



UGANDA HEART INSTITUTE
STRATEGIC PLAN
FY 2020/21 - 2024/25

Vision: “To be a Global Center of Excellence in the Provision of Cardiovascular Services”



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LIST OF ACRONYMS

BOD	Board of Directors
CAG	Coronary Angiography
CCU	Coronary Care Unit
CPD	Continuous Professional Development
CVC	Cardiovascular Care
CVS	Cardiovascular Services
CVD	Cardiovascular Disease
DALYs	Disability Adjusted Life Years
HMIS	Hospital Management Information System
HR	Human Resources
HSDP	Health Sector Development Plan
ICT	Information and Communications Technologies
ICU	Intensive Care Unit
ISO	International Organization for Standards
M&E	Monitoring and Evaluation
MEIC	Monitoring and Evaluation Implementation Committee
MOFPED	Ministry of Finance, Planning and Economic Development
MOH	Ministry of Health
NCDs	Non-Communicable Diseases
NHP	National Health Policy
NPA	National Planning Authority
OHS	Open Heart Surgery
OPD	Out Patient Department
PBMV	Percutaneous Balloon Mitral Valvuloplasty
PPP	Public Private Partnerships
PR	Public Relations
RRH	Regional Referral Hospital
SDG	Sustainable Development Goals
UHI	Uganda Heart Institute
WHO	World Health Organization



FOREWORD

The Ministry of Health aims to improve the quality of life of Ugandans with support from the Government of Uganda. Vision 2040 aims to build on these gains through a paradigm shift from facility-based to a household-based health delivery system. The HSDP III acknowledges the rapid epidemiological transition from communicable to Non-Communicable Diseases (NCDs); cardio-vascular diseases, cancers, diabetes, Chronic Respiratory Diseases and Mental Health and Substance Abuse). The HSDP III stresses the need for interventions to reduce mortality and impoverishment due to prolonged ill-health and economic loss due to medical referrals abroad. The plan identifies the provision of early detection and screening for NCDs closer to homes, schools and workplaces amongst the strategic shifts towards promoting Uganda's health system.

This model empowers communities to take greater control of their health by promoting healthy practices and behavioral changes. This shift will be anchored on preventive over curative health service delivery approaches. The preventive health system is considerably cheaper to run and hence by far more sustainable. Similarly, it is built on readily available primary health care providers as opposed to highly skilled professionals. This is the type of health system that developed countries such as the United States of America, depended on in the initial years to deliver health standards of expectation of life at birth of 70 years.

Government in partnership with the private sector and other advanced countries will also focus on building highly specialized health care services, such as those envisaged in this Uganda Heart Institute Strategic Plan. This way, Uganda will be able to treat specialized medical conditions that are currently being treated outside the country. This strategy will also position Uganda as a regional hub for quality health care provision and a medical tourist destination as reflected in the NDP III. Specialized training and increasing remuneration of health professionals will be an integral component of this strategy.

Uganda Heart Institute has adopted the Government of Uganda strategies in this 5-year Strategic Plan. It emphasizes the need for prevention of cardiovascular diseases through behavioral changes, aims to establish UHI as a regional medical tourist destination and center of excellence for cardiovascular care, aims to establish a number of regional cardiovascular centers countrywide, and through research, fellowships, training and development, aims to develop a cadre of specialists and super-specialists for the treatment and management of cardiovascular diseases.

UHI shall continue to be a key partner in the delivery of Uganda's long-term vision for a healthy and prosperous population. I therefore call upon all stakeholders to support UHI in implementing this Plan.

Hon. Dr. Jane Ruth Aceng

Minister for Health



PREFACE

In line with the National Planning Act (2002), 30th June 2020 marked the end of the 2nd Uganda Heart Institute 5-year-strategic-plan period and the commencement of the 3rd UHI 5-year strategic plan for the period 2020/21-2024/25. This period was also a critical phase in the corporate governance journey for Uganda Heart Institute i.e., the transition phase from an agency supervised directly by the government to an autonomous body corporate under the stewardship of a Board of Directors. However, this transition phase has been gradual, and therefore, both the Board and Management continue to strive towards the complete operationalization of the UHI Act 2016. It is also important to note that, the tail end of the previous plan was grossly affected by the COVID-19 pandemic.

To develop the next plan (2020/21-2024/25) the consultation process has been expanded beyond Management and the Board to include external stakeholders like organizations that have offered grants to UHI, research partners, other providers of cardiac services in the region, and the patients' fraternity. This has widened the base/spectrum upon which the strategic pathway for Uganda Heart Institute for the period 2020/21-2024/25 has been premised. The springboards for this planning process were mainly the assessment of the past performance of UHI, the need to widen the scope of cardiac services, and the need to increase access to services for patients both physically and financially.

The layout of this plan encompasses five main sections and these include the following; Background (Vision, Mission, Mandate and Core Values), Situational Analysis, Strategic Direction, Financing / Implementation Mechanisms, and Monitoring/ Evaluation. The analysis of both the past performance of Uganda Heart Institute and the projected/ future activities of UHI was done using the SWOT tool. On the other hand, the successful execution of this plan is based on mainly 04 priority areas. These include:

- (i)** Construction of a State- of -the- Art- Cardiac -Centre/ Centre of Excellence
- (ii)** Attraction, development, and retention of high caliber staff
- (iii)** Scaled up scope and quality of cardiovascular services at UHI
- (iv)** Research and Development

It, therefore, follows that the establishment of the Centre of Excellence (UHI Cardiac Hospital) is the cornerstone and founding block for this strategic phase. It is also of utmost importance and significance that the Government of Uganda and all other stakeholders of UHI should synergize their efforts towards the achievement of this milestone, which will in effect propel all the other planned targets and goals in this plan.

Dr. James Magara

Chairman, Board of Directors



ACKNOWLEDGEMENT

This Strategic Plan for the Uganda Heart Institute was developed through a consultative process with key stakeholders facilitated by an internal task team and the team from the National Planning Authority. The task team engaged both internal and external stakeholders during the process. The views of various stakeholders were very critical in shaping the content and flow of this document.

I acknowledge the invaluable input of all the stakeholders specifically the Board of Directors and Management of Uganda Heart Institute for the Policy and Strategic guidance offered during the process, our line Ministry, Ministry of Health, Ministry of Finance Planning and Economic Development, the Directors of all the Regional Referral Hospitals in Uganda and Collaborating Partners for the invaluable input.

Deep appreciation is extended to the National Planning Authority for the guidance on alignment of the plan to the Third National Development Plan and the Task Team for the commitment towards the production of this Plan.

I hereby call upon all stakeholders especially the Uganda Heart Institute Staff to embrace the strategies and interventions proposed in the Plan so as to offer excellent cardiovascular services to those in need and provide efficient and effective services to the people of Uganda and beyond.

Dr. Omagino O.O. John

Executive Director



EXECUTIVE SUMMARY

This is the third Strategic Plan (SP) for the Uganda Heart Institute (UHI) and it runs for five years from FY 2020/21 to 2024/25. It is aligned to the third National Development Plan (NDP III) as well as the third Health Sector Development Plan (HSDP III). The Plan presents the strategic direction of the Institute for the next five years with the aim of becoming a centre of excellence in cardiovascular services.

In order to achieve the strategic direction, the Institute conducted a situation analysis which included reviewing performance of UHI in the past five years. It is shown that the Institute implemented 57% of the previous plan. This was mainly due to the fact that the Institute did not construct and equip the UHI Home which significantly affected the performance and hence the planned targets were not achieved fully.

The overall goal of UHI for the next five years is to reduce the burden of cardiovascular disease in the country and this will be achieved through the following strategic objectives:

1. Strengthen health promotion and prevention of cardiovascular disease
2. Enhance institutional effectiveness and efficiency to meet the growing demand for cardiovascular services
3. Increase access to quality and equitable cardiovascular services to both local and international clients
4. Expand research and training in cardiovascular services
5. Manage and oversee cardiovascular services in the country

The Institute assumes that funding for construction and equipping the UHI Home will be acquired and therefore UHI will have more resources in terms of space, funding, Human Resource (HR) to achieve its planned targets. There will also be no adverse changes in the macro-environment (comprising the political, economic, social, technological, environment and legal aspects)

In order to achieve the above objectives, UHI will require total funding of **UGX 583,800,858,000** over the Strategic Plan period of which 85% is expected to be provided by the Government of Uganda while 15% will be mobilized through donations and grants. The Institute plans to develop a resource mobilization strategy which will be used to acquire funding for implementation of the Plan.

Furthermore, the Institute plans to improve its partnerships and collaborations with regional referral hospitals as well as other local and international stakeholders as a sustainability arrangement for the Plan. Also, to ensure successful implementation of the Strategic Plan, a Monitoring and Evaluation (M&E) Committee will be established and will be responsible for tracking progress in the implementation of the Plan.

Finally, compilation of this Strategic Plan involved various consultations, both internal and external. The technical team engaged of heads of departments at UHI, Ministry of Health Top Management, National Planning Authority and the UHI Board of Directors.



SECTION ONE: INTRODUCTION

1.1 BACKGROUND

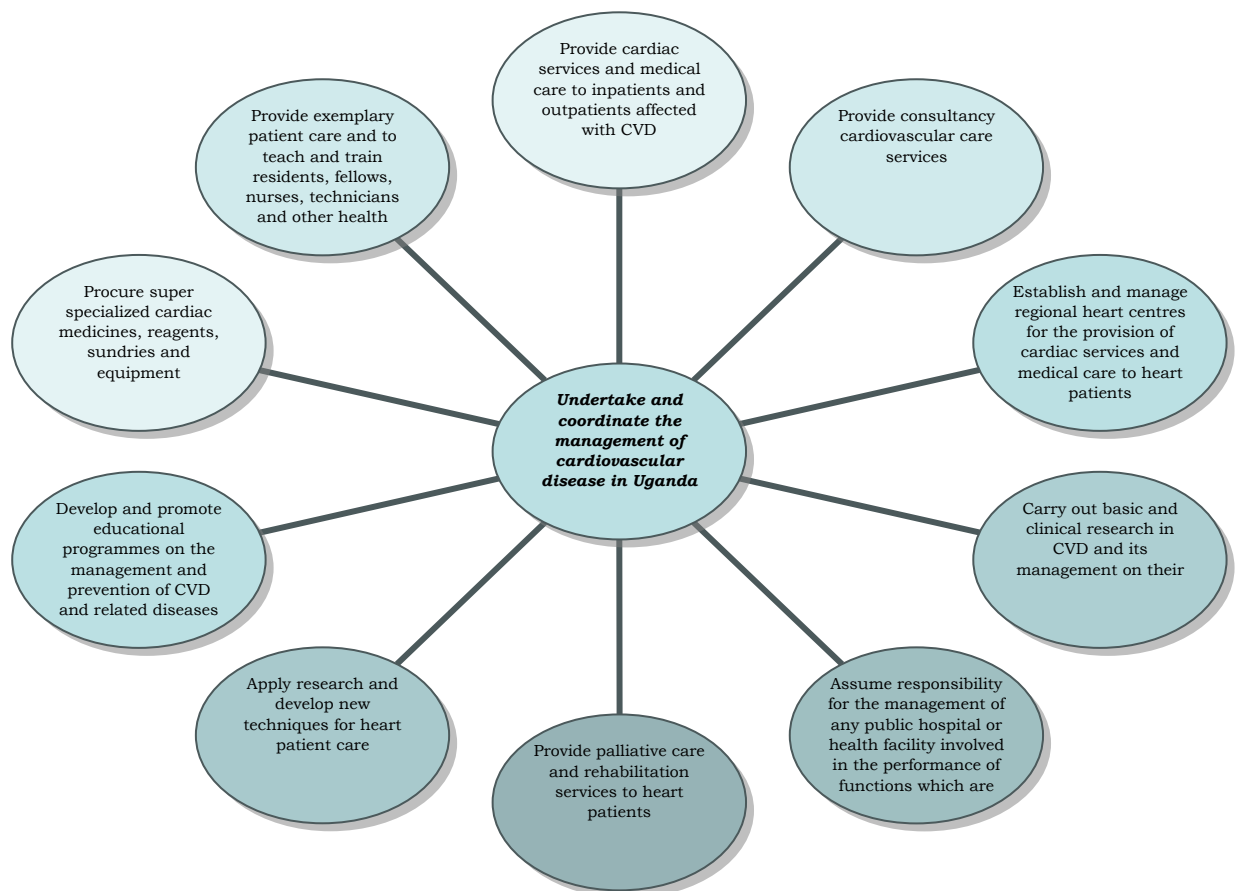
The burden of cardiovascular disease in Uganda remains high despite progress made during the implementation of the previous plan. This strategic plan is the Uganda Heart Institute (UHI)'s third Plan covering the period 2020/21 – 2024/25. It is a major strategy towards the institute's journey to becoming a centre of excellence in provision of cardiovascular services in Africa and beyond.

The Plan presents the strategic direction of UHI for the next five years. It aims at facilitating the reduction in the burden of cardiovascular disease in Uganda. This Plan will also act as a resource mobilization tool to enable UHI achieve its set targets.

1.1.1 UHI Mandate (UHI Act 2016)

The UHI was established under the Uganda Heart Institute Act, 2016 and charged with the responsibility of coordinating the prevention and treatment of cardiovascular disease in Uganda.

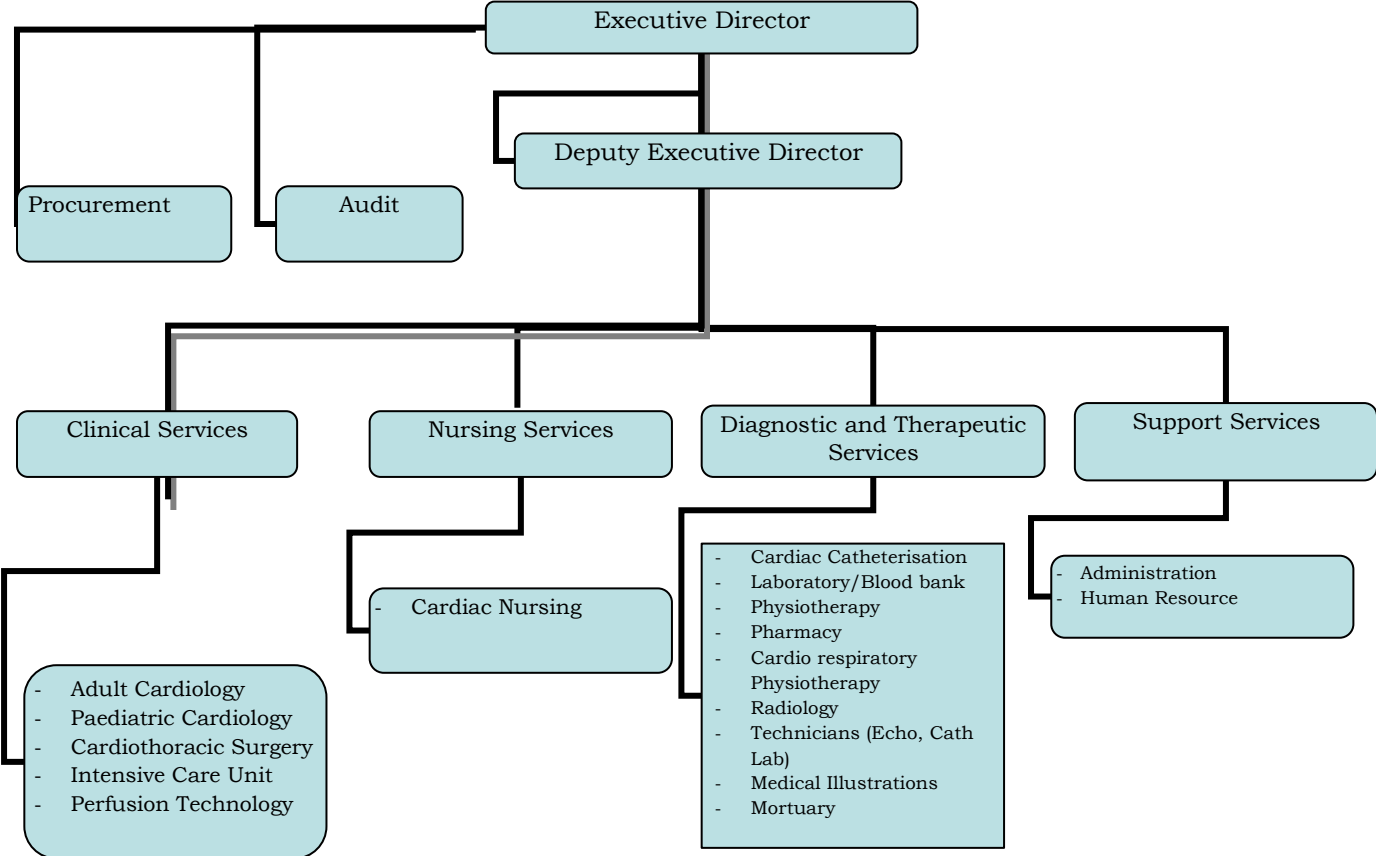
Figure 1: UHI Mandate and its Functions



1.1.2 Governance and Organizational Structure

The current UHI structure as shown below was approved in 2009/2010 by the Ministry of Public Service. It comprises of five major departments. Over the years however, accruing from the dynamic nature of cardiovascular care, this structure has become inadequate. Henceforth, Management of UHI has commenced the process of reviewing the current structure, as reflected in Section Five of the Plan.

