions and Actions Aligned to NDPIII Programmes

GRRH SUB PROGRAMMES	OBJECTIVES	INTERVENTIONS	ACTIONS	D/PT
Emergency management and comprehensive specialized services	Objective 1: To increase equitable access to emergency management and comprehensive specialized services	Offer accident and emergency Surgical and reconstructive services that respond to the needs of the region, expand the theatre and upgrade it to the appropriate technology	Emergency and casualty wing construction and equipping	ADMN
			building and equipping new main operating theatre with four operating rooms	ADMN
			equipping and operationalizing the ICU	ADMN
			constructing and centralizing laundry and sterilization services for the entire hospital	ADMN
			facilitate the recruitment of specialist carders in the areas of general surgery, Orthopaedics, plastic surgeon, urologist and neurosurgeon among other carders	HR
			training staff on super specialized areas	HR
			strengthening ambulance services	ADMN
		Provide comprehensive eye health service to the population in the Acholi region in line with the Global Action Plan 2040 strategy	Improving availability of equipment, essential medicines, diagnostics assistive devices and other infrastructure	ADMN
			enhancing human resource capacity for effective delivery of eye health service in the hospital catchment areas and beyond;	HR
			providing eye health services at base unit and outreaches;	SURG
			providing support supervision services and training to staff and medical students	CHD
			Conducting operational ophthalmic researches.	EYE
		Provide preventive, promotive and curative ENT service both at the facility and in the community	Fully operationalizing the ENT service in the hospital and catchment area;	ADMN
			equipping the ENT theatre, ward and unit;	ADMN
			recruitment of ENT staff; improving the utilization of the unit	HR
			Conducting ENT screening and surgical	CHD

GRRH SUB PROGRAMMES	OBJECTIVES	INTERVENTIONS	ACTIONS	D/PT
Increase Equitable access to quality comprehensive specialized services			outreaches	
		Provide comprehensive physiotherapy services in the hospital and the region	Improving on infrastructure for physiotherapy services to handle the demand in the region;	ADMN
			facilitating the recruitment of staff to increase the staffing level in the unit;	HR
			strengthening community based rehabilitation programmes;	CHD
			lobbying and advocate for more resources; conducting support supervision in the region;	ADMN
			conducting community sensitization and dialogue on physical rehabilitative services in the region;	CHD
			training of staff and medical students;	SURG
			providing preventive, promotive, curative and rehabilitative services on disability and impairment	SURG
		Produce and provide appliances to aid in restoration or rehabilitation of functional ability to physically disadvantage and (or) impaired	Strengthening orthopaedic workshop to meet the demand in the region	ADMN
			lobby and advocate for more resources	ADMN
			facilitate the recruitment of staff to increase the staffing level in the workshop	HR
			conducting outreaches; teaching and training of students on production of appliances	CHD
			strengthening community rehabilitation outreach program on physical rehabilitative services	CHD
		Restore or rehabilitate occupational skills and counselling of the handicap patients or clients:	Improving on infrastructure for occupational therapy services to handle the demand in the hospital and region;	ADMN
			facilitating the recruitment of staff to increase the staffing level in the unit;	HR
			implementing community based rehabilitation program; lobbying and advocate for more	CHD

GRRH SUB PROGRAMMES	OBJECTIVES	INTERVENTIONS	ACTIONS	D/PT
			resources	
			teaching and training of staff and medical students on disability and impairment;	SURG
			providing preventive, promotive, curative and rehabilitative services on disability and impairment	SURG
Increase institutional effectiveness and efficiency to meet growing demands of specialized services.		Reduce morbidity and mortality associated with mental health disorders such as substance abuse, psycho-social and common neurological disorders	Advocating for recruitment of specialized mental health professionals; Collaborate with neuro-surgeons/Neuro-physicians. Finally, Plan for EEG, ECT.	HR
			providing basic training in mental health to general practitioners and health officers	MED.
			strengthening mental health outreach programs in the region;	MED.
			providing preventive and curative services to clients	MED.
			ensuring availability of mental health essential drugs and medicines	ADMN
			improving the existing infrastructure (renovation), equipment procurement and repair	ADMN
			Collaborate with neuro-surgeons/Neuro-physicians. Finally, Plan for EEG, ECT.	MED.
Increase equitable access to quality and comprehensive health care services.		Improve the Dental and oral health of the people in catchment area	Advocating and facilitating recruitment for a dental surgeon	HR
			conducting oral outreaches to lower health centres;	CHD
			equipping the dental unit	ADMN
			ensuring availability of essential medicines, consumables and surgical supplies;	ADMN
			Prevention and treatment of oral and dental health disorders.	SURG
		Increase access to	procurement of EMHS;	

GRRH SUB PROGRAMMES	OBJECTIVES	INTERVENTIONS	ACTIONS	D/PT
		essential, efficacious safe, good quality and affordable medicines at all times	promoting rational use of drugs and supplies	ADMN
		Prevent STI/HIV/TB transmission and mitigate the medical and personal effects	Increasing and sustaining the distribution of free male and female condoms at the hospital;	CHD
			stringent implementation of the PEP and PREP policies	MED
			providing HCT services in all departments in the hospital	MED
			promoting and provide safe male medical circumcision services;	CHD
			promoting safety control amongst health workers	CHD
		Increase access to quality HIV treatment and services at the Hospital, including treatment of opportunistic infections and research	Providing HAART to all those who test positive according to guidelines; implementing the 90-90-90 strategy	MED
			ensuring that essential, efficacious, safe and quality HIV related medicines are available and rationally used	ADMN
			taking part in research to inform policy on HIV care; implementing complication surveillance in all HIV positive patients for proper management	MED
			strengthening Paediatric HIV care, by screening to detect the disease and start them on treatment	PAED
			Patient support group and income generating projects to improve lively hood of people living with HIV.	CHD
		Reduce the morbidity, mortality and transmission of	Conducting case detection routinely using the available technology;	ADMN
			providing TB preventive and treatment services among children in line with national standards	MED

GRRH SUB PROGRAMMES	OBJECTIVES	INTERVENTIONS	ACTIONS	D/PT
		tuberculosis Interventions	and guidelines	
			Establishing corners for TB suspected cases to reduce cross transmission in all service entry points	OPD
			strengthening the DOTS policy for TB management in the community	CHD
			strengthening the feeding, rehabilitation of TB patients	CHD
			conducting community education on TB	CHD
			Strengthening case management of MDR TB.	MED
		Reduce the morbidity and mortality due to malaria in all age groups	Liaising with stakeholders to educate community on malaria control practices	CHD
			Ensuring all hospital beds have ITNs	ADMN
			promoting use of Mosquito nets among pregnant mothers	CHD
			promoting Zero tolerance for breeding point and practice in house residual spraying	CHD
			training and supervise health workers in the management of malaria.	MED
		Providing comprehensive new born care commensurate with the regional referral hospital	Setting up a skills Lab to enable medical team build skills on emergency care of maternal and newborn	ADMN
			training and mentorship to manage new born complications	PAED
			conducting immunization outreaches within and out of the hospital	CHD
			initiating eMTCT services to every exposed new born and continuous testing and monitoring for mothers who are negative till discontinuation of breastfeeding	PAED
		Provide and strengthen preventive,	Increasing awareness about childhood illness, raising awareness on the availability of sickle cell services, Child diabetes, paediatrics cancer	CHD

GRRH SUB PROGRAMMES	OBJECTIVES	INTERVENTIONS	ACTIONS	D/PT
		promotive, specialized curative and rehabilitative paediatrics and child health services	care	
			routine screening for common congenital and childhood disability for early treatment and care	OPD
			NGOs and rehabilitation homes	CHD
			screening, treatment and prevention of malnutrition;	CHD
			malaria control and prevention in the ward and homes;	CHD
			establishing dedicated pediatric special clinics like neurology, Diabetes, Sickle Cell , new born clinic	ADMN
		promote sexual reproductive health services in the hospital and catchment area:	Strengthening adolescent friendly services and Sexual Gender Based Violence (SGBV)	OPD
			integration of FP services in all departments	MCH
			Provision and support to lower health facilities in offering family planning,	MCH
			strengthening and expanding coverage of goal-oriented ANC including eMTCT emphasizing disease detection during pregnancy,	MCH
			providing nutrition advice micro-nutrient supplements and vaccination (iron, folic acid, vitamin A and other relevant)	CHD
			providing comprehensive emergency obstetric and newborn care at all time,	MCH
			prevention and rehabilitation of Obstetrical Fistulae in women	MCH
			ensuring constant supply of Life saving commodities to offer CEMOC;	ADMN
			comprehensive screening, prevention and treatment of gynecological cancers to the standards of a regional referral hospital,	MCH
			conducting research to improve maternal health, carrying out maternal and perinatal	MCH

GRRH SUB PROGRAMMES	OBJECTIVES	INTERVENTIONS	ACTIONS	D/PT
			audits	
Health Promotion, Environmental, Disease Prevention and Community Health	Objective 2: To enhance health promotion, environmental Health and community initiative.	Promote individual and community responsibility for better health	Public education on prevention and control of common illnesses and injuries;	CHD
			identifying and exploiting the potential, existing development partners to promote health agenda;	ADMN
			developing a strong surveillance and control strategies for epidemics and emerging diseases; and.	CHD
			providing information and advice on food security and nutrition planning especially for the under-fives	CHD
		Contribute to the attainment of a significant reduction of morbidity and mortality due to environmental health and unhygienic practices and other environmental health related conditions:	Enforcing guidelines for health care waste management;	CHD
			providing facilities for health care waste management	ADMN
			training and supervise waste management practices in the region	CHD
			construction of incinerator and abandon burning of medical waste;	ADMN
			supporting integrated community primary health care outreach services;	CHD
			surveillance and control of hospital acquired infection	CHD
		Improve, strengthen and support Environmental waste management information systems	Developing guidelines on EHMIS, operation, maintenance	ADMN
			supporting environmental health research and documentation	CHD
			Utilization; and developing biosafety and biosecurity guidelines and constitute a committee.	CHD
		Prevent, detect early and respond promptly to health emergencies and	Conducting vulnerability and risk mapping in the hospital;	CHD
			procurement of a public address system for health education to all clients/patients who	ADMN

GRRH SUB PROGRAMMES	OBJECTIVES	INTERVENTIONS	ACTIONS	D/PT
		other diseases of public health importance	come to hospital;	
			strengthening the infection control committee	CHD
			monitoring and evaluating the activities of waste management	CHD
			training and conducting dry runs on staff in epidemic management disaster management.	CHD
		Reduce morbidity due to diarrheal diseases	Making available medicines and supplies for control of diarrheal diseases	ADMN
			conducting diarrheal diseases surveillance and research, epidemic preparedness and response	CHD
		Reduce morbidity and mortality due to diabetes mellitus, cardiovascular disease, chronic respiratory diseases, cancer and sickle cell disease:	Establishing infrastructure for NCD clinics	ADMN
			providing IEC materials for sensitization about NCD prevention and treatment;	CHD
			conducting continuing Professional Development sessions on NCDs;	MED
			availing equipment, essential medicines and supplies for management of NCDs;	ADMN
			conducting targeted screening outreaches for populations at risk of NCDs	CHD
			collaborating with reproductive health services to screen women and men to facilitate early identification, diagnosis and treatment of NCD	MED
			liaising with community stakeholders to educate about non communicable diseases	CHD
			forming patient support groups to assist in some aspects of disease management	CHD
			assisting patients acquire self-monitoring tool for better individual surveillance	CHD
Start dialysis and other super specialized services.	MED			
Research, innovation,	Objective 3: To strengthen	Continuously identify, research,	Collecting, analyzing, and processing data into useful information	ADMN

GRRH SUB PROGRAMMES	OBJECTIVES	INTERVENTIONS	ACTIONS	D/PT
training and technology development	research, trainings, innovation and technology development in the region	collect, analyse process, store and avail information for policy formulation and decision-making in the Hospital and the region	participating in planning, budgeting for hospital and the region;	ADMN
			identifying, collecting, and storing relevant information and publications for easy access by decision makers in the hospital and region	ADMN
			initiating, formulate and develop Policies related to resource centre issues	ADMN
			managing and maintain data Bank in the resource centre	ADMN
			utilizing Information communication technology	RECO RDS
		Strengthen research, development and innovation	Promote basic and applied research both at the facility and within the region in line with National Medicine Policy (2015) and National Pharmaceutical Sector Strategic Plan (Draft) 2020/21- 2024/2025 research agenda.	ADMN
		Undertake research and disseminate the findings to address the existing supply chain challenges in the region and the country as a whole.	ADMN	
		Promote the use of evidence-based supply chain interventions	ADMN	
Human resource planning	Objective 4: To strengthen Human resource planning and management.	Strengthen Human resource planning and management	Enhance advertisement and recruitment of staff. Conduct periodic performance management activities Enhance comprehensive health care through training, mentorship and capacity building Strengthen staff motivation, rewarding and retention	HR
Safety management and reducing vulnerability	Objective 5 To enhance the institutions effectiveness to perform its mandate	Provide and maintain a sound and conducive physical infrastructure for service delivery in	Construction of new modern maternity unit, theatre, ICU, interns' hostel and completion of	ADMN
			construction of staff accommodation; renovating and repair existing buildings,	ADMN
			improve the walkways, and tarmac the	ADMN

