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Executive Summary

This Strategic Plan presents Karin Community Initiatives Uganda (KCIU)'s approach to addressing the challenges of quality inaccessible health care services, inadequate sustainable livelihoods in Unyama and Bungatira Sub Counties, Gulu District and the organization's capacity to respond to these challenges over the next five years (2010-2014). It provides a roadmap for strengthening the health center services in Unyama and Bungatira.

KCIU envisioned a better future for children in assisted communities, access to quality medical health care, improved incomes and presentation of God as a caring and loving being who calls all people to a new life in His love and salvation.

To realize this vision, KCIU and its partners will remain committed to ensuring effective provision of quality accessible health care services and improved wellbeing through the implementation of sustainable income generation initiatives that will empower and transform the lives of people in the community.

The realization of the Vision and Mission of KCIU will be morally enforced by the core values of quality, love for all, reliable, Christ-centered, devotion to community, transparency, and integrity.

Over the next five years, KCIU will focus on two core strategic objectives of the plan:

(a) provision of access to quality medical health care services through;

- expanding the provision of essential health and other services to the local community and

(b) strengthening, effectively contributing to the administrative and financial sustainability of KCIU programs especially;

- the capacity of the management and other health providers,

- the institutional, policy, legal and other mechanisms that provide supportive environment for the coordination of programmes and projects,

- monitoring and evaluation, research and documentation of lesson learnt, dissemination of data within the programmes, projects, partners and stakeholders.

- social enterprising business 2projects to support the organization projects

KCIU shall strategically promote partnerships, networking and collaboration at various levels with like-minded organizations to ensure effective implementation of the strategic objectives. Effective monitoring of this plan will require a comprehensive monitoring and evaluation framework, which will form part of the organization's priority areas during the initial years of the plan.

Comprehensive mid-term and end-of-term reviews will be conducted to assess the relevance, efficiency, effectiveness, impact and sustainability of the strategy, the actual results/indicators of which will be vital for the next strategic plan development against these five major expected outcomes;

(i)   improved access to utilization of essential health care and other services of the community,

(ii)   improved child protection within the Programme Areas,

(iii) improved economic security for the members of the management and the community,

(iv)   an effective policy, legal and other institutional mechanisms and delivery of a coordinated response to the community and

(v)   improved monitoring, evaluation, research and documentation of lessons learned, data disseminated, shared within and among the stakeholders.

The estimated cost of this plan is over USD One Million (i.e. US$ 1,015,134.86) over a period of five years. The current sources of funds are from local and international donors. The organization will vigorously raise resources beyond the current sources through innovative and sustainable strategies. By the middle of the first year, a comprehensive resource mobilization strategy will be in place and fully operational.

Board Authorization of Strategic Plan

Name of Board Member: _____ *Date Signed:* _____
Name of Board Member: _____ *Date Signed:* _____
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Name of Board Member: _____ *Date Signed:* _____

Organizational Description

Karin Community Initiatives Uganda (KCIU) is a registered local non-profit organization, affiliated to the Protestant Medical Bureau (UPMB), in partnership with the Pentecostal Churches of Uganda and World Renew. It is situated in Gulu District, Northern Uganda, and works closely with children, women, youth to improve their social and economic well-being. The organization provides quality healthcare services and empowers communities with financially sustainable livelihoods through income generating activities.

KCIU evolved from Childcare Development Organization Uganda (CDOU), which was started in Gulu District in 2001 as a relief non-profit to provide food, clothes and medicines to, especially, children who were the most affected by the civil war of Northern Uganda, by Ugandan Christians. Thousands of these children were either abandoned, displaced or malnourished while many of the returnees were forcedly abducted and made to become child soldiers by the rebel leader Joseph Kony of the Lords Resistant Army (LRA) during the conflict in Northern Uganda with the Government of Uganda by the Lords Resistant Army (LRA).

In May 2005, the organization opened Karin Children's Medical Centre (KCMC) to support vulnerable children in Gulu district with general medical services including immunization, as well as family planning for mothers, laboratory testing and counseling, for the thousands of family that had been displaced by the civil war. In 2008, with support from Churches from Norway, England and USA, funds were raised to purchase land, equipment and medicines for starting a small medical clinic in a remote rural area where health services were scarce. KCIU currently has two health centers at; Agonga and Unyama community, Gulu district, Uganda. These two health centers are pivotal to the implementation of the organization's core programs in healthcare service delivery, and they serve a population of about 49,957 people in Unyama and Bungatira Sub Counties, located in Aswa County of Gulu District.

