



ELCT NYAKAHANGA HOSPITAL

Five years STRATEGIC PLAN

2021/22- 2025/26



JUNE 2021

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ABBREVIATIONS

1. NDDH- Nyakahanga Designated District Hospital
2. CPS – Clinical Pastoral Services
3. ICU – Intensive Care Unit
4. OPD – Out Patient Department
5. SOP – Standard Operating Procedures

ACKNOWLEDGEMENT

The Hospital Management Team (HMT) of Nyakahanga District Designated Hospital (DDH) wishes to express thanks to members of the planning team.

My recognition is given to the Heads of Departments of Nyakahanga Designated District Hospital, Hospital Management Committee members for assistance and full participation during the preparation of this plan. We also highly appreciate the support and training given by CSSC on how to design the rolling strategic plan to hospital leaders.

Last but not the least the hospital management expresses its gratitude to the government of Tanzania through ministry of Health and social welfare as well as Karagwe District council through the DMOs office for their mutual support.

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MEDICAL OFFICER IN CHARGE

NYAKAHANGA DESIGNATED DISTRICT HOSPITAL (DDH) KARAGWE

EXECUTIVE SUMMARY

The Hospital five years strategic Plan for Nyakahanga DDH is a comprehensive plan for years 2021/22-2025/26. The plan follows the Comprehensive Council Health Plan which was introduced by the Ministry of health and Prime Minister's Office of regional and local government under the health sector reform in compliance with Karagwe ELCT Diocese Strategic plan of 2019

Heads of sections and departments of the hospital and the Head of Diocesan Planning Department compiled the plan in a participatory way

This Strategic Plan has been prepared based on the assessment of the current internal and external situation in the hospital and the United Republic of Tanzania in general. It has also taken into account our funding sources including internal sources, collaborators, development partners and ELCT Karagwe Diocese partners. The strategic plan is presented into four strategic objectives ie Improved quality of clinical services; Enhanced supply of medicines, reagents and medical devices; Enhanced maternal and neonatal services and Enhanced Human resource, financial management and maintained Hospital infrastructure.

Annual action plans as well as short term plans of two to three years will be prepared and undertaken in implementation of this five years strategic plan.

The hospital management acknowledges that not everything need for the improvement of the quality health service delivery and social welfare of the staffs is included in this plan. Some were left out in course of addressing the four strategic objectives, however there is a room for review of this plan during the mid-term review, as such other forthcoming and necessary things will be accommodated.

It is the expectation of the hospital management that this plan will receive all the support and cooperation from both the local and central government, Karagwe District community as well our development partners and other stakeholders.

CHAPTER ONE

1.0 Introduction

1.1 Overview of the hospital

Nyakahanga hospital, owned by the ELCT Karagwe Diocese, is the largest referral health facility in Karagwe district, serving the population of over 506,440 people. It started as a small dressing unit in 1912, gradually expanded to 200 beds capacity hospital in 1963, by then the district population was below 90,000 people. It started to serve as the district hospital in 1972, and in 1992 the government of Tanzania entered into the formal contract with the diocese to use its hospital where as the government will provide staff salaries, medical supplies, medicine costs and other running costs e.g. electricity, water, fuel, allowances and the diocese is responsible for Capital Investment. The number of patients attended (outpatient and inpatient) increases in each subsequent year because more patients who need high quality care with special investigation are referred to Nyakahanga DDH.

Location

Nyakahanga Designated District Hospital is located in Karagwe district. Karagwe is one of the eight districts in Kagera region in the North Western corner of Tanzania. It is found in the North-western part of Kagera region. It is bounded by Ngora district in Southern part. River Kagera and Uganda lie in the Northern part of the district. Two districts namely Muleba and Bukoba bound the Eastern part. River Kagera and Rwanda bound the Western part.

The total area coverage is 6,734 square kilometres. Land area coverage is 5534 square kilometre and water area coverage is 1200 square kilometre. Karagwe district lies just below the Equator and east of 30°E [Position: 1° – 2° south (latitude) 30.6° – 31.4° East (longitude)], while Nyakahanga hospital lies on 1656 metres elevation with GPS location at 01° 36.222' North/South and 031° 08.499' East/West.

The district has a tropical climate. The average annual rainfall is 1040mm. Rainfall distribution is bimodal with peak rains falling between September to December and March to May. The period between January and February is dry. June to September is a period of marginal or no rainfall. In general, rainfall decreases from East to West. The climate is generally favourable for agricultural development and thus household food security is assured throughout the year.