GRRH SUB PROGRAMMES	OBJECTIVES	INTERVENTIONS	ACTIONS	D/PT
		all departments	entrance road; improving the hospital water supply;	
			providing regular and reliable compound and indoor lighting system;	ADMN
			providing modern and functional equipment;;	ADMN
			providing a new efficient Ambulance and vehicle Hospital Director	ADMN
			Improving the laundry services using modern equipment; and improving the hospital communication and IT systems.	ADMN
		Strengthen collaboration with other hospitals and support supervision role to health facilities in the catchment area	Mapping up health stakeholders in the region;;	ADMN
			facilitating health meetings; sharing status reports with stakeholders	ADMN
			advocating and influencing health related policies and bye-laws in catchment districts	ADMN
		Strengthen the referral systems, support supervision and mentorship for efficient health care services	Facilitating technical supervision to lower health facilities	CHD
			Strengthening and supporting integrated health outreaches and facilitating community out reaches	CHD
		Improve on the capacity of the clinical department to provide cost effective quality clinical services through modern efficient and effective	Efficient functional imaging and radiology, laboratory, ambulance services, and equipment workshop established	ADMN
			Mobilise resources for effective health systems delivery including lobby for more budgetary increment, land and machinery; developing, rehabilitate, maintain and sustain health systems infrastructure to support the delivery of the minimum package;	
			set up modern laboratory to serve the region	ADMN
		Strengthen financial systems to provide value	building capacity of financial staff to effectively prepare accounts, analyze and manage finances of the hospital; carrying out repeated	HR,ADMN

GRRH SUB PROGRAMMES	OBJECTIVES	INTERVENTIONS	ACTIONS	D/PT
Health supply chain management system	To strengthen the health supply chain management system	for money outcomes	procurement audits including value for money audits to ascertain the degree of financial loss; developing a business plan for hospital investments such as private wing and implement; computerizing accounting; procurement of software and train users; strengthening internal audit function (sensitize staff , TOT for departments; sensitizing staff on efficiency , effectiveness and economy; auditing the performance of contractors (procurement /finance).	
		Strengthen governance, leadership and stewardship for the supply chain at Gulu Regional Referral Hospital and in the region	Conduct performance management of the pharmaceutical service providers within Gulu RRH, at district level and other lower level health facilities in the region	
			improving communication within the hospital: internet and intercom services;	
			Provide adequate oversight over pharmaceutical services delivery at district and at lower health facility levels through intensified supportive supervision, monitoring and reporting	ADMN
			Engage with relevant stakeholders at regional level to establish a mechanism for coordination of pharmaceutical programming and implementation at Gulu RRH and lower level health facilities in the region.	ADMN
			Establish mentorship, benchmarking mechanisms at the Gulu RRH to foster Excellency among pharmacy professionals within the region	CHD
Attain and sustain a center of excellence status in supply chain management services delivery as defined by Ministry health criteria for center of excellence	ADMN			

GRRH SUB PROGRAMMES	OBJECTIVES	INTERVENTIONS	ACTIONS	D/PT
		Strengthen the supply chain / pharmaceutical sector regulatory framework and compliance at Gulu Regional Referral Hospital and in the region	Participate in the development process of the national supply chain / pharmaceutical sector policies, laws and guidelines.	ADMN
			Disseminate the newly developed and approved national supply chain / pharmaceutical sector policies, laws and guidelines among the staff of Gulu RRH, district / general hospitals and lower level health facilities	ADMN
			Ensure compliance with the pharmaceutical sector guidelines and regulations.	ADMN
			Develop and document the management policies or guidelines for the supply chain system (e.g Supply Chain Human Resources, financing, dispensing quality guidelines, and storage policies) at Gulu RRH to operationalize the above national pharmaceutical regulations.	ADMN
			Engage with district / general hospitals and lower level Health facilities to ensure compliance with the pharmaceutical sector guidelines and regulations	CHD
			Develop and disseminate a monitoring and evaluation framework for supply chain for Gulu RRH	ADMN
		Strengthen appropriate use of medical products at Gulu RRH and in the entire region	Revitalize the appropriate medicines and health commodities use program at Gulu RRH and in the region	ADMN
			Make the Medicines and Therapeutics Committee (MTCs) at Gulu RRH more functional	ADMN
			Coordinate the establishment of functional MTCs at General hospitals and health Center IVs in the region.	CHD
			Monitor the MTCs performance in health facilities in the region	CHD
			Implementing Antimicrobial Stewardship interventions at Gulu RRH	CHD

GRRH SUB PROGRAMMES	OBJECTIVES	INTERVENTIONS	ACTIONS	D/PT
			Sensitize the community and consumers on appropriate medicine use and antimicrobial stewardship	CHD
			Conduct capacity building of health workers in the region on detecting, documenting, reporting and managing adverse drug reaction	HR
			Empower the community to report on adverse drug reactions through sensitisation and provision of timely information.	CHD
			Minimise the generation of pharmaceutical wastes (due to expiries) through close monitoring of expiry dates of the health commodities and appropriately planning for them	CHD
			Collaborate with the NDA regional inspectorate team to monitor the correct disposal of the pharmaceutical wastes in the region	ADMN
		Strengthen the pharmaceutical information management systems at Gulu RRH and the region	Support the set-up of required infrastructure and resources for e-LMIS to enhance management, traceability and accountability of health commodities	ADMN
			Create an institution wide supply chain data use for decision making culture in all operations within the hospital	ADMN
			Increase human resource capacity to collect, analyse, disseminate and use data	HR
			Link eLMIS to Pharmaceutical Financial Management systems	
		Strengthen sustainable financing mechanisms for the pharmaceutical services at Gulu Regional Referral Hospital.	Ensuring hospital has sustainable funding for supply chain operations in facility and particularly, the budget for procurement of commodities derived from hospital procurement planning, quantification and forecast.	ADMN
			Ensure routine monitoring of budget expenditure for commodities in Gulu RRH hospital to achieve optimal utilisation of the	ADMN

GRRH SUB PROGRAMMES	OBJECTIVES	INTERVENTIONS	ACTIONS	D/PT
			resources	
		Strengthen intra-institutional, agency collaboration and partnerships	Strengthen collaborative and learning activities with in the hospital and in the region	HR
			Facilitate and sustain participation in hospital SCM collaborative, and learning activities within the hospital by planning for routine MTCs meeting	ADMN
			Foster collaboration with other relevant supply chain management stakeholders like NMS, JMS, NDA, MMS in the region and implementing partners in the region to facilitate learning and augmentation for sustainable supply chain performance	ADMN
		Support the hospital management in providing Social and Welfare services to patients and staff of the hospital and the region:	Preparing and implementing work plans and budgets for hospital social work program ..	ADMN
			Identify Social and welfare needs for patients;	ADMN
			providing guidance and counselling services timely and effectively to hospital staff, patients and the affected persons;	CHD
			conducting home visits to patients, relative tracing to patients without attendants;	CHD
			carrying out Social work services to the hospital and the region;	CHD
			carrying out or participate Research activities in the hospital and the region	CHD

CHAPTER FOUR: IMPLEMENTATION AND FINANCING

4.1 Implementation of the Plan

This five-year strategic plan is designed to ensure the hospital achieve its mission “To provide specialized healthcare services to the people of Acholi sub-region, medical training, research and support supervision to general hospitals and lower health facilities; facilitate medical training & research; and provide technical support supervision to general hospitals and lower level health facilities in the region.”

Achieving each of the four clusters objectives in the next five years will significantly lead to improved service delivery hence hospital performance. This will, however, require strong leadership, management and governance structure. The strategic frame work thus requires a functioning system with team work and full commitment of the staff, partnerships and active involvement of all stakeholders. Proper Implementation of this five year plan, 2020/21 to 2024/25, will steer the hospital to a higher level thus enabling it achieve its mission to the population. Implementation requires good leadership, good governance and management skills. In addition to this the success of this plan will rely entirely on adequate resource (human, finances, material, and moment). This document should thus be accessible by all relevant stakeholders including the staff so that it is owned by all and implementation effected.

4.2 Implementation Approach

The implementation of the strategic plan will be based on set approaches in order to attain the intended commitments as per the identified projects and commitments in the hospital clients’ charter. The annual work plans of the various departments in the hospital will constitute the basis for implementing the strategic plan. The annual work plans will be used in assessment of the annual performance of the departments and identify the progress of the implementation of the strategic plan. This will show whether the intended out puts of the strategic plans are being achieved on annual basis.

Leadership buy in and support:

Leadership includes both the organizations Leadership as well as Political leadership. Leveraging as well as Political Leadership. Leveraging the already existing Political will, the organization will be able to track the implementation of the plan.

Collaboration: The organization will need to effectively collaborate with the various Government agencies and ministries in line with the current Government approach of based planning . The organization will establish strong collaborations among the sister organizations.

Solid communication and Stakeholder Engagement strategy:

To counter the low visibility and key role of the institution, the leadership should take charge to ensure that comprehensive communication and stake holder engagement plan is developed and implemented. This will enhance access to medical services and early detection of diseases.

Funding:

For effective implementation of the plan resource mobilization . Strategy has to be developed and implemented. Availability of funds is critical in implementation of the initiative recommended by this Strategic plan.

Institutional Arrangements:

Government has in the medium-term prioritized investment in Human Capital Development as depicted from NDPIII Objective “Enhancing the productivity and social wellbeing of the population.” Inline with the NDPIII's focus, and in particular Establishing the centers of excellence, key of GRRH Strategic interventions is to establish sustainable programs for specialized services both Diagnostic and management.

4.3 Leadership and coordination

The hospital leadership will take a role in providing guidance on the direction of the strategic plan. The hospital management board will be supported by top management, senior management and technical staff from each department. The hospital management will take Actions towards implementing the strategic plan and agree on specific actions and report the progress of the strategic plan. A monitoring and evaluation strategy will be pursued to ascertain the progress of the implementation of the work plan. This will be spear headed by the M&E hospital committee. (if there is any, if not, start by formulating

one). The stated indicators will be monitored to guide on the progress of the activities in the annual work plans. This will ensure focus on the strategic plan is maintained for better results. This team will use the M&E Framework (see annex 2) to review the performance of the strategic plan and write reports to the Top Management.

4.4 Partnerships

Partnerships and collaborations with public private partners, development partners, Civil society organizations, private sector, religious organizations, cultural leaders as well as the community will ensure the implementation of the strategic plan through use of their experience, financial and non -financial supports, charity works. The hospital will make Linkages with regional and international organizations so as to strengthen partnerships and collaborations with all its partners to ensure continued support and improved service delivery. The hospital will work together with the partners to prepare draft and sign Memoranda of Understanding (MOU) clearly defining the roles and responsibilities of each party regarding finances, fees, coordination, monitoring and reporting. These will be through Fundraising, donations, grants and GOU funding. The plan will be functionalized through the use of the existing human resources, organization of the institution and allocation of roles among departments. The hospital will also work in close collaboration with the lower health facilities within the region as well as other regional referral hospitals and the national referral hospitals. The main Partners are,

USAID, JICA, SIGHT SAVERS FOR EYE CARE, ROTARY CLUB OF GULU AND UNICEF, VSO, SHEFIELD FOR MENTAL, SOLETERRE, ITALIAN COORPORATION, AVSI, RHITES NORTH ACHOLI, UGANDA CARE, Enabel and CVT.

4.5 Financing of the plan

The hospital is a self-accounting public institution which empowers it to establish direct relationship with the MoFPED. Financial management is according to the guidelines established by the MoFPED. The MoH provides technical operational guidance.

Source of funding and budget allocation system: The hospital receives fund the government of Uganda and development partners. The GoU provides both the capital development funds and recurrent budgetary needs for salaries, utilities, services and supplies. The major development partners include WHO, UNICEF, AMREF, Italian Cooperation, AVSI, Lions Clubs, USAID, JICA, Soletterre, Sheffield, Voluntary Service Overseas (VSO) etc.

The hospital has private wing where services are paid for at subsidized prices. The private wing operation is in line with the hospital private wing policy document and MoH private wing Policy.

Overall, Gulu RRH requires **UGX 142,016,000,000** to effectively implement the 5-year strategic plan. **96.9 %** of the overall budget is funding from the Consolidated Fund, **...3.15%** will be grants and donations, **...0...%** will be PPPs and **...0.25...%** from NTR.

The table below provides a detail of the Institute’s budget breakdown

Table 12:GRRH MTEF Projections for 2020/21-2024/25

GRRH PLAN BUDGET 2020/21-2024/25						
CLASSIFICATION	2020/21	2021/22	2022/23	2023/24	2024/25	TOTAL
Wage	5.109	5.109	5.109	5.109	5.109	25.545
Non-Wage Recurrent	4.544	4.544	4.544	4.544	4.544	22.720
AIA	0.345	0.400	0.400	0.400	0.400	1.945
Total Recurrent	9.998	10.053	10.053	10.053	10.053	50.21
Total Development	1.900	1.900	1.200	0.227	0.227	5.454
Total Budget	11.898	11.953	11.253	10.280	10.280	55.664

Table 5.1: Overview of estimated total Cost for the plan (UShs Billion)

	2019/20 Outturn	2020/21		2021/22	MTEF Budget Projections			
		Approved Budget	Expenditure by End Dec		2022/23	2023/24	2024/25	2025/26
Recurrent								
Wage	4.495	5.109	2.046	5.109	5.109	5.109	5.109	5.109
Non Wage	2.888	4.544	1.587	8.038	8.038	8.038	8.038	8.038
Dev.								
GoU	1.486	1.900	0.708	1.900	1.900	1.900	1.900	1.900
Ext. Fin.	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
GoU Total	8.869	11.553	4.341	15.047	15.047	15.047	15.047	15.047
Total GoU+Ext Fin (MTEF)	8.869	11.553	4.341	15.047	15.047	15.047	15.047	15.047
Arrears	0.261	0.200	0.165	0.000	0.000	0.000	0.000	0.000
Total Budget	9.130	11.753	4.507	15.047	15.047	15.047	15.047	15.047
A.I.A Total	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Grand Total	9.130	11.753	4.507	15.047	15.047	15.047	15.047	15.047
Total Vote Budget Excluding Arrears	8.869	11.553	4.341	15.047	15.047	15.047	15.047	15.047

The table 18 below shows major funding areas estimated from the provider’s perspective, i.e. the GoU.