Figure 2: Current Approved Structure for Uganda Heart Institute



1.2 NATIONAL, LEGAL AND POLICY CONTEXT

This strategic plan has been developed to ensure achievement of the functions of UHI as enshrined in the UHI Act 2016. The plan has been formulated in the context of national, regional and international development frameworks. Ultimately, it's expected to contribute to the following frameworks:

- i. Uganda Vision 2040.** Under the Vision strategies, government's focus is to build highly specialized health care services in non-communicable diseases to reduce the number of Ugandans seeking treatments abroad. This will also enable the country to position its self as a regional hub for quality health care provision. This is in line with UHI's aspiration of becoming a centre of excellence in the prevention and care of cardiovascular diseases in Africa.
- ii. The Third National Development Plan, 2020/21 – 2024/25 (NDP III).** The NDP III recognises the increasing burden of Non-Communicable Diseases (NCDs) and targets to reduced mortality due to NCDs from 40 to 30 percent amongst the targets of the Human Capital Development Programme. This will be through; i) establishing centres of excellence in provision of oncology, cardiovascular and trauma services at both national and regional levels and foster regional integration; and ii) Positioning Uganda as a medical tourism destination in the region. UHI will contribute to this programme by transforming into a state-of-the-art facility for cardiovascular care and also opening up regional treatment centres to improve the provision of cardiovascular services.
- iii. The Third Health Sector Development Plan (2020/21/2024/25).** The HSDP III acknowledges the rapid epidemiological transition from communicable to Non-Communicable Diseases (NCDs); cardio-vascular diseases, cancers, diabetes, Chronic Respiratory Diseases and Mental Health and Substance Abuse). The HSDP III stresses the need for interventions to reduce mortality and impoverishment due to prolonged ill-health and economic loss due to medical referrals abroad. The plan identifies the provision of early detection and screening for NCDs closer to homes, schools and workplaces amongst the strategic shifts towards promoting Uganda's health system.
- iv. Regional, Continental and International Frameworks/Sustainable Development Goals:** Under the Sustainable Development Goals (SDG) 3, three of the nine health targets focus on NCD- related issues; Target 3.4 is to “reduce by one third premature mortality from NCDs through prevention and treatment, and promote mental health and wellbeing”; Target 3.5 focuses on the prevention and treatment of substance abuse, including harmful use of alcohol; and Target 3.6 sets out to reduce the number of deaths and injuries from road traffic accidents. In addition, Goal 3 of the Africa Agenda 2063 emphasizes the need to build robust, integrated systems to significantly reduce non-communicable and lifestyle changes related diseases, including obesity, diabetes, cardiovascular diseases.



- v. **Global Action Plan for the Prevention and Control of Non-Communicable Diseases (NCDs) 2013-2020:** Formulated under the leadership of World Health Organisation (WHO). It aims to reduce the number of premature deaths from NCDs by 25% by 2025 through nine voluntary global targets. Two of the global targets directly focus on preventing and controlling Cardiovascular Diseases (CVDs). The sixth target in the Global NCD action plan calls for 25% reduction in the global prevalence of raised blood pressure. The eighth target in the Global NCD action plan states at least 50% of eligible people should receive drug therapy and counseling (including glycemic control) to prevent heart attacks and strokes. Achieving these targets requires adopting early detection and cost-effective management approaches of hypertension and also strengthening health care financing to ensure access to basic health technologies and essential NCD medicines.
- vi. **World Heart Federation (WHF) CVD Roadmaps:** These offer a framework to bring together stakeholders with the objective of determining, prioritizing and implementing solutions to reduce premature CVD deaths in a collaborative and consultative approach. They aim to inform health systems for CDV conditions by identifying roadblocks and suggesting potential solutions to improve cardiovascular health to help reach the target set out in the SDGs: achieve a 30% reduction in NCDs, including CVD, by 2030. They include summaries of evidence informed interventions that have shown to improve outcomes for patients and recommendations on how to adopt solutions at the local levels.

1.3 PURPOSE OF THE STRATEGIC PLAN

The purpose of the plan is to provide a roadmap for the institute to build on its achievements, its strengths and values as well as tackle the challenges. Specifically, it aims to:

- (i) Assess the current environment, strengths, weaknesses, opportunities and threats and develop strategies and tactics to address the identified problems.
- (ii) Provide clarity on the overall goal of UHI which will result in increased organizational effectiveness and efficiency.
- (iii) Identify strategies and interventions required to achieve set goals and targets
- (iv) Provide a framework for financing, implementation, monitoring and evaluation of the institute's activities.



1.4 THE PROCESS OF DEVELOPING THE STRATEGIC PLAN

The process of developing this plan included desk reviews, performance review of the previous plan, and consultative meetings with key stakeholders such as staff, Management and Board of UHI and Ministry of Health (MoH) Top Management.

The process also involved undertaking a stakeholder survey mainly to get feedback from the patients, regional referral hospitals and partners.

Finally, the process involved benchmarking some of the centres of excellence in cardiovascular care in Africa and Asia. These included Cardiovascular Care (CVC) centres in Tanzania, South Africa, Egypt, India and Italy. Overall, the development of the plan was guided by the strategic direction of the NDP III and the HSDP II. The Plan was submitted to National Planning Authority (NPA) for quality assurance and approval.

1.5 ORGANIZATION OF THE STRATEGIC PLAN

The plan is organized in 6 Sections described below:

Section One provides UHI's background, legal and policy context, purpose of the plan and process of developing the plan.

Section Two presents the situational analysis. It presents a status of NCDs globally and in Uganda and covers an evaluation of UHI past performance, an analysis of internal and external environments, and a stakeholder analysis.

Section Three presents the strategic direction. It covers the Vision, Mission, Core values, Objectives and interventions.

Section Four presents the financing framework and strategy.

Section Five covers the Institutional Arrangements for Implementing the Plan

Section Six presents the Communication Strategy of the plan.

Section Seven covers the Risk Management profile of UHI

Section Eight covers the Monitoring and Evaluation Framework



SECTION TWO: SITUATION ANALYSIS

Key CVD facts in Uganda

- Cardiovascular disease (CVD) accounts for 10% of deaths in Uganda¹.
- About 1.6 million babies are born each year, of these, 8,000 have a congenital heart disease.
- Pre-eclampsia, gestational hypertension and Rheumatic Heart Disease (RHD) are among the major contributors of maternal deaths.
- Uganda has an obesity rate of 8.6% in females and 1.8% in males.
- One in four adults has high blood pressure hence is at risk of acquiring heart related disease.
- Estimated foreign exchange in CVD patient referrals abroad is at USD 5 million excluding self-sponsored patients who do not go through the medical board.

Key CVD facts globally

- CVDs are the number one cause of death globally: more people die annually from CVDs than from any other cause.
- An estimated 17.9 million people died from CVDs in 2016, representing 31% of all global deaths. Of these deaths, 85% are due to heart attack and stroke.
- Over three quarters of CVD deaths take place in low- and middle-income countries.
- Out of the 17 million premature deaths (under the age of 70) due to non-communicable diseases in 2015, 82% are in low- and middle-income countries, and 37% are caused by CVDs.
- Most cardiovascular diseases can be prevented by addressing behavioral risk factors such as tobacco use, unhealthy diet and obesity, physical inactivity and harmful use of alcohol using population-wide strategies

2.1 STATUS OF CARDIOVASCULAR DISEASE

Uganda, like other middle-income countries, is experiencing an epidemiological transition as the prevalence of NCDs is rapidly increasing, accounting for 33% of the country's deaths in 2016. The major challenges of NCDs in Uganda's health care system relate to the shortage of specialized and super specialized human resources as well as state of the art-medical technology which has led many patients with

¹ WHO: Non-Communicable Diseases Country Profiles 2016



specialized medical conditions seek healthcare out-side the country. The increasing referrals abroad have not only impoverished patients and led to high Government expenditure on sponsored patients, but have also made it difficult to manage patient conditions locally, leading to premature deaths. In addition, low public awareness on NDCs has led to patients presenting to health clinics with late-stage complications.

Table 1: Proportional Mortality (% of total deaths, all ages, both sexes) – WHO Country Profiles (2016)

Country	NDC (%)	CDV (%)	Cancers (%)	Respiratory Diseases (%)	Diabetes (%)	Other NCDs (%)
Burundi	32	12	7	2	1	10
Kenya	27	8	10	1	1	8
Rwanda	44	14	13	2	2	13
South Sudan	27	10	7	2	1	8
Tanzania	33	13	7	2	2	10
Uganda	33	10	9	2	2	11

Source: WHO Country Profiles, 2016

2.2 PERFORMANCE REVIEW OF THE PREVIOUS STRATEGIC PLAN (2015/16 – 2019/20)

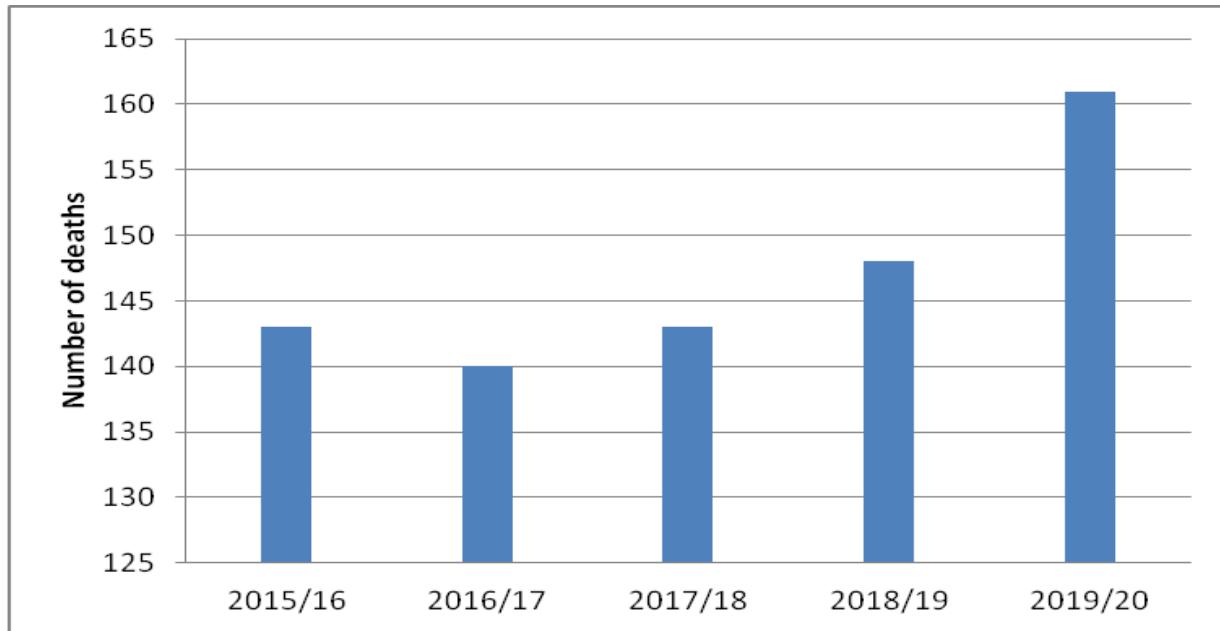
This section presents an analysis of UHI performance in light of the goal and objectives that the institution set out to achieve during implementation of the second strategic plan. These were structured around improvement in delivery of cardiovascular care services and UHI institutional capacity in terms of human resources and financial performance. The section summarizes the key achievements and challenges and emerging issues.

2.2.1 Performance of the Goal

The overall goal of UHI was to reduce morbidity and mortality due to cardiovascular disease through enhanced prevention, promotion and care. During the plan implementation period, UHI registered an average of 20,000 patients' attendances annually of which 5,000 were new cases. The institute registered a total of 574 deaths for the five-year period with the highest number being registered in 2019/20 as shown in Figure 3 below. The 148 deaths registered in 2019/20 were mainly from the general ward and hence the mortality rate at the general ward was at 9.6% with over 90% of all the deaths occurring within the first 24 hours of admission. This may be caused by the fact that some patients seek the services or come for admission when their conditions have already deteriorated.



Figure 3: Deaths at UHI in the Past Five Years



2.2.2 Performance of the Strategic Objectives

In reviewing the performance of UHI for the past years, it is important to note that, majority of the performance indicators and targets were based on having a fully functional new UHI Home. However, the delayed acquisition in UHI Headquarters affected performance on a number of indicator targets. In particular, the scope of services did not expand to cater for more patients, human resources and medical technologies/equipment. As a result, UHI's overall performance for the second strategic plan is 57%. A summary of progress by objective is provided in Table 2 below. Detailed progress on indicators by objective is provided in Annex 1.



Table 2: Summary of UHI Performance by Objective

Objective	Performance (Average Weighted Score)	Status	Remarks
Objective 1: <i>To enhance health promotion and prevention of cardiovascular disease</i>	62.60%	Good	UHI implemented a number of health awareness campaigns and outreaches. However, there were inadequate efforts towards community outreaches and development of the communication strategy.
Objective 2: <i>To increase institutional effectiveness and efficiency in delivery of cardiovascular service</i>	39%	Poor	The UHI Home project was approved and admitted in the MOFPED Public Investment Plan. However, funding for project implementation was not secured.
Objective Three: <i>To provide quality, equitable and accessible cardiovascular services to both local and international clients</i>	64%	Good	There was increased access to UHI services and the number of cases handled despite the space and HR constraints.
Objective Four: <i>To carry out clinical and operational research in cardiovascular disease and its management</i>	71%	Very Good	UHI made significant progress in publication in international peer reviewed journals and was able to secure research grants. More effort is required in strengthening the research and grants unit.
Objective Five: <i>To regulate quality of cardiovascular care in Uganda</i>	44%	Fair	Preliminary efforts to develop regulations were made. However, development of the cardiovascular service delivery standards and regulations is still ongoing.

Key

Performance range	Ranking
85 and above	Excellent
70 - 84	Very Good
55 - 69	Good
40 - 54	Fair
0 - 39	Poor



2.2.2.1 Health Promotion and Prevention of Cardiovascular Disease

I. Support Supervision Visits to Regional Referral Hospitals: The outreach supervision and support to Regional Referral Hospitals activities, as a medium for extending a cardiac service was a major output over the reporting period. Total number of support supervision visits conducted was 49 out of the planned 128. UHI needs to expand its outreach approach to cover schools and communities as also targeted audiences/beneficiaries.

II. Public Health Awareness Campaigns:

a) Health camps/days

The Institute participated in a number of public health awareness campaigns as a way of promoting health education and prevention of cardiovascular disease. This was done through participating in exhibitions, health camps and health days. Over the reporting period, UHI participated in over 23 health camps. However, this is below the targeted 53 camps. This was majorly due to inadequate funding to organize the health camps.

b) Public/Media Awareness Campaigns

UHI has done significantly well in promoting health education and prevention of cardiovascular disease through awareness campaigns. Several interviews over the media including TV stations and the radio have been held. Over 80 articles on CVDs have also been published in newspapers (New vision, Daily Monitor, Bukedde). The Institute also has a website which has a lot of information on services provided (uhi.go.ug). Overall, up to 123 public awareness campaigns were carried out (TV, radio, newspapers, world heart day celebrations) against the 125 targets campaigns.

2.2.2.2 UHI Institutional Efficiency and Effectiveness

I. Construction of a state-of-the-art UHI Headquarters: The feasibility study to construct a state-of-the-art UHI headquarters was approved and the project was included in the Public Investment Plan (PIP) awaiting funding. Also, the Institute is in the process of identifying bigger land for the project. However, progress on this project has generally been slow mainly due to lack of funding.

II. Human Resource Development:

a) Staffing Level

Between 2015/16 and 2018/19, UHI recruited a total of 56 staff. By the close of FY 2018/19, the total number of staff was at 205 including 154 on permanent and 50 on contract employment. Overall, UHI's staffing levels have improved from 57.8% percent in 2015/16 to 82.5% in 2018/19 against the approved structure of 189 posts. Despite



this progress, some of the super specialist posts have not been filled due to poor terms and conditions of service. The Institute is in the process of developing a Human Resource structure and manual which will further enable the review of terms and conditions of service to improve staff welfare.

b) Training and capacity building

Over the reporting period, UHI with support from its development partners supported up to 74 staff to undertake trainings in their areas of expertise. However, the training needs assessment was still on-going and therefore a comprehensive training programme for the institution was not finalized as planned. The Institute introduced fellowship programme under which UHI staff are enrolled as fellows with the aim of acquiring specialized cardiac training in the area of cardiology, critical care, anaesthesia. Furthermore, MOUs have been signed with training institutes with a purpose to offer internship training/short term cardiac training to its students.

III. Funding for UHI

Over the plan period, UHI received a total of **UGX 86.983 billion** against the projected **UGX 483.5 billion**. Government of Uganda (GoU) contribution to UHI accounted for over 8% of the institution's funding whereas 19.8% was from Non-Tax Revenue (NTR). UHI had estimated over 56% of funding from loans and/or Public Private Partnerships (PPP), however there was no progress on this.

GoU allocation to UHI has more than doubled from **UGX 9.861 billion** in FY 2015/16 to **UGX 24.707 billion** in FY 2019/20 as shown in Table 3 below. The revenue generated through the provision of services at the institute has also significantly increased over the years implying that the Institute is capable of generating more revenue given the limitations to availability of space and HR. The increase in revenue may further be attributed to the increasing demand for cardiovascular services at UHI which has led to generation of more revenue.