1.2 Management levels of the Hospital

Board of Governors: This is the supreme body of managing the hospital as per the mutual agreement between the Tanzania Government and the ELCT Karagwe Diocese. The Board is made up of 10 members; six of whom are from the Diocese and four from the Government. The Board is responsible for policymaking and the overall smooth running of the hospital. The Board Chairperson is the Assistant to the Bishop (Dean) and the Medical Officer In charge is the Secretary.

Diocesan Medical Board: The ELCT Karagwe Diocese being the owner of the hospital supervises the running of the hospital through the Diocesan Medical Board. The Medical Officer In charge and the hospital Matron are members of this Board. The Medical Board is responsible for staffing of all workers with recognised certificates except doctors and management team who are appointed/employed by the Diocesan Executive Council.

Hospital Management Committee: The committee is headed by the Medical Officer in charge who is charged with the day to day running of the hospital assisted by members of this Committee. Other members are; The Hospital Secretary, Matron, the Hospital Accountant and the Chaplin. The committee is responsible for all decision-making issues.

Hospital Advisory Committee: This committee consists of all members of the management committee, the District Medical officer, the workers trade Union representative (TUGHE), the hospital chaplain and five departmental representatives. The committee advises the Management team on different hospital activities. The committee meets twice a year.

Departmental Meetings: In order to ensure smooth running of the hospital there are heads of department who are responsible for day-to-day activities of their respective units. There are routine departmental meetings.

1.3 The hospital vision and Mission

Vision

Nyakahanga DDH is a reputable institution providing sustainable and affordable health care services to individuals and communities comprehending the spiritual needs resulting in peaceful and joyful life.

Mission

Build a community that witnesses and glorifies the spirit of Christ through provision of holistic, affordable and accessible quality health care services through collaboration with its key stakeholders.

CHAPTER TWO

2.0. Situational analysis

Nyakahanga Hospital is subjected to many internal and external factors. This chapter of situational analysis will involve environmental scanning of both internal and external factors by using SWOT analysis technique to identify the Strength, Weaknesses, Opportunities and Challenges the hospital is facing in the implementation of its strategic objectives.

The process of situational analysis involves understanding the internal and external environment through performing internal and external environment analysis, classifying issues raised during analysis, interpreting the issues and then the information obtained will be used to maintain the strategic momentum of the organization. External environment were analyzed in the order of Social, Technological, Economical, Ecological, Political, Legal and Demographic factors. The factors identified were monitored to see if real they contribute in operationalization of hospital strategies.

Internal environment scanning was done to assess the hospital's resources availability, competencies in term of knowledge and skills of personnel in the hospital and then identifies the capability of hospital in integrating the resources and competencies for the competitive advantage. The following matrix shows the outcome of SWOT analysis.

2.1 SWOTs - Clinical services

2.1.1 Strengths

- Unique Clinical Departments and Services (Eye Clinic, Gynecology,dental,availability of endoscope)
- Unique Clinical Services (Clinical Pastoral services CPS ,palliative care),
- Networking with other hospitals e.g. Flying Doctors Services
- Community Ophthalmology – outreach services
- Indigenous Specialists who know the local conditions well
- Availability of Education on line through ECHO
- Existing of clinical conferences everyday
- Maternal and perinatal Audit
- Internal assessment

2.1.2 Weaknesses

- Shortage of staff (Anesthesia, Nurses in all Departments,)
- Inadequate space in the departments
- Inadequate medical supplies and equipment
- Poor patient flow
- Shortage of Equipments e.g.
- Inadequate use of Standard Operating Procedures SOPs and Protocols
- Misallocation of staff e.g.
- Lack of Emergency preparedness team
- Ineffective Laboratory support services [culture and sensitivity, reagents irregular supply]
- Poor system of accessibility of staff for emergency on call rooms, transport, residence house
- Lack of hospital Ambulance
- Improper internal communication system
- Lack of intensive care unit. [ICU]
- Lack of recovery room
- Lack of physiotherapy services

2.1.3 Opportunities

- Well established services known inside and outside the district
- Support from the government
- International collaboration
- Well located and availability of patient
- District Hospital
- Medium income district
- High demand for specialized services
- Building of new district hospital
- Big catchment area to offer referral services
- Operational research
- Staff with capacity to perform multi functions

2.1.4 Threats

- Inadequate funding
- Donor dependency
- Insufficient staff e.g. laboratory technicians, Nurses, Radiologists

- Inability to keep pace with modern equipment
- Unprepared for internal competition
- Unstable power supplies
- Pandemics/ Epidemics