Table 23: Hospital budget estimate (in Billions / Bn- UGX)

Budgetary item	2021/22	2022/23	2023/24	2024/2025
Health infrastructure (Capital Development and rehabilitation)[20% annual increase]	1.90	2.28	2.736	3.283
EMHS[20% annual increase]	1.2	1.44	1.728	2.074
Recurrent (Hospital Services, Internal Audit and Regional maintenance) [20% annual increase]	4.533	5.453	6.543	7.852
Total	7.644	9.173	11.007	13.209

Table 14: Budget for supply chain activities for Gulu Regional Referral Hospital

Cost center/Year	2020/21	2021/22	2022/23	2023/24	2025/26

Commodity Procurements (projected need)	2,925,000,000	3,217,500,000	3,539,250,000	3,893,175,000	4,282,492,500
Supply Chain Operations	58,500,000	64,350,000	70,785,000	77,863,500	85,649,850
Total	2,983,500,000	3,281,850,000	3,610,035,000	3,971,038,500	4,368,142,350

4.6 Major cost drivers

The major cost drivers for this plan are; wages, non-wage items, infrastructural development and medicines and supplies.

4.6.1 Strategies for financing the plan.

The main source of funding is expected to be government of Uganda. It is also hoped that some Implementing Partners (IPs) will be engaged into supporting the implementation of the strategic plan by supplementing government funding. The strategies laid down to facilitate execution of the plan include:

1. Soliciting for technical support in order to come up with robust project profiles that will address the challenges faced in service delivery in Gulu RR Hospital.
2. Draw coasted budgets to execute implementation of the plan.
3. Lobbying IPs to support implementation of the strategic plan through provision of funds to supplement government funding.
4. Initiate income generating projects for internal revenue collection to supplement government funding.

CHAPTER FIVE: COMMUNICATION AND FEEDBACK MECHANISM

5.1 Communication and feedback mechanism

The communication and feedback strategy presents the roadmap that the hospital shall take to communicate with and engage the different stake holders. This is to increase the awareness of the hospitals mandate among the region/ catchment population. The communication and engagement approach shall reflect the core value of GRRH. The strategy seeks to ensure that the communication is aligned to driving the strategy of Uganda in an effective and professional manner.

Among the possible actions are the following: Staff education/awareness raising on Human rights and their obligations; Supporting measures that foster a human rights culture, such as selecting workplace human rights champions; Informing patient's rights; publishing measures taken by Gulu RRH to promote Human rights on different platforms such as the annual report.

Mechanisms for generating feedback:

The strategic plan will be widely disseminated and shared with responsible stake holders. Formal communication channels will be used and priority will be given to those stake holders who were identified in the stake holder analysis and need to closely be informed. Generating feedback from its various stake holders will be through production of popular version of the plan and holding a mega launch of the plan.

5.2 Objectives of this communication and stake holder's strategy

1. Establish a clear understanding and awareness of the hospital mandate amongst all key stake holders.
2. Encourage and attract strategic partners to reach out GRRH in delivering a specific project.
3. Enable GRRH to adopt a proactive role to communicate with other partners and stake holders
4. Ensure that honest and accurate information is delivered in an open, effective and timely manner
5. To ensure effective execution, it is critical that the hospital strategic plan is widely disseminated and share with responsible stake holders. Priority will be given to the stake holder analysis as those who need to manage closely and those to keep informed. Only formal communication channels will be used.

5.3 Dissemination methods (In the cost matrix has been budgeted for)

The dissemination method will include;

1. Production of popular version of the plan
2. Distribution of copies (main report) to key stake holders
3. Rebranding of GRRH with new tagline, vision, mission statement and care value on banners and fliers.
4. Ensure that at last of core value is recited every time there is a staff meeting.

CHAPTER SIX: RISK MANAGEMENT

6.1 Implementation, Risk Management.

Implementation shall be in line with policy and guidelines identified for each programme to ensure the delivery of the desired results. The program implementation architecture provides a coordinated framework to focus on delivery of common results and reduce ‘silo’ working modality and enhance synergies. This will require strengthening the coordinating role of respective offices within the Hospital and region at large.

In order to ensure operationalization of the Plan is aligned to the NDPIII. Implementation of these plan will also be linked to the Program Based Budgeting System (PBBS). In addition, development partners will align their frameworks to meet the aspirations of the Plan.

The Plan acknowledges the need for risk informed development as a process and not an event. This is because there is a continuous interaction across local, regional, national and global risks including; terrorism, epidemics, cybercrime, natural hazards and disasters, climate change, organized economic crimes and sabotage, among others. The plan has therefore identified, analyzed various potential (endogenous and exogenous) risks and prescribed possible mitigation, continuous monitoring and management measures during the plan period.

Risk factors to health in the region

The tables below show summaries of risk factors to health in the Acholi Sub region, impact on health service delivery and implications to GRRH

Table 15.: Risk factors to health in the Acholi Sub region and implications for the GRRH

Risk factor	Indicator of the risk factor	Risk Level	Impact on health service delivery in the region	Mitigation Strategy
Low contraceptives prevalence High unmet needs for family planning	% of women using at least one method (30% UDHS, 2016)	High	Increase maternal health related challenges Strain on health system	Strengthen maternal health interventions Increase community and public education on contraceptive use Promote maternal health participation antenatal
Unsafe sex	% persons aged 15-49 years who had sex with a	High	Burden of STI/HIV/AIDS teenage pregnancies, and bad	STI/HIV/AIDS interventions including screening for TB a

	non-marital, non-cohabiting partner in the last 12 months (m/f)*		pregnancies outcome straining health system	Cervical cancers a treatment. Condom distribution
Poor maternal, infant young child ,Adolescent and Nutritional (MIYCAN) practices	% of infants exclusively breastfed by the age of 6 months (66%, UDHS, 2016) % of mothers feeding children on balanced meals	Low	Poor pregnancy outcome Burden to the health system (Morbidity /mortality) Economic implication to the region and strain on the health system	-Need to expand MIYCAN in the hospital as referral service for entire region. -Strengthened structures and service delivery -Needs to acquire land for a demonstration garden
Exposure to mosquitoes bites	% UFs who have not slept under an ITN the previous night*	High	Reduced morbidity and mortality in under fives Need for continued sensitization and measures to ensure correct supply of ITNs Reduced complications due to malaria and less strain on the health system	Reduced referrals due to malaria infections in UFs ITNs on all beds in the hospital; Less UFs with malaria complications to expected hence reduction morbidity/mortality due to malaria
Alcohol abuse, Use of tobacco and substances	% adults (over 15) using alcohol (m/f),	High	Need for public education on risk presented of alcohol	Need to recruit more health workers for better outreach promotional activities and patient management at the hospital
	% adults (15-49 years) using tobacco products (m/f)			
Limited use of health facilities for maternal care	% delivery at health centers % receiving postnatal care from health care facilities	Low	Reduced Maternal morbidity and mortality Reduce perinatal mortality	Reduced performance of the hospital since most of the cases are transferred out facility due to several reasons

CHAPTER SEVEN: MONITORING AND EVALUATION

7.1 Introduction:

The implementation of any strategic plan can either be successful or not based on the monitoring and evaluation function.

The monitoring and evaluation function identifies anticipated issues to impact the implementation of the planned initiatives for the organization.

This section highlights on how this can be mitigated through internal and external assessment, putting in place all relevant structures, existence of competent and committed Leadership, coordination and collaboration with sector/programme working groups.

In Monitoring and evaluation of the plan, Hospital Management Board will be expected to play key supervisory and monitoring roles. Monitoring shall be carried out through midterm evaluations, using a results framework, annual performance reviews, end of term reviews, and progress reporting. Management will develop, adopt and observe a reporting process through which all relevant stakeholders will be notified on progress, where it is falling short and what remedial actions need to be taken. Throughout the implementation period, a work environment that is

Welcoming of constructive feedback will be fostered. However, this shall be strengthened in accordance to the introduction of systemic and institutional reforms for improved effectiveness during NDPIII. Some of these include: rolling out and operationalizing an integrated Web-based NDP performance monitoring system that interfaces with the Programme Budgeting System and IFMIS; as well as operationalization of a High-Level Public Policy Management Executive Forum to strengthen effective public policy management and promotion of good governance practices. A monitoring framework will be developed to ensure the modus operandi is proper and right direction.

7.2 Internal Supervision, Monitoring and Evaluation

Broadly supervision, monitoring and evaluation are done from the lowest to the top levels. Departments shall develop annual plan that shall be broken into quarters to ensure easy management. These plans shall be reviewed and approved. On approval the plan shall become a bench mark and basis for monitoring and evaluating performance. Each plan presented shall include frequency, methodology, tools, what is done with results of supervision, monitoring and evaluation; HMIS' data collection, analysis, quality control, reporting, use of data shall be strengthened. Crucial to note is that clinical audit, finance, assets and procurement audits shall be incorporated as a means of monitoring and evaluation.

1. Supervision of the Hospital by Stakeholders

During the process of developing the strategic plan it was deemed necessary for the hospital to have mechanism of coordinating with other regional stakeholders. These stakeholders shall among others include:

- Public, and non-public health providers operating within the region
- Development Partners supporting, or facilitating activities within the region
- Critical civil society / NGO groups operating within the region
- District Local Council of the sitting district
- Members of Parliament, and other eminent persons of the region
- Community, and / or cultural leaders with a significant influence within the region
- Representatives of health-related sectors

The fora shall discuss performance within the region, and agree on priorities to guide the hospital and districts.

Table 16: Supervision and monitoring of the strategic plan

Methodology	Frequency	Output	Level Of Monitoring and Review
Performance Assessment	Quarterly	Quarter progress reports; transmitted to next higher level of supervision	Inputs., progress, output outcome (indicator trends in coverage) level
Annual review and planning with stakeholders	Annually	Annual progress report Annual Operations Plan	Input, progress, Output, outcome levels
Mid Term Review	After 2-3 years	Midterm review report by internal and external partners	Input, progress, output outcome and impact levels
End Term Review	At end of SP	End term Analysis report	Input, output, outcome and impact levels

7.3 Monitoring and Evaluation Results Framework

GRRH will use the Result Framework to monitor, measure and assess progress during implementation of its strategic plan. (See appendix 2 for the Results Matrix at both outcome and output level).

CHAPTER EIGHT: PROJECT PROFILES

PROJECT TITLE: INSTITUTIONAL SUPPORT TO GULU REGIONAL REFERRAL HOSPITAL.

Table 17: Project Profile for Institutional Support to Gulu RRH.

NDPIII Program	Human Capital Development Programme
Sector Name:	Health
Vote Code:	165
Vote Name:	Gulu Regional Referral Hospital
Program Code:	0856
Program Name:	Regional Referral Hospital Services
Sub Program Name:	Regional Referral Hospital Services
Project Title:	FIVE YEAR STRATEGIC PLAN
Project No:	02
NDP PIP Code	03
MFPED code	
Implementing Agency	Gulu Regional Referral Hospital
Project Duration:	5 years
Estimated Project Cost:	170,786,000,000/=UGX
Capital to Recurrent Ratio:	7:3
Total expenditure on project related interventions up to start of NDEP	
Current stage of project implementation	STAGE 1
Funding Gap	INSTUTIONAL INTEREST/ UPCOMING UNCostED EXPENDITURE
Responsible Officer:	Responsible Officer: HOSPITAL DIRECTOR Name: Dr. James ELIMA Mobile Phone: 0772540956 Phone: 0754435192 Email: elimajames@yahoo.com
Already existing in the NDPI	
Already existing in the NDPII	

Already existing in the MFPED PIP	
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8.0 Project Background

The project of the strategic plan is a vehicle for the implementation of the health sector Development planning Guidelines.

Gulu RRH through this strategic plan will continue its responsibility to undertake and coordinate health activities in a strategic direction as aligned in NDP111 program focusing on Human development, Innovation, Technology Development and training as well as Digital Transformation.

8.1 Situational Analysis

Gulu RRH through health system, Framework, geographical scope in conjunction with infrastructure focuses on the achievements, Institutional challenges, as well as capacity to implement in term of financial and human resources.

8.2 Problem Statement

With a focus of the NHP and emphasis placed in attempts to achieve NDP 111, equitable and sustainable financing mechanism are still a challenge.

8.3.1 Problem Causes

Priorities like preventive services not addressed, Indigenous traditional and complimentary health care, inadequate resources, Population increase and environmental change.

8.3.2 Problem Effects

Environmental degradation, Gender inequality, Increased Disease Burden, minimum service delivery, and other enormous challenges as well as difficulties.

Strategic Fit

Project with strategic plan directive to improve service delivery for the entire spectrum of the region with unlimited functionality and advanced health services.

Interventions:

- Offer comprehensive Health care using appropriate technology
- Promote individual and community responsibility for better health
- Intensify research ,trainings and Innovations
- HR management and planning
- Provision of conducive physical Structure

- Strengthen supply chain management

Justification

Cognizant of health service delivery in the region and the country in general

8.4 Stakeholders

Coordination with Government agencies for mobilization of resources and leveraging all possible all possible options for funding will be under the guidance of the sector in collaboration with Government, Non-government and Development partners.

8.5 Location

GULU REGIONAL REFERRAL HOSPITAL

8.6 Technical Description

The project is in line **with the** inspiration and objectives of the health sector, national and international development frameworks like HSDP 2020-2021 To 2024-2025, NDP111 and Uganda vision 2040 and the sustainable development goals.

Table 18: Project Framework

2.1 Project Goal
Attainment of both the health sector and National goals as outlined in the NDP 111
2.2 Outcomes
Reduction in morbidity, mortality and improved health through excelling in prevention, curative, rehabilitation, Training and research in line with Government focus.
2.3 Outputs
Enhanced health promotion and disease prevention in the region
Increased equitable access to quality and comprehensive health care

Research and training plus Innovation at national and international level strengthened

Effectiveness and efficiency to meet the demands for health services

Overseeing health services in the region at all levels of service delivery strengthened.

Activities:

- Offering accident, emergency and comprehensive specialized health care with the global action plan strategy.
- Provision of preventive, promotive and curative services both in the facility and the region.
- Provision of maternal and child care services
- Training, conducting research.
- Planning and strengthening Human resource management and leadership.
- Improving infrastructure development through construction and renovation.

