Debbie Schapira, Jonathan Potter, Catharina Lavers, Lisa Griffiths

Kyetume CBHC

Project Plan Assignment

Project overview

Your project's title - Kyetume
Today's date - 11/17/08
Your names - Deborah Schapira, Catharina Lavers, Lisa Griffiths, Jonathan Potter
Your host organization - Kyetume CBHC
Your primary host contact - Reuben Mubiru

1. **The goal: What change in the world will this project achieve?**
   Summarize in nine words or fewer.

Kyetume will be a more stable, sustainable organization.

2. **Key deliverables.**
   List the 3 to 5 major actions, pieces of work, or deliverables are you planning to complete by the end of IAP.

   - Conduct meetings and interviews with key constituents and decision-makers
   - Facilitate discussions between key constituents and decision-makers
   - Synthesize findings into the start of a strategic plan
   - Engage Kyetume staff such that they internalize the strategic planning process and are equipped with the tools to continue the development of the plan and monitor its execution

3. **Current questions.**
   List your top 3 to 5 open issues, contingencies, uncertainties, in rough order of importance:

   - Controlling the scope of our project, managing client expectations
   - Remotely gaining an understanding of our client organization in its completely different cultural context
   - Balancing preparation with an attitude of learning from and adapting to the situation on the ground

4. **What's your current next step on this project?**
   Just one next step!

Meet with Professor Shames about this assignment.

Planned team workstream

Workplan Contents and Use

Our workplan consists of this document, which outlines project phases, deliverables, and scope, and our team's working notes, records of conversations and planning documents, as saved in the class's assignments website. In order to keep our scope aligned with the initial project objectives, we will update this document as changes in deliverables or expectations are agreed to by both the student team and the Kyetume team.

Project Goal

The purpose of our project with Kyetume Community Health Care Clinic is to help Kyetume develop a strategic plan that will prepare the organization for sustainable growth and to "improve the general health standards of underserved rural people within Mukono District and Uganda at large by influencing behaviour of rural communities using a community based involvement/participatory approach." In order to do this, we will:

1. Strive to understand how Kyetume meets its goals, and what it sees as its main challenges. We will do this through formal and informal meetings with all levels of Kyetume stakeholders, including management, volunteers, patients, patients' families, and other community members.

2. Learn about how other organizations in similar situations have dealt with these and other challenges. We will do this primarily during pre-and post-January work-periods in Boston. We will use our access to research and subject matter experts

to learn about organizations that have been successful in ways similar to Kyetume.

3. Work with Kyetume staff to develop strategies for dealing with these challenges within Kyetume's unique environment and culture. Kyetume has an impressive and comprehensive strategic plan in place, so we will work closely with Kyetume stakeholders to appropriately adapt the current plan or create a new one for the coming 5 year period. It is very important that Kyetume is closely involved in this process and will be equipped to monitor progress to the plan after the student partnership has concluded.

We do not expect that we will have solutions for all the challenges that Kyetume may face, but we hope that we can help the organization's leadership by providing some business tools and potential strategies that will enable Kyetume to monitor progress to goals, improve employee retention, raise more funds, improve patient outcomes and continue to expand service delivery.

Deliverables:

The following deliverables will be produced as part of this project:

Deliverable	Audience	Purpose	Deadline
Weekly blog entries	GHD faculty	To provide updates on our status	Weekly
Weekly client updates	Kyetume leadership	To provide updates on work completed and receive feedback from client	Weekly
Interim Deliverable	Kyetume management, GHD faculty		December 5
Final Deliverable	Kyetume management, GHD faculty		February

Workplan Phases and Major Tasks:

1. *Planning*

11/12 - 11/17 (3 working days)

During the planning phase, we will prepare initial documents that will define the scope and milestones for the project. We will conduct research on Uganda, the condition of the health delivery industry, and relevant peer organizations. We will also review any prior documentation and strategic plans, in addition to speaking with American students who are currently working or have worked with Kyetume in the past.
    Deliverables:
    -    Project plan, including detailed list of milestones and deliverables
    Necessary inputs from Kyetume:
    -    List of peer organizations
    -    Prior documentation and strategic plans