2.2 SWOTs - Leadership and management

2.2.1 Strengths

- Existence of organogram of leadership
- Existence of top governing bodies i.e. Board of Governors and Diocesan Medical Board
- Good relationship between NDDH and government through Ministry of Health and Social Welfare
- Existence of hospital managerial committee (Hospital Management Team/Committee)
- Availability of operational committees
- Existence of internal hospital policies
- Availability of job description of various cadres.
- Availability of statutory laws and regulations for NDDH employees

2.2.2 Weaknesses

- Overlapping of functions in certain committees
- Lack of other important staff welfare policies
- Lack of induction/orientation policy for newly employed staff and appointed staff on leadership roles

2.2.3 Opportunities

- Representation of Government in the Board of Governors and Diocesan Medical board

- Integration of Hospital with external faith based institutions.
- Government support through remittance of funds (salaries), provision of drugs and placement of health staff
- Financial, human and material support from foreign collaborators/partners

2.2.4 Threats

- Delay of Government funding
- Change of policy
- Shortage of fund which leads to not to meet the policy requirement
- Interference in hospital based decision making

2.3 SWOTs - Human Resources

2.3.1 Strengths

- Existence of qualified health professionals
- Having local employees who are familiar with the working environment
- Existence of a way of recognition and rewarding employees at all levels for good performance
- Involvement of employees in various decision-making organs
- Reliable source of staff salaries for some employees

2.3.2 Weaknesses

- Shortage of specialized personnel [Nurses , doctors, physiotherapist]
- Big proportion of aged staff
- Shortage of staff
- No retention strategy for staff
- Lack of planned training scheme
- Inadequate motivational packages

2.3.3 Opportunities

- Availability of enough land for expansion
- Good relationship with Government and other stakeholders
- Society demand for specialized services in health.
- Existence of International Collaboration program.
- Availability of qualified staff in market

2.3.4 Threats

- Change of policy.
- Uncertainty of government staff
- Brain drain due to inadequate staff remuneration and retirement benefits of hospital and church employment staff
- Establishment of more hospitals offering health services.
- Big proportion of aged staff
- Lack of power of employment

2.4 SWOTs - Financial Resource and sustainability

• Strengths

- Cost sharing as source of revenue
- Government funding
- Collaboration with Insurance companies (e.g. National Health Insurance)
- Funds from specialized and unique services
- Existence of land which can be used as collateral for sourcing of investment funds
- Income generating activities
- Auditing [internal and external audit]

2.4.2 Weaknesses

- Terms and conditions for insurance services not favorable to NDDH
- Specialized and unique services not fully utilized on commercial bases e.g. fast track services.

- Insufficient internal control systems (reconciliation, documentation, authorization, timely preparation of books of accounts, revenue controls)
- Inadequate fund to fulfill the budget.
- Non adherence to procurement plan
- Minimal of optimizing and utilizing land, including investment appraisal mechanism.
- Some of the hospital land are not registered and utilized
- Lack of departmental cost centers

2.4.5 Opportunities

- Provision of grants from government
- Ready market for projects if operated on commercial basis
- Existence of donor funded projects.
- Existence of financial institutions to extend loans for investment
- Exemption from tax in some cases as faith based institution, assist our cash flow

2.4.4 Threats

1. Change in government policy
2. Disparity between requested budget and exemptions by policy
3. Untimely remittance of funds
4. No indicated approved budget
5. Overwhelming outstanding bills
6. Delayed funding from the Government, donors and insurance

2.5 SWOTs - Infrastructure development

2.5.1 Strengths

- Availability of adequate land with title deed
- Availability of Structured hospital buildings.
 - Wards
 - Service laboratory
 - Residential houses.
 - Offices.
 - Seminar halls
- Availability of adequate water supply

- Availability of dedicated electric supply and backup system
- Availability of functioning internal communication system
- Availability of sewage system and disposals
- Availability of connecting corridors
- Availability of private wards

2.5.2 Weaknesses

- Land is not completely protected/fencing
- Old planned structure
 - Wards
 - Emergency department.
 - Offices
 - Stores
 - Car parking
 - Laboratory rooms
 - lack of ICU department
- Buildings have not been renovated and expanded to meet the demand.
- Reliance on a single source of water
- Lack of infrastructure development plan and implementation
- Unstable power supply -Standby generator does not cover the whole hospital
- Lack of preventive maintenance plan
- Partially functioning sewage system
- Lack of automatic generator changeover switch
- Lack of enough toilets including toilets for the disabled

2.5.3 Opportunities

- Government and donor support
- Suitable geographical location
- Availability of enough land