ANNEXES

Annex 1: Cost Implementation Matrix

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
Objective 1; Increase Equitable access to emergency and comprehensive specialized services	Offer accident and emergency surgical and reconstructive services that respond to the needs of the region, expand the theater and upgrade it to the appropriate technology	Construction of storied maternity theater, ICU, emergency and laundry building	30,000,000,000					30,000,000,000/ GOU
		Building and equipping new main operating theatre with four operating rooms						
		Equipping and operationalizing the ICU		200,000,000	200,000,000			400,000,000 GOU
		Constructing and centralizing laundry and sterilization services for the entire hospital		200,000,000	200,000,000			400,000,000 GOU
		Facilitate the recruitment of specialist carders in the areas of general surgery, orthopedics, plastic surgeon, urologist and		200,000,000	200,000,000	200,000,000		600,000,000 GOU

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total	
	Provide preventive, promotive and curative ENT service both at the facility and in the community	Equipping the ENT theatre, ward and unit			100,000,000	100,000,000		200,000,000/ GOU	
		Facilitating the recruitment of ENT staff; improving the utilization of the unit	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU	
		Improve the utilization of the department of ENT	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000	250,000,000 GOU	
		Establishing ENT screening and surgical outreaches	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000	250,000,000 GOU	
	Provide comprehensive physiotherapy services in the hospital and the region		Improving the physiotherapy services to handle the demand in the region	100,000,000	200,000,000	200,000,000	200,000,000	200,000,000	900,000,000 GOU
			Facilitating the recruitment of staff to increase the staffing level in the unit	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
			Strengthening community based rehabilitation programs	200,000,000	200,000,000	200,000,000	200,000,000	200,000,000	1,000,000,000 DONOR
			Lobbying and advocate for more	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 DONOR

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
		resources for conducting support supervision in the region						
		Conducting community sensitization and dialogue on physical rehabilitative services in the region	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 DONOR
		training staff and medical students	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 GOU
		providing preventive, promotive, curative and rehabilitative services on disability and impairment	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	500,000,000 GOU
		Strengthening orthopedic workshop to meet the demand in the region	0	100,000,000	100,000,000	100,000,000		300,000,000 DONOR
		lobby and advocate for more resources	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 DONOR
	Provide and provide appliances	facilitate the recruitment of staff to increase the staffing level in the workshop	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	500,000,000 GOU

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
		Conduct community sensitization and dialogue on physical and mentally ill rehabilitative services in the region	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000	250,000,000 GOU
		teaching and training of staff and medical students on disability and impairment;	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	500,000,000 GOU
		providing preventive, promotive, curative and rehabilitative services on disability and impairment	200,000,000	200,000,000	200,000,000	200,000,000	200,000,000	1,000,000,000 GOU
		Advocating for recruitment of specialized mental health professionals. Collaborate with neurosurgeons/Neurophysicians.		200,000,000	200,000,000			400,000,000 GOU
		providing basic training in mental health to general practitioners and health officers	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 DONOR

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
		equipping the dental unit	300,000,000	300,000,000	300,000,000			900,000,000/ GOU
		ensuring availability of essential medicines, consumables and surgical supplies;	500,000,000	500,000,000	500,000,000	500,000,000	500,000,000	2,500,000,000 GOU
		prevention and treatment of oral and dental health disorders.	100,000,000	100,000,000	100,000,000	150,000,000	150,000,000	600,000,000 GOU
	Improve the Dental and oral health of the people in the catchment area	Provide palliative care services	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	500,000,000 GOU
		Ensure availability of infrastructure, essential medicines and supplies for management of terminally ill patients			500,000,000	500,000,000	500,000,000	2,500,000,000 GOU
		Strengthen referral system	100,000,000	100,000,000	100,000,000	150,000,000	150,000,000	1,500,000,000 GOU
To improve the quality of life of terminally ill patients								
		Advocating for adequate financing of EMHS in the budget; procurement	800,000,000	800,000,000	800,000,000	800,000,000	800,000,000	4,000,000,000 GOU

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
		of EMHS; promoting rational use of drugs and supplies						
Objective 2; To enhance health promotion, environmental Health and community initiative.	Promote individual and community responsibility for better health	Public education on prevention and control of common illnesses and injuries;	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	500,000,000 GOU
		identifying and exploiting the potential, existing development partners to promote health agenda;	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000	250,000,000 DONOR
		developing a strong surveillance and control strategies for epidemics and emerging diseases	300,000,000	300,000,000	300,000,000	300,000,000	300,000,000	1,500,000,000 GOU
	Contribute to the attainment of a significant reduction of morbidity and mortality due to the environme	providing information and advice on food security and nutrition planning especially for the under-fives	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	500,000,000 DONOR
		Enforcing guidelines for health care waste	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	500,000,000 DONOR

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
	ntal health and unhygienic practices and other environmental health related conditions	management						
		providing facilities for health care waste management	200,000,000	300,000,000	300,000,000	300,000,000	300,000,000	1,400,000,000
		training and supervise waste management practices in the region	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	500,000,000 DONOR
		construction of incinerator and abandon burning of medical waste		150,000,000	150,000,000			300,000,000 DONOR
	Improve, strengthen and support environmental waste management information systems	supporting integrated community primary health care outreach services	300,000,000	300,000,000	300,000,000	300,000,000	300,000,000	1,500,000,000 GOU
		surveillance and control of hospital acquired infection	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
		Developing guidelines on EHMIS, operation, maintenance		10,000,000	10,000,000	10,000,000		30,000,000 GOU
		supporting environmental health research and documentation	30,000,000	30,000,000	30,000,000	30,000,000	30,000,000	150,000,000 DONOR

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total	
	Prevent, detect early and respond promptly to health emergencies and other diseases of public health importance	utilization; and developing biosafety and biosecurity guidelines and constitute a committee		10,000,000	10,000,000			20,000,000 DONOR	
		Conducting vulnerability and risk mapping in the hospital	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU	
		procurement of a public address system for health education to all clients/patients who come to hospital		500,000,000					500,000,000 GOU
		strengthening the infection control committee	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
		monitoring and evaluating the activities of waste management	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
		training and conducting dry runs on staff in epidemic management disaster management	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 DONOR
	Prevent STI/HIV/TB	Increasing and sustaining the	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 DONOR	

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
	transmission and mitigate the medical and personal effects	distribution of free male and female condoms at the hospital						
		stringent implementation of the PEP and PREP policies	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 DONOR
		providing HCT services in all departments in the hospital	500,000,000	500,000,000	500,000,000	500,000,000	500,000,000	2,500,000,000 DONOR
		promoting and provide safe male medical circumcision services	500,000,000	500,000,000	500,000,000	500,000,000	500,000,000	2,500,000,000 DNR
		promoting safety control amongst health workers.	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 GOU
		Providing HAART to all those who test positive according to guidelines; implementing the 90-90-90 strategy	500,000,000	500,000,000	500,000,000	500,000,000	500,000,000	2,500,000,000 DONOR
		ensuring that essential, efficacious, safe and quality HIV related medicines are available and rationally	500,000,000	500,000,000	500,000,000	500,000,000	500,000,000	2,500,000,000 GOU

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
		used						
		taking part in research to inform policy on HIV care; implementing complication surveillance in all HIV positive patients for proper management	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	500,000,000 DONOR
		strengthening Pediatric HIV care, by screening to detect the disease and start them on treatment	300,000,000	300,000,000	300,000,000	300,000,000	300,000,000	1,500,000,000 DONOR
		patient support group and income generating projects to improve lively hood of people living with HIV.	200,000,000	200,000,000	200,000,000	200,000,000	200,000,000	1,000,000,000 DONOR
	To increase the percentage of client retention in care	daily health education, booster adherence counselling, psychosocial needs assessment on every clinic visit, review appointment dates given,	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 DONOR

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
		involvement of treatment supporters						
		phone call reminders	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 DONOR
		physical follow up/home visits						
		implementation of community based DSDM models/approaches	200,000,000	200,000,000	200,000,000	200,000,000	200,000,000	1,000,000,000 DONOR
		requisition for viral load for all clients due on every clinic day.	500,000,000	500,000,000	500,000,000	500,000,000	500,000,000	2,500,000,000 DONOR
		functional art clinic side laboratory for phlebotomy and prompt utilization of viral load results. line listing all clients on sub optimal art regimen and optimizing them as per visit.	200,000,000	200,000,000	200,000,000	200,000,000	200,000,000	1,000,000,000 GOU
		training all service providers on the revised consolidated guidelines	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 DONOR

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
		routine intensive adherence counselling of clients with unsuppressed viral load at facility and community	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 DONOR
		Conducting case detection routinely using the available technology	150,000,000	150,000,000	150,000,000	150,000,000	150,000,000	750,000,000 DONOR
	Reduce the morbidity, mortality and transmission of tuberculosis interventions	providing TB preventive and treatment services among children in line with national standards and guidelines	150,000,000	150,000,000	150,000,000	150,000,000	150,000,000	750,000,000 GOU
		Establishing corners for TB suspected cases to reduce cross transmission in all service entry points	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	500,000,000 GOU
		strengthening the DOTS policy for TB management in the community	200,000,000	200,000,000	200,000,000	200,000,000	200,000,000	1,000,000,000 GOU
		strengthening the feeding, rehabilitation of TB patients	150,000,000	150,000,000	150,000,000	150,000,000	150,000,000	750,000,000 DONOR

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
Reduce the morbidity, mortality due to malaria in all age groups		conducting community education on TB	200,000,000	200,000,000	200,000,000	200,000,000	200,000,000	1,000,000,000 GOU
		Strengthening case management of MDR TB.	150,000,000	150,000,000	150,000,000	150,000,000	150,000,000	750,000,000 GOU
		Liaising with stakeholders to educate community on malaria control practices	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	GOU
		ensuring all hospital beds have ITNs	200,000,000	200,000,000	200,000,000	200,000,000	200,000,000	1,000,000,000 DONOR
		promoting use of Mosquito nets among pregnant mothers	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
		promoting Zero tolerance for breeding point and practice in house residual spraying	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000	250,000,000 GOU
		Training and supervise health workers in the management of malaria.	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 DONOR
	Reduce morbidity due to diarrhea	Making available medicines and supplies for	500,000,000	500,000,000	500,000,000	500,000,000	500,000,000	2,500,000,000 0

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total	
	diseases	control of diarrheal diseases						GOU	
		conducting diarrheal diseases surveillance and research, epidemic preparedness and response	30,000,000	30,000,000	30,000,000	30,000,000	30,000,000	150,000,000 GOU	
		Establishing infrastructure for NCD clinics		500,000,000	500,000,000			1,000,000,000 GOU	
	Reduce morbidity and mortality due to diabetes mellitus, cardiovascular disease, chronic respiratory diseases, cancer and sickle cell disease	providing IEC materials for sensitization about NCD prevention and treatment;	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 DONOR
		conducting continuing Professional Development sessions on NCDs	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 GOU
		availing equipment, essential medicines and supplies for management of NCDs	300,000,000	300,000,000	300,000,000	300,000,000	300,000,000	300,000,000	1,500,000,000 GOU
		conducting targeted screening outreaches for populations at risk of NCDs	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	1,000,000,000 DONOR
		collaborating with NGOs CBOs to	200,000,000	200,000,000	200,000,000	200,000,000	200,000,000	200,000,000	1,000,000,000 0

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
		screen women and men to facilitate early identification, diagnosis and treatment of NCD						DONOR
		liaising with community stakeholders to educate about non communicable diseases	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 DONOR
		forming patient support groups to assist in some aspects of disease management	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	500,000,000 DONOR
		assisting patients acquire self-monitoring tool for better individual surveillance	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 DONOR
		Start dialysis and other super specialized services.	150,000,000	150,000,000	150,000,000	150,000,000	150,000,000	750,000,000 GOU
	Providing comprehensive new born care commensurate with the regional	Setting up a skills Lab to enable medical team build skills on emergency care of maternal and		100,000,000	100,000,000			200,000,000 DONOR

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
	referral hospital	newborn						
		Review of all perinatal deaths	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 GOU
		training and mentorship to manage newborn complications	200,000,000	200,000,000	200,000,000	200,000,000	200,000,000	1,000,000,000 DONOR
		conducting immunization outreaches within and out of the hospital	200,000,000	200,000,000	200,000,000	200,000,000	200,000,000	1,500,000,000 DONOR
		initiating eMTCT services to every exposed newborn and continuous testing and monitoring for mothers who are negative till discontinuation of breastfeeding	30,000,000	30,000,000	30,000,000	30,000,000	30,000,000	150,000,000 DONOR
	Provide and strengthen preventive, promotive, specialized curative and rehabilitative pediatrics and child health	Increasing awareness about childhood illness, raising awareness on the availability of	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
	services in the hospital and catchment area	new born clinic						
		Strengthening adolescent friendly services and Sexual Gender Based Violence (SGBV)	30,000,000	30,000,000	30,000,000	30,000,000	30,000,000	150,000,000 GOU
		integration of FP services in all departments	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 GOU
		Supervision and support to lower health facilities in offering family planning	50,000,000	50,000,000	50,000,000	50,000,000	50,000,000	250,000,000 DONOR
		strengthening and expanding coverage of goal-oriented ANC including eMTCT	300,000,000	300,000,000	300,000,000	300,000,000	300,000,000	2,500,000,000 GOU
		emphasizing disease detection during pregnancy	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 GOU
		Strengthening access to quality, inclusive affordable and comprehensive Antenatal care	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 GOU

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
		Enhance trainings and development capacity to effectively contribute to scientific and best clinical practice in Maternal New born care	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 DONOR
		providing nutrition advice micro-nutrient supplements and vaccination (iron, folic acid, vitamin A and other relevant)	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 DONOR
		providing comprehensive emergency obstetric and newborn care at all time,	30,000,000	30,000,000	30,000,000	30,000,000	30,000,000	150,000,000 GOU
		Strengthening availability, affordability of quality, safe, and efficacious essential maternal and New born care	500,000,000	500,000,000	500,000,000	500,000,000	500,000,000	2,500,000,000 GOU
		Training and Recruitment of Super specialized specialists	100,000,000	100,000,000	100,000,000	500,000,000	100,000,000	900,000,000 GOU

