Kyetume Community-Based Health Care Programme

Strategic Plan
Jan 2009-Jan 2014

Dear Friends, Colleagues and Supporters,

We are pleased to share with you Kyetume Community Based Health Care Programme's strategic plan for 2009-2014. Kyetume CBHC Programme has been serving the community through clinical care, spiritual development, economic initiatives, education programmes and outreach for over 14 years. We exist to see a productive, healthy society responsive to its fundamental human rights and obligations. We use a participatory, holistic approach to health outreach and community development in order to realize this vision.

This plan spans the next five years, and as we approach the 20th year of service to our community we recognize the progress we have made and look forward to our ambitious goals ahead. We will continue to strengthen our programmes and clinical services through a strategic focus on capacity building, process improvement, outreach programmes and community and stakeholder involvement.

Between 2009 and 2014 our strategic priorities will be determined by considering these five overarching goals: increasing and diversifying our revenue, improving staff and volunteer retention and development, balancing our programme portfolio and strengthening existing programmes, measuring and improving programme and clinical outcomes, and growing programmes at a reasonable pace with an emphasis on sustainability. In addition to forming goals, through this process we have identified some of our most important strengths and areas for improvement, and we have assessed our external environment for opportunities and threats.

While Mukono South is an area of high need, with a large population of rural poor, it is also a community of great spirit. We seek to engage the community in a way that empowers the residents as well as our staff, volunteers, donors and supporters. We can transform lives by improving our community's knowledge of and access to education, nutrition information, food security, basic health and economic opportunities. We are guided by Christian principles, and as such, we seek to improve the socio-economic and spiritual condition of our community.

In a months-long process, Kyetume members of the Executive Board, staff, volunteers and clients contributed to the direction and content of this strategic plan. We are especially grateful to the members of the board for their time, commitment and dedication to the organization. We are grateful to the team of four from the USA's MIT Sloan School of Management. Special recognition is due to the members of the staff and leadership team who spent countless hours welcoming and informing the visiting members of strategic planning team and providing data and information essential to the process.

In this time of global change, we know that we face a great many challenges ahead, but we are blessed with strong programmes, a talented and dedicated staff and an exceptional community from which we come and for whom we serve. This plan lays out our goals, strategies and tactics, and offers some detail as to our funding plans and supporting information.

We ask you to join us in making a difference in the future of Uganda – we are ready to meet the next five years. In solidarity toward improved health and community development, we look forward to meeting the challenges of the future!

Dr. Annette Kuteesa	John Kiyimba	Reuben Mubiru
Board Chairperson	Programmes Director	Programmes Manager

I. Introduction

Kyetume Community Based Health Care Programme (KCBHCP) aims to influence the physical, socio-economic and spiritual behavior of local residents in the Ntenjeru and Nakisunga sub-counties of Mukono South Constituency, Uganda. Through provision of health care prevention and treatment services, community outreach and education, water and sanitation, and programmes in empowerment, microfinance and psycho-social support, KCBHCP uses an integrated community-based, integrated health care approach to help solve the health, education and economic problems facing the people of Mukono South.

Kyetume Community Based Health Care Programme operates programmes in:

a. Basic Health Care
b. Vocational Training
c. Sexual Reproductive Health Rights Promotion and Family Planning
d. HIV and AIDS and other STD Prevention, Care and Treatment
e. Water, Sanitation and Hygiene Education
f. Food Security Programmes
g. Orphan Support Programmes

A hallmark of KCBHCP is its collaborative relationships with not only the community, but also related local and international organizations and partner institutions. KCBHCP works in collaboration with local government and religious leaders to reach those in need of their services and mobilize volunteers.

Additionally, KCBHCP is guided by the following statement of values:

- Kyetume believes in **human rights and equal treatment** of all individuals, regardless of religion, race, creed, health, economic or social status.
- Kyetume is a **participatory, community-based** organization that values the contributions of all stakeholders including staff members, volunteers, beneficiaries, government leadership and the community at large.
- Kyetume **respects and values the multiple religious denominations** within Mukono South and their role in mobilizing the community.
- Kyetume develops and revises programmes and activities **in response to the needs of the community.**
- Kyetume believes in **providing holistic, wide-reaching care** to the community, especially those who are underserved.
- Kyetume attempts to implement change by **influencing the behavior of the members of the community.**

This Strategic Plan highlights the vision and means through which KCBHCP seeks to continue developing the capacity of poor and vulnerable people to advocate for their human rights, good community governance, health and health rights, life planning skills, income generating activities, domestic violence prevention and gender equity.

II. Environmental Scan and Problem Statement

Nationwide, Ugandans have faced a range of health problems and economic disparity for years. The catchment serviced by KCBHCP is no different, and in many areas experiences problems at a more extreme scale than national averages.

i. Demographics and Government Health Resources

The population of Uganda is approximately 30 million inhabitants, of which only 13% live in urbanized conditions[i]. 85% of the population of Uganda lived on less than USD$1 per day from 1995-20005[ii]. The Mukono County South population as of 2006 was close to 115,000 inhabitants, of which 104,000 live in Nakisunga and Ntenjeru sub-counties served by KCBHCP[iii]. The primary industry in the sub-county is agriculture, with fishing dominating along the coastline of Lake Victoria[iv]. Many of the Mukono County South residents are extremely impoverished, limiting their access to education, food, and transportation necessary for them to seek out both preventative and therapeutic health resources.

Health facilities in Uganda (including for-profit, not-for-profit, governmental and non-governmental facilities) are classified according to the level of medical services they can provide. Each higher level of health centre provides a greater scope of care and services a larger percentage of a given community. Kyetume and Katosi Health Centres are designated as HC III and HC II, respectively. For more information on the Ugandan health centre classification system, please see Appendix A.