5. *Benchmarking*
11/17 - 11/26 (8 working days)
In this phase, we will conduct an in-depth review of peer organizations in Uganda and around the region, and will research how they have dealt with the challenges facing Kyetume. This benchmarking and strategic review will be conducted against the following dimensions:
    -    HR and management, including training
    -    Marketing
    -    Patient care
    -    Sourcing
    -    Clinic operations
    -    Fundraising
    Deliverables:
    -    Weekly blog entries
    -    Summary of benchmarking results, to be delivered to Kyetume staff on-site

Desired inputs from Kyetume
    -    Any available information on how Kyetume deals with the dimensions of the strategic benchmarking, whether written or via interviews
    -    Any available access to other organizations (such as donors or other community organizations)

6.   *Interim Analysis*
12/1 - 12/5 (5 working days)
We will review the results of the benchmarking study and compare it with what we know of Kyetume's operations and strategy. As part of our interim report, the team will highlight areas of Kyetume's business that seem either particularly strong or may be

experiencing particular difficulties which will will investigate further when we are on site. This report will be the launching-off point for our on-site visit, and will specify the areas of Kyetume's business model and strategy which are most critical and that we will pay the closest attention to. We will prepare a detailed action plan about the activities we plan to conduct while working in Uganda in January, with a focus on activities for our first week onsite. Such activities will likely include meetings with key stakeholders, employees, volunteers, and patients, tours of the Kyetume's facilities, tours of the local community, and other activities deemed necessary after our preparatory research.

7. *On-site Progress*

1/5-1/23 (15 working days)

During our time in Mukono we will reassess our proposed plan, working with local stakeholders to identify exactly what deliverables are most valuable, and what can be achieved in the three week period. We will focus on the development of an updated strategic plan, strategies for retention of qualified staff, and an assessment of current funding sources as it relates to identifying sustainable models of funding going forward.

Potential strategies to achieve these items include:
- Conducting meetings and interviews with key constituents and decision-makers, including patients, community leaders, donors, competitors (if any), etc
- Facilitate discussions between key constituents and decision-makers
- Synthesize findings into the start of a strategic plan
- Engage Kyetume staff such that they internalize the strategic planning process and are equipped with the tools to continue the development of the plan and monitor its execution
- Analyze financial data to assess current funding and gaps
- Recommend funding sources or reconfiguration of funding model to achieve sustainable funding
- Report on employee retention and development strategies to recommend potential improvements to current human resources strategies

8. *Post-visit wrap-up*

2/2-3/13

Upon return to Boston the student team will continue work on final deliverables including reports, research and resources, funding proposals and other documented wrap-up. The team will continue open communication with Kyetume and will work to achieve the goals that both parties agree to at the start of the project.

In addition, the student team will look to the experiences of other students in sister organizations throughout East Africa to listen for additional models and strategies that Kyetume might consider.

Communications Plan

1. **What do you see as the primary objectives of communication throughout your project?**

Our objectives of communication throughout the project are to keep everyone, both on the team, at the client site, and our MIT professors/TAs, informed of the research we've done, the ideas we've generated, and our client's feedback on these topics. By making sure that everyone is an active participant in the project will keep both our team and client engaged and invested in Kyetume's success, while preventing misunderstandings, disappointment with deliverables, or inappropriate recommendations for our client.

2. **Who are your target audiences for communication?**
   List the names and roles of the primary individuals/ organizations
   How would you prioritize this list?

Our target audience for communication includes the following prioritized list of people:

   1. Our team: We prioritized our team first because if we cannot keep communication channels open and regularly updated between our team members, then communication with our client and other stakeholders could be damaged.
   2. Our client lead: Reuben Mubiru
   3. Other stakeholders at the client site:
      - Jaymin Patel; Jaymin is an American student who has been living in Uganda and working with Kyetume since July 2008. He will be an important source of information as we quickly try to get up to speed on our client and the environment they work and live in. He is leaving Uganda in mid-November, so we will continue to seek input from him once he is back in the United States.
      - We are expecting more names to fill this list as we start to receive documentation from the client.
   4. Our faculty mentor: Prof. Shames
   5. Our classmates: Keeping our peers updated about our progress and ideas via our weekly. The goal of this communication is to promote information sharing and knowledge transfer between different teams.