2.5.4 Threats

- Unstable national economy
- Decreasing of donors

- Old electrical wiring system

2.6 SWOTs - Hospital equipment and Supplies

2.6.1 Strengths

- Availability of hospital inventory list and fixed assets register
- Availability of annual procurement Plan
- Support from the Government
- Availability of ICT equipments

- Existence of enough storage space
- Existence of proper system of documentation

2.6.2 Weaknesses

- Untimely disposal of expired medicines, medical supplies and equipment
- Lack of Hospital equipments planned preventive maintenance
- Poor specification of equipment's and supplies
- Inconsistence allocation of funds for purchase of equipment's and supplies
- No adherence to tendering system

2.6.3 Opportunities

- Support of fund from the Government
- Collaboration with various collaborators
- Sharing of resources with other hospitals

2.6.4 Threats

- Lack of sustainable funding
- Fluctuation of foreign currency
- Change of Government policy

2.7 SWOT - Health Management Information System

2.7.1 Strengths

- Functioning patient file location system
- Presence of physical space

- Regular production of reports on regular basis
- Existence of patient folder reference mechanism

2.7.2 Weaknesses

- Manual filing system which is labor intensive and needs a large physical space
- Patient filing system is manual thus difficult to retrieve
- The system not well mastered by staff
- Poor recording
- Unclear dissemination system
- Staff inadequate knowledge and resistance to use the system
- Poor and old networking infrastructure
- Incomplete HMIS
- Lack of privacy for filing system

2.7.3 Threats

- Rapid change in ICT technology
- Government policies
- Lack of control of the HMIS

2.7.4 Opportunities

- Shared programs from other stakeholders
- Internet use
- Documented and secured hospital information

CHAPTER THREE

3.0 STRATEGIC OBJECTIVES

The strategic objectives have been developed based on the SWOT analysis which reflects the current status of the Hospital and the factors that would positively or negatively influence its development.

- i. Improved quality of clinical services
- ii. Enhanced supply of medicines, reagents and medical devices
- iii. Enhanced maternal and neonatal services
- iv. Enhanced Human resource, financial management and maintained Hospital infrastructure.

Strategic Objective No 1: Improved Quality of Clinical services

Focus areas

- Special clinics (DM, Hypertension, cancer screening, TB, palliative care Mental clinic,..)
- OPD
- Specialized clinics (Dental unit, Gyn clinic, Eye clinic, physio,...)
- Emergency care
- Ambulance services
- Laboratory
- Pharmacy
- Theatre
- Recovery room
- IPD
- ICU
- Central sterilization dep
- Laundry
- Mortuary
- Imaging and diagnostics
- CTC

Strategic Objective No 2: Enhanced supply of medicines, reagents and medical devices

Focus areas

- Medicines
- Reagents eg Laboratory Reagents, x-ray reagents and ultrasound gel
- Medical supplies - eg x-ray films, mackintosh, bed sheet, catheter
- Medical devices eg Digital x-ray machine, computer, urinalysis machine, incubator machine, mobile lamp, operation tables, anaesthesia machine, warmer machine, suction machine , phototherapy machine, adjustable gynecological bed

Strategic Objective No 3: Enhanced maternal and neonatal services

Focus areas

- Neonatal unit, pre term unit /allocate pre term and neonatal unit
- Vaccine
- Family planning
- Iron supplement and vitamin, prophylaxis
- Reagents
- Pediatric malnutrition unit
- Staff for new units
- Treatment food e.g F75,F 100,RUTF
- Infrastructure

Strategic Objective No 4: Enhanced Human resource, financial management and maintained Hospital infrastructure.

Focus areas

- Staff
- Finance
- Buildings
- fence
- Water
- Electricity
- Pathways
- Motor vehicle, plants and machinery, biomedical engineering
- HMIS

CHAPTER FOUR

4.0 SPECIFIC OBJECTIVES

The five years strategic plan specific objectives have been developed by specification of the strategic objective in due course prioritizing to make it more specific, measurable, achievable, realistic and time bound as per the following;

Strategic objective 1: Improved Quality of Clinical services

Specific objectives:

- 1.1 Patient care services improved, special and specialized care in place
- 1.2 ICU and ambulance services established
- 1.3 Central sterilization unit expanded and equipped
- 1.4 Mortuary building expanded and equipped

Strategic objective 2: Enhanced supply of medicines, reagents and medical devices

Specific objectives:

- 2.1 Constant availability of medicines, reagents, medical supplies and medical devices in the hospital
- 2.2 Established units for culture and sensitivity (lab) and compound units (Pharmacy)

Strategic objective 3: Enhanced maternal and neonatal services

Specific objectives:

- 3.1 Reliable antenatal and postnatal service in place.
- 3.2 Neonatal unit maternal wing for antenatal and postnatal mothers constructed and equipped.