Despite the availability of multiple clinics within the sub-county, they are inaccessible to many of the sub-county's inhabitants who lack funds or means for transportation to the abovementioned facilities. For the entire Mukono County, it is estimated that only 60% of inhabitants have access to health facilities[v].

ii. Disease Prevalence and Impact

The most prevalent diseases in the Mukono County South sub-district include malaria, respiratory infections, diarrhoeal diseases, intestinal worms, skin diseases, dental diseases, anemia, gastro intestinal diseases, ear infections and eye infections, with the top five causes of death being malaria, perinatal deaths, opportunistic infections related to AIDS, diarrhoeal diseases, and pneumonia, respectively[vi]. The expected lifespan at birth for a child born in Uganda is 50 years of age and has ranged between 50 – 51 years of age since 1970[vii]. Eighty-five percent of children in Mukono County receive immunizations before their first birthday[viii].

HIV and AIDS prevalence nationwide was 6.7% in 2005, for citizens ages 15-49[ix], whereas the prevalence in Mukono County South is much greater at a rate of 9.5% for the district overall, with Nakisunga at 11.4% and Ntenjeru fishing village landing sites at 23%[x]. While HIV and AIDS prevention and treatment has improved, an estimated one million orphans between the ages of 0-17 existed nationwide in 2005[xi] and 25% of Ugandan households have taken in at least one orphan[xii]. For 2007-8, KCBHCP's Data Management and Information System (DMIS) captured data noting that, on average, each Person Living with HIV or AIDS (PLHWAs) they serve has left behind at least four orphans. These orphans have put a great financial and psychological burden on their communities, while being the victims of severe stigma and alienation.

iii. Food Security, Water and Sanitation

Less than 60% of the Mukono County South population had access to safe drinking water, and less than 70% had pit latrine coverage to support hygienic practices in their homes[xiii]. This is compared to national averages of 46% (urban) and 59% (rural) of individuals in Uganda who do not have access to adequate sanitation facilities (2004)[xiv]. In addition, due to low income levels and insufficient agricultural training in some communities, many families are not able to adequately feed themselves or their children. These conditions have

hampered medical treatment efforts to decrease the severity and prevalence of diseases and general health standards in the community.

iv. Education and Literacy

While from 2000-2006, 82% of children in Uganda were enrolled in primary school, only 48% were found to have reached the fifth grade[xv]. Many factors contribute to student drop-out from school including lack of sufficient funds to pay for tuition and the necessity to work or stay at home to care for their families. This high rate of drop-out has lead to a low national literacy rate of 67% as of 2005[xvi]. These characteristics are also reflected within the Mukono County South catchment.

Education about HIV and AIDS prevention and empathy has also been lacking within Uganda. Among young people in Uganda, 30% (female) and 35% (male) have comprehensive knowledge about HIV[xvii]. Stigma against patients and family members suffering from HIV and AIDS has contributed to the continued spread of the disease, although national averages have decreased dramatically over the last decade[xviii].

Community members in Mukono South developed KCBHCP in response to these pressing issues they observed. The above data substantiate the great need of the communities that KCBHCP serves and illustrate the interrelated issues that demand a holistic approach to addressing Mukono South's challenges.

> "We are trying. We see people's lives change. After a few months of working with someone, you may see them start to smile."
> - Health centre staff member

III. Kyetume Mission Statement

Kyetume Community Based Health Care Programme strives to improve the general health standards of underserved rural people within Mukono District and Uganda at large by influencing socio-economic and spiritual behaviour of rural communities using a community based involvement/participatory and human rights approach. The organization is shaped by Christian values as witnessed in the Gospel Commission of Mathew. 4:23-25.

IV. Kyetume Vision Statement

Kyetume's vision is of a productive, healthy society that is responsive to its fundamental human rights and obligations.

Kyetume's organizational vision for 2014 is one of financial strength and demonstrated impact through quality, holistic support services for the residents of Mukono South.

> "I want KCBHCP to be the best CBO in Mukono District, maintaining its grassroots support."
> - Staff member

V. Kyetume Overarching Goals 2009-2014

Goal 1: Increase and diversify revenue portfolio in order to secure stable funding and improve Kyetume's long-term financial position.

Goal 2: Improve the recruitment, retention and development of Kyetume human resources, including personnel, volunteers and partners, resulting in a transparent, client-friendly, professional organization.

Goal 3: Define and develop programme focus by balancing the portfolio of activities and investing in programme development in order to more fully meet the mission of holistic, community based care.

Goal 4: Improve Kyetume's ability to measure programme impact and client health outcomes in order to implement continuous improvement strategies and increase organizational learning.

Goal 5: Grow Kyetume programmes at an appropriate and sustainable pace in order to maximize the organization's impact in the community and continue expanding its reach.

> "I have seen people's lives improved"
> - HIV and AIDS Counselor

VI. Kyetume Strategies and Tactics

Kyetume Community Based Health Care Programme will conduct the following strategic activities in order to achieve the stated vision for 2014 and serve the community of Mukono South.

Goal 1: Increase and diversify revenue portfolio in order to secure stable funding and improve Kyetume's long-term financial position.

Strategy: Increase earned income

- Implement a sliding-scale fee structure in the health centre that is fair to clients and enforceable by Kyetume staff.
- Pursue earned income opportunities across all interventions as a foundational source of revenue for the organization.

Strategy: Diversify funding sources

- Increase fundraising capacity through additional administrative staff devoted to fundraising and ongoing training in fundraising programme implementation.
- Develop stable revenue base through the patient implementation of a fundraising programme that emphasizes consistent, long-term funding from a variety of sources in multiple categories.

Goal 2: Improve the recruitment, retention and development of Kyetume human resources, including personnel, volunteers and partners, resulting in a transparent, client-friendly, professional organization.

"I want my work to leave a lasting impact."
- Staff member

Strategy: Focus on staff development and retention activities that incentivize long-term employment and professional growth of employees within the organization.

- Improve operational effectiveness by increasing leadership capacity within the organization, focusing on developing the management team and beginning to plan for succession of key leaders.

- Invest in staff by offering continued training and recurrent vocational education opportunities, or by enabling staff to take short-term leaves in order to enroll in training programmes related to their work.

Strategy: Increase ability to reward and retain volunteers.

- Improve volunteer recognition programmes by hosting events, providing small supplies to support their work and presenting annual awards. Focus on reinforcing their role as key stakeholders in the organization.

- Develop systems for managing the work of visitors and foreign volunteers, defining possible projects and appointing a member of the management team to serve as a lead
  liaison.