3. **What will be the key content of the communications you will have for these audiences?**

The content of our communication will likely vary per audience that we are addressing. We are anticipating the following content:

   1. Our team: Communication between our four team members has already included a range of topics such as:

- Logistics: Dates/times of meetings
- Information gathering: Country and cultural data, Health care delivery landscape in the Mukono region, Specifics about our client and their challenges, Different health care delivery operating models
- Idea generation: To help us more clearly define the project scope, create a viable work plan, and ultimately generate solutions or tools for our client
- Travel logistics: Dates of work with client, means of transportation, visas, vaccinations, etc.

2. Our client lead: At a minimum, we have told our client that we will be in touch with him weekly while we are still in Boston. We expect phone and email communication to cover the following topics:
   - Learning about Kyetume
   - Data gathering requests
   - Q&A about materials provided by the client
   - Organizational analysis
   - Visit logistics: Dates, transportation, etc.
3. Other stakeholders at the client site: We will communicate with other stakeholders at the client less frequently, and the content will vary according to the stakeholder's role. However, we anticipate but will likely discuss topics
4. Our faculty mentor:
5. Our classmates: Information about Uganda and the communities and cultures it includes; Landscape of the organizations in Mukono; Ideas and models for integrated health care delivery organizations

While we are on-site in Uganda in January, we will continue to communicate with all of the above mentioned stakeholders, but the subject and means of this communication will change with each stakeholder.

4. What are the primary mechanisms you plan on using to communicate with your identified constituents and how frequently will you communicate?

We will use the following modes of communication with our stakeholders while in Boston and Uganda:

1. Our team: Weekly in person meetings, daily emails and phone calls, as needed (while in Boston), daily check-in meetings to update each other on any concurrent work streams and idea generation (while in Uganda)
2. Our client lead: At least once weekly emails and Skype calls as needed (while in Boston), daily meetings and informal gatherings (while in Uganda)
3. Other stakeholders at the client site: Email or Skype calls as needed (while in Boston), in person meetings and informal gatherings (while in Uganda)
4. Our faculty mentor: Regular in-person meetings (while in Boston), weekly updates via email (while in Uganda)
5. Our classmates: Weekly blog post

Stakeholder Assessment

Complete this worksheet to develop an initial understanding of your stakeholders.

Who are the individuals and groups that matter most to the success of your project and what are their interests? Stakeholder analysis is a method you can use to identify and assess the importance of key people, groups of people, or institutions that may significantly influence the impact of your project.

Your goals in this analysis are to:

1. Identify people, groups, and institutions that will influence your project;
2. Anticipate the kind of influence, positive or negative, each will have on your project by considering the specific interests or stakes they have in your project
3. Determine the level of impact each stakeholder can have on your project so you can prioritize your strategies accordingly; and
4. Develop strategies to get the most effective support possible for your project and reduce potential obstacles to achieving the project's goals.

Project **Stakeholder**	Stakeholder **Interest**(s) in your Project	Level of **Impact**	Potential **Strategies** for Obtaining Support or Minimizing Obstacles
MIT Team members	Providing value to the client; learning about integrated health care delivery models in Uganda; exploring a new country and culture	High	Regular communication of tasks completed, milestones met, and updates from interviews/phone calls/research; communication about our individual expectations and goals for this experience; weekly meetings
Client lead: Reuben Mubiru	Improving services provided by Kyetume to the community; strengthening an organization he helped found and cares deeply about	High	Providing weekly updates on our work; continuously soliciting ideas and feedback from the client; when feedback is needed, setting clear dates by which we need his feedback; regularly reviewing progress on milestones to manage project scope and client expectations
Client staff	Improving services provided by Kyetume to the community; strengthening the organization; increasing relevant skills & job satisfaction	High	Receiving introductions from appropriate personnel whether communicating from Boston or in person; explaining to them the scope of the project to manage expectations
Client volunteers	Improving services provided by Kyetume to the community; strengthening the organization; increasing relevant skills	High	Receiving introductions from appropriate personnel whether communicating from Boston or in person; explaining to them the scope of the project to manage expectations