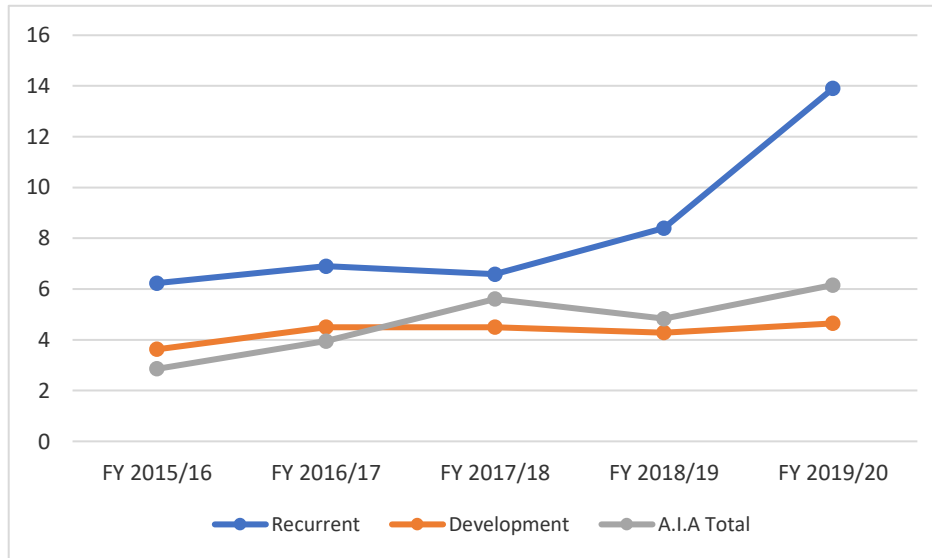
Table 3: UHI Funding for the Past Five Years

Billion Uganda Shillings		Budget Outturns				
		FY 2015/16	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
Recurrent	Wage (UGX BN)	1.737	2.357	1.949	3.768	4.599
	Non-wage (UGX BN)	4.495	4.543	4.636	4.628	9.303
Development	GoU	3.629	4.498	4.5	4.284	4.65
	Ext. Fin.	0	0	0	0	0
GoU Total		9.861	11.398	11.085	12.68	24.707
Total GoU + Ext. Fin.		9.861	11.398	11.085	12.68	24.707
Total Budget		9.861	11.398	11.085	12.68	24.707
A.I.A Total		2.861	3.952	5.606	4.833	6.155
Grand Total		12.722	15.35	16.691	17.513	24.707



Financing to UHI has been above the MTEF budgets, for example, in FY2018/19 and FY 2019/20, the proposed budget was UGX 17.833 billion and UGX 19.21 billion, UHI approved budget was UGX 17.513 billion and UGX 24.707 Billion respectively. However, it was still below the projected UGX 45 Billion and UGX 65 billion proposed in the strategic plan (2015/16-2019/20).

Figure 4: Growth in UHI Funding over the Reporting Period



UHI has further received support of over **UGX 2.4 Billion** from its development and strategic partners through grants and donations in form of specialized equipment such as medical sundries and funds for research.

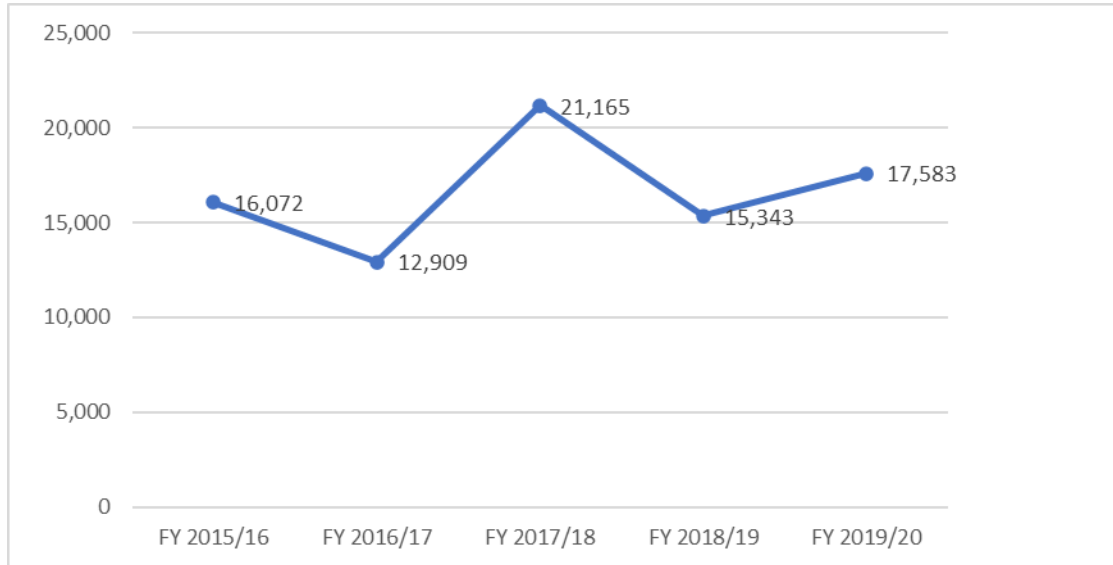
2.2.2.3 Provision of Quality, Equitable and Accessible Cardiovascular Services to Both Local and International Clients

Clinical Performance

Over the plan period, a total of 81,980 consultations were conducted against the planned 154,000. The other diagnostic services provided at included ECHOs, ECGs, Laboratory tests, stress tests, pacemaker programming and Holter monitoring.



Figure 5: Outpatient Attendances/Consultations



By the end of FY 2019/20, UHI conducted 692 Open Heart and Closed Heart Surgeries. Figure 6 shows a significant drop in the number of open-heart surgeries performed in both FY2018/19 and FY 2019/20. This may be attributed to limited space and specialized sundries.

Figure 6: UHI Surgeries Performed

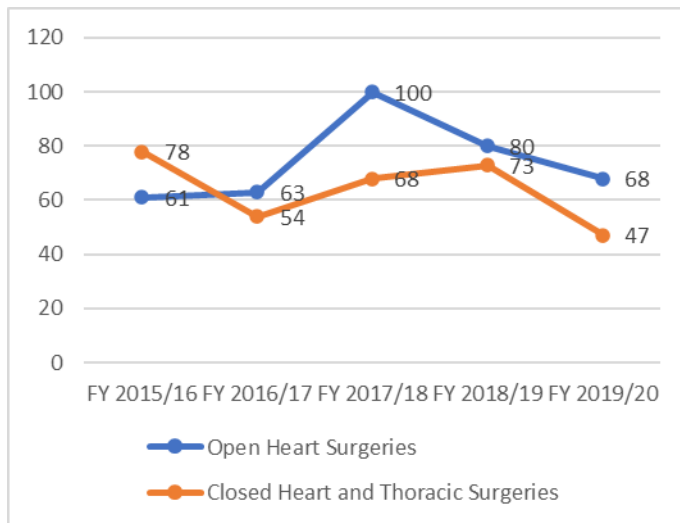
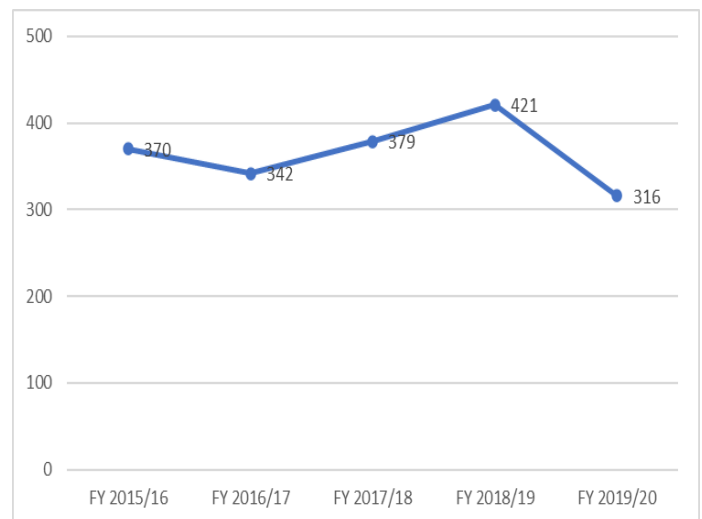


Figure 7: Cardiac Catheterization procedures



The institute conducted a total of 1,830 cardiac catheterization procedures over the reporting period against the total 3,300 planned procedures. The catheterization facility continues to be underutilized majorly due to the inadequate funding for the super specialized sundries and supplies. In fact, there was a drop in performance in FY 2019/20 as shown in Figure 7.

The UHI 5-year Strategic Plan further emphasized the need to establish regional cardiac centres. By 2019/20, the process to roll out the plan for the regional cardiac



services was only 40% complete. The Institute made efforts to acquire land from the regional referral hospitals to set up regional cardiac centres and five of the 13 hospitals had responded with offers. Plans are now underway to pilot these centres.

2.2.2.4 Clinical and Operational Research in Cardiovascular Disease

In order to ensure quality care and generate the necessary evidence to inform policy, UHI in collaboration with both its local and international partners has continued to conduct high caliber research on CVDs. By the end of 2019/20, the institute had published a total of 56 research papers in international peer reviewed journals. Research registries have been created however have not been published due to the pending approval from the Research Ethics Committee (REC) which has not yet been operationalized. The research function of UHI is further limited by funding, lack of a research and grants unit, limited space and no research secretariat.

2.2.2.5 Regulate Quality of Cardiovascular Care in Uganda

During the plan period, the process of developing a regulatory framework for cardiovascular care had been initiated with the establishment of a sub-committee at the Board level. Members to serve the committee had been also identified. However, the process was put on hold after the moratorium on creation of new administrative units was issued by the Ministry of Finance, Planning and Economic Development. This deferred the sub-committee activities leading to slow progress in developing the regulations and standards. There is therefore need to revive the sub-committee to develop the regulations and standards.

2.2.3 Description of state of cross cutting issues relevant to the MDA

a) Gender

UHI offers heart services to all patients in need regardless of age or gender. UHI aims to provide equal and accessible access of heart services to all through among others the support supervision visits to regional referral hospitals. For example, between FY 2017/18 and FY 2018/19, UHI offered consultation services to over 29,871 adults (13,906 males and 23,306 females). In the same period, 6,678 children were attended to by the institution. UHI also aims to provide equal opportunity in recruitment of staff and care to patients.

b) HIV/AIDS

The major challenge at the institute while providing care to patients is the accidental injuries from needle or instrument pricks. This puts both the staff and patients at risk of infection. UHI has put in place mechanisms to control the transmission of the virus by ensuring the availability of uniforms and protective gears as well as routine



screening of its staff and patients.

c) Environment

In order to promote a clean and hygienic environment for heart patients and other stakeholders, the institute undertakes several activities to reduce infection of patients, caretakers and staff, including: continuous improvement in cleaning and sanitation; disinfection and sterilization; separating medical waste, recyclable and non-recyclable waste to improve medical waste disposal; and ensuring the availability of appropriate disposal collection bags for each of the categories.

2.2.4 Key Achievements and Challenges

2.2.4.1 Key Achievements

- a) A fully functioning Board of Directors
- b) Operationalization of a fully-fledged training fellowship programme in adult cardiology, paediatric cardiology, cardiac anaesthesia, cardiac critical care, cardiac surgery and cardiac nursing.
- c) Competitive Health Care Center of Excellence: The Uganda Heart Institute (UHI) conducted the first-ever highly specialized open-heart surgery known as Coronary Artery Bypass Grafting in FY 2017/18. This complex procedure was the first of its kind to be carried out in Uganda by Ugandan doctors.
- d) Approval of the feasibility study for construction of a state-of-the-art facility for UHI.
- e) Acquisition of more land for the UHI home; efforts have been made to acquire bigger land for the construction of the UHI Home. Potential land available in Naguru, Makerere and Mulago.
- f) Regulation of cardiac services in the Regional Referral Hospitals: UHI has engaged Management of the various RRHs to brainstorm on how to extend cardiovascular services to the people in the regions. Efforts have also been made to acquire land to construct regional cardiac centres. Letters of land offers from Jinja, Soroti, Mubende, Arua, Kabarole RRHs received.

2.2.4.2 Key Challenges

- a) Inadequate space to fully utilise UHI capacity.
- b) Limited land for UHI Home
- c) Slow progress on acquisition of home for UHI.
- d) Limited funding for specialized sundries and human resource development.



2.2.4.3 Summary of Emerging Issues

A number of issues have emerged from the implementation and review of the previous plan. Below is a summary of key issues that will have to be addressed in the next plan period:

- a) Improve UHI funding mechanisms by identifying alternative sources of funding, enhancing research in heart care and improving access to quality heart care to generate more revenue.
- b) The institute strategy on outreaches needs to expand beyond supporting and supervising the regional referral hospitals. This will be in line with the HSDPII preventive strategy on providing early detection and screening for NCDs closer to homes, schools and workplaces.
- c) Acquire more space for UHI services.
- d) Fast-track the construction of and equipping the state-of-the-art facility.
- e) Recruit and train more super specialised staff to fill the skills gap
- f) Timely procurement of super specialized supplies and sundries.
- g) Develop regulations and standards to regulate cardiovascular care in the Country.



2.3 SWOT ANALYSIS

The SWOT analysis was employed to evaluate UHI’s competitive position by identified the institutions strengths, weaknesses, opportunities and threats. These are presented in Table 4.

Table 4: UHI SWOT Analysis

INTERNAL INFLUENCES	
STRENGTHS	WEAKNESSES
A strong statutory mandate	Severe space limitations
A dedicated and competent team of super-specialists	Un filled key positions on UHI structure
A dedicated and qualified team of other professionals and support staff	Lack of an automated information management system
A good range of state-of-the-art super-specialized equipment	Limited upward mobility for staff
Ongoing support from the Government of Uganda and its agencies such as Makerere University, Uganda Heart Foundation and Mulago Hospital	Over-reliance on government funding
Existing committed strategic partners (both national and international)	Risk of loss of key staff to higher paying operators locally and internationally
Ownership of several other assets including land for the proposed UHI Home	A weak performance management system
Highly rated by local and international peers and the general public.	
Specialist staff have gained experience from various international centers	
EXTERNAL INFLUENCES	
OPPORTUNITIES	THREATS
Increasing awareness of the burden of cardiovascular diseases	Rapidly growing burden of cardiovascular diseases may overwhelm UHI’s resources
Advancement in technology that UHI can take advantage of to serve its patients better and reduce operational costs.	Economic and political instability which may affect operations of UHI
The East Africa Community offers opportunity for cross border cooperation and relatively high paying patients from other countries	Depreciation of the Uganda Shilling against international currencies may lead to increased costs yet most of UHI’s equipment and supplies are purchased in hard currency
Opportunities to leverage international partnerships to further UHI’s operations, staff training and research	New entrants may lure away key UHI staff and strategic partners
Currently the only Facility offering regular comprehensive cardiovascular care.	



SECTION THREE: STRATEGIC DIRECTION

This section presents the Vision, Mission, Goal, Objectives, Priority Areas, Key Results and Projects of the Strategic Plan.

3.1 VISION STATEMENT

To be a global center of excellence in cardiovascular services

3.2 MISSION STATEMENT

To promote health, provide preventive and clinical cardiovascular services and conduct research and training in cardiovascular science

3.3 CORE VALUES

To support the achievement of the Vision and Mission, UHI is guided by values. These serve as guiding principles that are shared and practiced by staff and stakeholders. The core values of UHI have been developed in line with changes in the environment in order to ensure relevance and boost the motivation of all stakeholders. These values include:

- I. **Excellence.** We consistently perform at the highest standards
- II. **Innovation.** We continuously search for new ideas and we believe timely access to information will always result in better healthcare
- III. **Professionalism.** We are responsible for our decisions and actions and we ensure provision of health services in a safe environment. We also effectively communicate and promote transparency in all our undertakings.
- IV. **Confidentiality.** We ensure privacy of client personal information and use minimum patient identification information upon consent.
- V. **Partnerships.** We work in partnership and collaborate with other national and international service providers in the industry, research and training organizations.

3.4 GOAL, OBJECTIVES AND STRATEGIC INTERVENTIONS

3.4.1 Goal

The overall goal is to reduce the burden of cardiovascular disease in the country.



3.4.2 Objectives

The objectives of this plan are to:

1. Strengthen health promotion and prevention of cardiovascular disease
2. Enhance institutional effectiveness and efficiency to meet the growing demand for cardiovascular services
3. Increase access to quality and equitable cardiovascular services to both local and international clients
4. Expand research and training in cardiovascular services
5. Manage and oversee cardiovascular services in the country

3.4.3 Strategic Interventions

Objective 1: To strengthen health promotion and prevention of cardiovascular disease

1. Undertake a national cardiovascular disease prevention programme

- a. Develop a communication strategy for health promotion and prevention of cardiovascular disease. The strategy will entail different packages for various demographic, geographical and physiological groups and translate them in different languages where possible in a simplified form.
- b. Conduct public awareness campaigns to promote healthy lifestyles and utilization of preventive measures. This will include conducting annual community sensitization programmes from district to village Levels. Partnerships with schools, training institutions and public and private workplaces in conducting sanitization programmes.
- c. Conduct community and institutional outreaches. This will entail visiting communities at parish/village levels and carrying out health camps for diagnosis, and provision of preventive services/treatment at the community level, as well as making referrals for further treatment. The outreach programmes will also be staged at health centre IIIs, IVs, General Hospitals and RRHs.
- d. Conduct, disseminate and publish annual CVD awareness surveys to inform planning and provision of services.
- e. Carryout cardiovascular disease prevention programmes among children in schools
- f. Facility and community cardiovascular disease screening programs



- g. Develop and implement a national cardiovascular disease control plan in collaboration with the Ministry of Health

2. National Cardiovascular Disease surveillance, risk assessment and management across all age groups

- a. Undertake and publish annual national cardiovascular risk awareness surveys
- b. Carryout annual cardiovascular disease incidence and prevalence assessments, reporting and publishing

Objective Two: To enhance institutional effectiveness and efficiency to meet the growing demand for cardiovascular services

1. Physical infrastructure improvement

- a) Construct a state-of-the-art UHI Headquarters.
- b) Maintenance and upgrade of existing infrastructure for cardiovascular care, education, and research
- c) Acquisition of additional land for UHI for future expansion of CVS to comprehensively cover clinical, research, and training functions.