IN 2008, with support from Heifer International, KCIU provided over 250 families with oxen traction and dairy heifer cows, to start providing the much needed nutrition and livelihood support for their families. The program still continues with more farmers receiving animals and selling milk from the outlet of Milk matters in Gulu town. Farmers have benefitted from micro finance loans to expand their small businesses and improve their lives.

Karin Community Initiative Uganda (KCIU) has made progress in providing holistic health care services and supporting the socio-economic well-being of families and communities in Unyama and Bungatira Sub Counties, through a wide range of initiatives in nutrition, water and sanitation, malaria prevention, HIV testing and treatment among pregnant mothers, ante-natal care, family planning and counseling. By offering the above mentioned services. KCIU has contributed to reducing the pressure off the acute health care system in the two sub-counties in which it operates.

Currently, plans are in advanced stages to start a maternity centre that will open in Agonga, Bungatira sub county. However, KCIU is yet to complete the second maternity centre in Unyama.

Although staffing levels have expanded from 6 in 2005/6 to 18 in 2017, the health centers still lack some of the support services and infrastructure to supply and maintain the much needed services by the community.

KCIU is operating at a standard required of a private not-for-profit health Centre. One of the main strategic objectives of KCIU is to guarantee the future of health care services at the health centers by obtaining a Health Center III (HCIII) status from the Ministry of Health. After achieving this, we intend to increase access to health care through Community Health Insurance.

The diseases that rank high in these selected communities includes, malaria will remain our clinical priorities. Maternal and child health will continue receiving significant attention as the health centers develop. KCIU will continue providing basic health care (immunization, antenatal care and deliveries) and expand outreaches to distant villages. KCIU Maternity wards establishments and construction are at both centers with the one at Unyama community is almost at nearly a completion stage and that shall host at least one visiting doctor. Plans are also underway to construct decent accommodation for all KCIU staff working with the health centers in the region. The organization will continue to contribute toward providing free malaria nets in partnership with any liked-minded stakeholders, in the areas where we serve.

KCIU will additionally continue to provide quality outpatient services to adults and children. The organization also has a goal to double the number of outpatients seen each month at both clinics to 1000. As we open the maternity wards for deliveries in both health centers, we hope that more than 500 women will deliver their babies in Health Centers each year. Simultaneously, KCIU will double efforts to support women and men who want to control the sizes of their families through access to family planning services at the health centers.

All of these activities need strong foundations. A large part of this strategic plan is devoted to the non-clinical areas of the Health Centers. Strengthening human resources, improving the administrative infrastructure and keeping tight accounts are crucial to the future of this organization, and we want to make KCIU a large contributor to providing quality preventative and curative health services.

The highest governance body for KCIU is the Board of Directors, which comprises of five members. There is also has an Advisory Team of nine members and a lean management team that oversees day-to-day operations. Headed by an Executive Director, the management team and office coordinates all activities in Gulu and provides financial and technical support, with frequent field visits to monitor and evaluate progress and also to establish gaps for improvement.

Karin Community Initiative Uganda (KCIU) was co-founded by Mr. Timothy Jokkene and Mrs. Hope Okeny who both love the Lord.

KCIU's work is divided into five clinical program areas:

- Outpatients & diagnostics

- Maternal and Child Health

- HIV / AIDS and Tuberculosis

- Community Outreach Services

- Sexual & Reproductive Health

Non clinical program that empower the community include the early learning education, microfinance, support to farmer groups and the discipleship teachings to children.

Additionally, there are two program areas that support these services and programs:

- Finance, Administration / Human Resource

- Public Relations & Fundraising

Mission Statement:
Transforming lives and healing the community in a Christ-like way through provision of quality healthcare services.

Vision Statement:
A better future for all children and women in assisted communities through access to quality medical care, improved incomes and presentation of God as a caring and loving being.

Values Statement
The values of KCIU include the following:

- Quality   An expression of our goal to offer reliable quality products and services.

- Love for all   We activate, empower and encourage.

- Reliable   We are worthy of trust and maintain our reputation to all stakeholders.

- Christ-centered   We believe Christ is the reason for all that we do and say.

- Devotion to community   We are dedicated to transforming communities.

- Transparency   We embody honest and open communication.

- Integrity   We portray truthfulness and accuracy in our actions and decisions.

Goals and Strategies

Goal 1 - Clinical

To improve the quality of health care services at Karin Medical Centre, Unyama and Agonga Karin Community Health Centre.

Strategic Objectives

Objective 1: To ensure the provision of quality medical and nursing services for patients.
Objective 1b: To aid diagnosis of disease through the efficient use of investigations.