"It is really so satisfying to be able to help these people. The only part that is dissatisfying is the money. It is a good job, with good friends. I like it. The management has not mistreated us; when we have problems and reach out to them, they understand."
- Staff member

Goal 3: Define and develop programme focus by balancing the portfolio of activities and investing in programme development in order to more fully meet the mission of providing holistic, community-based care.

Strategy: Balance Kyetume's programme portfolio so that non-HIV specific programmes are as effective as HIV-related care programmes.

- Increase investment in maternal and child health and economic support programmes. Develop range of activities within this portfolio, including Orphans & Vulnerable Children, School-based health education, women's health, tuition assistance and food security programmes.

- Increase operational effectiveness at the management level so that all programmes are adequately staffed, supported and supervised.

Strategy: Increase disease-prevention activities to decrease the incidence of the most-commonly treated infectious diseases.

- Identify key factors contributing to major infectious diseases and define strategies for preventing the continued proliferation within Mukono South.

- Increase education and other prevention activities, including community outreach and sensitization through churches, theatre activities, workshops, and school based health care services and presentations.

Goal 4: Improve Kyetume's ability to measure programme impact and client health outcomes in order to implement continuous improvement strategies and increase organizational learning.

Strategy: Assess the effectiveness of current and desired future measures of programme and treatment outcomes and strengthen ongoing monitoring.

- Begin a targeted impact assessment process focused on analyzing success-rates for key programmes, with a goal of reassessing programme portfolio and determining programme strengths and areas of need.

- Continue investment in Data Management Information Systems (DMIS) and scope a comprehensive data project to define additional data needs and improved tracking and use guidelines for staff users.

Strategy: Strengthen Kyetume's reputation by increasing communications and marketing presence in order to convey impact and continue developing local support for Kyetume programmes.

- Promote Kyetume vision and mission, emphasizing Kyetume's role as a source of community health care and services.

- Conduct outreach to donors, churches, staff, volunteers, community-members and beneficiaries to reinforce Kyetume mission and solicit input on programme effectiveness.

"I am proud of the recognition and respect I get from my community for being a volunteer for Kyetume."

"I can identify other Kyetume volunteers if I see them on the street. They are different from normal people; they are changed. They have a better dress code, they have their shirts tucked in, they are informed, presentable, and confident."

"During village council meetings, the suggestions and contributions that CCAs make are received differently [from non-CCAs]. They get more respect because people know they have a positive contribution to make to the community."

- CCAs (Community Counseling Aides, volunteers)

Goal 5: Grow Kyetume programmes at an appropriate and sustainable pace in order to maximize the organization's impact in the community and continue expanding its reach.

Strategy: Improve quality of care and strengthen the organization's ability to impact behaviours and client outcomes among existing programmes.

- Ensure new and existing programmes are sustainable by developing long-term funding plans and staff succession and cross-training plans.

- Communicate programme expectations and manage community perception of new programmes when introduced.

Strategy: Clarify resource allocation between existing programmes and health centres and set targets for growth.

- Communicate resource allocation decisions to staff at all centres and within programmes.

- Set clear annual priorities for programme funding and clinic operations so that staff and community stakeholders are aware of growth objectives and decision criteria.

> "We will grow to have many clients in five years, and must have the staff to support them."
> - Health Center staff member

VII. Kyetume Portfolio of Programmes

KCBHCP currently implements a comprehensive programme of 6 major interventions and 24 distinct activities. This section briefly describes the history, focus and accomplishments of each intervention, and identifies key metrics that will be tracked as part of the organization's overall metrics and reporting initiative.

Decisions to expand or reduce intervention scope will be made as each programme is reviewed against the goals, objectives, and strategies outlined in above sections of this document. No additional interventions of strategic significance are planned for the 2009-2014 period, as the 5-year plan focuses on improving the quality and reach of existing services.

Detailed goals and tactics for 2009-2014 are beyond the scope of this strategic plan, and will be developed on an intervention-by-intervention basis in careful consideration of KCBHCP's stated priorities.

> "We want to make people's lives better; especially the sick."
> - HIV and AIDS Counselor

HIV and AIDS CONTROL & PALLIATIVE CARE

The HIV intervention has been a key part of Kyetume's service offering since it was developed in 1997. The objectives of the intervention are to reduce further transmission of HIV and AIDS, to ease the psychological and social adjustment of those already infected and affected, and to lower the morbidity rate due to AIDS.

As part of its intervention in HIV Control, KCBHCP offers Voluntary HIV and AIDS Counselling and Testing (VCT), Health Center Counselling and Testing (HCT) and Prevention

of Mother to Child Transmission services (PMTCT), as well as Anti-Retroviral Therapy (ART) and counselling. Services are also provided to beneficiaries through Post Test Clubs, women's groups, and youth clubs based in both schools and communities. Due to the close links between TB and HIV, TB testing and counselling services are also provided as part of the HIV Control project. Through its extensive network of volunteers - Community Counselling Aids (CCAs) - the organization also provides home care visits and transportation to the health centre for needy patients.

Since 2008, Kyetume has been able to conduct CD4 testing, which allows HIV patients to determine and track their level of body immunity to infection. As their CD4 levels drop, they may be started on antiretroviral treatment.

Programme Objectives:

a. Expand access and utilization of quality palliative care services for People Living with HIV and AIDS (PLWHAs), both those infected and those affected.
b. Increase involvement of PLWHAs in provisions of palliative care services to other PLWHAs in the community.
c. Improved continuum of home and palliative care for PLWHAs.
d. Continued initiation, distribution, and adherence monitoring of ART and related treatment.

Specific metrics will be determined in the HIV and AIDS Control & Palliative Care implementation plan, but may include the number of clients receiving ART treatment, the total number of home care visits or visits per client, and the number of home care kits provided.