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
		Application of appropriate technologies and innovations		100,000,000		100,000,000		100,000,000 GOU
		prevention and rehabilitation of Obstetrical Fistulae in women	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 DONOR
		ensuring constant supply of Life saving commodities to offer CEMOC	500,000,000	500,000,000	500,000,000	500,000,000	500,000,000	2,500,000,000 GOU
		comprehensive screening, prevention and treatment of gynecological cancers to the standards of a regional referral hospital	500,000,000	500,000,000	500,000,000	500,000,000	500,000,000	2,500,000,000 DONOR
		Training HWs in cervical and prostate cancer screening	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 DONOR
		Procurement of specialized diagnostic equipment	500,000,000	500,000,000	500,000,000	500,000,000	500,000,000	2,500,000,000 GOU
		conducting research to improve maternal health, carrying out	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	1,000,000,000 GOU

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
		maternal and perinatal audits						
Objective 3 To strengthen the research, trainings innovation and technology development in the region	Continuously identify, research, collect, analyze, process, store and avail information for policy formulation and decision making in the hospital and the region	Collecting, analyzing, and processing data into useful information	200,000,000	200,000,000	200,000,000	200,000,000	200,000,000	1,000,000,000 GOU
		participating in planning, budgeting for hospital and the region	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
		identifying, collecting, and storing relevant information and publications for easy access by decision makers in the hospital and region	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
		initiating, formulate and develop Policies related to resource center issues	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
		managing and maintain data Bank in the resource center	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 DONOR
		utilizing Information communicatio	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 GOU

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total	
		n technology							
Objective 4; To strengthen Human resource Planning and management	Enhance equity in recruitment, strengthen capacity building and performance monitoring		500,000,000	500,000,000	500,000,000	500,000,000	500,000,000	2,500,000,000 GOU	
Objective 5; To improve on infrastructure development for quality healthcare	Provide and maintain a sound and conducive physical infrastructure for service delivery in all departments	Construction of new modern maternity unit, theatre, ICU, interns' hostel and completion of	0	0	0	0	0	0	
		construction of staff accommodation; renovating and repair existing buildings,	2,500,000,000						2,500,000,000 GOU
		improve the walkways, and tarmac the entrance road; improving the hospital water supply		600,000,000	436,000,000				1,036,000,000 GOU
		providing regular and reliable compound and indoor lighting	200,000,000	300,000,000	300,000,000	300,000,000	300,000,000		1,400,000,000 GOU

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
		system						
		providing modern and functional equipment	500,000,000	500,000,000	500,000,000	500,000,000	500,000,000	2,500,000,000 GOU
		Periodic servicing of ambulances	300,000,000	300,000,000	300,000,000	300,000,000	300,000,000	1,500,000,000 GOU
		Improving the laundry services using modern equipment; and improving the hospital communication and IT systems.	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	500,000,000 GOU
		Mapping up health stakeholders in the region	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
		facilitating health meetings; sharing status reports with stakeholders	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
		advocating and influencing health related policies and bye-laws in catchment districts	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
		Facilitating technical supervision to lower health	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 GOU

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
		facilities						
		Strengthening and supporting integrated health outreaches and facilitating community out reaches	30,000,000	30,000,000	30,000,000	30,000,000	30,000,000	150,000,000 GOU
		Efficient functional imaging and radiology, laboratory, ambulance services, and equipment workshop established and set up modern laboratory to serve the region	500,000,000	500,000,000	500,000,000	500,000,000	500,000,000	2,500,000,000 OU
		Mobilize resources for effective health systems delivery including lobby for more budgetary increment, land and machinery;	200,000,000	200,000,000	200,000,000	200,000,000	200,000,000	1,000,000,000 GOU
		developing, rehabilitate, maintain and sustain health systems infrastructure	500,000,000	500,000,000	500,000,000	500,000,000	500,000,000	2,500,000,000 GOU

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
		to support the delivery of the minimum package; improving communication within the hospital: internet and intercom services; establishing and sustaining partnership to improve service delivery; strengthening financial systems to provide value for money outcomes						
		Supporting participatory budgeting process; building capacity of financial staff to effectively prepare accounts, analyze and manage finances of the hospital; carrying out repeated procurement audits including value for money audits to ascertain the degree of financial loss	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000, GOU

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
	Strengthen governance, leadership and stewardship for the supply chain at GRRH and the region	developing a business plan for hospital investments such as private wing and implement; computerizing accounting; procurement of software and train users; strengthening internal audit function (sensitize staff , TOT for departments; sensitizing staff on efficiency , effectiveness and economy; auditing the performance of contractors (procurement /finance).	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 GOU
		Conduct performance management of the pharmaceutical service providers within Gulu RRH, at district level and other lower level health facilities in the region	100,000,000	100,000,000	100,000,000	100,000,000	100,000,000	500,000,000 GOU

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
	Strengthen the supply chain/pharmaceutical sector regulatory framework and compliance at Gulu Regional Referral and the	Engage with relevant stakeholders at regional level to establish a mechanism for coordination of pharmaceutical programming and implementation at Gulu RRH and lower level health facilities in the region.	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 GOU
		Establish mentorship, benchmarking mechanisms at the Gulu RRH to foster Excellency among pharmacy professionals within the region		100,000,000		100,000,000		200,000,000
		Participate in the development process of the national supply chain / pharmaceutical sector policies, laws and guidelines.	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 GOU
		Make available the	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
	region	current / newly developed national supply chain / pharmaceutical sector policies, laws and guidelines				0		GOU
		Develop and document the management policies or guidelines for the supply chain system (e.g Supply Chain Human Resources, financing, dispensing quality guidelines, and storage policies) at Gulu RRH to operationalize the above national pharmaceutical regulations.	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 GOU
		Revitalize the appropriate medicines and health commodities use program at Gulu RRH and in the region	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
	Strengthen appropriate use of medical products at Gulu	Make the medicines and Therapeutics Committee (MTCs) at	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
		Antimicrobial Stewardship interventions at Gulu RRH						
		Sensitize the community and consumers on appropriate medicine use and antimicrobial stewardship	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
		Conduct capacity building of health workers in the region on detecting, documenting, reporting and managing adverse drug reaction	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
		Empower the community to report on adverse drug reactions through sensitisation and provision of timely information.	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
		Collaborate with the NDA regional inspectorate team to monitor the correct disposal of the pharmaceutical wastes in the region	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 DONOR

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
		Create an institution wide supply chain data use for decision making culture in all operations within the hospital	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
		Increase human resource capacity to collect, analyse, disseminate and use data	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
		Strengthen collaborative and learning activities with in the hospital and in the region	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 GOU
		Preparing and implementing work plans and budgets for hospital social work program	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
		Identify Social and welfare needs for patients	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
		providing guidance and counselling services timely and effectively to hospital staff, patients and the affected	30,000,000	30,000,000	30,000,000	30,000,000	30,000,000	150,000,000 GOU

Sub-programme Objectives	Interventions	Actions	2020/21	2021/22	2022/23	2023/24	2024/25	Total
		persons;						
	Strengthen intra-institutional, agency collaboration and partnerships	Conducting home visits to patients, relative tracing to patients without attendants	30,000,000	30,000,000	30,000,000	30,000,000	30,000,000	150,000,000 DONOR
		Carrying out social work services to the hospital and the region	20,000,000	20,000,000	20,000,000	20,000,000	20,000,000	100,000,000 GOU
		Carrying out or participate research activities in the hospital and the region	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000 GOU
TOTAL				52,020,000,000	24,230,000,000	23,966,000,000	21,580,000,000	20,220,000,000

Annex 2: Results framework.

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
Objective 1: To increase equitable access to emergency management and comprehensive specialized services	Offer accident and emergency Surgical and reconstructive services that respond to the needs of the region, expand the theatre and upgrade it to the appropriate technology	No of Accident and Emergency Unit by 2025	Trauma and Accident prevention strategy developed	Emergency and casualty wing construction and equipping	40%	100%	100%				ADMN
		No of equipped theatre	Functional as per standard medical equipment procured	building and equipping new main operating theatre with four operating rooms	40%	100%	100%		-	-	ADMN
		No. fully equipped and operational ICU by 2025	Reduced Trauma/Accident fatality rate	equipping and operationalizing the ICU	40%	100%	100%				ADMN
				constructing and centralizing laundry and sterilization services for the entire hospital	40%	100%	100%				ADMN
		No. of specialists recruited/sent for further studies (fellowships and PhDs)	Functional specialized clinics set up	facilitate the recruitment of specialist carders in the areas of general surgery, Orthopaedics, plastic surgeon, urologist and neurosurgeon among other carders	18	30	35	38	40	40	HR
		No. of staff trained	EMS Trainings undertaken	training staff on super specialized areas	30	40	50	60	70	80	HR
		No. of functional ambulances	Reduced Number of self-referrals to RRH	strengthening ambulance services	99.4%	98.6%	88.6%	78.6%	68.6%	58.6%	ADMN

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
	Provide comprehensive eye health service to the population in the Acholi region in line with the Global Action Plan 2040 strategy	% of essential ophthalmic infrastructure, essential medicines and assistive devices by 2025	<i>Comprehensive eye health services provided in the region</i>	Improving availability of equipment, essential medicines, diagnostics assistive devices and other infrastructure	62%	68%	72%	80%	85%	89%	ADMN
		No. of health worker trained	Reduced No. of major operations/Dr/Day	enhancing human resource capacity for effective delivery of eye health service in the hospital catchment areas and beyond;	8pts/Dr /Day	6pts	4pts	4pts	3pts	2pts	HR
		No. of patients treated	Increased Hospital Utilization rate	providing eye health services at base unit and outreaches;	300 /1000	387/ 1000	400/ 10000	430/ 10000	435/ 1000	464/ 1000000	SURG CHD,
		No. of outreaches done									
		No. support supervision No. of researches done No. of student taught	Planned technical supervision carried out	providing support supervision services and training to staff and medical students	2/yr	4/yr	8/yr	12/yr	20/yr	24/yr	SURG
		No of researches carried	Operational research in specialized areas	Conducting operational ophthalmic researches.	4/yr	8/yr	8/yr	9/yr	9/yr	10/yr	SURG

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
			conducted								
Provide preventive, promotive and curative ENT service both at the facility and in the community	No. of patient seen in ENT clinic	<i>Improved ENT services at the hospital and in the community</i>	Fully operationalizing the ENT service in the hospital and catchment area;	20%	35%	45%	55%	65%	75%	ADMN	
	% of equipment procured	Fully equipped ENT Theatre and Clinic	equipping the ENT theatre, ward and unit;	10%	15%	20%	30%	40%	50%	ADMN	
	Availability ENT staff	Increased staffing level in ENT Unit	facilitating the recruitment of ENT staff; improving the utilization of the unit	23%	27%	30%	33%	40%	50%	HR	
	No. of OPD attendance clients	Education and awareness campaigns undertaken	Improve the utilization of the department of ENT	1.8%	2.9%	3.6%	4.2%	4.8%	5.7%	SURG	
	No. of outreaches conducted	Increased utilization of ENT services	establishing ENT screening and surgical outreaches	-	2	4	8	12	16	SURG	
	Availability of space	<i>Comprehensive physiotherapy services provided in the hospital and region</i>	Improving on infrastructure for physiotherapy services to handle the demand in the region;	62%	68%	72%	80%	84%	90%	ADMN	
% of replaced / modern equipment procured											
% increase in staffing level	Enhanced remuneration and	facilitating the recruitment of staff to	28%	33%	38%	42%	47%	50%	HR		

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
			recruitment of super specialized staff	increase the staffing level in the unit;							
		No. of outreaches done	Enhanced access to Physiotherapy Services	strengthening community based rehabilitation programmes;	15%	25%	35%	45%	55%	70%	CHD
		% budget increase Double number of partners	Resources mobilized	lobbying and advocate for more resources; conducting support supervision in the region;	4	8	12	16	20	24	ADMN
		No. of support supervision conducted	Increased percentage utilization rate	conducting community sensitization and dialogue on physical rehabilitative services in the region;	50%	62%	68%	72%	80%	85%	CHD
		No. community sensitization Increase in level of awareness in the community	Conducted health promotion programs	training of staff and medical students;	14	20	24	30	39	50	SURG
		No. of clients seen No. of health education talks given No. of staff and students trained	Increased staff productivity level	providing preventive, promotive, curative and rehabilitative services on disability and impairment	12281	12411	12503	12763	13109	13510	SURG

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
	Produce and provide appliances to aid in restoration or rehabilitation of functional ability to physically disadvantage and (or) impaired	% increase in production No. of appliances issued	Increased workload and productivity	Strengthening orthopaedic workshop to meet the demand in the region	71%	71%	72%	74%	77%	80%	CHD
		% budget increase No. of new partners	Enhanced project expansion in the region	lobby and advocate for more resources	4%	4.2%	4.3%	4.4%	4.4%	5%	ADMN
		% increase in staffing level	Recruitment enhanced for rehabilitative services	facilitate the recruitment of staff to increase the staffing level in the workshop	9	14	16	18	20	20	HR
		No. of outreaches done	Joint Planning meetings and trainings conducted	conducting outreaches; teaching and training of students on production of appliances	3	3	3	3	4	5	CHD
		No. of clients seen No. of outreaches No. of students taught and trained	Joint outreaches with Districts conducted	strengthening community rehabilitation outreach program on physical rehabilitative services	-	5	5	5	6	7	CHD
	Restore or rehabilitate occupational skills and	% of modern equipment procured	Person with Disabilities facilitated	Improving on infrastructure for occupational therapy services to handle the	0.7%	0.7%	0.7%	0.8%	0.9%	1%	ADMN