Health center patients	Improved access to and quality of care and services	Medium	Receiving introductions from appropriate personnel whether communicating from Boston or in person; explaining to them the scope of the project to manage expectations; always maintaing patient confidentiality
Recipients of other Kyetume services	Improved access to and quality of care and services	Medium	Receiving introductions from appropriate personnel whether communicating from Boston or in person; explaining to them the scope of the project to manage expectations
Mukono community at large	Increased access to and range of services; improving the health, wellness, education and empowerment of the community	Medium	Receiving introductions from appropriate personnel whether communicating from Boston or in person; explaining to them the scope of the project to manage expectations; actively exploring the community, its history, culture, values, and landscape

Context

Geo-Political Overview

Uganda is a constitutional republic, the most recent version of which was adopted on October 8, 1995. The constitution defines many rights of the people, and is a source of pride as Ugandans have resisted attempts to import other countries constitutional systems that are not reflective of the country's history and culture. The constitution defines a republican government with strong presidential powers.[1]

The Ugandan President, Yoweri Museveni, was elected in 2006. In addition to the president, key government figures include Prime Minister Apolo Nsibambi, (appointed by the president,) and around 300 National Assembly members. Almost a third of the National Assembly members are nominated by interest groups, including groupings such as women, youth, disabled, and army representatives.[2] The remaining members are elected to two-year terms. In 2005 amendments to the constitution removed terms limits for the president and legalized the multi-party system. The National Assembly is dominated by the National Resistance Movement (NRM) party, also the part of the current president.

The National Resistance Movement party began after the overthrow of Idi Amin in 1979 by a coalition of exiles, Baganda (Uganda's largest ethnic group) nationalists, Tanzanian forces and others, all of whom fought under the name of the Uganda National Liberation

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[1] http://www.statehouse.go.ug/index.php
[2] Christina Nystrom, 2000 http://www.janda.org/ICPP/ICPP2000/Countries/9-CentralEastAfrica/98-Uganda/98-Uganda63-00.htm

Front. After a long few decades of various dominant party leaders, disputes with other political groups and other wars for power, Museveni rose to power in the mid-2000s. Museveni sought to change the face of the party, promoting economic liberalization and establishing himself as more of a politician than a guerrilla leader.

Uganda is made up of four administrative regions, Northern, Eastern, Southern and Western. These regions are further divided into seventy districts, and further into 146 counties, one city and thirteen municipalities. The counties are divided into sub-counties and then into parishes and villages. In addition, five traditional kingdoms are still recognized in parallel with the state administration. These kingdoms are recognized mostly as holding cultural autonomy, and include Toro, Ankole, Busoga, Bunyoro and Buganda. Buganda is the largest of these. Three million Baganda people represent about 17% of the population of the country. The Swahili term for Buganda is Uganda, thus the country name. The Buganda region is boundaried by Lake Victoria on the South, the Victoria Nile River on the East and Lake Kyoga to the North. The Luganda language is commonly spoken in Buganda.[3]

Macroeconomics and Human Development

In 2007 Uganda had a population of 30.93 million, with a 3.4% annual growth rate. The country's GNI was $10.47 billion and GNI per capita of $340 (Atlas method). The GDP was $11.21 billion in 2007, with an annual growth rate of 6%. Uganda had official aid and development assistance amounting to approximately $1.5 billion in 2007.

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[3] Wikipedia.org Politics of Uganda

The country's GDB is primarily composed of service sector, at 52.8% of the economy in 2007. Agriculture makes up 29% of the GDP and industry 18%. Major exports include coffee and cotton, and the primary imports are fuel and energy.[4] The country is roughly 36% forested and 64% agricultural.

As of 2007 there were 14 fixed line and mobile phone subscribers per 100 people and 6.5 internet users per 100 people.[5] There were estimated to be 2.5 internet users per 100 people in 2006, showing some growth in connectivity. Approximately 10% of households had television sets in 2006.[6] The adult literacy rate varies by gender, with males showing 76.8% and females at just 57.7 %. Net primary school enrollment is much more equal, with women at 99% and men at 97%. It is important to note, as well, that these are higher than the averages of 60% of females and 68% of males for sub-Saharan Africa combined.