"Partly as a result of our efforts, the view of testing in the community has changed. We are now seeing more people come in for testing before they are showing symptoms."
- HIV and AIDS Counselor

"Since I have been a CCA, attitudes in the community around HIV have changed drastically. Now some churches will not wed those who have not been tested [for HIV]."
- CCA (Volunteer)

"I became a volunteer because I had first thought that getting HIV was punishment for a sin, but I came to learn that this is not true. I have become compassionate."
- CCA (Volunteer)

MATERNAL & CHILD HEALTH (MCH)

Started in 1994, MCH is the oldest programme at KCBHCP. Initially, the goal of the intervention was to provide immunizations and antenatal care services to mothers and infants in the catchment areas, but the service offering has now expanded to provide general health care services to the full population. The overall goal is now to reduce mortality and morbidity amongst the vulnerable population.

In addition to the clinical services provided as part of the HIV Control intervention, KCBHCP family planning, infant immunization and antenatal care, and treatment of other opportunistic infectious diseases such as malaria. Dental services are also available.

MCH services are provided primarily at the two health centres at Kyetume and Katosi. Until February 2008, outreaches to distant villages were a key component of the MCH service offering, but this initiative has been limited due to budgetary constraints.

In addition to the prevalence of HIV, major challenges to the success of MCH initiatives are related to issues of food security, nutrition and access to transportation as many patients are too poor to have stable access to these resources.

Programme Objectives:

a. Increased services and beneficiary training in preventative health measures, including early access to care and preventative-care supplies (condoms, insecticide-treated bed nets, water guard, indoor residual spraying, etc.).
b. Improved, accessible and adequate community based healthcare referral and outreach services.
c. Access and availability of Voluntary Counselling and Testing Services.
d. Continued services in medical treatment of common ailments.
e. Improved provision of Adolescent Health services to rural based Adolescents.
f. Improved balance in quality of services provided at Katosi and Kyetume Health Centres
g. Reduction of maternal mortality rate.
h. Reduction of infant mortality and morbidity rates.
i. Increase in access to emergency obstetric care.

Specific metrics will be determined in the Maternal and Child Health implementation plan, but may include the number of mothers seeking and receiving antenatal care, the number of infant deliveries, the number of clients served by service type, and the number of interactions with each client.

DOMESTIC VIOLENCE PREVENTION (DVP)

The Mukono South Domestic Violence Prevention Project (MSDVPP) was initiated in November 2007 in partnership with Oxfam GB-Kampala, with a stated goal of reducing levels of Domestic Violence and HIV and AIDS by promoting a violence-free environment within the sub-counties of Nakisunga and Ntenjeru in Mukono South Constituency.

In addition to a dedicated programme officer, DVP currently has approximately 45 community volunteers who have been trained as Community Educators in Domestic Violence Prevention, ten of which have additionally become Trainers of Trainers. Primary activities for the programme include hosting events (in co-operation with local police, local leaders, and other stakeholders) to sensitize the community around issues of domestic violence and its close relationship with the spread of HIV and AIDS. Volunteers are available to offer preventative sensitisation and support services to survivors of domestic violence.

DVP is a critical issue in the local communities. Domestic violence is still considered by many to be purely a domestic matter, and is often not discussed outside the home. The goal of the sensitisation campaigns is to spread the understanding that violence is an inappropriate response to conflict. Domestic violence also decreases domestic harmony and leads to an increase in extra-marital sexual activity and, by extension, an increase in risk of HIV transmission and family breakdown.

Programme Objectives:

a. Decrease in the occurrence of domestic violence in community homes.
b. Increased reporting of domestic violence incidents to obtain support services.
c. Increased sensitisation towards family and community roles through education and changes in community perception.
d. Increased support, especially psycho-social and legal support, for victims of domestic violence.

Specific metrics will be determined in the Domestic Violence Prevention implementation plan, but may include the number of community sensitisation events, number of new and repeat attendees of events, and change in reported cases of domestic violence (note: care must be used in the interpretation of this metric, as an increase in reported incidents may be considered a positive result and a reflection of changes in local attitudes and awareness).

> "People have told me they would have died if it were not for my help. This is why I am a volunteer."
> - CCA

SEXUAL & REPRODUCTIVE HEALTH & RIGHTS PROMOTION (SRH)

SRH has been the prevention-focused intervention at KCBHCP since 1998. SRH works closely with the MCH and HIV interventions to educate the community around issues of sexual health and reproductive rights.

KCBHCP believes that educating its youth constituency on these issues will decrease the spread of HIV and other STIs, and will thereby increase the overall quality of life of the community. Adolescents in Mukono District become sexually active around the age of 12-13 years, and traditionally have not received any education around sexuality and contraception. Among 15-year olds, 56% are having sex regularly, often without protection. This leads to an increase in diseases, unplanned pregnancies, and social consequences such as school delinquency and early marriages. Substance abuse is also on the rise in the District, especially in rural trading centres, which further contributes to increase in disease, poverty, and self-destructive behaviour. There is therefore an urgent and crucial need for the intervention on Adolescent Health that KCBPCP provides.

To make it easier for youth to seek access to adolescent friendly STI and HIV testing while maintaining their privacy, special Youth Centre clinics have been established. These once-weekly clinics allow youth to get tested without joining the regular patient population at the Health Centres.

As part of SRH, education programmes are implemented at primary and secondary schools. In addition, "Health Clubs" have been developed at local schools to encourage students to discuss issues of health, including sexuality, clean water, hygiene and sanitation. As an added attempt to increase youth involvement, KCBHCP also hosts drama competitions at schools, where students develop techniques to educate their peers in ways that they can relate to most easily. KCBHCP encourages abstinence and safer sex practices, discourages early marriage, and seeks to inform local youth about the facts of sex and reproduction.

Programme Objectives:

a. Decrease in total fertility rate

Specific metrics will be determined in the Sexual and Reproductive Health and Rights Promotion implementation plan, but may include the number students reached through education programmes at primary and secondary school levels, the number of youth seeking testing and counselling for STIs, the percentage of youth testing positive for STIs, and the percentage of youth using family planning resources and services.

> "I tested positive [for HIV] in 2005, and received very good counseling from Kyetume. I was scared, and thought this was the end of my life. At home, I realized that there were so many people infected and abandoned by their relatives. In 2006, I joined Kyetume to do counseling in my village, to serve as a live example to those in my community."
> - CCA

WATER & SANITATION (WS)

The Water & Sanitation intervention at KCBHCP has been active since 2005, and has a mission to provide improved access to sustainable community, clean water, and sanitary environments to KCHBCP and the underserved residents of Kyetume parish.