2. Equipment Improvement and replacement

- a) Procure Medical, non-medical infrastructure and ICT equipment
- b) Replacement of the cath lab equipment
- c) Strengthen Management Information Systems

3. Partnerships, collaborations and resource mobilization

- a) Increase UHI funding
- b) Strengthen Public-Private Partnerships in the development, use and management of cardiovascular services
- c) Strengthen partnerships, networking and collaboration for cardiovascular care
- d) Enhance resource mobilization to increase funding for the institute

4. Design and implement attractive compensation and motivation plan for the Institute's human resources

- a) Approve and implement new staff structure
- b) Attract, recruit and retain CVD super specialists, CVD nurses, allied health professionals and non-clinical staff



- c) Implement staff motivation plan

Objective Three: To increase access to quality and equitable cardiovascular services to both local and international clients

1. Enhance cardiovascular services at UHI

- a. Scale up the number of patients receiving cardiovascular services through expansion of curative and rehabilitation services to cardiovascular patients. This will entail increasing: medical and non-medical supplies and sundries; number of annual surgeries; number of annual catheterization procedures; annual number of patients seen in OPD; number of annual laboratory tests; annual bed occupancy rate for general nursing beds, ICU and special care; and reducing the average length of stay.
- b. Improve quality of cardiovascular services. This will involve undertaking monthly clinical audits, morbidity and mortality meetings, quality improvement meetings; and obtaining ISO certification.
- c. Expand access and utilization of cardiovascular services at regional level. This will entail developing a roll-out plan for the regional cardiac services; conducting cardiovascular care outreaches at RRH; Developing four fully operational CV Units at RRH; training and placing Cardiac specialists at RRH units; and expanding the Scope of CV diagnostic and treatment services provided at all 16 RRH.
- d. Enhance scope and quality of Curative cardiovascular services
- e. Strengthen provision of Rehabilitative services
- f. Improve quality of cardiovascular services.
- g. Expand access and utilization of cardiovascular services at regional level.
- h. Enhance provision of Palliative care services
- i. Procurement of quality medicines and medical supplies
- j. Integrate cardiovascular care and control in the essential healthcare package
- k. Undertake monthly clinical audits, morbidity and mortality meetings, quality improvement meetings and obtaining ISO certification.

2. Expand regional access to cardiovascular services

- a) Expansion of 4 regional cardiac centres within regional referral hospitals (Jinja, Mbarara, Gulu and Masaka)



- b) Establish and strengthen diagnostic capacity for screening, diagnosis, staging and monitoring of cardiovascular at regional cardiac centers, all RRHs and gazette private facilities

Objective Four: To expand research and training in cardiovascular services

1. Enhance cardiovascular research, evidence generation and innovation to inform national cardiovascular care and control, policy development and implementation

- a) Expand research activities to promote quality healthcare. This will entail; enriching research programs, developing research proposals; research publications and enhancing research collaborations at regional and international levels.
- b) Establish and operationalize a research and grants unit. This will include; recruitment and training staff in research.
- c) Establish a resource centre that supports training in research of staff and students. This will include recruitment and training of research trainees and developing and implementing apprenticeship programmes.
- d) Investment in research equipment and other technologies.
- e) Establish and fully functionalize soft research infrastructure (IRB, Scientific committee, Accreditation)
- f) Research into the causation, prevention and treatment of CVD in Uganda and the region and trigger epidemiological research
- g) Develop and continuously update a research agenda for the health sector and academia in cardiology
- h) Establish and strengthen collaborations with research organizations and institutes for enhanced innovations, inventions and applications
- i) Support student research projects
- j) Produce and disseminate guidelines for research in cardiology
- k) Investment in research equipment and other technologies.

2. Promote shared learning and knowledge management of locally produced medical products, expertise and initiatives for enhanced regional and international impact

- a) Produce and publish cardiovascular research in international journals
- b) Share cardiovascular research findings in scientific conferences



- c) Produce policy briefs, policy papers on cardiovascular research
- d) Share cardiovascular risk findings in local newspapers, televisions and other media
- e) Advance knowledge of cardiovascular risk factors, prevention, diagnosis and treatment
- f) Foster the use of research as a resource in professional development and provision of care

3. Enhance training and staff development

- a) Provide training to a broad category of health care professionals
- b) Train national and international specialists in Cardiovascular and relevant medical disciplines
- c) Scale up pre-service cardiovascular education and in-service training in collaboration with relevant training institutions
- d) Design and implement cardiovascular short courses

Objective Five: To manage and oversee cardiovascular services in the country

1. Enhance compliance to cardiovascular standards and improve quality of care

- a) Develop a regulatory framework for cardiovascular care in Uganda
- b) Develop and disseminate cardiovascular care national standards to all designated public and private facilities
- c) Develop and disseminate cardiovascular care guidelines to all designated public and private facilities
- d) Develop and disseminate cardiovascular care protocols to all designated public and private facilities

2. Enhance support supervision to lower public and private facilities

- a) Undertake quarterly supervision visits
- b) Undertake quarterly on-job training and mentorship programmes to lower facilities
- c) Develop a regulatory framework for cardiovascular care in Uganda
- d) Disseminate cardiovascular care standards
- e) Enforce cardiovascular care standards countrywide



3.4.4 Priority Areas

A number of priority areas have been identified for the implementation of this strategic plan. These areas shall be prioritized and a number of indicators and targets have been identified to assess progress during plan implementation. These priorities are:

- I. Construction of a State-of-the-Art Uganda Heart Institute Home
- II. Attraction, retention and development of high caliber staff
- III. Scaling up existing cardiovascular services, scope and quality.
- IV. Research and development
- V. Technology and innovation
- VI. Increasing regional access to cardiovascular services

3.5 KEY OUTCOME RESULTS

Table 5 below shows the key outcome results that the Institute will review at the end of the five years given that the assumptions are met.

Table 5: Key Outcome Level Results

GOAL AND OBJECTIVES	KEY PERFORMANCE INDICATORS	BASELINE (FY 2018/19)	TARGET (FY 2024/25)	
Goal “To reduce the burden of cardiovascular disease in the Country	1. % reduction in cardiovascular deaths in Uganda	10% (WHO, 2016)	7.5%	
	2. % reduction in cardiovascular disease prevalence	prevalence of hypertension	24%	20%
		prevalence of rheumatic heart disease	2.5%	2%
		prevalence of obesity	4.6%	3.2%
Objective 1: To strengthen health promotion and prevention of cardiovascular disease	1. Number of adult populations seeking heart audits at UHI	6,000	10,000	
	2. Number of adult populations seeking heart audits at RRHs	-	4,000	
Objective 2: To enhance institutional effectiveness and efficiency to meet the growing demand for	1. % of funding of UHI strategic plan acquired	19%	85%	
	2. Number of staff recruited and retained at UHI	205	500	
	3. Number of patients accessing cardiovascular services at UHI	20,000	40,000	



GOAL AND OBJECTIVES	KEY PERFORMANCE INDICATORS	BASELINE (FY 2018/19)	TARGET (FY 2024/25)
cardiovascular services	4. Hospital bed capacity	24	250
Objective 3: To increase access to quality and equitable cardiovascular services to both local and international clients	1. % of patients seeking catheterization services attended to	78%	100%
	2. % of patients seeking cardiac surgery attended to	35%	75%
	3. Reduction in waiting time for paediatric patients seeking cardiac surgery	6 months	1 months
	4. Reduction in waiting time from arrival to diagnosis/treatment (OPD hours)	7 hours	4 hours
	5. % of heart surgery patients referred abroad	5%	3%
	6. Number of foreign patients seeking care at UHI	2,200	4,400
	7. Number of Regional Referral Hospitals with fully operational cardiac units	-	4
Objective 4: To expand research and training in cardiovascular services	1. Number of UHI research publications on cardiovascular disease	10	30
	2. UHI research unit upgraded to a research-intensive division	-	Yes
	3. Number of research grants	5	10
	4. Number of students that accessed cardiovascular training at UHI	843	2,031
	5. Number of staff trained	77	450
Objective 5: To manage and oversee cardiovascular services in the country	1. Number of public health facilities implementing CVC Standards	-	13
	2. Cardiovascular care standards in place	No	Yes
	3. Cardiovascular care guidelines developed	No	Yes
	4. Cardiovascular care protocols developed	No	Yes
	5. Service and service delivery standards developed	No	Yes



3.6 PRIORITY DEVELOPMENT PROJECTS

In the next 5 years, UHI will focus on six main projects with a budget of **UGX 397.64 Billion**. These projects are geared towards improving institutional effectiveness and expanding service delivery. The projects are listed in Table 6 below.

Table 6: Key Priority Investment Projects

No.	Projects	Implementation Plan (UGX Billion)					Grand Total (UGX Billion)
		2020/21	2021/22	2022/23	2023/24	2024/25	
1.	Construction and equipping the Uganda Heart Institute Headquarters		70.722	71.719	75.430	43.5	261.371
2.	Establishment of 4 regional cardiac centres within regional referral hospitals		12	12	13	14	51.00
3.	Establishment of a Pediatric Wing at Mulago UHI renovated space		0	8	10	6	24.00
4.	Uganda Heart Institute Retooling Project	4.5	6.158	8.207	9.119	11.283	39.27
5.	Acquisition of additional land for UHI		5.0	5.0	0	0	10.0
6.	Replacement of the cath lab equipment		12	0	0	0	12
GRAND TOTAL (UGX BN)		4.5	105.88	104.926	107.549	74.783	397.638



3.7 NDP III PROGRAMMES

The Institute aligned its plan to the NDP III programmes to contribute to the achievement of the Vision 2040. Table 7 below shows the NDP III programmes which are relevant to UHI.

Table 7: NDP III Programmes Relevant to UHI

NDPIII Programme	Goal	Objective (s)	Outcome Results	Intervention (s)
Human Capital Development Sub-programme: <i>Population Health, Safety and Management</i>	Improving productivity of labour for increased competitiveness and better quality of life for all	Objective 4: To improve population health, safety and management	Reduced mortality due to NCDs from 40 to 30 percent;	1. Prevent and control Non-Communicable Diseases with specific focus on cancer, cardiovascular diseases and trauma. 2. Promote health research, innovation and technology uptake
Innovation, Technology Development and Transfer Sub-programme: <i>Science, Research and Development</i>	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 Sub-programme: <i>E-services</i>	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



The strategic direction of the Institute is aligned to the NDP III programmes as shown in Table 8 below.

Table 8: UHI Focus Areas, Interventions and Actions Aligned to NDPIII Programmes

Focus Area	Objectives	Interventions	Actions	Department/ Unit
NDPIII Programme 16: Human Capital Development				
Promotion and Prevention of Cardiovascular disease	Reduce heart disease risk by enhancing health promotion and prevention of cardiovascular disease	Undertake a national cardiovascular disease prevention programme	Develop a communication strategy for health promotion and prevention of cardiovascular disease.	Community Health and public relations
			Conduct public awareness campaigns to promote healthy lifestyles and utilization of preventive measures.	
			Conduct, disseminate and publish annual CVD awareness surveys to inform planning and provision of services.	
			Undertake community and institutional outreach programs on cardiovascular disease prevention	
			Carryout cardiovascular disease prevention programmes among children in schools	
			Facility and community cardiovascular disease screening programs	
			Develop and implement a national cardiovascular disease control plan in collaboration with the Ministry of Health	
		National cardiovascular diseases surveillance, risk assessment and management across all age groups	Undertake and publish annual national cardiovascular risk awareness surveys Carryout annual cardiovascular disease incidence and prevalence assessments, reporting and publishing	
Cardiovascular Care	Increase access to quality and equitable cardiovascular services to both local and	Enhance Cardiovascular services at UHI	Enhance scope and quality of Curative cardiovascular services	Clinical Departments
			Strengthen provision of Rehabilitative services	
			Improve quality of cardiovascular services.	



Focus Area	Objectives	Interventions	Actions	Department/Unit
	international clients		<p>Expand access and utilization of cardiovascular services at regional level.</p> <p>Enhance provision of Palliative care services</p> <p>Procurement of quality medicines and medical supplies</p> <p>Integrate cardiovascular care and control in the essential healthcare package</p> <p>Undertake monthly clinical audits, morbidity and mortality meetings, quality improvement meetings and obtaining ISO certification.</p>	
		Expand regional access to cardiovascular services	<p>Expansion of 4 regional cardiac centres within regional referral hospitals (Jinja, Mbarara, Gulu and Masaka)</p> <p>Establish and strengthen diagnostic capacity for screening, diagnosis, staging and monitoring of cardiovascular at regional cardiac centers, all RRHs and gazette private facilities</p>	<p>Administration</p> <p>Clinical and Administration</p>
Specialized Cardiovascular training	Provide specialized Cardiovascular training for both national and international trainees	Enhance training and staff development	<p>Provide training to a broad category of health care professionals</p> <p>Train national and international specialists in Cardiovascular and relevant medical disciplines</p> <p>Scale up pre-service cardiovascular education and in-service training in collaboration with relevant training institutions</p> <p>Design and implement cardiovascular short courses</p>	Fellowship & Training
Institutional efficiency and effectiveness	Enhance institutional effectiveness and efficiency to meet the growing demand for cardiovascular services	Physical Infrastructure improvement	<p>Construct a state-of-the-art UHI Headquarters.</p> <p>Maintenance and upgrade of existing infrastructure for cancer care, education, and research</p> <p>Establishment of a Pediatric Wing at Mulago UHI renovated space</p> <p>Acquisition of additional land for UHI for future expansion of CVS to comprehensively cover clinical, research, and training functions.</p>	Administration
		Equipment Improvement and	<p>Procure Medical, non-medical infrastructure and ICT equipment</p> <p>Replacement of the cath lab equipment</p>	Administration & Procurement



Focus Area	Objectives	Interventions	Actions	Department/ Unit		
		replacement	Strengthen Management Information Systems	ICT & Administration		
		Partnerships, collaborations and resource mobilization	Increase UHI funding and financial sustainability.	Administration		
			Strengthen Public-Private Partnerships in the development, use and management of cardiovascular services			
			Strengthen partnerships, networking and collaboration for cardiovascular control			
			Enhance resource mobilization to increase funding for the institute			
		Design and implement attractive compensation and motivation plan for the Institute's human resources	Approve and implement new staff structure	Human Resource		
			Attract, recruit and retain CVD super specialists, CVD nurses, allied health professionals and non-clinical staff	Human Resource		
			Implement staff motivation plan	Human Resource		
		Legal and regulatory framework	Manage and oversee cardiovascular services in the country	Enhance compliance to cardiovascular standards and improve quality of care	Develop a regulatory framework for cardiovascular care in Uganda	Clinical
					Develop and disseminate cardiovascular care national standards to all designated public and private facilities	
Develop and disseminate cardiovascular care guidelines to all designated public and private facilities						
Develop and disseminate cardiovascular care protocols to all designated public and private facilities						
Enhance support supervision to lower public and private facilities	Undertake quarterly supervision visits					
	Undertake quarterly on-job training and mentorship programmes to lower facilities					
NDPIII Programme 17: Innovation, Technology Development and Transfer						
Research, Innovation & Development	Expand research and training in cardiovascular services	Enhance cardiovascular research, evidence generation and innovation to inform national	Expand and initiate new research projects	Research		
			Establish and operationalize a research and grants unit.			
			Establish a resource centre that supports training in research of staff and students.			
			Investment in research equipment and other technologies.			



Focus Area	Objectives	Interventions	Actions	Department/ Unit
		cardiovascular care and control, policy development and implementation	<p>Establish and fully functionalize soft research infrastructure (IRB, Scientific committee, Accreditation)</p> <p>Research into the causation, prevention and treatment of CVD in Uganda and the region and trigger epidemiological research</p> <p>Develop and continuously update a research agenda for the health sector and academia in cardiology</p> <p>Establish and strengthen collaborations with research organizations and institutes for enhanced innovations, inventions and applications</p> <p>Support student research projects</p> <p>Produce and disseminate guidelines for research in cardiology</p>	
		Promote shared learning and knowledge management of locally produced medical products, expertise and initiatives for enhanced regional and international impact	<p>Produce and publish cardiovascular research in international journals</p> <p>Share cardiovascular research findings in scientific conferences</p> <p>Produce policy briefs, policy papers on cardiovascular research</p> <p>Share cardiovascular risk findings in local newspapers, televisions and other media</p> <p>Advance knowledge of cardiovascular risk factors, prevention, diagnosis and treatment</p> <p>Foster the use of research as a resource in professional development and provision of care</p>	

NDPIII Programme 14: Digital Transformation

Cardiovascular Care	Increase equitable access to quality and comprehensive cancer services	Digitalize cardiovascular medical services	Implement and strengthen health management information system	ICT
			Train staff in application of the system	
			Develop tools for medical/patient data collection	
Specialized cardiovascular training	Provide specialized cardiovascular training for both national and international	Enhance training and staff development	Enhance the utilization of tele-conferencing facilities	



Focus Area	Objectives	Interventions	Actions	Department/Unit
	trainees			

SECTION FOUR: FINANCING ARRANGEMENTS FOR THE STRATEGIC PLAN

4.1 INTRODUCTION

The overall plan budget over the five years is **UGX 583,800,858,000**. This projection includes the estimated wage, non-wage recurrent and development expenditures of the UHI over the period. Figure 8 below shows that the budget for projects/capital development takes up 68% of the overall budget mainly because of the six core projects that are listed in Table 6 above. While the other core activities/recurrent budget comprise of 32% of the total budget.

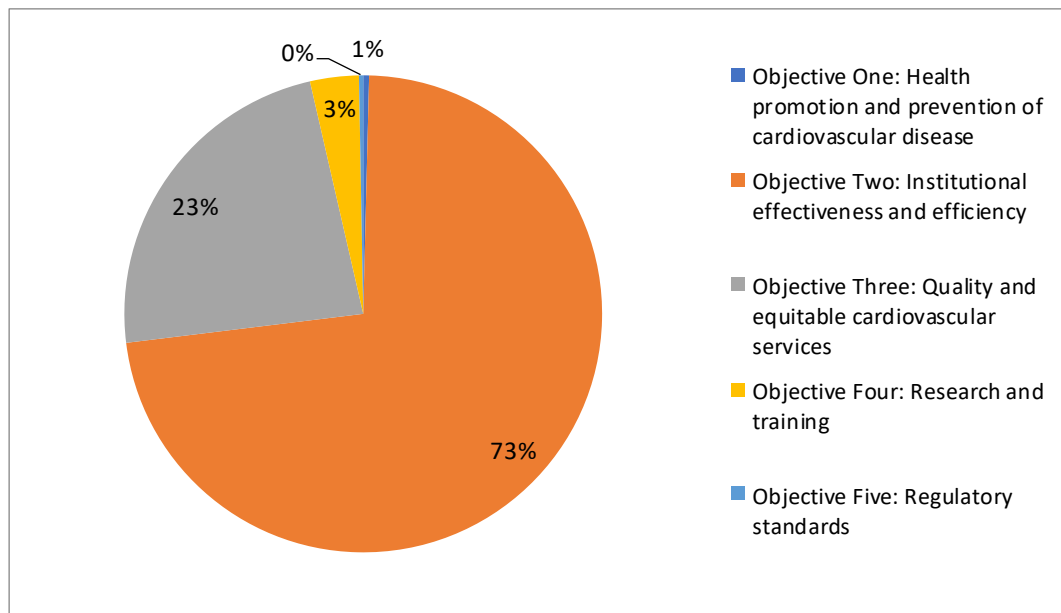


Figure 8: Allocation of UHI Budget

The budget has been determined in consideration of the priorities outlined in the strategic direction of the plan whose focus will be towards building a center of excellence in cardiovascular care. For instance, Figure 8 shows that Objective Two takes up 73% of the budget mainly because of the construction and equipping of a state-of-the-art facility.