Culture

Ugandan ethnic groups breakdown as follows (2002 census): Baganda 16.9%, Banyakole 9.5%, Basoga 8.4%, Bakiga 6.9%, Iteso 6.4%, Langi 6.1%, Acholi 4.7%, Bagisu 4.6%, Lugbara 4.2%, Bunyoro 2.7%, other 29.6%. The primary religions are Roman Catholic 41.9% and Protestant 42%. 12.1% are Muslim and 4% are other or none. [7]

Music is an important part of Uganda's culture and national development. Kampala is the main center for Ugandan music. The most known style of music has been Kadongo Kamu, with one guitar leading. A newer style of music we might find in Uganda is one

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[4] World Bank Group Report 9/24/2008 Data prepared by country unit staff and figures may vary
[5] World Development Indicators Database, September 2008 The World Bank Group
[6] World Bank ITC at a Glance and Millennium Development Goals 2006 http://devdata.worldbank.org/ict/uga_ict.pdf
[7] CIA World Factbook https://www.cia.gov/library/publications/the-world-factbook/print/ug.html

that is wider spread in East Africa, Takeu. Takeu incorporates elements of Tanzanian, Kenyan and Ugandan music. There are also several forms of music that are traditional to the different ethnic groups, and music has been a part of theater groups formed by political leaders including Idi Amin and the current administration.[8]

Public Health and Health Care Delivery

Life expectancy at birth was 51 years (as of 2006.) Also in 2006 the fertility rate is 6.7 births per woman, higher for the average fertility rate of 5.3 for all of Sub-Saharan Africa. The adolescent fertility rate was 156 per 1000 women ages 15-19. 42% of births were attended by skilled health staff, and the mortality rate for children under 5 was 134 per 1000. 89% of children ages 12-23 months are immunized for measles. The portion of women ages 15-49 using contraception as of 2004 was just 23%, on par with the rest of Sub-Saharan Africa.[9]

The percent of the population ages 15-49 with HIV was estimated at 6.4% in 2005 and 5.4% in 2007. 60% of TB patients are co-infected with HIV. The percent of the population with access to improved water supply is estimated to be just above 60%, and just 29% of the urban population is estimated to have access to improved sanitation facilities.

Data on primary causes of death from disease are available only for 2004 and show the following: HIV/ AIDS 25%, Malaria 11%, Lower Respiratory Infections 11% and Diarrheal Diseases 8%. Causes of death for children under 5 years are highest for Malaria 23%, Pneumonia 21% and Diarrheal Diseases 17%. Problems plaguing the

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[8] Wikipedia Ugandan music information
[9] The World Bank Group - GenderStats Database (c) 2002, data relevant as of 2004

Ugandan health care system include lack of access to essential drugs, corruption and lack of effective management. Ugandan people don't always know what services are available and what they can expect from the healthcare system.   Since 1999 an NGO called the Uganda National Health Consumer's Organization (UNHCO) has been working with stakeholders to build a more cohesive system that better meets the needs of the Ugandan people.

Kyetume Health Centers

Kyetume's vision is to "see a productive healthy society responsive to its fundamental human rights and obligations." Their mission statement is "Kyetume CBHCP strives to improve the general health standards of underserved rural people within Mukono District and Uganda at large by influencing 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."[10]

 The organization's stated objectives are to:

1. *Recognize, protect, and provide quality health care as fundamental human rights.*
2. *Reduce maternal and infant mortality and morbidity among rural populations.*
3. *Promote family planning and reproductive health among our target populations.*
4. *Establish, support, and improve income generating activities for poverty reduction and nutrition and food security.*
5. *Facilitate the increase of community support programmes aimed at uplifting communities' standards through preventive health, nutrition, environmental sanitation, and access to safe water sources.*
6. *Build and enhance the capacity of the target community to identify and prioritize needs and challenges, and create appropriate participatory interventions.*
7. *Promote strategies geared toward protection of the environment, including wetlands.*
8. *Support adult literacy as an approach for sustainable development.*

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[10] Kyetume website http://www.kyetumecbhcp.org/?page_id=28

Kyetume operates two health centers and a main office. They serve mostly rural clients. Other programs including social outreach and education programs run out of the main office. Kyetume offers vocational training programs in skills such as tailoring and computer use. They offer information on water sanitation. Finally, the main center runs orphan support programs wherein they provide families who adopt orphans with a means of economic and nutritional sustenance, such as a farm animal.