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
	counselling of the handicap patients or clients:		through counselling and special activities for gainful occupational and self reliance	demand in the hospital and region;							
			Increased staffing level	facilitating the recruitment of staff to increase the staffing level in the unit;	2	4	-	5	-	6	HR
		Availability of Occupational therapist Correspondences	Increase in access to occupational therapy services	implementing community based rehabilitation program; lobbying and advocate for more resources;;	55%	55%	60%	65%	67%	70%	ADMN
		No. of outreaches done	Strategy for outreach services developed	Strengthen c outreaches in the region	-	-	-	--		100%	CHD
		No. community sensitization Increase in level of awareness in the community	Increased cases for mental health accessing mental health services	Conduct community sensitization and dialogue on physical and mentally ill rehabilitative services in the region	300	325	334	340	370	400	CHD
		No. of staff and students trained	Staff and students trained on Mg.t of	teaching and training of staff and medical students on disability and	87%	87%	87%	88%	88%	90%	SURG

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
			mental illness	impairment;							
		No. of clients seen	Cases for Mental health identified by the Community	providing preventive, promotive, curative and rehabilitative services on disability and impairment	3%	5%	7%	10%	15%	20%	MED
		No. of health education talks given									
	Reduce morbidity and mortality associated with mental health disorders such as substance abuse, psycho-social and common neurological disorders	No. of specialist professionals recruited	<i>Integrated preventive and curative services for mental health and for common neurological disorders provided</i>	Advocating for recruitment of specialized mental health professionals;;;. Collaborate with neurosurgeons/Neurophysicians. Finally, Plan for EEG, ECT.	0	0	1	1	-	-	HR
		No. of clinicians and nurses / midwife trained	Staffs selected and short term trainings in mental health conducted	providing basic training in mental health to general practitioners and health officers	-	3	5	7	10	10	MED
		No. of outreaches done	Collaborative activities by community leaders conducted	strengthening mental health outreach programs in the region;	-	5	5	8	8	8	CHD
		Proportion of cases accessing mental health services through outreaches	Provision of mental health services through outreaches	providing preventive and curative services to clients	-	10%	10%	15%	15%	205	MED

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
		No. of support supervision services done No. of students taught and examined	Support supervision report produced	Prevention and treatment of oral and dental health disorders.	-	4	4	8	8	8	CHD
	To improve the quality of life of terminally ill patients	No. of patients managed	Annual Regional cancer control plan developed	Provide palliative care services	-	1	1	1	1	1	OPD
		No. of staff trained	Rehabilitative services strengthened	Ensure availability of infrastructure, essential medicines and supplies for management of terminally ill patients	3	4	6	8	10	12	ADMN
		No. of referrals in and out	Reduced self referral to RRH	Strengthen referral system	89%	80%	70%	70%	65%	50%	ADMN
	Prevent STI/HIV/TB transmission and mitigate the medical and personal effects	number of male and female condoms distributed No. of HIV test kits procured and distributed	Reduced HIV Incidence rate	Increasing and sustaining the distribution of free male and female condoms at the hospital;	50	60%	650%	70%	75%	80.44%	CHD
		number of those at risk who received pep and prep services	HIV Prevention programs undertaken	stringent implementation of the PEP and PREP policies	60%	62%	65%	70%	73%	80%	MED

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
		% of HIV-exposed infants with PCR test	reduction in morbidity due to HIV in under one year	providing HCT services in all departments in the hospital	93	95	95	95	95	95	MED
		number of males circumcised	Regional awareness campaigns undertaken	promoting and provide safe male medical circumcision services;	65%	65%	69%	74%	77%	80%	CHD
		number of people who received preventive package	HIV Prevention and health promotion strategy strengthened	promoting safety control amongst health workers.	70%	75%	80%	84%	90%	95%	CHD
	Increase access to quality HIV treatment and services at the Hospital, including treatment of opportunistic infections and research	percentage of newly identified hiv positive.	Screening and hts services at all entry points within the hospital	Providing HAART to all those who test positive according to guidelines; implementing the 90-90-90 strategy	65%	68%	72%	78%	82%	85%	MED
		% of HIV positive pregnant women initiated on ARVs for EMTCT									
		percentage of HIV/AIDS clients enrolled and availability, rational use of quality medicine	Reduction in cases with HIV complications	ensuring that essential, efficacious, safe and quality HIV related medicines are available and rationally used	2.8%	2.3%	2.27%	2.21%	1.97%	1.84%	ADMN
		no of researches to inform policy on HIV care	Research products disseminated	taking part in research to inform policy on HIV care; implementing	-	2	2	4	4	4	MED

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
		participated in.		complication surveillance in all HIV positive patients for proper management							
		percentage of clients with baseline lab results	Reports on investigations/work per day	strengthening Paediatric HIV care, by screening to detect the disease and start them on treatment	68%	75%	80%	85%	87%	90%	PAED
		No of Family Health Support groups	Monthly reports on FH functional groups	patient support group and income generating projects to improve livelihood of people living with HIV.	20%	22%	25%	30%	36%	40%	CHD
	To increase the percentage of client retention in care	number of clients active in care.	all active clients in care to keep appointment	daily health education, booster adherence counselling, psychosocial needs assessment on every clinic visit, review appointment dates given, involvement of treatment supporters	80%	85%	85%	88%	90%	90%4	CHD
		number of lost clients brought back to care		phone call reminders physical follow up/home visits	40%	45%	50%	55%	60%	75%	CHD
		number of client in cclad and cddps		implementation of community based dsdm models/approaches	50%	50%	55%	60%	65%	70%	CHD
	Reduce the morbidity,	number of	TB surveillance,	Conducting case	90%	92%	95%	97%	98%	99%	ADMN

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
	mortality and transmission of tuberculosis Interventions	investigations of number of detected cases	treatment and follow up strengthened	detection routinely using the available technology;							
		Isonazid preventive therapy register	Increased access to Isonazid preventive therapy	providing TB preventive and treatment services among children in line with national standards and guidelines	20%	22%	25%	30%	35%	40%	MED
		No of corners established	Report on identified TB suspects Through screening and triage	Establishing corners for TB suspected cases to reduce cross transmission in all service entry points	1	3	5	6	8	10	OPD
		Proportion of TB cases on DOT as management of TB	Monthly report on TB management by DOT system	strengthening the DOTS policy for TB management in the community	100%	100%	100%	100%	100%	100%	MED
		Percentage of patients on TB rehabilitation program	TB rehabilitation plan developed	strengthening the feeding, rehabilitation of TB patients	100%	100%	100%	100%	100%	100	CHD
		No of community activities conducted	TB prevention and health promotion strategy developed	conducting community education on TB	70%	70%	75%	80%	80%	90%	CHD
		NO of MDR/TB on treatment in the facility	Report on risk assessment and surveillance	Strengthening case management of MDR TB.	70%	70%	75%	75%	80%	85%	MED

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt	
						FY20/21	2021/22	2022/23	2023/24	2024/25		
Reduce the morbidity and mortality due to malaria in all age groups		No. of stakeholders involved	<i>Malaria control, diagnosis and proper case management practiced</i>	Liaising with stakeholders to educate community on malaria control practices	4	6	8	8	8	8	CHD	
		Malaria control meetings, workshops and campaigns held										
		No. of hospital beds with ITNs	Malaria prevention strategy promoted	ensuring all hospital beds have ITNs	20%	30%	40%	50%	60%	75%	CHD	
		No. of nets given to pregnant mothers.	Decreased percentage of cases with malaria in Pregnancy	promoting use of Mosquito nets among pregnant mothers	3600	4000	4200	4400	4600	4800	CHD	
		% who slept in ITN										
		Reduction of malaria cases	Reduced under 5 morbidity cases	promoting Zero tolerance for breeding point and practice in house residual spraying	1229	1200	1115	1100	1000	985	CHD	
Reduce morbidity due to diarrheal diseases		% Mortality due to malaria	Supervision and trainings undertaken	Training and supervise health workers in the management of malaria.	36%	45%	50%	60%	80%	100	MED	
		% Recovery of malaria cases										
		Proportion of timely supply chain plans prepared	Quality medicines and medical supplies procured	Making available medicines and supplies for control of diarrheal diseases	76%	78%	80%	82%	84%	86	ADMN	
		Percentage of Epidemic		conducting diarrheal	5/1000	5/1000	4/1000	3/1000	2/1000	2/1000	CHD	

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
		morbidity cases as a result of diarrheal diseases	preparedness and response strengthened	diseases surveillance and research, epidemic preparedness and response							
Reduce morbidity and mortality due to diabetes mellitus, cardiovascular disease, chronic respiratory diseases, cancer and sickle cell disease:		No. Of special clinics set up	<i>Awareness, diagnosis, quality treatment and care of NCDs and their complications including prevention and health Promotion created.</i>	Establishing infrastructure for NCD clinics	62%	68%	72%	80%	85%	89%	ADMN
		No. of IEC material made and disseminated	Prevention and health promotion strategy developed	providing IEC materials for sensitization about NCD prevention and treatment;	1000	1500	2000	2500	3000	3500	CHD
		No. of CPD sessions done	HWs trainings undertaken	conducting continuing Professional Development sessions on NCDs;	50	80	100	150	200	250	MED
		% of hospital budget allocated for NCD program	Facility NCD plan and budget developed	availing equipment, essential medicines and supplies for management of NCDs;	-	10%	10%	10%	10%	10%	ADMN
		No. of screening outreaches done	Facility and community screening program developed	conducting targeted screening outreaches for populations at risk of NCDs	-	4	4	4	4	4	CHD

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
		No. of screened No. of clients screened for NCDs	NCD incidence and prevalence report produced	collaborating with NGOs CBOs to screen women and men to facilitate early identification, diagnosis and treatment of NCD	105678	110000	150000	190000	220000	250000	MED CHD
		No. of community stakeholders involved Level of awareness of created No. of collaboration meetings	Awareness strategy towards prevention of NCD	liaising with community stakeholders to educate about non communicable diseases	30%	35%	40%	40%	50%	50%	CHD
		No. of groups formed by 2025	Patient support groups in disease management formed	forming patient support groups to assist in some aspects of disease management	-	2	2	4	4	5	CHD
	Providing comprehensive new born care commensurate with the regional referral hospital	No. of patients with self-monitoring tool	standards in self-monitoring disseminated	assisting patients acquire self-monitoring tool for better individual surveillance	5%	10%	15%	20%	25%	30%	MED CHD
		Availability dialysis service	Super specialized HR Remunerated and recruited..	Start dialysis and other super specialized services.	-	-	2	2	2	2	MED

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
		No. of admission in neonatal unit <u>No. of admission to newborn care unit</u> No. of referral in to the unit % and No. of Neonatal death	Newborn health improved Reduced self-referral to RRH Reduction in NMR	Setting up a skills Lab to enable medical team build skills on emergency care of maternal and newborn Review of all perinatal deaths	-	-	1	-	1	-	MED PAED
		Neonatal Infrastructure in place	Equipped Neonatal Unit	training and mentorship to manage new born complications	10	15	20	25	30	40	PAED
		%age of newborns delivered in the hospital immunized	Improved Institutional Deliveries	conducting immunization outreaches within and out of the hospital	3696	3800	3900	4000	4300	4500	CHD
		Newborn initiated No breastfeeding mothers tested in eMTCT services	Increased adherence to EMTCT Standards	initiating eMTCT services to every exposed new born and continuous testing and monitoring for mothers who are negative till discontinuation of breastfeeding	84%	89%	90%	90%	95%	95%	PAED
	Provide and strengthen preventive, promotive, specialized curative and rehabilitative	No .of health talks delivered No. of radio talk shows, community dialogue No. of IEC	<i>Preventive, promotive, specialized curative and rehabilitative Paediatrics and Child Health</i>	Increasing awareness about childhood illness, raising awareness on the availability of sickle cell services, Child diabetes, paediatrics cancer care	20%	30%	30%	40%	40%	50%	CHD

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
	paediatrics and child health services	produced and distributed No. of clients tested for SCA	<i>services provided and strengthened</i>								
		No. Children screened and treated	Improved survival rate in children under five years	routine screening for common congenital and childhood disability for early treatment and care	86%	87%	88%	89%	90%	91%	PAED
		No of reports	Increased percentage in utilization of preventive services	Initiate a programs on prevention of common childhood illnesses through engaging schools, NGOs and rehabilitation homes	43%	45%	47%	49%	51%	53%	CHD
		No children screened for malnutrition No. Health workers trained No. Guidelines distributed in hospitals and peripheral health units	HWs Nutrition trainings conducted and guidelines distributed	screening, treatment and prevention of malnutrition;	32%	34%	36%	38%	40%	42%	CHD
		No. Malaria related mortality among the under fives No. Beds fitted	Percentage improvement in under five morbidity cases	malaria control and prevention in the ward and homes;	1129	1099	1050	1030	1000	985	MED

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
		with ITNs No. Children in the region sleeping under ITNs									
		Five dedicated Paediatrics clinics and are operational	Paediatric preventive and curative services enhanced	establishing dedicated pediatric special clinics like neurology, Diabetes, Sickle Cell , new born clinic	2	2	3	3	4	5	ADMN CHD
Objective 2: To enhance health promotion, environmental Health and community initiative.	Promote individual and community responsibility for better health	No. of health talks Level of awareness in the population about common illness and injuries	<i>Individual and community responsibility for better health promoted and IEC initiatives strengthened to bring about changes in health and health related behaviour</i>	Public education on prevention and control of common illnesses and injuries;	12	12	24	24	24	24	CHD
		Registry of health partners	MOUs executed	identifying and exploiting the potential, existing development partners to promote health agenda;	5	5	5	6	6	7	ADMN
		No. of surveillance done	Disease surveillance and	developing a strong surveillance and control	40%	44%	50%	54%	60%	64%	CHD