The key cost drivers over the planning period include; the state-of-the-art cardiac facility for UHI, expanded scope of services, staff training /development and research. These are explained below:



- i. **Construction and equipping of the UHI Home:** During the implementation of this plan, construction and equipping of the UHI home will be the highest cost driver. Overall, this intervention will cost approximately UGX 261.371 billion. This constitutes about 45% of the total strategic plan budget.
- ii. **Increasing access to and expanding scope of services:** this plan envisages scaling up the number of patients receiving cardiovascular services significantly through investing in quality improvements (also pursuing the ISO certification process) and strengthening preventive and clinical cardiovascular services at regional level.
- iii. **Staff training and Development:** UHI will continue to invest significantly in staff training through fellowship programmes, continuous professional development, specialized training and partnerships with training institutions.
- iv. **Research:** the plan prioritizes increased investment in research development through enriching research programs to promote quality healthcare, establishing and operationalizing a research and grants unit and establishing a resource centre that supports training in research of staff and students.



4.2 SUMMARY OF THE STRATEGIC PLAN BUDGET (FY2020/21–2024/25)

The summary of the budget over the five years, by classification is presented in Table 9 below.

Table 9: Budget for UHI Strategic Plan

CLASSIFICATION	FY 2020/21	FY2021/22	FY 2022/23	FY 2023/24	FY 2024/25	Total
WAGE	5,000,000,000	7,500,000,000	9,750,000,000	11,700,000,000	14,040,000,000	47,990,000,000
Non-Wage Staff Costs (NSSF+Gratuity)	2,000,000,000	3,000,000,000	3,900,000,000	4,680,000,000	5,616,000,000	19,196,000,000
Non-Wage Other	8,892,000,000	18,947,970,000	24,729,200,000	30,256,520,000	35,851,168,000	118,676,858,000
Total Recurrent	15,892,000,000	29,447,970,000	38,379,200,000	46,636,520,000	55,507,168,000	185,862,858,000
Total Development	4,650,000,000	106,030,000,000	104,926,000,000	107,549,000,000	74,783,000,000	397,938,000,000
Total Budget	20,542,000,000	135,477,970,000	143,305,200,000	154,185,520,000	130,290,168,000	583,800,858,000



Figure 9 below shows the trend in UHI financing over the plan period. It is expected that UHI funding will grow significantly over the years with most of this funding being used to develop the UHI projects as well as the human resource.

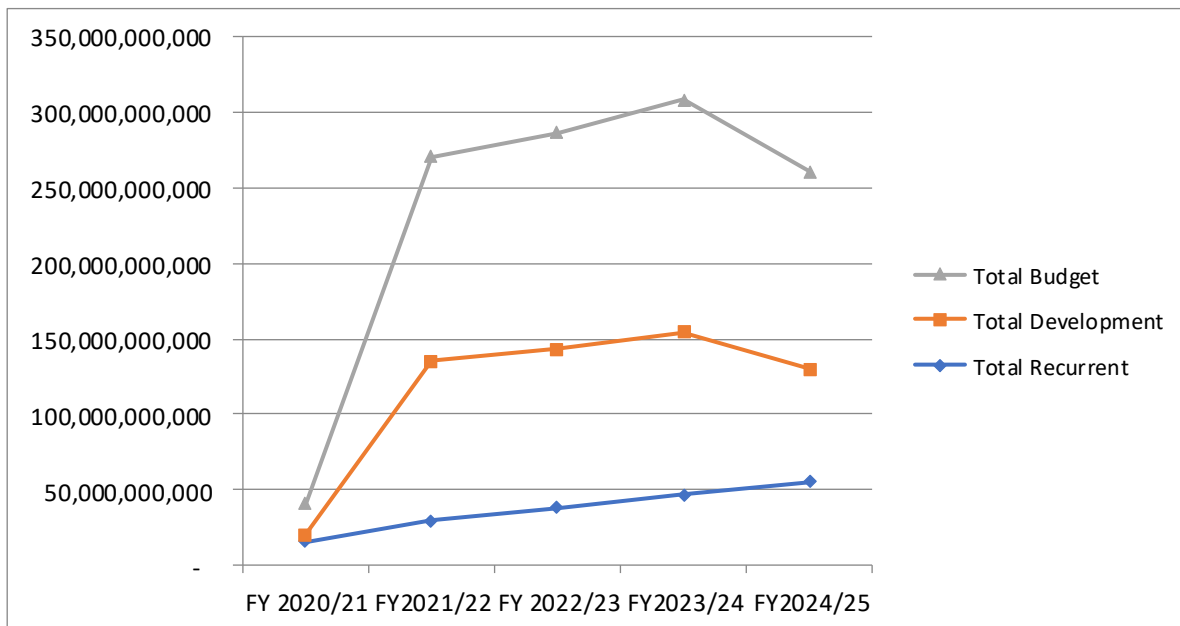


Figure 9: Growth in UHI Funding Over the 5 Years

4.3 RESOURCE MOBILISATION STRATEGIES

It is anticipated that the GOU will directly finance about 85% of the budget for the Plan period, donor support will be an average 15% of the budget for the five years. A summary of the budget allocation by source is attached as Annex 2.

Overall, it is notable that UHI is expected to increase the efforts for resource mobilization. In particular, extra efforts are required to increase the share of Donor resources in the budget while also consolidating the efforts for mobilizing GoU resources to finance the plan priorities. Therefore, given the substantial resources required to support the growing demand for service delivery, there is need for a resource mobilization strategy as well as more robust resource mobilization. The detailed cost matrix is attached in the Annex 3.

It is therefore clear that the Institute will mainly depend on the GoU resources financing for the implementation of the Plan. However, the strategic plan budget projections place Government funding at an average of 85%. This means that UHI will invest extra effort in lobbying Government for the upward review of the MTEF funding allocations to substantially cover the budget gaps. Even without construction of the UHI Home, an average funding gap of about UGX 20 Billion will need to be mobilised in order to efficiently and effectively achieve the UHI Mandate.

The MTEF resources will be complemented with external resource mobilisation, which will finance about 15% of the budget over the five (5) years. UHI will commence external resource mobilization initiatives directed to specific



programmes to ensure adequate funding for the Plan. As a result, UHI shall develop a resource mobilization strategy to guide mobilization of adequate resources for the Plan.

The implementation of this SP will primarily be aligned to the standard Government MTEF determination and allocations as the core and assured funding source. It is important to note that while the investment costs in this SP are beyond the MTEF projections, the MTEF is the baseline for resourcing the Plan. The Institute will endeavor to solicit funding beyond the MTEF provisions to ensure the Plan is adequately resourced and implemented.

The funds flow system will follow the standard Government on-budget and off-budget modalities and project funding provisions. The financial reporting, procurement, accounting and audit systems shall similarly follow Government procedures and any additional project-specific financial management, accounting and reporting systems and procedures. UHI will endeavour to capture all external financing within the budget and planning process in order to minimise the size of off-budget support.



SECTION FIVE: INSTITUTIONAL ARRANGEMENTS FOR IMPLEMENTING THE PLAN

5.1 COORDINATION OF THE IMPLEMENTATION PROCESS

5.1.1 Roles and Responsibilities of Uganda Heart Institute

The Uganda Heart Institute takes the leadership role of coordinating the 5-year strategic plan. Table 11 summarizes the roles and assignments for the major players at the Uganda Heart Institute.

Table 10: Roles and Responsibilities of Uganda Heart Institute

Responsible Person	Roles and Responsibilities
Board of Directors	<ul style="list-style-type: none"> • Provide general direction and supervision of the plan. • Provide oversight for the operation of the plan. • Lobbying for financing
UHI Management	<ul style="list-style-type: none"> • Provide technical guidance • Implement policies and programmes of the plan • Responsible for management of the plan • Review and make recommendations • Provide accountability • Implementation of the plan • Review and make recommendations
Monitoring and Evaluation Committee	<ul style="list-style-type: none"> • Evaluate and monitor the progress of the plan • Review and compile annual reports on the progress of the plan • Make the necessary recommendations
Finance committee	<ul style="list-style-type: none"> • Coordinate resource mobilisation for implementation of the Plan • Ensure that funds provided are utilised according to the plan and are properly accounted for • Approve funds required in the implementation of the activities/programmes



5.1.2 Roles and Responsibilities of Other Stakeholders

- i. Government of Uganda:** The Government adopts major measures to implement the economic and social policy of Uganda. As part of its powers, it is entitled to adopt legislation which might also concern the health care sector. Among the most significant regulations affected by the Project implementation is the UHI Act. This regulation requires transforming the UHI into a regional centre of excellence.
- ii. Ministry of Health:** MOH is the central administrative body responsible for health care. It has the following duties: execution of proposals of strategic aims and priorities of development of health care policy, professional guidance on provision of health care, issuing of standard diagnostic processes and standard therapeutic processes, directing of national programs oriented on protection, maintenance and recovery of health, coordination of research activities in health care, management and control of training and teaching in health education, supervision and management of the network of study programs, network of study programs and medical colleges and universities training medical staff, management of further education of medical staff.
- iii. Ministry of Finance, Planning and Economic Development:** the mandate of MoFPED is to formulate sound economic and fiscal policies, mobilize resources for the implementation of government programmes, disburse public resources as appropriated by Parliament, and account for their use in accordance with national laws and international best practices.
- iv. Training Institutions:** Universities such Makerere University, offering medicine are contractual partners of UHI for purposes of practical training. The universities have a vested interest in enabling their students to be trained. On the other hand, UHI needs cooperation with Universities to develop human resources in cardiovascular care in Uganda.
- v. Research Institutions:** UHI cooperates with research institutions on an “ad hoc” basis. Current international research collaborations include Rotary International, McMaster University Canada among others.
- vi. Patients:** To secure demand for UHI services, patients will have to be provided accessible and quality CV care at better rates compared to the region and the world at large.
- vii. Healthcare Providers:** UHI will cooperate with other health care providers for purposes of enhancing comprehensive health care.

5.2 SUSTAINABILITY ARRANGEMENTS

5.2.1 Institutional Sustainability Arrangements

- I. Acquisition of Space:** in order to sustain the Plan over the five years, the Institute needs to acquire more space for its services so as to fully utilise



the capacity of its human resource and achieve the planned targets. In the long term, the Institute will fast track the process of identifying a potential funder for the construction and equipping of a state-of-the-art facility. While in the short term, the Institute may have to rent more space for its services. For instance, acquire more space on Block C of the Mulago Hospital complex.

- II. **Technology Advancement:** to ensure that the technology used in the provision of cardiovascular care is up to date and meets international standards, the Institute shall prioritize maintenance of modern equipment procured to reduce on equipment breakage so as to enable continued quality service delivery. Training of staff on the use of modern equipment and technologies will also be a priority to promote efficiency and effectiveness. When procuring equipment, our focus will be on latest technology as well as compatibility with existing technology in order to reduce redundancy.
- III. **Information and Communication:** the Institute shall adopt sustainable communication strategies that are cost effective and more reliable to ensure that implementation and progress of the plan is effectively communicated to all its stakeholders. Among the measures to be undertaken includes: lobbying for free to air on media as well increase in coverage of local media houses that are located in the other regions of the country. The Institute shall also undertake a multi-sectoral approach to prevention through engaging the community through community/village engagements, cultural gatherings and through places of worship to integrate our messages in their communications/activities.
- IV. **Expand the Scope of Service:** through setting up regional cardiac centres/clinics at referral hospitals to enhance capacity of other hospitals to provide cardiac services. The Institute will also strengthen the onsite fellowship and training programs to improve the level of human resource in cardiovascular care.

5.2.2 Financial Sustainability Arrangements

- I. **Resource mobilisation:** The Institute will sustain the plan through strengthening the resource mobilisation component. This will involve exploring the option of donor funding. This will be done through enhancing capacity of the Institute to mobilise resources by training, writing business proposals, among others.
- II. **Cost Sharing:** this shall be supported by the National Health Insurance Scheme. This will also enable patients who cannot afford to access the service hence reduce the burden of the disease.



5.3 PARTNERSHIPS AND COLLABORATIONS

5.3.1 Partnerships with Regional Referral Hospitals

The Institute will strengthen its work relation with all the Regional Referral Hospitals to ensure that heart patients can easily access heart services at regional level. This will help to curb the burden of cardiovascular disease in Uganda.

Three major ways through which the Institute will strengthen health promotion and disease prevention in the regions include:

- I. Through creating cardiac units/clinics: one of the core projects of the plan is to set up at least four cardiac regional centres. While for other regions, cardiac units/clinics will be created at the referral hospitals.
- II. Through telemedicine: UHI intends to support regional referral hospitals in providing heart services through the use of telemedicine. This allows long distance patient and clinician contact, care, advice, intervention, monitoring and remote admissions.
- III. The Institute will also develop a training programme to conduct routine training of health workers at regional referral hospitals on basic cardiac care and treatment.
- IV. Research partnerships with regional referral hospitals will be created to enhance knowledge on cardiovascular diseases and its management.

5.3.2 Partnerships with Local and International Institutions

The Institute will strengthen its relation with both its local and international partners such as Rotary International, Chain of Hope, Gift of Life, McMaster University Canada, and Case Western Reserves University, USA, Makerere University, Indian Association, among others with the aim of improving human resource skills, developing research and providing quality cardiovascular care in Uganda.

5.4 HUMAN RESOURCE PLAN

5.4.1 Background

The UHI was established to be governed by a Board of Directors and one of its crucial responsibilities is to recruit, retain and develop a competent team of Human Resource which shall plan and implement programs and activities in cardiovascular services. Currently, the Institute has a staff establishment of 189 posts. Due to the increasing needs of cardiovascular care and the expansion of the ranges of cardiovascular services, the current structure has proved to be inadequate thus compelling management to undertake a review of the structure so as to be able to incorporate the emerging human resource needs and gaps.



In an effort to deliver on its mandate, the UHI reviewed its structure which when approved will accommodate 624 posts both in Clinical and Support services. Similarly, to ensure attraction and retention of highly qualified and competent workforce, it is also proposed that the current wage be revised to be comparable with other existing Institutions offering similar services within Africa.

5.4.2 Objective of the Human Resource Plan

To guide the Institute in recruitment, retention and development of a competent Human Resource.

5.4.3 Strategies in the Human Resource Plan

A comprehensive Human Resource Plan will be developed during the plan period and it is believed that the implementation of this plan will commence with the current existing staff as further recruitment of more staff will be based on the completion of the UHI Home. This is because the current space can no longer provide more room for accommodation of more staff and services. Preparation for recruitment of new staff will therefore begin in the 3rd year of the plan to give time for training, skilling and mentorship of the newly recruited staff for the remaining two years. The Human Resource Plan will focus on the Key Human Resource Management areas as described below in Table 11.

Table 11: Key Human Resource Management Areas

S/N	Strategic Intervention	Items /Activities
1.	HR Policy Review	<ul style="list-style-type: none"> ▪ Development of the ▪ HR Manual ▪ Training ▪ Policy, ▪ Compensation policy ▪ Health and Safety ▪ On- Boarding policy
2.	Restructuring	<ul style="list-style-type: none"> ▪ Review of Organization structure
3.	Recruitment and Staffing	<ul style="list-style-type: none"> ▪ Job Adverts ▪ Interviewing and selection
4.	On -Boarding	<ul style="list-style-type: none"> ▪ Induction ▪ Orientation programs
5.	Performance Management	<ul style="list-style-type: none"> ▪ Development of Performance appraisal Tools
6.	Training and Development	<ul style="list-style-type: none"> ▪ Management skill improvement ▪ Professional development ▪ Career progression
7.	Pay and Compensation	<ul style="list-style-type: none"> ▪ Salaries ▪ Terminal Benefits
8.	Health and Safety	<ul style="list-style-type: none"> ▪ Wellness program ▪ Health Insurance ▪ Safety equipment ▪ Safety supplies
9.	HR Information	HR information System



SECTION SIX: COMMUNICATION STRATEGY FOR THE STRATEGIC PLAN

This section highlights the communication priorities and activities during the implementation of the UHI Strategic Plan (SP). Communication is a critical component of the strategic direction of the institute as the organization seeks to actively and continuously engage all her relevant stakeholders. Overall, there is an overwhelming increase in stakeholder holder expectations of the UHI services. The Institute therefore needs to manage public and stakeholder expectation and anxiety. It is therefore important to strengthen all existing efforts by closing any communication gaps regarding the availability, access to and utilization of cardiovascular services. This section only gives a brief highlight of the communication priorities during the implementation of the SP. A detailed communication strategy shall be developed.

6.1 CURRENT COMMUNICATION SYSTEMS, COMMUNICATION MAPPING AND NEEDS ASSESSMENT

UHI does not have in place a streamlined, coherent, documented and effective framework and strategy to guide its internal and external communication, publicity, corporate relations and mobilization of its diverse stakeholders. However, the need for this strategy is acknowledged. Going forward, targeting rightly and engaging the appropriate channels of communication to reach the multiple, diverse audiences and stakeholders guided by comprehensive communication planning and strategy is a priority in this strategic plan.