Objective 2: Improve child health through education, prevention and high quality treatment services in a child-centred environment

Objective 3: To reach out to every school and village with immunisations, family planning, health education, malnutrition and malaria prevention and water and sanitation improvement projects

Objective 4: A community free from HIV/AIDS and TB transmission and with all infected clients accessing treatment programmes in a safe, confidential and friendly environment

Objective 5. Persons with a health problem can access a friendly qualified clinician who will see them in the shortest time.

Objective 6: Develop KMC II & AKCH II into a health centre III in Gulu District

Objective 7: Safe deliveries for all women in Bungatira and Unyama sub counties, quality antenatal and post natal care, all people with access to treatment for sexual transmitted infections, and all couples with knowledge about and access to family planning

Goal 2 - Non Clinical
Strengthen and effectively contribute to the administrative and financial sustainability of KCIU's programs.

Strategic Objectives
OBJECTIVE 1: Quality logistics, effective maintenance and steady expansion of the infrastructure of the health centers to meet the health care needs of the community.
OBJECTIVE 1b: Good internal communications and good communication with partners and the community

OBJECTIVE 2: To recruit and retain the best available staff at every level of the organization.

OBJECTIVE 3: To maintain a positive image for the organization in the eyes of donors, potential donors, partners, stakeholders and the communities that KCIU serves.

OBJECTIVE 4: To effectively manage the financial resources of the health facilities, and quality financial reporting

OBJECTIVE 5: To empower clients to reduce the economic vulnerability of their households

Appendix A -- Action Planning (objectives, responsibilities and timelines)- attached

Appendix B - Description of Strategic Planning Process Used

Description of the Strategic Planning Process

- Planning Process:

  As a growing organization, KCIU (July 2015) embarked on a process to develop a five-year strategic plan through document review and consultation and a systematic planning process including staff and various stakeholders. The following document is therefore intended to highlight both the internal and external environments in which KCIU operates, in addition to presenting the long term strategic direction or the organization for the period 2016 – 2021.

  Critical Factors considered during the planning process

  - Bungatira and Unyama Sub Counties are located in Gulu District and are the operational areas for the two health facilities managed by Karin Community Initiatives Uganda (KCIU). Whereas Bungatira Sub County has a total population of 32,948 people, KCIU's health facility in the sub-county has a catchment population of only 6,370. In addition, Unyama Sub County, with a population of 17,009, has a catchment population of only 6,262. This implies that the health center in Bungatira can only serve 19 percent of the population in the sub county while the health facility in Unyama can only serve 36% of the population. Consequently, a large proportion of the populations in Bungatira and Unyama Sub Counties do not have easy access to proper health care.

  - Another major challenge faced by the few health facilities in Bungatira and Unyama Sub Counties is that of inadequate essential drugs.

  - Staff at health facilities generally do not reside at the health centers due to lack of accommodation. Staff must commute from far to the health facilities, which subsequently must open late and close too early to allow the health workers time to travel back to their homes. This effectively reduces the hours of work tremendously.

The high disease burden and poor access to health services in Bungatira and Unyama Sub Counties has continued to proliferate due to some of the following factors:

  - HIV/AIDS still remains a big problem in Gulu District. The prevalence rate steadily declined from about 27% in 1993 to 11.9% in 2005. Currently it stands at 12%. The region is observed to be having a stagnated prevalence rate of 12% since 2005. The prevalence rate is still very high compared to the national Uganda average of 6.5 percent. The ultimate impact of the above is a chronically sick population that is not able to actively engage in income generating activities perpetuating the cycle of poverty

- Weak health systems and poor quality health services, characterized by severe resource constraints which limit universal access to health services, and alignment to the National Health Policy and Health Strategic Systems Plan III

- Health interventions do not often match the scale of the health problem.

- Populations are not sufficiently empowered to improve their health and to participate in planning and implementing public health interventions.

- Health services are not equitably distributed.

- Lack of social protection for vulnerable people and those in catastrophic situations.

- Inadequately trained and motivated health workers.

- The capacity and potential of health care facilities in the private or non-profit sectors is not fully mobilised.

- Inadequate use of available evidence and information to guide action including use of Information Communication Technology (ICT).

Appendix C - Strategic Analysis Data -- External Analysis

From out external analysis, we identified the following trends and how they might effect our organization:

Political trends:

i.   Structural shifts in the global economy
ii. Changes in the legislation by the government
iii. Political will to support the health sector

Economic trends:

Economic trends

Societal trends:

i.   Population demographics
ii. Energy
iii. Water
iv. Unemployment
v.   Food insecurity

Technological trends:

i.   Technological innovations
ii. How technology is being used to transform medical care services
iii. How technology is being used for communication, information and distribution
iv. How technology is being used to change the rules of success in business

Health care as a business

i.   Ways health providers relate to their clients, suppliers and the community within which they operate
ii. The changing focus of quality health care
iii. Systems, processes and technology used by successful health providers.