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
			reporting strategy put in place	strategies for epidemics and emerging diseases; and.							
		Level of awareness in the population about food security and nutrition	Submitted reports on under Five morbidity cases	providing information and advice on food security and nutrition planning especially for the under-fives	20%	30%	40%	50%	60%	75%	CHD
	Contribute to the attainment of a significant reduction of morbidity and mortality due to environmental health and unhygienic practices and other environmental health related conditions:	Availability of Guidelines	<i>Environmental Health Management in the Hospital and catchment area Strengthened, supported and improved</i>	Enforcing guidelines for health care waste management;;;	36%	49%	55%	69%	75%	80%	CHD
		No. of facilities with health care waste management plan	Reduced reported Hospital acquired infections	providing facilities for health care waste management	14%	13%	10%	8%	6%	5%	ADMN
		No. of targeted population trained and supervised	Functionality of IPC teams strengthened	training and supervise waste management practices in the region	20%	30%	45%	60%	80%	100%	CHD

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
		No. of incinerators constructed and functional	Functional incinerator in place	construction of incinerator and abandon burning of medical waste;	-	1	-	-	-	-	ADMN
		No. of PHC outreaches planned and supported	Submitted reports to CHD	supporting integrated community primary health care outreach services;	-	4	4	4	4	4	CHD
		No. of surveillance and controls on Hospital acquired infections done	Submitted Surveillance reports to CHD	surveillance and control of hospital acquired infection	1	2	4	4	10	12	CHD
	Improve, strengthen and support Environmental waste management information systems	No. of guidelines developed, operationalized and utilized	Distributed guidelines and utilized in each ward	Developing guidelines on EHMS, operation, maintenance and Utilization	6	12	18	24	28	30	CHD
		No. of environmental research supported and	Environmental documents published	supporting environmental health research and	-	2	4	4	4	4-	CHD

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
				access by decision makers in the hospital and region							
		No. of policies developed	Functional registry process	initiating, formulate and develop Policies related to resource centre issues	2	2	2	2	2	2	ADMN
		Quality and clean data Presence of Data Bank	Digitalized system in Place	managing and maintain data Bank in the resource centre	1	1	1	1	1	1	RECORDS
		% utilization of ICT No. of software installed No. of supports provided	Reports on ICT in-service training Installed Computers	utilizing Information communication technology		5	43	8	30	20	RECORDS
	Increase access to essential, efficacious safe, good quality and affordable medicines at all times	Percentage availability of essential medicines and supplies	Improved internal medicines and supply chain management system	Advocating for adequate financing of EMHS in the budget; procurèrent of EMHS; ppromoting rational use of drugs and supplies	78%	80%	85%	85%	88%	90%	ADMN
Objective 5: To strengthen Human resource planning and management.	Enhance equity in recruitment ,strengthen capacity building and performance	Percentage of recruitment, staff attraction and retention	Improved Retention level	Advertising and recruitment	50%	52%	58%	65%	75%	80%	HR

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
	monitoring			Periodic performance and Appraisal							
				Staff motivation and rewarding	5%	10%	15%	20	25	30	HR
				Mentorship and In service training	20%	25%	30%	40%	50%	60%	HR
Objective 6: To improve on infrastructure development for quality healthcare.	Provide and maintain a sound and conducive physical infrastructure for service delivery in all departments	Percentage level of the state of the –art infrastructure and equipment at the Hospital	Fully equipped and functional infrastructure.	Construction of new modern maternity unit, theatre, ICU, interns' hostel and completion of	50%	80%	100%	-	-	-	ADMN
		Percentage of structure filled	Completed and fully accommodated infrastructure	construction of staff accommodation; renovating and repair existing buildings,	50%	60%	80%	100%			ADMN
		Percentage of completed walkways & entrance road	Improved accessibility to the facility with signage	improve the walkways, and tarmac the entrance road; improving the hospital water supply;	-	40%	80%	100%			ADMN
		Operational capacity of indoor lighting system	Equipment improvement and replacement	providing regular and reliable compound and indoor lighting system;	50%	60%	65%	70%	80^	90%	ADMN
		Operational and functionality of	Equipment improvement,	providing modern and	50%	60%	65%	70%	80%	90%	ADMN

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
		equipment	procurement and replacement	functional equipment;;							
		Percentage of functionality of ambulance system	Ambulance services enhanced	Periodic servicing of the Ambulance	30%	50%	60%	70%	80%	90%	ADMN
		Percentage improvement in laundry services	Quality laundry services provided	Improving the laundry services using modern equipment; and improving the hospital communication and IT systems.	40%	45%	60%	70%	80%	90%	ADMN
	Strengthen collaboration with other hospitals and support supervision role to health facilities in the catchment area	No of meetings	Regional support supervision program developed	Mapping up health stakeholders in the region;;	-	1	1	1	1	1	ADMN
		Number of quarterly support supervisions conducted	Curative services enhanced	facilitating health meetings; sharing status reports with stakeholders	2	4	4	4	4	4	ADMN
		Annual regional performance review meetings	Improved internal processes	advocating and influencing health related policies and bye-laws in catchment districts	-	1	1	1	1	1	ADMN
	Strengthen the referral systems, support supervision and mentorship for	Percentage of self-referrals to the facility	Improved adherence to clinical standards	Facilitating technical supervision to lower health facilities;	99.4%	98.6%	88.6%	78.6%	68.6%	60%	CHD

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
	efficient health care services	Number of outreach health programs implemented	Improved quality of support services to lower facilities	Strengthening and supporting integrated health outreaches and facilitating community outreaches	2	4	4	4	4	4	CHD
	Improve on the capacity of the clinical department to provide cost effective quality clinical services through modern efficient and effective	Proportion of specialized investigations performed	Trained and recruited service providers in specialized diagnostic services	Efficient functional imaging and radiology, laboratory, ambulance services, and equipment workshop established and set up modern laboratory to serve the region	35%	40%	45%	50%	60%	70%	ADMN
		Number of weekly clinical Audits	Improved internal processes	Mobilise resources for effective health systems delivery including lobby for more budgetary increment, land and machinery; developing, rehabilitate, maintain and sustain health systems infrastructure to support the delivery of the minimum package; improving communication within the hospital: internet and intercom services; eestablishing and sustaining partnership to improve service delivery; sstrengthening financial systems to provide value	-	12	24	32	48	48	ADMN
		Number of weekly morbidity and mortality meetings	Enhanced functional specialized clinics		20	24	32	48	48	48	
	Number of specialists recruited	Increased patient satisfaction level	7		10	5	-	-	5		

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
				for money outcomes							
	Strengthen financial systems to provide value for money outcomes	Financial plans and budget developed	Resource mobilization enhanced	Supporting participatory budgeting process; building capacity of financial staff to effectively prepare accounts, analyze and manage finances of the hospital; carrying out repeated procurement audits including value for money audits to ascertain the degree of financial loss; developing a business plan for hospital investments such as private wing and implement; computerizing accounting; procurement of software and train users; strengthening internal audit function (sensitize staff , TOT for departments; sensitizing staff on efficiency , effectiveness and economy; auditing the performance of contractors (procurement /finance).	2	4	4	4	4	4	ADMN
			Collaboration and partnership strengthened								
			Quarterly Financial Audit reports developed and disseminated		Percentage increase in funding level	4	4	4	4	4	
		No of trained staff in financial management			10	20	30	40	40	50	

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
	Strengthen governance, leadership and stewardship for the supply chain at Gulu Regional Referral Hospital and in the region	No of HWs trained in supply chain management	Health care professionals trained	Conduct performance management of the pharmaceutical service providers within Gulu RRH, at district level and other lower level health facilities in the region	10	20	30	40	50	60	ADMN
Provide adequate oversight over pharmaceutical services delivery at district and at lower health facility levels through intensified supportive supervision, monitoring and reporting				10%	20%	30%	40%	50%	60%	ADMN	
Percentage availability of essential medicines and supplies		Increased access to treatment and care at regional and District level	Engage with relevant stakeholders at regional level to establish a mechanism for coordination of pharmaceutical programming and implementation at Gulu RRH and lower level health facilities in the region.	50%	60%	70%	80%	85%	88%	ADMN	
		Reduction in percentage of out stocks of Drugs in	Establish mentorship, benchmarking mechanisms at the Gulu	-	20	30	40	50	60	DONOR	

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
			facilities	RRH to foster Excellency among pharmacy professionals within the region							
		Percentage of received supplies in time	Timely delivery of medicines and supply at the facility	Attain and sustain a center of excellence status in supply chain management services delivery as defined by Ministry health criteria for center of excellence	50%	60%	70%	80%	90%	90%	ADMN
	Strengthen the supply chain / pharmaceutical sector regulatory framework and compliance at Gulu Regional Referral Hospital and in the region	No of planning meetings attended	Digitalized supply chain system	Participate in the development process of the national supply chain / pharmaceutical sector policies, laws and guidelines.	2	4	4	4	4	4	ADMN
		Number of performance review meetings			-	1	1	1	2	2	
		Number of Developed Guidelines, policies and laws	Developed policies, guidelines and laws to units.	Make available the current / newly developed national supply chain / pharmaceutical sector policies, laws and guidelines	10	20	30	40	50	60	
		Number of units and facilities with guidelines, policies, Laws.	Distributed Guidelines, laws and policies to facilities and units	Disseminate the newly developed and approved national supply chain / pharmaceutical sector policies, laws and guidelines among the	5%	20%	40%	60%	80%	90%	

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
				staff of Gulu RRH, district / general hospitals and lower level health facilities							
		Number of unit meetings conducted by Pharmacy Dept.	Reduction in reported cases with AMR	Engage with the staff of Gulu RRH to ensure compliance with the pharmaceutical sector guidelines and regulations.	5%	20%	30%	50%	70%	90%	
		Number of dissemination meetings conducted	Shared learning on policies and guidelines	Develop and document the management policies or guidelines for the supply chain system (e.g. Supply Chain Human Resources, financing, dispensing quality guidelines, and storage policies) at Gulu RRH to operationalize the above national pharmaceutical regulations.	-	4	4	4	4	4	ADMN
		Number of facilities engaged/visited	Reduction in cases by lower facilities on AMR	Engage with district / general hospitals and lower level Health facilities to ensure compliance with the pharmaceutical sector guidelines and regulations	-	10%	20%	30%	50%	70%	ADMN

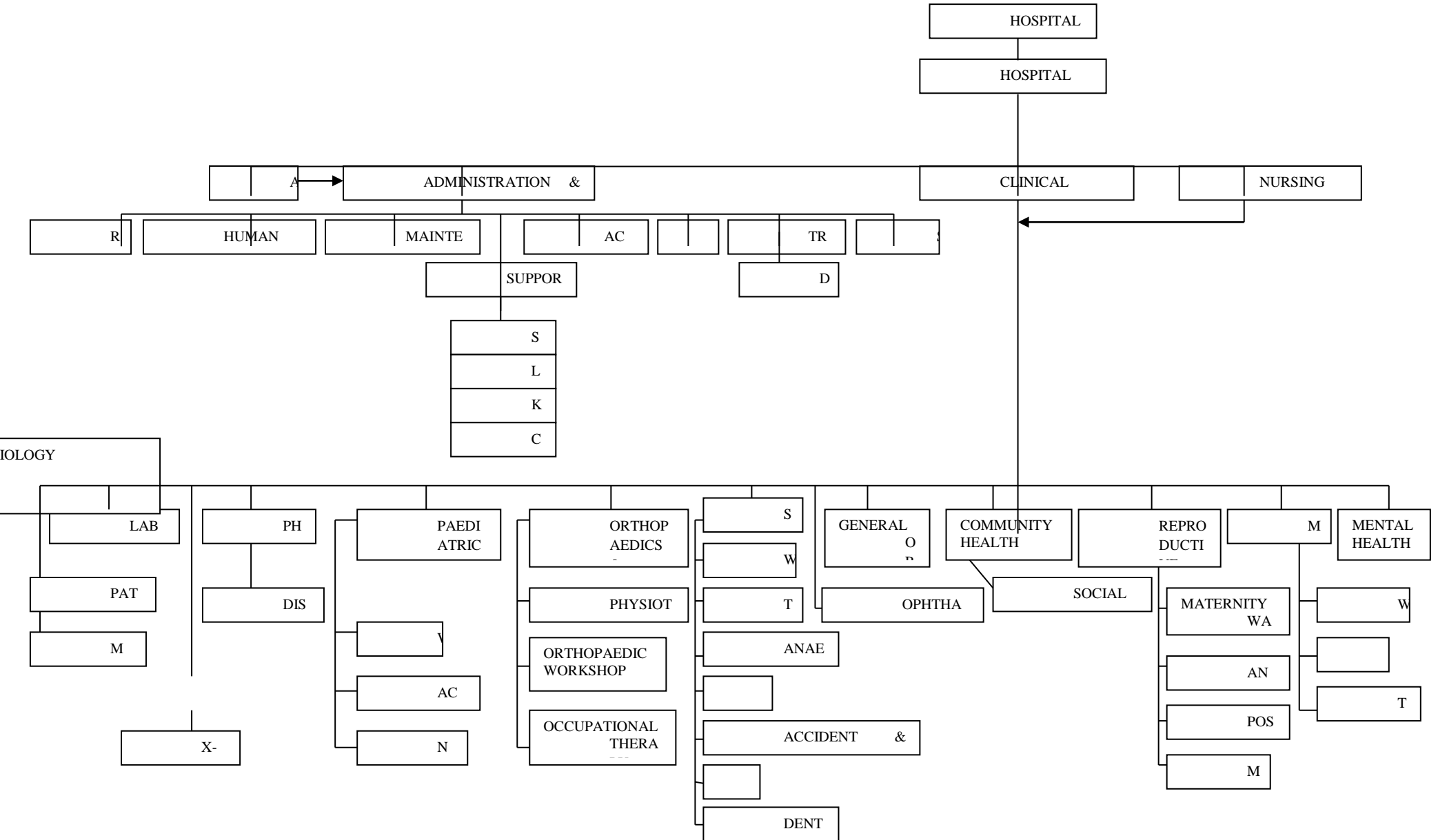
OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
		Developed frame work in Place	Enhanced supply chain system	Develop and disseminate a monitoring and evaluation framework for supply chain for Gulu RRH	-	20%	40%	50%	60%	70%	ADMN
	Strengthen appropriate use of medical products at Gulu RRH and in the entire region	Proportion of timely deliveries of supplies and medicines	Functional MTC in place	Revitalize the appropriate medicines and health commodities use program at Gulu RRH and in the region	78%	80%	85%	88%	90%	95%	ADMN
		No. of meetings held and reports	Timely Requisitions and medicine orders Reduction in quantity of expired supplies	Make the Medicines and Therapeutics Committee (MTCs) at Gulu RRH more functional	50%	60%	70%	80%	90%	90%	ADMN
		NO. of MTC meetings held	Fully constituted committee in place	Coordinate the establishment of functional MTCs at General hospitals and health Centre IVs in the region.	0	0	12	12	12	12	PHAR MACY
		No. of performance reports in place	Support supervision by MTC in the region	Monitor the MTCs performance in health facilities in the region	0	01	4	4	4	4	ADMN
		Number of AMR Cases reported by LAB	Available Surveillance AMR reports	Implementing Antimicrobial Stewardship interventions at Gulu RRH	0	10%	30%	50%	70%	90%	ADMN