Nonetheless, UHI has an existing Public Relations Department and has nurtured a communication a communication culture that sought to institute controls especially in regards to external communication to take care of mainly the image of the organization. By standard, the Executive Director and Chairperson of UHI are responsible for external communication. A good level of scrutiny is also placed on the documents that are meant to be shared outside the Institute in order to preserve the institutional image. Also, a number of public relations events have been held, media messages and IEC materials have been widely disseminated some of these even in local languages. However, all these have not been guided by a comprehensive communication strategy.

Prior to development of this strategic plan, UHI had not undertaken a detailed communication mapping and needs assessment. Nonetheless, the Institute through its Public Relations Department regularly profiles key communication priorities from the Public, Government, Civil Society Organizations, Staff and other stakeholders that have informed the preliminary communication priorities set out in this plan. Notably, the Institute will undertake a detailed communication needs assessment during the preparation of a detailed communication strategy in the first year of this strategic plan.

The overall focus of the communication mapping and needs assessment will be to;



- a) assess existing communication systems and gaps at UHI.
- b) establish perceptions and attitudes of stakeholders on the Cardiovascular services offered.
- c) determine stakeholder understanding of the strategic role of UHI in the Country.
- d) define stakeholder communication needs and expectations from the Institute.
- e) establish the internal communication needs institute
- f) Understand the existing and desired communication relationship between UHI and the different stakeholders.

6.2 OVERALL RATIONALE AND OBJECTIVES OF THE COMMUNICATION STRATEGY

The overall rationale of this communication strategy is to identify and address the existing communication gaps as well as support the current strategic plans in the roll out of its interventions, and ensuring that the Commission's internal and external communication needs are effectively served.

The specific objectives are to:

- i) Build awareness of cardiovascular services to both local and international stakeholders
- ii) Create awareness of cardiovascular disease to the people in Uganda and specifically to enhance their understanding of the prevention lifestyles and treatment /intervention.
- iii) way
- iv) Support UHI's goal, objectives and strategic interventions
- v) Encourage participation among researchers or partner bodies in cardiovascular disease and its management
- vi) Raise Staff awareness of communication issues and how good communication can help achieve the UHI's objectives

6.3 KEY COMMUNICATION PRIORITIES

Arising from the preliminary communication gaps identified this far and lessons learnt during the implementation of the first strategic plan, the key communication priorities for this strategic plan are:

- (i) Developing and implementing mechanisms for the provision of timely, accurate, clear, objective and complete information about the institution, its policies, programmes and services.
- (ii) Increasing and widening stakeholder awareness, knowledge of UHI and its interventions, to foster stakeholder and public understanding, appreciation and support.
- (iii) Exploring and harnessing opportunities for UHI to take the leadership of the communication and information management role on matters related cardiovascular services.



- (iv) Enhancing communication programming at UHI to ensure that communication is prioritized, strategically planned for, resourced and communication activities are separately monitored and evaluated.
- (v) Strengthening UHI's institutional communication structure to co-ordinate, manage and ensure timely and more robust communication to promoting equal opportunities for all.
- (vi) Continuously monitoring stakeholder opinions, views and attitudes about UHI.
- (vii) Establishing and harnessing feedback mechanisms for improved communication and monitoring of communication centered interventions.
- (viii) Establishing a monitoring and evaluation framework as well as conduct periodic media monitoring and evaluation to ensure efficiency and effectiveness of message delivery of institutional policies programs and activities.

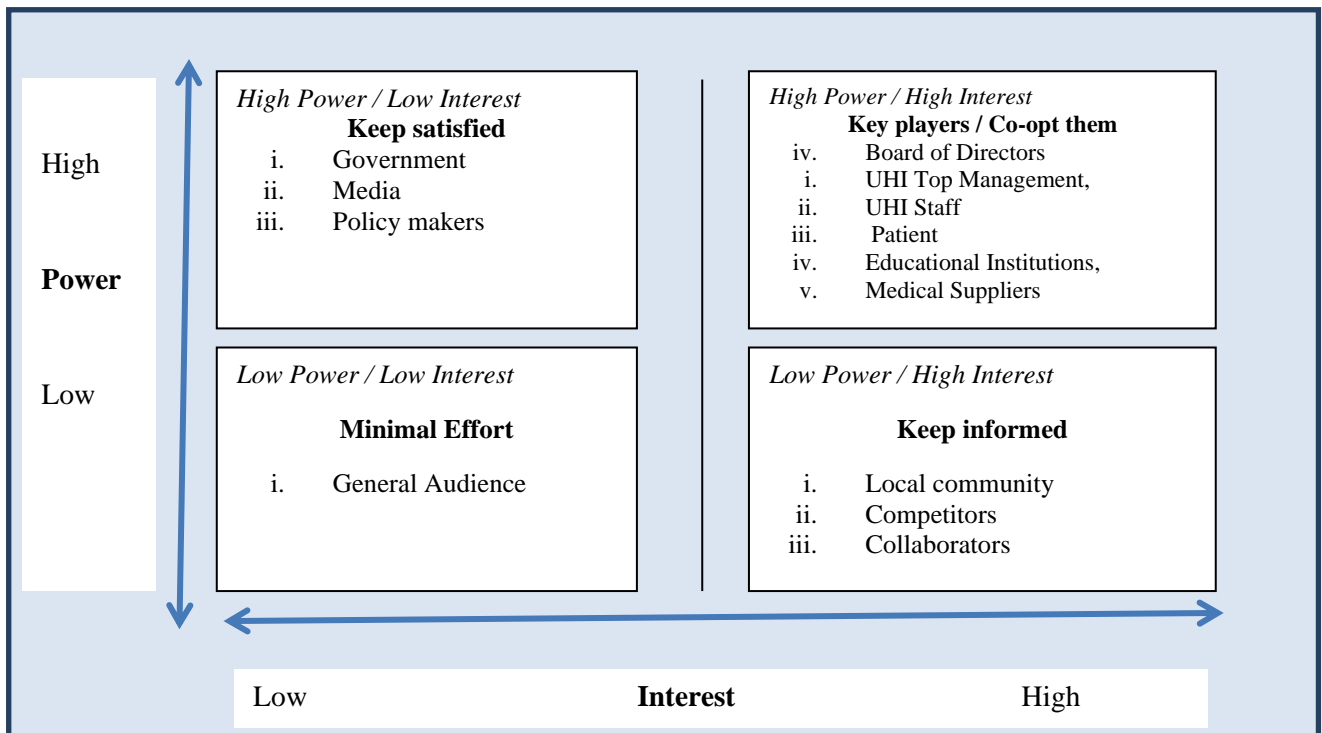
6.4 IMPLEMENTATION OF COMMUNICATION PRIORITIES

The regular implementation of this strategy will be the responsibility of the PR & Communications Department of the UHI. Nonetheless, for effective communication all the key players including the management of UHI and employees will have a shared responsibility. As earlier noted, a detailed communication strategy and action plan will be developed in the first year of the strategic plan to expound on the identified communication strategies preceded by a comprehensive communication needs assessment. This will ensure that, the priorities identified in this plan are effectively and efficiently budgeted for, implemented, monitored and evaluated.

UHI will also develop a communication chart, effectively integrating the roles of various stakeholders at the internal level. UHI will build and maintain an efficient Management Information System (MIS) so as to ensure the safety, credibility, organization and user-friendliness of organizational information. Specifically, UHI will prioritize, set up and maintain an online resource centre, data bank and an archive with online sharable capabilities for user friendliness by the external stakeholders. This will be supplemented by the traditional communication channels that will include; the press (radio, TV and print media), IEC materials, and public relations events.

UHI will also undertake detailed stakeholder mapping, determine their power/influence on the organization as well as their interest in the services and functions of UHI and determine appropriate engagement actions.

Figure 10: Stakeholder Mapping and Response mechanism





SECTION SEVEN: RISK MANAGEMENT

This section entails a risk management plan, risk profile, clarifies the staff who are responsible throughout the process from identification to resolution and specifies how the risk will be considered, prioritized and managed within UHI.

7.1 NEED FOR RISK MANAGEMENT

Deployment of healthcare risk management has traditionally focused on the important role of patient safety and the reduction of medical errors that jeopardize an organization's ability to achieve its mission and protect against financial liability. But with the expanding role of healthcare technologies, increased cybersecurity concerns, the fast pace of medical science, and the industry's ever-changing regulatory, legal, political, and environmental climate, healthcare risk management has become more complex over time.

For these reasons, hospitals and other healthcare systems are expanding their risk management programs from ones that are primarily reactive and promote patient safety and prevent legal exposure, to ones that are increasingly proactive and view risk through the much broader lens of the entire healthcare ecosystem. UHI will face a number of risks which will potentially affect achievement of its Vision. These risks could have an impact on the: -

- safety of patients, staff or the public;
- ability to deliver services and care;
- quality of the care that is provided;
- ability to comply with legislation, mandatory requirements and guidance;
- reputation of the UHI;
- ability to achieve objectives and meet project deadlines; and
- finances and resources of the UHI.

UHI will be able to appropriately respond to, and prioritise the risks that it faces if it identifies them and considers how it is going to manage them. This process is known as "Risk Assessment". By employing risk management, UHI proactively and systematically safeguards patient safety as well as the organization's assets.

Risk assessments must be *suitable* and *sufficient*. There is a specific legal requirement under the Public Finance and Management Act 2015 to carry out a suitable and sufficient assessment of the risks of employees and anyone else who may be affected by activities of the UHI.

Once assessed any action required to further manage the risk should be identified and these actions should be considered in the appropriate forums where they will be prioritized. Where risks present a moderate, high or extreme risk to UHI they



should be recorded on the appropriate risk register. This will assist with the prioritization of actions. The completion of risk assessments and the management of risk registers form part of the risk management arrangements within the UHI.

This process will help management recognize the risks it is facing, perform risk assessments, and develop strategies to mitigate risks using management resources available to them.



Table 12: Summary of Risk Profile at UHI

Risks	Risk Category	Root cause	Magnitude of risk	Mitigation measures Action(s)	Risk indicators	Responsible Person
Shortfall in Non-Tax Revenue collection	Financial	Reduction in number of patients who come for heartcare services at Out patients Department (OPD). Reduced number of heart operations.	High	Comprehensive management reporting, monitoring and action against KPIs. Improvement in internal control systems of segregation of duties and banking cash collected. Increase in revenue generating activities like main operations and admissions, consultations etc.	Reduced number of patients at the OPD.	M&E Committee Clinical Departments
I.T risks including HMIS implementation. Risks of loss of internet connectivity	Strategic External	Lack of service contract Ongoing renovation activities at Mulago affecting internet cable	High	Actively participate in I.T policy and enact an organization wide security policy, renewal of service contract, training of users and updating of contracts committee	Loss of critical data. Delays in service delivery. Interruption of operational activities including administrative activities.	I.T Department
Patient harm	Operational	Human errors/ equipment failure/ patient's condition.	Medium	Monthly monitoring and prompt response to incidents, complaints, etc.	Change (increase) in number of admissions, deaths etc.	Clinical Departments
Impact of no new building /home for UHI and Infrastructure / Capital Works Funding	Strategic	No funding	High	Government Intervention Strong capital planning process that considers priorities and funding	Storage space challenges Reduced office space	Top Management



				<p>opportunities</p> <p>Targeted Equipment</p> <p>Grants annually</p> <p>Capital development processes in place.</p>	<p>Reduced heart operations</p> <p>Reduced/ limited number of admission beds and patients</p> <p>Reduction in the provision of heart care services and open and closed heart care services.</p> <p>Reduction in revenue collection due to reduced number of admissions/beds</p> <p>Low motivation of staff and Critical care staff and high staff turnover.</p>	
Risk of power failure and fluctuations.	Power regulations	External risk	High	<p>Provision of a backup.</p> <p>Business contingency for loss of service or service disruption</p> <p>Analysis and response to ongoing equipment and physical needs</p>	<p>Expiries in the laboratory</p> <p>Damage of electrical appliances and medical equipment</p> <p>Disruption of services in the departments including theatre.</p>	Administration
Over commitment/ domestic arrears	Financial	Unfunded priorities	High	<p>Strategic planning that considers priorities.</p> <p>Ensure procurement plans and PPDA is followed in the procurement of goods and services.</p> <p>Requests for supplementary budgets in time.</p>	<p>Failure to pay suppliers.</p> <p>litigations by service providers</p> <p>loss of public/ supplier confidence</p>	Finance Department
Unfunded procurements of critical sundries for operation of patients.	External	Budget cuts	High	<p>Weekly monitoring, weekly reporting of sundries and usage Strategic planning Management of theatre lists (backfilling)</p>	<p>No achievement of funded target.</p> <p>Cancelled operations.</p> <p>Reduction in revenue.</p> <p>loss of reputation/ public confidence in UHI services</p>	Procurement Department



					Loss of Community Confidence (waiting list grows), Impact to staff morale, absenteeism / skilled staff medical personnel turnover	
Risks of long hours of patients waiting for Echo since each echo machine takes 30 minutes.	Operational	Low funding	High	Plans to procure more Echo machines at Peadiatric department. revise the budget allocations to departments	Reduction in number of patients being attended to. loss of public confidence	Clinical Department
Risk of theft of drugs and sundries and other assets.	Operational	Lack of storage space resulting into storage in the open.	High	All staff and medical personnel should follow guidelines. Ensure drugs are stored in locked and safe places. storage and access Limited to authorized personnel	Poor records and accountability for usage of stock.	Stores
Risks of misuse and abuse of drugs. Patients take medicines for a shorter time than prescribed and then give or sell the balance to others. Patients write their own prescription. Risks of expiries of drugs and sundries.	Operational External risks/ operational	Use of medicine without supervision Supply of medicine with short shelf lives/ delays in the procurement cycles and delivery by suppliers .	Medium High	Clinicians and all medical personnel should put measures in place to prevent misuse by strictly following guidelines for Storage and dispensing of medicines with high potential for misuse and abuse. Improvement in the procurement process/liase with suppliers in time / donate to relevant health facilities/daily stock takes to monitor expiries.	Drug resistance Over or under dosing Loss of life Patients or staff may become addicted to some of the medicines. The patient not being cured and the disease becoming more complicated and more Difficult to treat.	Pharmacy/Stores/ Laboratory/ Inventory Management Committee
Risks of loss of skilled and knowledgeable staff	Operational	Low pay compared to salaries offered	High	Improve on the human resource structure. UHI is developing a human resource structure with improved	Low staff morale/ low motivation	Top management



		by other international institutions/hospitals due to low funding		<p>salary scales.</p> <p>An additional monthly professional allowance to the salary and other incentives like fuel and transport refund is being provided to staff.</p> <p>Medical insurance has been introduced for staff.</p>		
The risks of so many refunds of open-heart surgeries	External	Resulting into reduced revenue collected visavis planned revenue.	High	The departmental heads should revise the budgets.	Reduction in number of patients scheduled for operations	Economist/top management
Risks of medical equipment breakdown	Operational	Results into reduction in operation/ activities. Eg anesthesia machine	High	<p>All staff using medical equipment should take precaution in handling them.</p> <p>Staff should be oriented in the basics of equipment handling.</p> <p>Head biomedical should maintain records of maintenance report.</p> <p>A back up for all major medical equipment should be provided by UHI.</p>	<p>Frequent servicing.</p> <p>Halting of operations/ activities in the main operating theatre and wards.</p>	Head Biomedical



7.4 KEY RISK MANAGEMENT INTERVENTIONS

- i. The risk of shortage of sundries, drugs and reagents has been mitigated through review of the plans, improvement in the procurement system by submitting requirements by users in time. Monitoring of usage of drugs and sundries has been improved by constituting an inventory management committee that is active on the ground.
- ii. Quarterly stock takes by the pharmacy department to monitor usage, expiry and stockouts.
- iii. Risks of lack of space to carryout UHI activities is being mitigated by shifting some of the services(wards), from Uganda Cancer Institute (UCI) building to block 6 in Mulago.
- iv. Risks of staff turnover is being mitigated by improved motivation through a professional allowance provided in addition to the monthly salary for all staff.
- v. Risks of power fluctuations that have resulted into expiries in the laboratory have been mitigated through provision of backups.
- vi. Recruitment and training of more super specialised staff has been done.
- vii. Enhancement of research in heartcare has been done to improve on funding mechanisms. The number of researchers has increased and grants are being obtained.
- viii. It is important to include the Board in the process of Insights on governance, risk and compliance External risks Insights on governance, risk and compliance validation of identified external risks.
- ix. Management that is engaged in the day-to-day operations of the business may have a difficult time considering the external forces that could disrupt the strategy. However, the Board can bring along-term perspective to the consideration of external risks.



SECTION EIGHT: MONITORING AND EVALUATION FRAMEWORK

8.1 MONITORING AND EVALUATION ARRANGEMENTS

To successfully implement this Plan, an adequate Monitoring and Evaluation (M&E) framework has been developed as shown in Annex 4. The monitoring and evaluation framework will enable UHI to measure performance against set standards so as to ensure effective implementation of the set goals and objectives.

The monitoring and evaluation process will involve preparation of annual work plans by each Directorate and Department of UHI. The work plans will be linked to the goals and objectives documented in the costed implementation matrix. In addition, the work plans will be cascaded to individual officers' work plans which will then be linked to the UHI's performance management system. The following actions will be undertaken to ensure successful implementation of the Plan:

- i. Management will create an M & E implementation committee to monitor and report on the implementation of the Plan
- ii. The M & E implementation committee will report quarterly to the Executive Director on the progress of the Plan implementation
- iii. Heads of Department will hold monthly meetings, to review status of the Plan implementation as it relates to their respective departments in addition to identifying areas requiring strategy change. They will then prepare and submit quarterly reports to the M & E implementation committee on the progress made in the implementation of the Plan
- iv. The Executive Director will present to the Board updates on implementation of the Plan on a quarterly basis
- v. There will be an annual, mid and end of term review of the Plan to ensure that it is updated in line with changes in UHI and its operating environment.