Appendix C - Strategic Analysis Data -- Internal Analysis

From out internal analysis (our SWOT analysis), we identified the following factors:

Strengths of the organization:

- Qualified staff at both health centers
- A good relationship and collaboration with the district leadership and partners

- A good social network with partners and stakeholders

- Appropriate medical care services as per health center II level

- Good community support

- Assets (i.e. land, structures, etc.)

- A good inventory management system

- Adequate and good infrastructure compared to other health center II's

- Availability of adequate essential drugs

- Low client waiting time

- Open 7 days a week (Monday-Friday: 8am-5pm and Saturday-Sunday: 8am-12pm)

- Health centers are strategically located

- Better laboratory services compared to other facilities

Weaknesses of the organization: :

- Inadequate number of staff compared to activities and tasks

- Insufficient community outreach services

- Lack of key essential infrastructure like placenta pit, incinerator, etc.

- Lack of emergency transport (i.e. ambulance)

- Limited funding

- Financial sustainability – over-dependence on donor support

- Inadequate usage of data collected

- Insufficient staff welfare (housing, staff mentorship, health insurance, remuneration, etc.)

Appendix C - Strategic Analysis Data -- Listing of Strategic Issues

Key issues that our organization must address through use of this strategic plan include:

1. Improve the quality of care services from 25% in 2016 to 90% in 2018 in both health facilities.

2. Upgrading the health facilities to HC III by 2017/2018

3. Improve the percentage of staff retained from 35% in 2016 to 90% by 2017

4. Complete the maternity ward

5. Sustainability/ foreign dependency

6. Training

7. Transport

Appendix D -Goals for Board Committees and Chief Executive Officer

Work Plans for Your Board Committees (attached)

Program Committee Roles.

This committee's most common responsibilities are:
- To oversee new program development, and to monitor and assess existing programs
- To initiate and guide program evaluations, and
- To facilitate discussions about program priorities for the organisation.

Board Development Committee

- To prepare priorities for board composition
- To meet with prospective board members and recommend candidates to the board
- To recommend a slate of officers to the board
- To conduct orientation sessions for new board members and to organize training sessions for the entire board, and
- To suggest new, non-board individuals for committee membership.

Resource Mobilization Committee Roles.

The Fundraising Committee's job is not simply to raise money. Instead, the Fundraising Committee is responsible for overseeing the organization's overall fundraising and, in particular, the fundraising done by the board.

To accomplish this, its responsibilities are:
- To work with staff to establish a fundraising plan that incorporates a series of appropriate vehicles, such as special events, etc.
- To work with fundraising staff in their efforts to raise money
- To take the lead in certain types of outreach efforts, such as chairing a dinner/dance committee or hosting fundraising parties, etc.
- To be responsible for involvement of all board members in fundraising, such as having board members make telephone calls to ask for support, and
- To monitor fundraising efforts to be sure that ethical practices are in place, that donors are acknowledged appropriately, and that fundraising efforts are cost-effective.

Finance Committee

The Finance Committee (often called the Budget and Finance Committee) tasks are:

- To review budgets initially prepared by staff, to help develop appropriate procedures for budget preparations (such as meaningful involvement by program directors), and on a consistency between the budget and the organization's plans
- To report to the board any financial irregularities, concerns, opportunities
- To recommend financial guidelines to the board (such as to establish a reserve fund or to obtain a line of credit for a specified amount)
- To work with staff to design financial reports and ensure that reports are accurate and timely
- To oversee short and long-term investments, unless there is a separate investments committee
- To recommend selection of the auditor and work with the auditor, unless there is a separate audit committee, and
- To advise the executive director and other appropriate staff on financial priorities and information systems, depending on committee member expertise.

QIT Committee.

KCIU is committed to a culture of quality care and service provided to stakeholders defined as clients, staff and community. A Quality Improvement Framework has been developed and supported by the leadership which identifies seven (7) strategic priorities for quality improvement to respond to the strategic plan and organization priorities, "The BOD of KCIU fosters and supports a culture of client safety throughout the organization and adopts client safety as a strategic priority

Goals for the Executive Director

1. To ensure that general administrative and executive duties will be fully utilized to ensure smooth running of all project operations.
2. To employ exceptional leadership and motivational skills to help other project leaders advance the work efficiency of the organisation's employees.
3. Be able to analyze and solve problems as they arise.
4. Offer excellent creation of platforms for the development of the organisations' managerial team.
5. To provide opportunity to fully utilize the ability to delegate responsibility to managerial board to improve organisation's efficiency.