Although currently more limited in scale than some of the other interventions, the provision of clean water has significant knock-on effects in maintaining the overall health of the community.

In addition to creating water systems which allow for water projects in targeted villages, which will provide improved access to water from a protected source, WS also provides education at the primary school level on the importance of sanitation and clean water. Communities are encouraged to build pit latrines with tippy taps, and to use dish racks to prevent contamination of water.

A particularly successful campaign has been the building of fuel efficient "rocket" stoves. These stoves are built of locally-available material and reduce the amount of smoke that is restricted within the kitchen area. To ensure the sustainability of this programme, local volunteers (CCAs) have been trained to make others to build the stoves. As of October 2008, 12 stoves had been completed.

<u>Programme Objectives:</u>

a. Increase easily accessible, safe drinking water.
b. Increased awareness of safe cooking, eating, and general sanitation practices within family homes and the community at large.
c. Increased community involvement for sustained maintenance of new and existing water projects

Specific metrics will be determined in the Water and Sanitation Implementation Plan, but may include the number of fuel efficient stoves built, the percentage of fuel efficient stoves in use, a measure of relative health of women using these stoves, the percentage of community with access to clean water, and revenue generated from community water sources.

ORPHANS & VULNERABLE CHILDREN, INCLUDING FOOD SECURITY (OVC)

The OVC intervention has a broad scope and since 2003 encompasses all activities which are targeted at orphans and other vulnerable children as well as those members of the community who support them. It is estimated that each HIV+ member of the community leaves behind an average of 4 orphans, so securing care for this population is becoming an increasingly critical issue for the constituents of Mukono South.

> "Our work with vulnerable children is important to help them build their self-esteem and independence."
> - Health Center staff member

Highlights of the activities included in OVC are explained below:

Organic Farming and Animal Husbandry
As part of this programme to create sources of sustainable income, heifers are given to households who care for three or more OVCs, and goats are given to households with one or two OVCs. The programme includes veterinary care and basic animal husbandry training. As part of the programme, the families must give the first calf or kid to another family, but subsequent offspring are their own. The addition of a cow provides both nutrition and profit to a recipient family, and can completely transform the socioeconomic condition of a local family. Since its inception, approximately 155 goats and over 100 heifers have been provided, benefiting 228 families with 912 orphans[xix].

Child Counselling
A child specialist is available to provide counselling to OVCs. Topics covered in individual and group settings in local villages include education on nutrition, proper behaviour with caretakers, and career guidance.

Vocational Training
Training to primary and secondary school drop-outs without access to traditional courses is provided to both OVCs and non-OVCs at a subsidized rate. Current regular training programmes include Internet & Computer Training (ICT) and Tailoring. The ICT Program offers holistic ICT training to the target community to foster computer skills development, information exchange, and economic empowerment. KCBHCP partners with institutions of higher education for the ICT program to ensure that its trainees get marketable credentials for future employment and self-sufficiency. Additional vocational training is available on an ad hoc basis, for example in areas of hairdressing, carpentry, welding, and metal fabrication, where community instructors and community based artisan mentors are paid a small stipend.

An advertised component of the vocational training programmes is the ability to provide graduates with requisite materials to continue working within the field. For example, graduates of the tailoring programme are given sewing machines and tool kits of some basic

tailoring supplies. This feature has been a primary attraction of these programmes.

> "We should be known worldwide as the best organization in Uganda that provides the best scholarship opportunities for orphans and vulnerable children."
> - Vocational Training instructor

Microfinance
While Microfinance has been part of the OVC offerings since 2005, the activity remains small and is limited by funding constraints. The goal of the MFI activity is to foster progressive long-term economic development and improved general welfare for OVCs and their caretakers within Nakisunga sub-county through the support of self-sustaining income generating activities. Selected projects include agricultural activities, brick-making and laying, tailoring, shoe repair and sale, and retail endeavours.

Keyhole Gardens
A project is underway to help families who support orphans with gardens for vegetables. This is in early stages but is expected to be initiated in Q1 2009.

Programme Objectives:

a. Improve access and availability of sufficient food and nutritional resources, especially for patients undergoing treatment requiring nutritional intake.
b. Continued education of orphans and vulnerable children, especially female children.
c. Continued support to families caring for orphans.

Specific metrics will be determined in the Orphans and Vulnerable Children Implementation Plan, but may include the number of animals distributed, the number of applications received, percentage increase in family income, percentage increase in school attendance for orphans, number of children counselled, frequency of requests for topics of counselling by OVCs, number of counselled children who benefit from other OVC programmes, number graduates of vocational training programmes by gender, number of businesses started by graduates, number of graduates employed within the field of training, number of students paying tuition, percentage change in application rates for each training course, number of vocational training schedules, microfinance default rate at periodic intervals, total size of the microfinance loan pool (UShs), number of loans issued, average size of each loan, percentage of loan applications approved (note: a high loan application rate is not necessarily better or worse, but it is an important metric to track in order to identify the competitiveness of the program), number of keyhole gardens established, and number of orphans fed from gardens.

VIII. Budget & Funding Implications

KCBHCP will manage its finances in a fiscally conservative manner consistent with non-profit best practices. Although specific projections are beyond the scope of this document, Kyetume will publish a forward-looking organizational budget, including budgets for each intervention, on an annual basis, and will track expenditures against these budgets. KCBHCP will also publish fully transparent and forthright annual reports each year.

In line with the strategic objectives outlined in Sections V and VI above, KCBHCP will seek a more balanced mix of revenue sources and funding types, with particular focus on increasing the generation of earned income. This increased balance will allow KCBHCP to

more accurately forecast income and will reduce its vulnerability to fluctuations in revenue.

> "I feel I was born to serve voluntarily. You want to help if you like what you are doing. It is not good to stay at home when you can be doing something good."
> - CCA (volunteer)

IX. Implementation of the Strategic Plan

Implementation of KCBHCP's Strategic Plan for 2009-2014 will be an ongoing process over the designated five year period, and will be carried out by a range of KCBHCP stakeholders. **Exhibit 2** illustrates the cyclical nature of the implementation process, noting that the implementation plan will evolve based on community needs, funding availability, and the successes of KCBHCP's diverse programme portfolio.