Strategic objective 4: Enhanced Human resource, financial management and maintained Hospital infrastructure.

Specific objectives

- 4.1. Hospital Management Information System (HMIS) improved
- 4.2. Hospital water supply and sewage system improved
- 4.3. Hospital buildings renovated
- 4.4. Biomedical Engineering unit strengthened
- 4.5. Additional qualified staff recruited

CHAPTER FIVE

5.0 MAIN ACTIVITIES

1.1 Patient care services improved, special and specialized care in place

Activities:

- 1.1.1 Emergency room renovated from 1 room to 2 rooms and equipped
- 1.1.2 Training of emergency care team
- 1.1.3 Recruitment of 2-3 specialists (eye, physician, pediatrician)

1.1.2. ICU and Ambulance services established

Activities:

- 1.2.1 Procure ICU equipment
- 1.2.2 Training of ICU staff
- 1.2.3 Procure a full equipped ambulance
- 1.2.4 Driver training on ambulance services

1.3 Central sterilization unit expanded and equipped

Activities:

- 1.3.1 Renovation of the former sterilization from 2 rooms to 4 rooms
- 1.3.2 Procure one medium sterilizer

1.3 Mortuary building expanded and equipped

Activities:

- 1.1.1 Renovation of the existing building from 1 room to 5 rooms
- 1.1.2 Purchase new refrigerator of 8 spaces
- 1.1.3 Procure equipment

2.1 Constant availability of medicines, reagents, medical supplies and medical devices in the hospital in place

Activities:

- 2.1.1 Strengthen therapeutic committee to perform its functions
- 2.1.2 To purchase medicines, reagents, medical supplies and medical devices in the hospital
- 2.1.3 To train qualified staff who can operate medical devices
- 2.1.4 To establish PPM schedule

2.2 Established units for culture and sensitivity (lab) and compound units (Pharmacy)

Activities:

- 2.2.1 To construct 3 rooms for culture and sensitivity and 2 rooms for compound units

- 2.2.2. To recruit 9 staffs in compounding, culture and sensitivity to perform activities
- 2.2.3 To purchase medicines, reagents, medical supplies and medical devices in the units

3.1 Reliable antenatal and postnatal services in place.

Activities:

- 3.1.1 Purchase medicine supplements and supply
- 3.1.2 Employ pediatrician and pediatric nurses and medical nutritionalist.
- 3.1.3 Purchase 4 tv sets for provision of health education at the service points

3.2. Neonatal unit, maternal wing for antenatal and postnatal mothers constructed and equipped

Activities:

- 3.2.1 Build neonatal unit, KMC unit and maternity ward
- 3.2.2 Equip the ward with needed equipment and furniture's
- 3.2.3 Recruit 1 pediatrician, 1 doctor and 4 midwives

4.1. Hospital Management Information system (HIMS)

Activities

- 4.1.1. Buying computers, automatic changeover switch and other electronic devices for all units
- 4.1.2. Networking all computers
- 4.1.3. Training staff on the use of the system

4.2. Hospital water supply and sewage systems rehabilitated

Activities

- 4.2.1. Replacement and protection of pipes and their accessories for Nyakagera source
- 4.2.2. Connecting to other sources of water (e.g. Charuhanga)
- 4.2.3. Following up and renovating the existing borehole
- 4.2.4. Renovating water tanks and gutters

4.3. Hospital buildings renovated

Activities

- 4.3.1. Renovating staff houses
- 4.3.2. Renovating Ward E
- 4.3.3. Renovating infusion Unit

4.4. Biomedical Engineering unit strengthened

Activities

4.4.1 Purchase of tools and equipment

4.4.2 To recruit 1 biomedical engineer

4.4.3. To put in place and implement scheduled planned preventive Maintenance (PPM)

4.5. Additional qualified staff recruited

Activities

4.5.1 Recruit four doctors for clinical services

4.5.2 Recruit five nurses for nursing and RCH services

4.5.3 Recruit seven staff for diagnostic services (three lab technician, two staff for pharmacy, one radiologist and one lab assistant)