Appendix E - Staffing Plans

	Year 1	Year 2	Year 3
Medical Doctor	0	0	1
Quality Improvement Coordinator	0	1	1
Clinician (Agonga clinic)	1	1	1
Comp. Nurses (Agonga clinic)	1	1	1
Midwives (1) (Agonga Clinic)	1	1	1
Registered Nurses	1	1	1
Enrolled Nurse(Agonga Clinic)	1	1	1
Nursing assistant (Agonga clinic)	1	2	2
Caretaker Agonga	1	1	1
Lab Assistant (Agonga Clinic)	1	1	1
Clinician (Unyama clinic)	1	1	2
Comp. Nurse (2) (Unyama clinic)	1	2	2
Midwives (3) (Unyama Clinic)	1	3	4
Enrolled Nurse (Unyama clinic)	1	1	1
Nursing Assistant (Unyama clinic)x2	1	2	3
Lab technician	1	1	1
Lab Assistant (Unyama clinic)	1	1	1
Caretaker Unyama	1	1	2
Driver	1	1	2
Cooks 1 - Unyama	1	1	1
Cleaner 1 - Unyama	1	1	1
Cleaner 2 - Unyama Maternity	1	1	2
Cook/Cleaner - Kampala	1	1	1
Cook 1 - Agonga	1	1	1
Medical Records/Store	1	1	1
Accounts Assistant	1	1	1
Monitoring and Evaluation Assistant	1	1	1
Executive Director	1	1	1
Finance & Administration	1	1	1
Nutritionist	1	1	1

Appendix F - Operating Budgets (find attached)

Appendix G - Monitoring and Evaluation of Plan
Responsibilities and Frequencies for Monitoring and Evaluation

Plan section, goals, etc.	Completion date	Responsibility	Written descript of results to:
		QIC	

Key Questions While Monitoring Implementation of the Plan
(The following questions should be modified to suit the nature and needs of the organization.)
Monitoring and evaluation activities will consider the following questions:
1. Are goals and objectives being achieved or not? If they are, then acknowledge, reward and communicate the progress. If not, then consider the following questions.
2. Will the goals be achieved according to the timelines specified in the plan? If not, then why?
3. Should the deadlines for completion be changed (be careful about making these changes -- know why efforts are behind schedule before times are changed)?
4. Do personnel have adequate resources (money, equipment, facilities, training, etc.) to achieve the goals?
5. Are the goals and objectives still realistic?
6. Should priorities be changed to put more focus on achieving the goals?

7. Should the goals be changed (be careful about making these changes -- know why efforts are not achieving the goals before changing the goals)?

8. What can be learned from our monitoring and evaluation in order to improve future planning activities and also to improve future monitoring and evaluation efforts?

Additional questions:

_____
_____
_____
_____

Reporting Status of Implementation

Results of monitoring and evaluation will be in writing, and will include:

1. Answers to the "Key Questions While Monitoring Implementation of the Plan"

2. Trends regarding the progress (or lack thereof) toward goals, including which goals and objectives

3. Recommendations about the status

4. Any actions needed by management

Procedure for Changing the Plan

Regarding any changes to the plan, write down answers to the questions:

1. What is causing changes to be made?

2. Why the changes should be made (the "why" is often different than "what is causing" the changes).

3. What specific changes should be made, including to goals, objectives, responsibilities and timelines?

Reminders:

Manage the various versions of the plan (including by putting a new date on each new version of the plan).

Always keep old copies of the plan.

Appendix H - Communicating the Plan

Note that certain groups of stakeholders might get complete copies of the plan, including appendices, while other groups (usually outside of the organization) might receive only the body of the plan without its appendices.
Consider:
1. Every board member and member of management should get a copy of the plan.
2. Consider distributing all (or highlights from) the plan to everyone in the organization. It's amazing how even the newest staff member gains quick context, appreciation, and meaning from review of the strategic plan.
3. Post your mission and vision and values statements on the walls of your main offices. Consider giving each employee a card with the statements (or highlights from them) on the card.
4. Publish portions of your plan in your regular newsletter, and advertising and marketing materials (brochures, ads, etc.).
5. Train board members and employees on portions of the plan during orientations.
6. Include portions of the plan in policies and procedures, including the employee manual.
7. Consider copies of the plan for major stakeholders, for example, funders/investors, trade associations, potential collaborators, vendors/suppliers, etc.
(For additional assistance, see Writing and Communicating the Plan.)
This plan will be widely communicated including through use of the following approaches:

1. _____

_____

2. _____

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3. _____

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10. _____

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