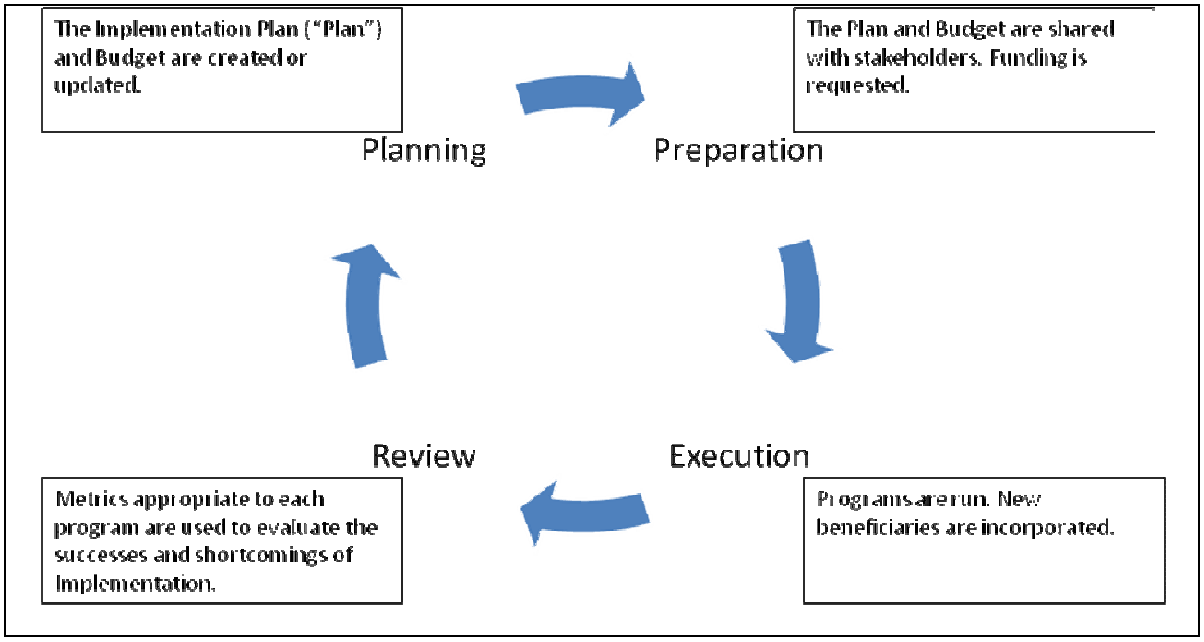


Exhibit 2: Implementation Cycle

The following best practices should be used to ensure the successful implementation of the Strategic Plan:

- **Disseminate the Strategic Plan** among stakeholders including the Executive Board, staff, volunteers, sub-county government and religious leaders, and donors.
- **Create an implementation plan, with milestones,** for the portfolio of programmes offered or planned by KCBHCP. Implementation plans for each programme should also be created, in alignment with the overall plan.
- **Create a projected five year budget, supplemented annually with detailed, forward-looking annual budgets**. The budgets should be reconciled with actual income and expenditure on a monthly, quarterly, and annual basis.
- **Conduct ongoing trainings and discussions** with staff and volunteers to develop the alignment, skills, and knowledge necessary for successful implementation.

- **Utilize predefined metrics,** appropriate to each programme, to review accomplishments, successes, and failures of each programme.

- **Incorporate feedback from these analyses into updated implementation plans** on a yearly basis and re-circulated to the stakeholders described above.

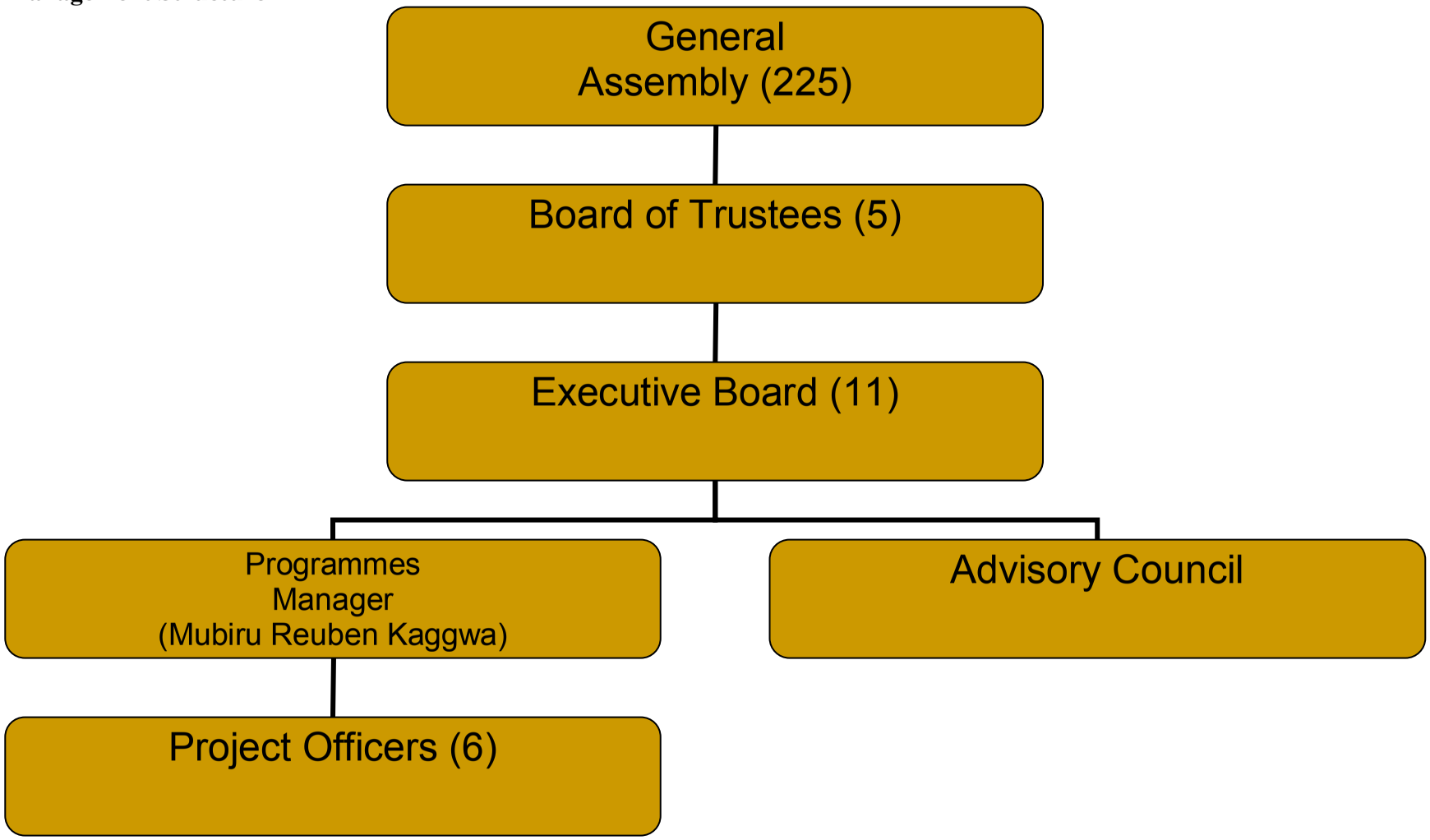
> "I am proud that the supervision visits by donors and government agencies show our grassroots effects. Visitors see that real things are here and in place. We over-deliver evidence."
> - Staff member