Group planning sessions in progress

	Strategic Objective	Specific Objectives and Activities	Objectively Verifiable indicators	Means of Verification	Assumptions
1.	Improved quality of clinical services.	<p>Specific objective1.1 Patient care services improved, special and specialized care in place</p> <p>Activities :</p> <p>1.1.1: emergency room renovated from 1 room to 2 rooms and equipped</p> <p>1.1.2 Training of emergency care team</p> <p>1.1.3 Recruitment of 2-3 specialists (eye, physician, pediatrician)</p>	<ul style="list-style-type: none"> • 2 rooms available and renovated equipment available (1monitor,2pulse oxymetre,1oxygen cylinder,2 beds,2stretchers,1 ultrasound machine,1 suction machine ... • 1doctor trained , 1nurses trained • 1physician,1ophtalmologist,1pediatrician in place 	<p>Survey, hospital reports</p> <p>Training reports</p> <p>Hospital reports</p>	<p>Supportive government polices</p> <p>Financial stability</p>

		<p>Specific objective 1.2. ICU and Ambulance services established Activities:</p> <p>1.2.1 Procure ICU equipment</p> <p>1.2.2 Training of ICU staff</p> <p>1.2.3 Procure a full equipped ambulance</p> <p>1.2.4 Driver training on ambulance services</p>	<ul style="list-style-type: none"> • Equipment available (3beds, 3monitors, 3 oxygen cylinders, 1defibrillator, ECG, 1Suction machine, 1 ventilator.. • 4 nurses trained • 1 ambulance available • 1 trained driver available 	<p>Store records</p> <p>Training reports</p> <p>Purchasing documents/car certificate , observation</p> <p>Reports</p>	<p>Continued collaboration with partners and other funding agencies</p>
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		<p>Specific Objective 1.3 Central sterilization unit expanded and equipped</p> <p>Activities</p> <p>1.3.1 Renovation of the former sterilization from 2 rooms to 4 rooms</p> <p>1.3.2 Procure one medium sterilizer</p> <p>Specific objective 1.4 Mortuary building expanded and equipped</p> <p>Activities:</p> <p>1.3.3 Renovation of the existing building from 1</p>	<ul style="list-style-type: none"> • 4 rooms renovated and available • 1 sterilizer purchased • 5 rooms available 	<p>Hospital reports</p> <p>Inventory/ledger book</p> <p>Reports</p>	<p>Continued collaboration with partners and other funding agencies</p> <p>Supportive Hospital Management System</p>
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		room to 5 rooms			
		1.3.4 Purchase new refrigerator of 8 spaces	<ul style="list-style-type: none"> • 1 refrigerator of 8 spaces purchased 	Inventory/ledger	
		1.3.5 Procure equipment	<ul style="list-style-type: none"> • 1stretcher,autopsy set, furniture, 	Inventory/ledger	Supportive Government policy