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
		NO. of meetings held	Strengthened surveillance on AMR	Sensitize the community and consumers on appropriate medicine use and antimicrobial stewardship	0	1	4	4	4	4	PHAR MACY
		Number of reported cases with adverse drug reaction	Enhanced surveillance system on Adverse drug reaction	Conduct capacity building of health workers in the region on detecting, documenting, reporting and managing adverse drug reaction	0	02	4	4	4	4	PHAR MACY
		Number of meetings held	Increase in reported cases with Adverse drug reactions	Empower the community to report on adverse drug reactions through sensitisation and provision of timely information.	0	02	4	4	4	4	PHAR MACY
		Number of reports on expired drugs	Reduction in reported wasted drugs due to expiries	Minimise the generation of pharmaceutical wastes (due to expiries) through close monitoring of expiry dates of the health commodities and appropriately planning for them	10%	5%	3%	3%	2%	2%	PHAR MACY
		Number of meetings held	Increased collaborative visits to the region	Collaborate with the NDA regional inspectorate team to monitor the correct disposal of the pharmaceutical wastes in	0	02	4	4	4	4	NDA& ADMN

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
				the region							
	Strengthen the pharmaceutical information management systems at Gulu RRH and the region	No of planning and budget meetings	Infrastructure with Digitalized functional system in place	Support the set-up of required infrastructure and resources for e-LMIS to enhance management, traceability and accountability of health commodities	-	4	4	4	4	4	ADMN
		Number of data review meetings	Active supply chain MTC subcommittee in place	Create an institution wide supply chain data use for decision making culture in all operations within the hospital	0	2	4	4	4	4	PHAR MACY
		Number of capacity building sessions held	Active supply chain subcommittee in place	Increase human resource capacity to collect, analyse, disseminate and use data	0	2	4	4	4	4	PHAR MACY
		NO. of ELMIS Requisitions made	Reduced Emergency orders	Link ELMIS to Pharmaceutical Financial Management systems	30%	25%	20%	15%	10%	10%	PHAR MACY
	Strengthen sustainable financing mechanisms for the pharmaceutical services at Gulu Regional Referral Hospital.	Proportion of funding for pharmaceutical services	Reduction in out of stock of hospital procured commodities	Ensuring hospital has sustainable funding for supply chain operations in facility and particularly, the budget for procurement of commodities derived from hospital procurement planning,	5%0	40%	30%	20%	10%	10%	

OBJECTIVES	INTERVENTIONS	INDICATORS	OUTPUTS	ACTIONS	BASE LINE	TARGETS					D/pt
						FY20/21	2021/22	2022/23	2023/24	2024/25	
				quantification and forecast.							
		No of financial reports prepared	Reduction in out of stock of essential commodities	Ensure routine monitoring of budget expenditure for commodities in Gulu RRH hospital to achieve optimal utilization of the resources	0	2	4	4	4	4	ADMN
	Strengthen intra-institutional, agency collaboration and partnerships	Number of learning sessions held	Enhanced collaboration in the region	Strengthen collaborative and learning activities with in the hospital and in the region	0	2	4	4	4	4	ADMN
		Number of MTC meetings held	Active Sub committees of MTC in place	Facilitate and sustain participation in hospital SCM collaborative, and learning activities within the hospital by planning for routine MTCs meeting	0	6	12	12	12	12	PHAR MACY
		Number of collaborative meetings held	Increase in Development partners supporting supply chain activities	Foster collaboration with other relevant supply chain management stakeholders like NMS, JMS, NDA, MMS in the region and implementing partners in the region to facilitate learning and augmentation for sustainable supply chain performance	0	2	4	4	4	4	ADMN

GULU REGIONAL REFERRAL HOSPITAL ORGANOGRAM



Annex 3: Equipment and Infrastructure Requirements per Department

S/N	EQUIPMENTS	NO. REQUIRED	EQUIPMENT	NO. REQUIRED
1	<ul style="list-style-type: none"> • Ultrasound machine • CT Scan • Mobile x-ray machine • Echo machine • Anatomic processor • Anesthesia machine • Endoscopy machine 	<ul style="list-style-type: none"> • 6 • 1 • 2 • 1 • 2 • 1 • 1 	<ul style="list-style-type: none"> • Big Drum • Small drum • Autoclave (bulk autoclave and steam sterilizer) • Autoclave • Sterilizer 	<ul style="list-style-type: none"> • 30 • 45 • 1 • 10 • 8
2	<ul style="list-style-type: none"> • Treadmill • Traction machine – lumber • Traction machine – cervical • Pulley system • Gymnastic balls (medium and big size) • Infrared radiation • Ultrasound therapeutic machine • Shortwave diathermy 	<ul style="list-style-type: none"> • 2 • 3 • 3 • 2 • 3 & 2 • 10 • 3 • 1 	<ul style="list-style-type: none"> • Office Tables • Cupboard • Office Chairs • Tens • Benches • Computers • Water dispenser • Air conditioner • Television • Mattress • Mackintosh • Bed sheets • Blankets • Wall clock 	<ul style="list-style-type: none"> • 41 • 10 • 125 • 5 • 45 • 10 • 5 • 20 • 6 • 100 • 100 • 100 • 100 • 100 • 62



			<ul style="list-style-type: none"> • File cabinets 	<ul style="list-style-type: none"> • 15
3	<ul style="list-style-type: none"> • Oxygen cylinders • Oxygen cylinder head • Oxygen concentrators 	<ul style="list-style-type: none"> • 40 • 40 • 20 	<ul style="list-style-type: none"> • Operating lamps adjustable • Adjustable operating tables • Theater fixed operating lights • Portable operating lamp • Electric patient monitors 	<ul style="list-style-type: none"> • 3 • 4 • 2 • 2 • 20 • 25 • 4 • All
	<ul style="list-style-type: none"> • Screens • Examination coach • Drip stand • Dispensing tray 	<ul style="list-style-type: none"> • 25 • 30 • 210 • 30 	<ul style="list-style-type: none"> • Glucometer with strip • Patient recovery trolley • Piped oxygen 	<ul style="list-style-type: none"> • 10 • 8 • 2 • 1
	<ul style="list-style-type: none"> • Digital BP machine • Manual BP machine • Stethoscope • Pulse-oximeter • Weighing scales • Weighing scale neonatal • Thermometer • Glucometer with strip • Digital weighing scales 	<ul style="list-style-type: none"> • 25 • 12 • 55 • 36 • 28 • 3 • 148 • 23 • 20 • 	<ul style="list-style-type: none"> • Suction machine • Electric suction machine • Otoscope • Washing machine • Head lamp • Gumboot 	<ul style="list-style-type: none"> • 20 • 135



4	<ul style="list-style-type: none"> Digital BP machine Manual BP machine Stethoscope Pulse-oximeter Weighing scales Weighing scale neonatal Thermometer Glucometer with strip Digital weighing scales 	<ul style="list-style-type: none"> 25 12 55 36 28 3 148 23 20 	<ul style="list-style-type: none"> Wheel chair Patient trolley Stretcher Patient beds 	<ul style="list-style-type: none"> 17 20 5 45
			<ul style="list-style-type: none"> Refrigerator Cold box Vaccine carrier Deep freezer 	<ul style="list-style-type: none"> 11 2 10 3
	<ul style="list-style-type: none"> Lithotomy Sims speculum Blunt ureters Uterine sound Cuscus speculum Sponge holding forceps Manual vacuum extractor Fetal monitors Delivery sets Nebulizers Incubators Resuscitation kit neonatal 	<ul style="list-style-type: none"> 3 20 20 20 20 20 25 5 100 16 5 10 5 	<ul style="list-style-type: none"> Sets laparotomy Adult Sets laparotomy pediatric Sets of basic surgical set Diathermy machine STS sets Amputation set Neuro surgery instruments Cut down sets Tracheostomy Laparoscopy set Procedure stools ORIF Sets 	<ul style="list-style-type: none"> 5 5 10 7 2 2 2 2 1 2 10 2



<ul style="list-style-type: none"> • Baby warmers • Patient warmers • Theater gowns • Dilators • Needle holders • Metallic catheter 	<ul style="list-style-type: none"> • 5 • 42 • 20 • 15 • 10 • 		
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List of appendices to project profile table 17.

Appendix 1: Project Annualized Targets

Project 1: Offer comprehensive specialized health care using appropriate technology		Actual outputs					
Output	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Output 1 Increased equitable access to quality and comprehensive health care		5%	20%	25%	50%	0	0
Output 2 Fully Equipped units		0	100%	0	0	0	0
ETC							
Project 2 Provision of preventive, promotive, and curative services both in the facility and in the region		Actual outputs					
Output	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Output 1 Reduced HAIs in the facility		14%	13%	10%	8%	6%	5%
Output 2 Periodic Reports and Signed MOUs		5	5	5	6	6	7
Output 3 Public Address system in Place		0	0	100%	0	0	0
Output 4 Guidelines in place Trainings conducted		0	5	25%	25%	50%	0
PROJECT 3 Strengthen Research, Trainings, and Technology development in the Region							
Output 1 Digitalised system in Place and installed computers		0	25%	25%	50%	0	0
Output 2 Facility Annual work plans and Budget in Place		50%	100%	100%	100%	100%	100%
Output 3 EMHS System in Place		25%	25%	50%	0	0	0
Output 4 Functional registry Process and reports on IT Training		5%	20%	20%	20%	25%	10%
PROJECT 4 Human Resource Planning and management							
Output Improved Recruitment and		56%	75%	80%	82%	85%	85%



retention level							
PROJECT 5 Improve on Infrastructure development for quality Health care							
Out Put 1 Completed equipped complex for Maternity, ICU, Emergency & Theatre	0	40%	100%				
Output 2 Completed walk ways, Staff house ,& signage in place	0	40%	100%				
Output 3 Equipment procurement and replacement		40%	20%	10%	10%	10%	
Output 4 Serviced fully functional Ambulance		30%	40%	10%	10%	10%	

Appendix 2: Project Results Matrix

Goal and Objective	Indicators	Means of Verification	Baseline	Target	Assumptions
Goal TO attain both the Health sector And National goals as outlined in NDP111	Proportion of projects accomplished by the end of each financial year	Audited reports	25%	100%	Lack of enough funds
Outcomes: Reduction in morbidity, mortality and improved health through excelling in preventive, curative, rehabilitative, training and research in line with Government focus	Proportion of specialized services offered per Annum	Annual performance reports	60%	85%	Lack of enough equipment and highly skilled staff
Outputs: Enhanced health promotion and disease prevention -Increased equitable access to quality and comprehensive health care -Research and training plus Innovation at National and Regional level strengthened -Effectiveness and efficiency to meet the demands for health services -Overseeing health services in the region at all levels of service delivery strengthened	Proportion of preventive, research, referrals in, support supervision and outreaches conducted.	Quarterly and Annual performance reports	65%	90%	Increase in emerging issues
Activities: *Offering accident ,emergency and comprehensive specialized health care *Provision of preventive and curative services both in facility and the region *Provision of Maternal and	Percentage of achieved set strategic objectives	Annual and Quarterly Audit reports	40%	95%	Population Increase and Inadequate funding



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child health services *Training and conducting research *Planning and strengthening Human resource management and leadership *Improving infrastructure development through construction, renovation and procuring of equipment						
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Appendix 3: Percentage Progress of Project Implementation

OUTPUT	ACTUAL PERCENTAGE PROGRESS		PROJECTED PERCENTAGE PROGRESS					TOTAL
	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	
OUTPUT1: Completion of 54staff house	10%	20%	20%	30%	50%	0	0	100%
OUTPUT2: Construction of the ICU private wing, walkways, parking yard	0	10%	20%	20%	20%	20%	20%	100%
OUTPUT3: Strengthen functionality of CHD	10%	15%	20%	30%	30%	15%	15%	100%
OUTPUT4: Completion of water storage Tank	0	20%	50%	30%	0	0	0	100%
OUTPUT5: Construction of laundry and Hospital Perimeter wall	0	0	10%	10%	20%	30%	30%	100%
OUTPUT6: Construction of cafeteria	0	0	0	0	100%	0	0	100%
OUTPUT7: Renovation of Mental Health Unit	0	0	0	40%	60%	0	0	100%
OUTPUT8: Acquire Land for additional hospital functions	0	0	0	0	60%	20%	20%	100%
OUTPUT9:Construction of research center	0	0	0	0	0	50%	50%	100%
OUTPUT10:Construction of records Department	0	0	0	0	50%	50%	0	100%
Output11:Enhance computerized digital system	0	0	0	0	100%	0	0	100%
Out Put 12: Capacity Building for all category of health care staff	0	0	0	50%	50%	0	0	100%
OUTPUT13:Construction of a modern outpatient department complex, housing specialized clinics and ANC	0	0	0	0	0	50%	50%	100%



OUTPUT14: Construction of surgery and medical complex, installation of piped oxygen, Incinerator, Registration, modern library and Nutrition Unit.	0	0	0	0	0	50%	50%	100%
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