Appendix A: Health Facility Classification System, Uganda

Health Facility Classification, Uganda	Services and Distinction from Other Health Facilities	# Health Facilities within Mukono South (2006)[xx]
Health Centre (HC) Level I	Informal community health resource lacking physical facilities and administered by local village councils. Responsible for a few families in a specified locality, often in villages. Provide first aid and referral services; patients requiring higher levels of care are referred to a HCII. Staff includes: "community resource person", sometimes nurse.	Hard to quantify, but many
HC Level II	Health facility providing more preventative than curative care. Treats minor illnesses via out-patient services; patients requiring higher levels of care are referred to a HCIII. Can dispense medication. Staff includes: nurses, health educators, and administrative personnel.	7 (5 Gov't, 2 NGO)
HC Level III	Health facility includes both out and inpatient services, including routine labor and delivery services, dispenses medication and provides some emergency care. Facility operates 24 hours/day and serves a wider area. Staff includes: a part time physician, nurses, clinical officer, midwives, lab technicians, counselors, and support staff.	3[xxi] (2 Gov't, 1 NGO)
HC Level IV	Health facility provides all services of a HCIII, in addition to an operating theatre. Staff includes: Full time physician and administrators, in addition to staff listed for HCIII.	1 (Gov't)
Hospital (Regional & National Referral)	Provides a range of hospital services varying by facility (for example, not all hospitals have ICUs, transfusion capabilities, etc.)	0
Hospital (Private)	Run by either religious organizations, NGOs, or private businesses. Specialties and services may vary per facility (i.e. not all hospitals have ICUs, transfusion capabilities, etc.)	0