2.	<p>Enhanced supply of Medicine, Reagents, Medical supplies and Medical devices.</p>	<p>Specific objective 2.1 Constant availability of Medicines, reagents, medical supplies and medical devices in the hospital in place</p> <p>Activities</p> <p>2.1.1 Strengthen therapeutic committee to perform its functions</p> <p>2.1.2 To purchase medicines, reagents, medical supplies and medical devices in the hospital</p>	<ul style="list-style-type: none"> • Well-functioning therapeutic committee in place • 80% of Medicines and reagents(hematology, chemistry, blood transfusion and parasitology) purchased • Medical devices, 1 digital x-ray machine, 1 urinalysis machine, 2 anesthetic machine, 3 delivery bed, 1 phototherapy machine, 1 echo cardiogram machine, 2 spring balance, 1 digital balance, 1 adjustable gynecological bed, 2 warmer machines, 3 mobile lamp, 2 suction machine, 2 operational table, 5 wheel chair, 5 stretcher purchased 	<p>Meeting records</p> <p>- Financial records, hospital inventory reports</p>	
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3.	Enhanced maternal and neonatal services	<p>Specific Objective 3.1 Reliable antenatal and postnatal services in place.</p> <p>Activities</p> <p>3.1.1 Establish fund for medicine supplements and supply e.g fefo, mebendazole, ifa,sp,Alu,penadul, rapid test like RPR,strips for HB, multisticks ,Glucometer with strips microcuvette,Haemoque machine, Doppler machine ,ultrasound, weighing scale, examination gloves, adult and digital BP machine treatment food,F75,F100,RTFU</p>	<ul style="list-style-type: none"> • Fefo tabs 1668,600, • Vitamin K amp 1600 • Vitamin A 200,000 71,100 • Vitamin A 100,000 18,960 caps • F75 800tin • F100 1500 tin • RTFU 600boxes • Sp tabs 500,580 • Mebendazole tabs 27810 • Penadul inj 5400 doses • Multisticks 27810 • Rapid test 27810 • Heamogloimeter machine 2 • Ultrasound machine 2 • Bucket for decontamination 295 • Family planning methods dust been 10 • Weighing scale for adult 5 • Haemocuvette strips 27810 • Length board 3 • Doppler machine 3 • Bp machine 14 pcs • Pulseoximeter 6pcs • Antenatal RCH 1CARD 27810 • RCH 4 27810 • RCH 5 27000 • MTUHA different books 280 	<p>Ledger, sales receipts, BIN cards</p>	
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		<p>3.1.2 Purchase 4 tv sets for provision of health education at the service points</p> <p>Specific Objective 3.2. Neonatal unit maternal wing for antenatal and postnatal mothers construction and equipped</p>	<ul style="list-style-type: none"> • Warmer phototherapy machine 1 • Glucometer 10 • Digital weighing machine 5pcs • Suction machine 4 • Delivery bed 6 • Gynecological lamp 13 • Mackintosh roll 9 • Bed sheets 632 • Lager 60 <ul style="list-style-type: none"> • 4 tvs purchased and health education provided , health education video clips 	<p>Surveys, reports, interviews</p>	
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4	Enhanced human resource, financial management and maintained hospital infrastructure.	<p>Activities</p> <p>3.2.1 Build neonatal unit, KMC unit and maternity ward</p> <p>3.2.2 Equip the ward with needed equipment and furniture's</p> <p>3.2.4 Recruit number of doctors obstetricians and midwives</p> <p>Specific Objective 4.1. Hospital Management Information System (HMIS) improved</p> <p>Activities</p> <p>4.1.1 Buying computers and other electronic devices for all units</p>	<ul style="list-style-type: none"> • 1 building in place with 3 units • Equipped neonatal, KMC and maternity wing. • 1 Pediatrician employed, 1 pediatric nurse, 1 doctor and 4 midwives • 15 complete computers and accessories (19 UPSs, 2 laptops, 1 HD laser printer, 3 stabilizer 3 phase, 10 extension cables, 1 blower machine, 8 foam cleaners, 5 D-links switch 24 ports, RJ 45 (5 boxes), 3 outdoor wireless access, binding wire 10 kgs, saddle clips 5 pkts, 50 conduit pipes point, 6 cable cut (4 boxes), 1 crimping tool, 50 trunks) procured and installed 	<p>Contracts</p> <p>Sale receipts, ledger</p> <p>Hospital reports</p> <ul style="list-style-type: none"> • Hospital report (Financial /narrative reports), Receipts, GRN 	
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		<p>4.1.2. Networking all computers</p> <p>4.1.3. Training staff on the use of the system</p> <p>Specific Objective 4.2. Hospital water supply and sewage system improved</p> <p>Activities</p> <p>4.2.1. Replacement of pipes and their accessories for Nyakagera source</p> <p>4.2.2. Connecting to other sources of water (e.g.Charuhanga)</p> <p>4.2.3.Following up the existing borehole</p>	<ul style="list-style-type: none"> • All computes are connected and network running • 150 staff trained and using the system properly • 30 pipes and their accessories replaced • One borehole drilled and in use • Charuhanga water source connected 	<ul style="list-style-type: none"> • Units survey • Training reports • Survey, hospital reports • Survey, hospital report 	<ul style="list-style-type: none"> • Supportive Government policy
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		<p>4.2.4. Renovating water tanks</p> <p>Specific objective 4.3. Hospital buildings renovated</p> <p>Activities</p> <p>4.3.1. Renovating staff houses</p> <p>4.3.2. Renovating ward Entebbe</p> <p>4.3.3. Renovating infusion Unit</p> <p>Specific Objective 4.4. Biomedical Engineering unit established</p> <p>4.4.1 Purchase of tools</p>	<ul style="list-style-type: none"> • 9 water tanks renovated and functioning • Rain water gutters fixed and connected to tanks • 5 staff houses renovated • Ward Entebbe renovated • Entrance door renovated, window of the cleaning room , two rooms partitioned, 1 additional washing sink for empty bottles, hatch box repaired • Necessary and sufficient tools(1 AVO meter , 1 oxygen meter check, plies set; 1 	<ul style="list-style-type: none"> • Survey, Hospital report • Contracts <p>Survey, Hospital report</p> <p>Hospital reports</p> <p>Stores report</p>	
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		<p>and equipment</p> <p>4.4.2 To recruit biomedical engineer</p> <p>4.4.3.To put in place and implement scheduled planed preventive Maintenance (PPM)</p> <p>Specific objective 4.5. Additional qualified staff recruited</p> <p>Activities</p> <p>4.5.1 Recruit four doctors for clinical services</p> <p>4.5.2 Recruit five nurses for nursing and RCH services</p> <p>4.5.3 Recruit seven staff for diagnostic services (three lab technician, two staff for pharmacy, one radiologist and one lab</p>	<p>plies, 1,site cutter plies, 1 long nouse, screw driver set; flat screw driver set, star screw driver set, portable drill machine (rechargeable), drill bit set purchased</p> <ul style="list-style-type: none"> • One biomedical engineer recruited • PPM plan document in place and implemented • Four doctors recruited • Five nurses recruited • Seven staff recruited (3 lab technicians, two staff in pharmacy, radiologist and lab assistant) 	<p>Hospital report</p> <p>Hospital report</p> <p>Hospital report</p>	
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**LIST OF PARTICIPANTS DURING DEVELOPMENT OF FIVE YEARS STRATEGIC
PLAN FOR ELCT NYAKAHANGA HOSPITAL**