Progress Reporting

Quarterly progress reporting will be undertaken under the coordination of the M& E Department. All heads of Department will be expected to produce quarterly progress reports and submit to the M& E Department for consolidation and further analysis.

Annual Performance Review

Annual performance reviews will be undertaken and reports produced to inform implementation. The reports will feed into the Health Sector annual performance reports.

Mid -term Evaluation

The Institute will undertake an independent mid-term (2 and a half years)



review of the performance of the Strategic Plan to establish if the Institute is on track in attaining its set goals and targets.

End of Term Evaluation

An end of term independent evaluation will be undertaken at the end of the five years to assess progress of implementation and attainment of the targets.



ANNEXES

ANNEX ONE: PROGRESS ON OBJECTIVES OVER THE REPORTING PERIOD

Performance Indicators	Target	Actual FY 2015/16	Actual FY 2016/17	Actual FY 2017/18	Actual FY 2018/19	Actual FY 2019/20	Total Performance
Objective 1: To enhance health promotion and prevention of cardiovascular disease (Average Weighted Score 62.60%)							
Communication strategy developed	100%	30%					30%
Number of public awareness campaigns (through media)	125	98%					123
Number of Health days/camps participated in by UHI	53	75%					40
Number of community outreaches carried out (RRHs)	128	38%					49
Objective 2: To increase institutional effectiveness and efficiency in delivery of cardiovascular services (Average Weighted Score 39%)							
Strategic Intervention: Construct a state of the art UHI Headquarters							
Funding for the project obtained	100%		0%				0%
Revised designs and specifications	100%		40%				40%
Space requirements for UHI defined	100%		70%				70%
Contractor and project supervisor procured	100%		0%				0%
Strategic intervention: Improve the UHI human resource structure, staffing and welfare							
Reviewed and approved staff structure	100%	55%					55%
Reviewed and approved terms and conditions of service	100%		50%				50%
Approved human resource budget	100%	100%					100%
HR manual developed	100%	50%					50%
Number of filled posts vs total establishment	500	41%					205
Strategic intervention: Train and develop human resource for effective delivery of cardiovascular services							
Training needs assessment report completed	80%		20%				20%
Comprehensive training program developed	100%	30%					30%
Approved training budget	100%	100%					100%
Number of staff trained	95		56%				53
Monitoring and evaluation	100%		0%				0%



Performance Indicators	Target	Actual FY 2015/16	Actual FY 2016/17	Actual FY 2017/18	Actual FY 2018/19	Actual FY 2019/20	Total Performance
tool developed and approved							
Strategic intervention: Increase UHI funding and financial sustainability (Average Weighted Score 35%)							
Business plan approved	100%	20%					20%
Funds obtained from grants and donations (UGX BN)	10.0	35%					3.459
Funds obtained from Consolidated Fund (UGX BN)	167	39%					64.674
Funds obtained as gov't concessional loans	273.5	0%					-
Funds obtained from NTR (UGX BN)	24	100%					24
Objective Three: To provide quality, equitable and accessible cardiovascular services to both local and international clients (Average Weighted Score 64%)							
Strategic intervention: Scale up the number of patients receiving cardiovascular services							
Number of OPD patients attended to annually	154,000	53%					81,980
Number of adult cardiac catheterization procedures done	2,400	55%					1,328
Number of paediatric cardiac catheterization procedures done	900	56%					502
Number of adult open heart and closed heart surgeries done	700	45%					312
Number of paediatric open heart and closed heart surgeries done	330	115%					380
Proportion of post-procedural patients followed up	100%	97%					97%
Strategic interventions: Improve access to cardiovascular services							
Roll-out plan for the regional cardiac services completed.	100%	40%					40%
Strategic Intervention: Obtain ISO certification for UHI							
Process of ISO certification completed	80%	20%					20%
Objective Four: To carry out clinical and operational research in cardiovascular disease and its management (Average Weighted Score 71%)							
Number of publications	80	70%					56
Number of UHI staff recruited and trained in research	30	97%					29
Research and grants unit established	80%	40%					40%
Number of research grants	6	83%					5
A certified research and	100%	50%					50%



Performance Indicators	Target	Actual FY 2015/16	Actual FY 2016/17	Actual FY 2017/18	Actual FY 2018/19	Actual FY 2019/20	Total Performance
ethics committee							
Objective Five: To regulate quality of cardiovascular care in Uganda (Average Weighted Score 44%)							
Proportion of cardiovascular care regulatory standards developed and accepted in Uganda	100%	50%					50%
Number of awareness sessions held	10	20%					2 (RRHs and Kisubi)
Level of compliance with the available cardiovascular care standards	60%	50%					50%



ANNEX TWO: SUMMARY OF BUDGET ALLOCATION BY SOURCE

CLASSIFICATION	FY 2020/21		FY 2021/22		FY 2022/23		FY 2023/24		FY 2024/25	
	GOU	DONOR	GOU	DONOR	GOU	DONOR	GOU	DONOR	GOU	DONOR
WAGE	4,750,000,000	250,000,000	7,125,000,000	375,000,000	9,262,500,000	487,500,000	11,115,000,000	585,000,000	13,338,000,000	702,000,000
Non-Wage Staff Costs (NSSF+Gratuity)	1,900,000,000	100,000,000	2,850,000,000	150,000,000	3,705,000,000	195,000,000	4,446,000,000	234,000,000	5,335,200,000	280,800,000
Non-Wage Other	8,447,400,000	444,600,000	18,000,571,500	947,398,500	23,492,740,000	1,236,460,000	28,743,694,000	1,512,826,000	34,058,609,600	1,792,558,400
Total Recurrent	15,097,400,000	794,600,000	27,975,571,500	1,472,398,500	36,460,240,000	1,918,960,000	44,304,694,000	2,331,826,000	52,731,809,600	2,775,358,400
Total Development	4,417,500,000	232,500,000	100,728,500,000	5,301,500,000	99,679,700,000	5,246,300,000	102,171,550,000	5,377,450,000	71,043,850,000	3,739,150,000
Total Budget	19,514,900,000	1,027,100,000	128,704,071,500	6,773,898,500	136,139,940,000	7,165,260,000	146,476,244,000	7,709,276,000	123,775,659,600	6,514,508,400



ANNEX THREE: COST IMPLEMENTATION MATRIX

Output	Timeframe					Total
	FY 2020/21	FY2021/22	FY 2022/23	FY2023/24	FY2024/25	
Objective One: To strengthen health promotion and prevention of cardiovascular disease						
Strategic Intervention 1: Undertake a national cardiovascular disease prevention programme						
Communication strategy developed				575,880,000		575,880,000
TV talk shows on cardiovascular care conducted	20,000,000	20,000,000	22,000,000	30,000,000	50,000,000	142,000,000
Radio talk shows on cardiovascular care conducted	10,000,000	15,000,000	18,000,000	25,000,000	35,000,000	103,000,000
Newspaper publications on cardiovascular care	10,000,000	15,000,000	18,000,000	25,000,000	35,000,000	103,000,000
Health camps participated in by UHI	25,000,000	30,000,000	35,000,000	40,000,000	60,000,000	190,000,000
Outreaches carried out	100,000,000	150,000,000	180,000,000	220,000,000	300,000,000	950,000,000
Strategic Intervention 2: National cardiovascular diseases surveillance, risk assessment and management across all age groups						
Risk awareness surveys conducted		20,000,000	50,000,000	80,000,000	100,000,000	250,000,000
Sub-Total - Objective One	140,000,000	250,000,000	323,000,000	995,880,000	580,000,000	2,288,880,000
Objective Two: To enhance institutional effectiveness and efficiency to meet the growing demand for cardiovascular services						
Strategic Intervention 1: Construct a state-of-the-art UHI Headquarters						
Project designs reviewed	150,000,000	150,000,000				300,000,000
Construction and equipping of UHI Headquarters completed		70,722,000,000	71,719,000,000	75,430,000,000	43,500,000,000	261,371,000,000
Strategic Intervention 2: Physical Infrastructure development and improvement						
Pediatric Wing at Mulago UHI renovated space established			8,000,000,000	10,000,000,000	6,000,000,000	24,000,000,000



Output	Timeframe					Total
	FY 2020/21	FY2021/22	FY 2022/23	FY2023/24	FY2024/25	
Additional land acquired for UHI for future expansion of CVS to comprehensively cover clinical, research, and training functions.		5,000,000,000	5,000,000,000			10,000,000,000
Strategic Intervention 3: Equipment Improvement and replacement						
Medical and non-medical equipment procured	4,500,000,000	6,158,000,000	8,207,000,000	9,119,000,000	11,283,000,000	39,267,000,000
Cath lab equipment replaced		12,000,000,000				12,000,000,000
Strategic Intervention 4: Invest in an appropriate ICT infrastructure to support UHI functions.						
A functional automated medical and patient records management system	100,000,000	150,000,000	195,000,000	234,000,000	280,800,000	959,800,000
Telemedicine system upgraded;	1,000,000,000	1,500,000,000	1,950,000,000	2,340,000,000	2,808,000,000	9,598,000,000
Strategic Intervention 5: Attract, recruit and retain CVD super specialists, CVD nurses, allied health professionals and non-clinical staff to fill the huge human resource gap and build an effective workforce						
Wage budget increased	4,600,000,000	7,500,000,000	9,750,000,000	11,700,000,000	14,040,000,000	47,590,000,000
HR manual developed and approved	100,000,000					30,000,000
Increased number of staff	20,000,000	25,000,000	30,000,000	35,000,000	40,000,000	150,000,000
Training needs assessment conducted		50,000,000				50,000,000
Approved training budget	500,000,000	3,000,000,000	3,900,000,000	4,680,000,000	5,616,000,000	17,696,000,000
Continuous professional development conducted	120,000,000	180,000,000	234,000,000	280,800,000	336,960,000	1,151,760,000
Sub-Total - Objective Two	11,090,000,000	106,435,000,000	108,985,000,000	113,818,800,000	83,904,760,000	424,233,560,000
Objective Three: To increase access to quality and equitable cardiovascular services to both local and international clients						
Strategic Intervention 1: Enhance Cardiovascular services at UHI						
OPD patients with cardiovascular disease attended to	400,000,000	480,000,000	576,000,000	691,200,000	829,440,000	2,976,640,000



Output	Timeframe					Total
	FY 2020/21	FY2021/22	FY 2022/23	FY2023/24	FY2024/25	
Inpatients attended to	300,000,000	360,000,000	432,000,000	518,400,000	622,080,000	2,232,480,000
Wellness clinic established		200,000,000	240,000,000	288,000,000	345,600,000	1,073,600,000
Cardiac catheterization procedures done	4,000,000,000	4,800,000,000	5,760,000,000	6,912,000,000	8,294,400,000	29,766,400,000
Open heart surgeries done	3,000,000,000	3,600,000,000.0	4,320,000,000.0	5,184,000,000.0	6,220,800,000.0	22,324,800,000
Monthly morbidity and mortality meetings held	12,000,000	18,000,000	23,400,000	28,080,000	33,696,000	115,176,000
ISO certification plan developed and implemented	200,000,000	200,000,000	240,000,000	288,000,000		928,000,000
Strategic Intervention 2: Expand regional access to cardiovascular services						
Roll-out plan for the regional cardiac services finalized and operationalized		143,970,000				143,970,000
Diagnostic services offered		4,500,000,000	5,850,000,000	7,020,000,000	8,424,000,000	28,794,000,000
Regional cardiac centres within regional referral hospitals (Jinja, Mbarara, Gulu and Masaka) established		12,000,000,000	12,000,000,000	13,000,000,000	14,000,000,000	51,000,000,000
Sub-Total - Objective Three	7,912,000,000	26,301,970,000	29,441,400,000	33,929,680,000	38,770,016,000	136,355,066,000
Objective Four: To expand research and training in cardiovascular services						
Strategic Intervention 1: Enhance cardiovascular research, evidence generation and innovation to inform national cardiovascular care and control, policy development and implementation						
Research publications by UHI staff	600,000,000	1,000,000,000	1,500,000,000	2,000,000,000	3,000,000,000	8,100,000,000
Research and grants unit established			780,000,000	936,000,000	1,123,200,000	2,839,200,000
UHI staff recruited and trained in research		66,000,000	85,800,000	102,960,000	123,552,000	378,312,000



Output	Timeframe					Total
	FY 2020/21	FY2021/22	FY 2022/23	FY2023/24	FY2024/25	
A certified research and ethics committee established		50,000,000	60,000,000	72,000,000	86,400,000	268,400,000
Strategic Intervention 2: Promote shared learning and knowledge management of locally produced medical products, expertise and initiatives for enhanced regional and international impact						
Cardiovascular research findings shared in scientific conferences		100,000,000	300,000,000	400,000,000	500,000,000	1,300,000,000
Policy papers on cardiovascular research developed			100,000,000	100,000,000		200,000,000
Strategic Intervention 3: Enhance training and staff development						
Training to a broad category of health care professionals conducted	800,000,000	1,000,000,000	1,200,000,000	1,440,000,000	1,728,000,000	6,168,000,000
Sub-Total - Objective Four	1,400,000,000	2,216,000,000	4,025,800,000	5,050,960,000	6,561,152,000	19,253,912,000
Objective Five: To Manage and oversee cardiovascular services in the country						
Strategic Intervention 1: Enhance compliance to cardiovascular standards and improve quality of care						
UHI regulatory standards developed			200,000,000			200,000,000
Service and service delivery standards and protocols developed		45,000,000	50,000,000	70,200,000	84,240,000	249,440,000
Awareness sessions held		50,000,000	60,000,000	70,000,000	80,000,000	260,000,000
Strategic Intervention 2: Enhance support supervision to lower public and private facilities						
Supervision visits conducted		80,000,000	100,000,000	110,000,000	150,000,000	440,000,000
On-job training and mentorship programmes to lower facilities		100,000,000	120,000,000	140,000,000	160,000,000	520,000,000
Sub-Total - Objective Five	0	275,000,000	530,000,000	390,200,000	474,240,000	1,669,440,000
GRAND TOTAL	20,542,000,000	135,477,970,000	143,305,200,000	154,185,520,000	130,290,168,000	583,800,858,000



ANNEX FOUR: MONITORING AND EVALUATION FRAMEWORK

OVERALL GOAL: *To Reduce the Burden of Cardiovascular Disease in the Country*

Strategic Intervention	Output	Performance Indicators	Baseline	Target (FY)					Means of verification	Assumptions	Responsible Party
				2020/21	2021/22	2022/23	2023/24	2024/25			
Objective 1: To strengthen health promotion and prevention of cardiovascular disease											
Undertake a national cardiovascular disease prevention programme	Communication strategy developed	% completion of communication strategy	30%				100%		<ul style="list-style-type: none"> UHI Communication strategy document 	<ul style="list-style-type: none"> Availability of funding Presence of a Community Health department 	<ul style="list-style-type: none"> Public Relations Community Health Department
	TV talk shows on cardiovascular care conducted	Number of TV talk shows	15	10	22	25	30	40	<ul style="list-style-type: none"> Activity Reports 	<ul style="list-style-type: none"> Availability of funding Availability of Government Free air time 	<ul style="list-style-type: none"> Public Relations
	Radio talk shows on cardiovascular care conducted	Number of radio talk shows	10	10	25	30	35	40	<ul style="list-style-type: none"> Activity Reports 	<ul style="list-style-type: none"> Availability of funding Availability of Government Free air time 	<ul style="list-style-type: none"> Public Relations Officer
	Newspaper publications on cardiovascular care	Number of newspaper publications	5	5	15	20	25	30	<ul style="list-style-type: none"> Newspaper articles 	<ul style="list-style-type: none"> Availability of funding 	<ul style="list-style-type: none"> Public Relations
	Health camps participated in by UHI	Number of Health camps participated in by UHI	5	3	5	5	7	10	<ul style="list-style-type: none"> Activity Reports 	<ul style="list-style-type: none"> Availability of funding Willingness of institutions to organize health camps 	<ul style="list-style-type: none"> Outreach Committee Public Relations
	Outreaches	Number of	13	5	16	20	25	36	<ul style="list-style-type: none"> Activity 	<ul style="list-style-type: none"> Availability of 	<ul style="list-style-type: none"> Outreach



Strategic Intervention	Output	Performance Indicators	Baseline	Target (FY)					Means of verification	Assumptions	Responsible Party
				2020/21	2021/22	2022/23	2023/24	2024/25			
	carried out	support supervision visits to RRHs							reports	<ul style="list-style-type: none"> Availability of skilled manpower 	Committee
		Number of visits to schools, training institutions and work places	-	10	50	50	50	50	<ul style="list-style-type: none"> Activity reports 	<ul style="list-style-type: none"> Availability of funding Availability of skilled manpower 	<ul style="list-style-type: none"> Outreach Committee Public Relations Officer
National cardiovascular diseases surveillance, risk assessment and management across all age groups	Risk awareness surveys conducted	Number of risk surveys conducted	-		1	1	2	2	<ul style="list-style-type: none"> Questionnaires Reports 	<ul style="list-style-type: none"> Availability of funding Availability of skilled manpower 	<ul style="list-style-type: none"> Public Relations Research department
		Carryout annual cardiovascular disease incidence and prevalence assessments	-		1	1	1	1	<ul style="list-style-type: none"> Questionnaires Reports 	<ul style="list-style-type: none"> Availability of funding Availability of skilled manpower 	<ul style="list-style-type: none"> Public Relations Research department
		Report and publish annual cardiovascular disease incidence and prevalence		-		1	1	1	1	<ul style="list-style-type: none"> Report on cardiovascular disease incidence and prevalence 	<ul style="list-style-type: none"> Availability of funding Availability of skilled manpower
Objective 2: To enhance institutional effectiveness and efficiency to meet the growing demand for cardiovascular services											
Construct a	Funding for the	% of funding	-		25%	55%	80%	100%	<ul style="list-style-type: none"> Financial 	<ul style="list-style-type: none"> Availability of 	<ul style="list-style-type: none"> Project