Appendix B: Kyetume Organogram and Programme Interventions, 2009

Management Structure



Staff Organization Chart, January 2009

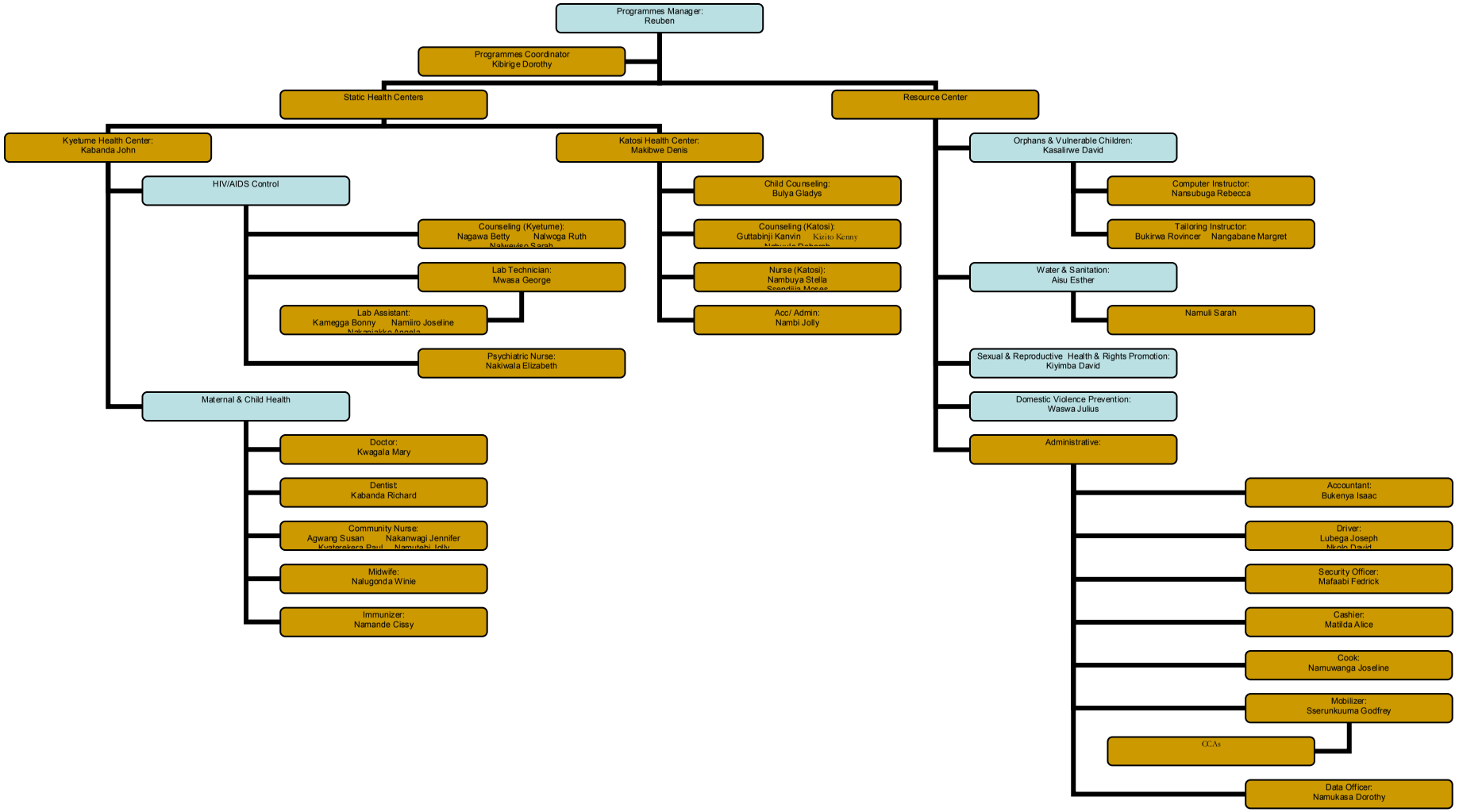
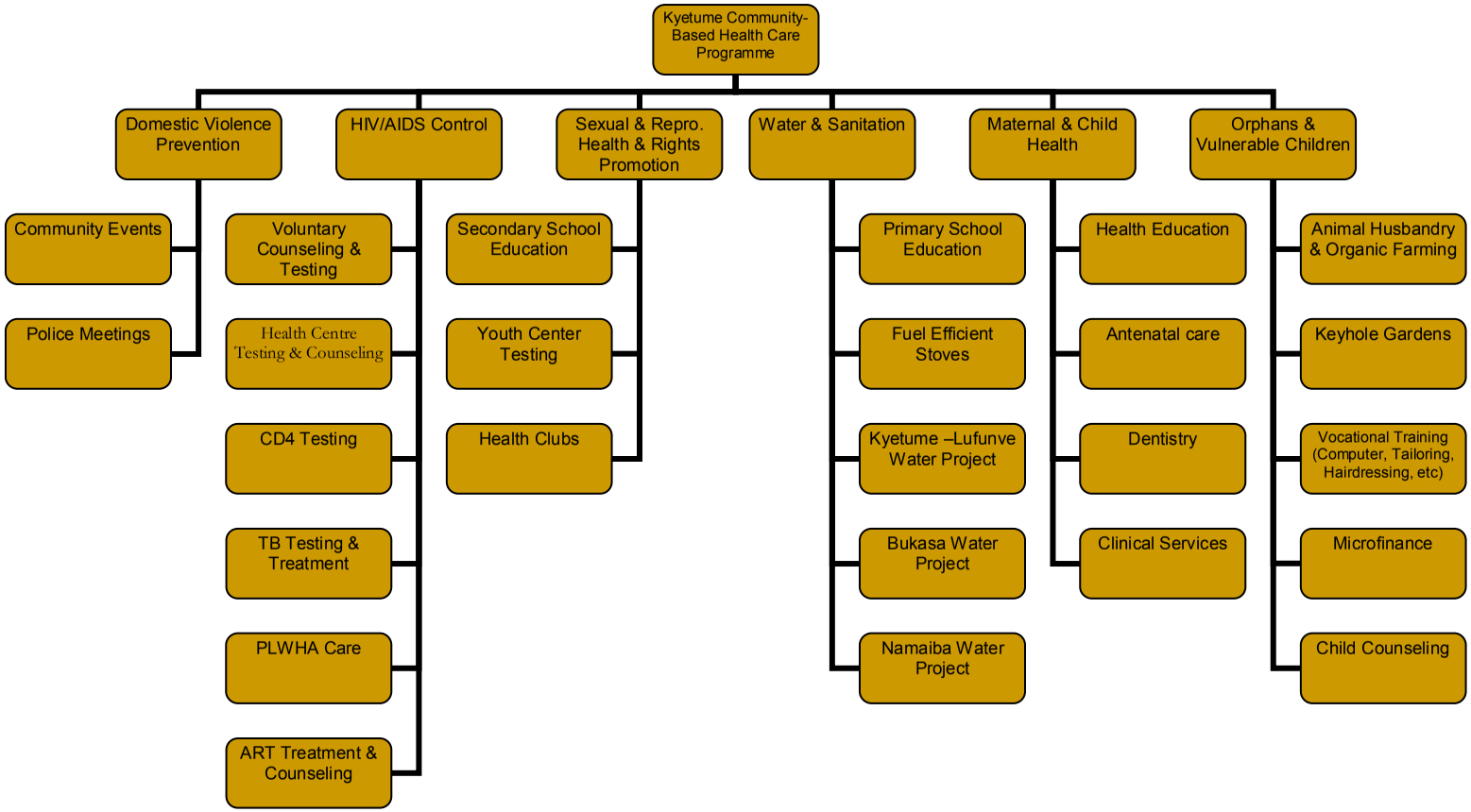


Chart of Programme Interventions and Activities, 2009



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[ii] "Statistics," UNICEF. 19 January 2009. http://www.unicef.org/infobycountry/uganda_statistics.html.
[iii] Mukono South Health Sub-District, Work Plan for The Financial Year 2005/6.
[iv] "Mukono District HIV Situation and Response Analysis", 2006/7; p6.
[v] "Mukono District HIV Situation and Response Analysis", 2006/7; p7.
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[ix] "Statistics," UNICEF. 19 January 2009. http://www.unicef.org/infobycountry/uganda_statistics.html.
[x] Kyetume CBHC.
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[xiii] Mukono South Health Sub-District, Work Plan for The Financial Year 2005/6.
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[xvi] "Statistics," UNICEF. 19 January 2009. http://www.unicef.org/infobycountry/uganda_statistics.html.
[xvii] "Statistics," UNICEF. 19 January 2009. http://www.unicef.org/infobycountry/uganda_statistics.html.
[xviii] "Mukono District HIV Situation and Response Analysis", 2006/7; p1.
[xix] 2007 Annual Report, KCBHCP
[xx] Mukono South Health Sub-District, Work Plan for The Financial Year 2005/6.
[xxi] Kyetume CBHC was upgraded to a HC III since the time of the last available county data, and Katosi opened as a HCII.