S/NO	NAME OF PARTICIPANT	POSITION
1.	Dr. Furaha Kahindo	Doctor in Charge Nyakahanga DDH
2.	Rev. Jeremiah Rugimbana	Hospital Secretary
3.	Dr. Joseph Kashashari	Doctor
4.	Ndg Jesca Lutahoire	Matron
5.	Ndg Gilbert Magande	Accountant
6.	Ndg Noviatha Mulashani	Planning officer
7.	Ndg Edina Kailembo	ICT Department
8.	Ndg Malkia Ishungisa	Opd
9.	Ndg Anitha Anold	Data entry
10.	Ndg Bahati Abdallah	Pharmasist
11.	Ndg Mchunguzi Mfuruki	Lab technician
12.	Dr. Patrick Bwimba	Doctor
13.	Ndg Elizaberth Novati	Theatre
14.	Ndg Maria Nassola	QI / Ward D
15.	Georgia Morice	Ward E
16.	Ndg Silvia Sebastian	RCH
17.	Ndg Hieronimo Rweyemamu	PH/MH
18.	Ndg. Catherine Faustine	Human resource Officer
19.	Melina Nkongoki	News Officer
20.	Mr. Erasto Kamihanda	Consultant/Facilitator
21.	Linda Mambo	Facilitator/Planning Officer KAD

**WORKSHOP SCHEDULE FOR DEVELOPMENT OF NYAKAHANGA HOSPITAL STRATEGIC PLAN
2021-2025**

Day/Date	Time	Activity/topic	Process	Responsible	
Tuesday 08/06/2021	9.00-10.30am	Registration and Introduction	Introductory remarks	Dr. in charge	
		Opening	Welcoming note and Official opening	Chairperson Board of Governors	
		Workshop Rationale	Brief Illustrated talk	Facilitator	
	10.30-11:00	TEA/COFFEE BREAK			All
	11.00-13.30	Recap	Review previous planned document	Facilitator	
		Strategic objectives	Identification of key issues per strategic objective	Facilitator, Participants	
	13.00-14.30	LUNCH BREAK			
	14.30-16:30	Specific objectives	Development of three to four specific objectives(SMART)	Facilitator	
16:30 -17:00 TEA/COFFEE BREAK					
Wednesday 09/06/2021	8:30- 9:00 am	Morning Devotion			
		Administrative matters.	Announcements	Hospital Secretary	
	9:00-10:30	Specific objectives	Presentation and adoption of specific objectives	Participants	
	10.30 – 11.00	TEA/COFFEE BREAK			All
	11.00 – 13.30	Activities	Identification of the main activities per each specific objective		

	13.30 – 14.30	LUNCH BREAK		All
	14.30 – 16:30	Activities	Presentation of identified activities	Participants , Facilitator
	16:30 -17:00	TEA/COFFEE BREAK		All
Thursday 10/06/2021	08.30 -9:00am	Morning devotion.		
		Administrative matters.	Announcements.	Secretary General.
		Logframe work	Development of logical framework with detailed information	Facilitator, participants
	9:00-10:30am			
	10.30 – 11.00	TEA/COFFEE BREAK		All
	11.00 – 13.30	Logframe work	Development of logical framework with detailed information	Facilitator, participants
			Groups presentations in plenary on developed logical frameworks	Facilitator, participants
13.30 – 14.30	LUNCH BREAK		All	
	14:30-15:30	Closing remarks		Dr. in charge