Strategic Intervention	Output	Performance Indicators	Baseline	Target (FY)					Means of verification	Assumptions	Responsible Party
				2020/21	2021/22	2022/23	2023/24	2024/25			
state-of-the-art UHI Headquarters	project obtained	for the project obtained							statements ▪ Signed agreement	funding partners	Preparation Committee
	Project designs reviewed	Percentage of project designs requirements for UHI defined	70%	100%					▪ Project design document	▪ Availability of funding	▪ Project Preparation Committee
	Contractor procured	Contractor procured	-		100%				▪ Signed contract	▪ Availability of funding	▪ Project Preparation Committee
	Project supervisor procured	Project supervisor procured	-		100%				▪ Signed contract	▪ Availability of funding	▪ Project Preparation Committee
	Construction works completed	Proportion of construction works completed	-				100%		▪ Completion certificate	▪ Availability of funding	▪ Project Preparation Committee
	UHI headquarters fully equipped	Equipped UHI headquarters	-					100%	▪ Delivery notes from the suppliers	▪ Availability of funding	▪ Project Preparation Committee
Physical Infrastructure development and improvement	Pediatric Wing at Mulago UHI renovated space established	% completion of the Pediatric Wing at Mulago UHI renovated space			50%	75%	100%		Completion report/certificate	▪ Availability of funding Availability of space	Project Preparation Committee
	Additional land acquired for UHI for future	Land acquired	-				Yes		▪ Land title	▪ Availability of funding	▪ Project Preparation Committee



Strategic Intervention	Output	Performance Indicators	Baseline	Target (FY)					Means of verification	Assumptions	Responsible Party
				2020/21	2021/22	2022/23	2023/24	2024/25			
	expansion of CVS to comprehensively cover clinical, research, and training functions.										
Equipment Improvement and replacement	Medical and non-medical equipment procured	Proportion of planned equipment procured	60%	65%	70%	75%	80%	85%	<ul style="list-style-type: none"> Procurement report 	<ul style="list-style-type: none"> Availability of funding 	<ul style="list-style-type: none"> Procurement department
	Cath lab equipment replaced	New cath lab installed	-			Yes			<ul style="list-style-type: none"> Completion certificate 	<ul style="list-style-type: none"> Availability of funding 	<ul style="list-style-type: none"> Adult cardiology department
Invest in an appropriate ICT infrastructure to support UHI functions.	A functional automated medical and patient records management system	% functionality of the electronic medical and patient records system	50%	50%	75%	80%	85%	90%	<ul style="list-style-type: none"> Performance reports 	<ul style="list-style-type: none"> Availability of funding Skilled manpower 	<ul style="list-style-type: none"> I.T/Records
	Telemedicine system upgraded;	Functionality of the telemedicine system	-		100%				<ul style="list-style-type: none"> Performance reports 	<ul style="list-style-type: none"> Availability of funding Skilled manpower 	<ul style="list-style-type: none"> I.T/Head, Clinical Services
Attract, recruit and retain CVD super specialists, CVD nurses, allied health professionals	Reviewed and approved terms and conditions of service	% approved terms and conditions of service	-		100%				<ul style="list-style-type: none"> Schemes of service 	<ul style="list-style-type: none"> Presence of an active BOD Availability of funding 	HR
	Wage budget increased	Proportion of staff redesignated	-		50%	100%	100%	100%	<ul style="list-style-type: none"> Appointment letters 	<ul style="list-style-type: none"> Approved staff structure 	<ul style="list-style-type: none"> HR



Strategic Intervention	Output	Performance Indicators	Baseline	Target (FY)					Means of verification	Assumptions	Responsible Party
				2020/21	2021/22	2022/23	2023/24	2024/25			
and non-clinical staff to fill the huge human resource gap and build an effective workforce		% of wage budget acquired		15%	30%	33%	50%	50%	<ul style="list-style-type: none"> Approved annual budget 	<ul style="list-style-type: none"> Availability of funding 	<ul style="list-style-type: none"> HR
	HR manual developed and approved	HR manual developed	50%	100%					<ul style="list-style-type: none"> HR Manual 	<ul style="list-style-type: none"> Availability of enabling laws 	<ul style="list-style-type: none"> HR
	Increased number of staff	Number of filled posts	205	220	270	340	430	500	<ul style="list-style-type: none"> Appointment letters 	<ul style="list-style-type: none"> Availability of funding On time recruitment 	<ul style="list-style-type: none"> HR
	Reduced number of staff leaving (attrition rate)	% of staff leaving (attrition rate)	2%	2%	1.8%	1.5%	1.0%	0.5%	<ul style="list-style-type: none"> Resignation letters 	<ul style="list-style-type: none"> Attractive terms and conditions of service 	<ul style="list-style-type: none"> HR
	Training needs assessment conducted	Training report implemented	-		100%				<ul style="list-style-type: none"> Needs Assessment report 	<ul style="list-style-type: none"> Willingness to train Presence of skills gap 	<ul style="list-style-type: none"> HR Officer
	Approved training program	Comprehensive training program developed	-		50%	100%			<ul style="list-style-type: none"> Approved training plan 	<ul style="list-style-type: none"> Availability of funding Willingness of staff to train 	<ul style="list-style-type: none"> HR
	Approved training budget	% of training budget approved	-	20%	65%	80%	100%	100%	<ul style="list-style-type: none"> Approved training budget 	<ul style="list-style-type: none"> Availability of funding 	<ul style="list-style-type: none"> HR
	Continuous professional development conducted	number of staff trained	77	80	90	150	175	200	<ul style="list-style-type: none"> Training curriculum Training reports 	<ul style="list-style-type: none"> Availability of funding 	<ul style="list-style-type: none"> HR
Increase UHI funding	Business plan for UHI	% completion of UHI business	-		100%				<ul style="list-style-type: none"> Business plan for 	<ul style="list-style-type: none"> Availability of funding 	<ul style="list-style-type: none"> Finance Committee



Strategic Intervention	Output	Performance Indicators	Baseline	Target (FY)					Means of verification	Assumptions	Responsible Party
				2020/21	2021/22	2022/23	2023/24	2024/25			
	developed	plan							UHI headquarters	<ul style="list-style-type: none"> Skilled manpower 	
	Alternative sources of funding identified	Funds obtained from grants (UGX BN)	5	2	3	5	8	10	<ul style="list-style-type: none"> MOUs Research proposals and publications 	<ul style="list-style-type: none"> Conducive environment to attract grants 	<ul style="list-style-type: none"> Research Department
Funds obtained from donations (UGX BN)		1	2	6	7	8	9	<ul style="list-style-type: none"> MOUs Research proposals and publications Donation certificate 	<ul style="list-style-type: none"> Conducive environment to attract donations 	<ul style="list-style-type: none"> Finance 	
Funds obtained from Consolidated Fund (UGX BN)		13	20	58	64	70	80	<ul style="list-style-type: none"> Approved budget 	<ul style="list-style-type: none"> Availability of funding Availability of skilled manpower 	<ul style="list-style-type: none"> Finance/Planning Departments 	
Funds obtained as gov't concessional loans				70.722	71.719	75.430	43.5	<ul style="list-style-type: none"> Loan agreement 	<ul style="list-style-type: none"> Availability of funders 	<ul style="list-style-type: none"> Finance Department 	
Funds obtained from NTR (UGX BN)		6.0	6.0	8.0	10.0	12.0	15.0	<ul style="list-style-type: none"> Financial reports 	<ul style="list-style-type: none"> Availability of space Availability of skilled manpower 	<ul style="list-style-type: none"> Finance Department 	
Objective Three: To increase access to quality and equitable cardiovascular services to both local and international clients											
Enhance	OPD patients	Number of OPD	22,000	20,000	20,000	25,000	30,000	40,000	<ul style="list-style-type: none"> Outpatient 	<ul style="list-style-type: none"> Adequate space 	<ul style="list-style-type: none"> Head,



Strategic Intervention	Output	Performance Indicators	Baseline	Target (FY)					Means of verification	Assumptions	Responsible Party
				2020/21	2021/22	2022/23	2023/24	2024/25			
Cardiovascular services at UHI	with cardiovascular disease attended to	patients attended to annually							nts register	<ul style="list-style-type: none"> for UHI services Availability of funding Availability of skilled manpower SOP developed 	Clinical Services
	Inpatients attended to	Number of patients admitted at UHI	2,000	1,500	3,500	4,000	4,500	5,000	<ul style="list-style-type: none"> Inpatient register 	<ul style="list-style-type: none"> Adequate space for UHI services Availability of funding Availability of skilled manpower SOP developed 	<ul style="list-style-type: none"> Head, Clinical Services
	Wellness clinic established	Number of people seeking health audits	-		7,000	9,000	12,000	15,000	<ul style="list-style-type: none"> Outpatients register 	<ul style="list-style-type: none"> Adequate space for UHI services Availability of funding Availability of skilled manpower 	<ul style="list-style-type: none"> Head, Clinical Services
	Cardiac catheterization procedures done	Number of adult cardiac catheterization procedures done	250	250	450	550	650	650	<ul style="list-style-type: none"> Cath lab register 	<ul style="list-style-type: none"> Adequate funding Fully equipped theatre Availability of skilled manpower 	<ul style="list-style-type: none"> Head, Adult cardiology
		Number of paediatric cardiac catheterization procedures done	130	150	250	300	350	350	<ul style="list-style-type: none"> Cath lab register 	<ul style="list-style-type: none"> Adequate funding Fully equipped theatre Availability of skilled manpower 	<ul style="list-style-type: none"> Head, Paediatric Cardiology
	Open heart surgeries done	Number of adult open-	30	85	85	85	85	120	<ul style="list-style-type: none"> Theatre register 	<ul style="list-style-type: none"> Adequate funding Fully equipped 	<ul style="list-style-type: none"> Head, Adult Cardiac



Strategic Intervention	Output	Performance Indicators	Baseline	Target (FY)					Means of verification	Assumptions	Responsible Party
				2020/21	2021/22	2022/23	2023/24	2024/25			
		heart surgeries done								<ul style="list-style-type: none"> theatre Availability of skilled manpower 	Surgery
		Number of adult closed heart surgeries done	50	42	50	50	50	50	<ul style="list-style-type: none"> Theatre register 	<ul style="list-style-type: none"> Adequate funding Fully equipped theatre Availability of skilled manpower 	<ul style="list-style-type: none"> Head, Adult Cardiac Surgery
		Number of paediatric open heart surgeries done	50	75	120	120	120	120	<ul style="list-style-type: none"> Theatre register 	<ul style="list-style-type: none"> Adequate funding Fully equipped theatre Availability of skilled manpower 	<ul style="list-style-type: none"> Head, Paediatric Cardiac Surgery
		Number of paediatric closed heart surgeries done	25	35	50	50	50	50	<ul style="list-style-type: none"> Theatre register 	<ul style="list-style-type: none"> Adequate funding Fully equipped theatre Availability of skilled manpower 	<ul style="list-style-type: none"> Head, Paediatric Cardiac Surgery
	Morbidity and mortality meetings held	Number of morbidity and mortality meetings	10	12	24	48	48	48	Minutes of the meetings	Availability of mortality records/documents	Head, Clinical Services
	ISO certification acquired.	% completion of ISO Certification	20%	20%	50%	75%	100%		<ul style="list-style-type: none"> ISO Certificate 	<ul style="list-style-type: none"> Availability of funding Willingness of staff to train 	<ul style="list-style-type: none"> Head, Clinical Services
		Number of tools developed	-				2	2	<ul style="list-style-type: none"> ISO certificate Tools 	<ul style="list-style-type: none"> Adequate funding 	<ul style="list-style-type: none"> Head, Clinical Services
Expand regional access to	Roll-out plan for the regional cardiac services	% completion of final regional cardiac services	-		100%				<ul style="list-style-type: none"> Regional cardiac services 	<ul style="list-style-type: none"> Availability of funding 	<ul style="list-style-type: none"> Head, Clinical Services



Strategic Intervention	Output	Performance Indicators	Baseline	Target (FY)					Means of verification	Assumptions	Responsible Party
				2020/21	2021/22	2022/23	2023/24	2024/25			
cardiovascular services	finalized and operationalized	Roll-out plan							roll out plan		
	Diagnostic services offered	Average number of ECHOs and ECGs conducted per regional center	-		5,000	7,000	10,000	12,000	<ul style="list-style-type: none"> ECHO and ECG reports 	<ul style="list-style-type: none"> Fully functioning regional cardiac centres Availability of skilled manpower 	<ul style="list-style-type: none"> Head, Clinical Services
	Regional cardiac centres within regional referral hospitals (Jinja, Mbarara, Gulu and Masaka) established	Number of Regional Cardiac centres	-		1	1	1	1	<ul style="list-style-type: none"> Project reports 	<ul style="list-style-type: none"> Availability of funding Availability of skilled manpower 	<ul style="list-style-type: none"> Head, Clinical Services
Objective Four: To expand research and training in cardiovascular services											
Enhance cardiovascular research, evidence generation and innovation to inform national cardiovascular care and control, policy development and implementation	Research proposals developed by UHI staff	Number of research proposals developed by UHI staff	10	10	20	30	40	60	<ul style="list-style-type: none"> UHI research proposals 	<ul style="list-style-type: none"> Availability of research grants Willingness of staff to conduct research 	<ul style="list-style-type: none"> Head, Research
	Research publications by UHI staff	Number of publications by UHI staff	10	10	15	20	30	30	<ul style="list-style-type: none"> UHI research publications 	<ul style="list-style-type: none"> Availability of research grants Willingness of staff to conduct research 	<ul style="list-style-type: none"> Head, Research
	Research and grants unit established	% completion of fully functioning research and grants unit established			50%	80%	100%		<ul style="list-style-type: none"> Fully functioning research and grants 	<ul style="list-style-type: none"> Availability of space Availability of funding Availability of skilled manpower 	<ul style="list-style-type: none"> Head, Research



Strategic Intervention	Output	Performance Indicators	Baseline	Target (FY)					Means of verification	Assumptions	Responsible Party
				2020/21	2021/22	2022/23	2023/24	2024/25			
									unit		
	Research grants obtained	Number of research grants	2	2	3	5	8	10	MOUs	Availability of research collaborations/partnerships	Head, Research
	UHI staff recruited and trained in research	Number of UHI staff recruited and trained in research	-			10	20	25	Appoint letters	Presence of a research and grants unit	Head, Research
	A certified research and ethics committee established	Fully functioning certified research and ethics committee			100%				<ul style="list-style-type: none"> Accreditation certificate 	<ul style="list-style-type: none"> Availability of qualified personnel Availability of funding 	<ul style="list-style-type: none"> Head, Research
Promote shared learning and knowledge management of locally produced medical products, expertise and initiatives for enhanced regional and international impact	Cardiovascular research findings shared in scientific conferences	Number of research conferences attended and participated in by UHI staff	5	10	10	15	15	20	Research presentations	<ul style="list-style-type: none"> Availability of funding Research collaborations 	Head, Research
	Policy papers on cardiovascular research developed	Number of policy papers on CVDs developed	-			1	1		<ul style="list-style-type: none"> Research policy papers 	<ul style="list-style-type: none"> Availability of funding Availability of skilled manpower 	<ul style="list-style-type: none"> Head, Research
Enhance	Training to a	Number of UHI	10	30	50	80	100	150	<ul style="list-style-type: none"> Training 	<ul style="list-style-type: none"> Availability of 	<ul style="list-style-type: none"> Head,



Strategic Intervention	Output	Performance Indicators	Baseline	Target (FY)					Means of verification	Assumptions	Responsible Party
				2020/21	2021/22	2022/23	2023/24	2024/25			
training and staff development	broad category of health care professionals conducted	staff trained							reports	<ul style="list-style-type: none"> funding Willingness of staff to train 	Research/Human Resource
		Number of national and international cardiovascular and relevant medical specialists trained	300	400	800	1,000	1,300	1,500	<ul style="list-style-type: none"> Training reports 	<ul style="list-style-type: none"> Availability of skilled manpower Availability of funding 	<ul style="list-style-type: none"> Fellowship and Training Committee
		Number of courses designed			2	2	2	4	Training reports	<ul style="list-style-type: none"> Availability of skilled manpower Availability of funding 	Fellowship and Training Committee
Objective Five: To Manage and Oversee Cardiovascular Services in the Country											
Enhance compliance to cardiovascular standards and improve quality of care	UHI regulatory standards developed	% completion of UHI regulatory standards developed	-			100%			<ul style="list-style-type: none"> UHI regulatory standards 	<ul style="list-style-type: none"> Availability of skilled manpower Availability of funding 	<ul style="list-style-type: none"> Administration
	Service and service delivery standards and protocols developed	Number of service and service delivery standards and protocols developed	-		1	1	1	2	<ul style="list-style-type: none"> Service and service delivery standards and protocols 	<ul style="list-style-type: none"> Availability of skilled manpower Availability of funding 	<ul style="list-style-type: none"> Administration
	Awareness sessions held	Number of awareness sessions held	-		3	3	3	3	Activity reports	<ul style="list-style-type: none"> Availability of skilled manpower Availability of funding 	Administration
Enhance support supervision to	Supervision visits conducted	Number of supervision visits	-		8	10	12	14	<ul style="list-style-type: none"> Activity reports 	<ul style="list-style-type: none"> Availability of skilled manpower Availability of 	<ul style="list-style-type: none"> Administration



Strategic Intervention	Output	Performance Indicators	Baseline	Target (FY)					Means of verification	Assumptions	Responsible Party
				2020/21	2021/22	2022/23	2023/24	2024/25			
lower public and private facilities		undertaken								funding	
	On-job training and mentorship programmes to lower facilities	Number of trainings done			1	2	2	2	<ul style="list-style-type: none"> ▪ Activity reports 	<ul style="list-style-type: none"> ▪ Availability of skilled manpower ▪ Availability of funding 	<ul style="list-style-type: none"> ▪ Administration