Kyetume's health centers have access to a lab with a CD4 count machine, STD testing and quick TB tests. The closest facilities with similar services are in the capital of Kampala. They have told us that their health center operations, orphan support program and community health worker are their strongest assets, whereas a local water sanitation project is their greatest challenge. They do not currently receive payment for services and there is some debate amongst the Kyetume team as to whether this is feasible. One of the essential challenges they face is in the area of turnover and human resource management.

Kyetume partners with other organizations that share a funding source. They try to collaborate and share resources with organizations that are grantees to US organizations and others. There are national networks such as the Uganda AIDS Commission that Kyetume partners with. Fundraising and developing a strategic plan seem to be some of the key goals for Kyetume leadership at this point in the organization's history.[11]

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[11] Call with project lead November, 2008

Project motivation

The (hypothesized) model or theory underlying our project

In a nutshell, what is the problem that our hosts face?

Fundamentally, Kyetume faces a (real or perceived) lack of management capacity. In reading their project application and speaking with them on the phone, we hear three core problems that Kyetume would like to address:

1) High staff turnover
2) Lack of diverse and sustainable funding streams
3) The perception that their health centers are only about HIV/AIDS, which creates a stigma to pursuing treatment at these facilities

Kyetume would like to have a 5-year strategic plan in place that addresses these issues, along with metrics and evaluation tools to allow them to measure progress and employee performance.

Our G-Lab GHD project addresses this problem by providing the following specific solution:

We intend to bring a structured approach to analyzing these problems and developing a plan for the future. We also intend to engage key stakeholders at Kyetume in a planning process that creates a true discussion forum at Kyetume. Our ideal scenario is that the strategic plan we deliver at the end of our time with Kyetume is a synthesis of the discussions within the organization, but that the true changes will be internalized by the stakeholders as they engage in the process.

Now, to consider the linkages between the host's problems and the specific solutions our team will deliver: Explain how your proposed solution addresses the problem. Feel free to use a diagram to map the relationships between actions and outcomes.

To address the problems that Kyetume faces, changes in both mindset and behaviors by key stakeholders are required. This is why it is so important that the key stakeholders internalize the conclusions of the planning process. It is necessary but not sufficient for us to produce a physical document at the end of our time with Kyetume. The changes must be felt and enacted.

Team and host motivation

What's in it for the team.
Why is your team interested in this project? Review your project application, and also consider initial team discussions on personal contributions and goals. Note what you have in common as motivations for this work.

Each of our team members has a long-term interest in applying management practices for the greater good. This project aligns with this interest in two fundamental ways. First, it is a way for us to tangibly use our management skills to make an impact now. Kyetume is an organization whose work inspires us, and we would be thrilled to help it succeed. Second, it helps us to learn how we might apply our business skills in the future. Engaging in this kind of project facilitates us as we build a bridge in our knowledge between the business skills we learn in the classroom how to apply in a traditional corporate context and how those skills might be applicable in other arenas. Global health is also a personal long-term interest for more than one of our team members, and learning more about the African cultural context is also an important goal for us.

Host motivations
What is motivating your hosts to participate in this effort? Your notes here should include the formal statements regarding the host's aspirations, as well as your sense of other things they care about that may not have been expressed as formally. (Naturally, we expect you to treat such notes regarding your attributions about others confidentially, and with an appropriate level of skepticism—realize that your attributions may change over time as you learn more.)

We expect that our hosts are intending for us to bring skills to them that they do not possess. We anticipate that they expect for us to create a 5-year strategic plan that they can then follow to the letter and succeed. We hope that we can work with them to see that we can provide the structure, but that it is their ideas that will come through in the plan, and that they are the ones who need to carry them out and course-correct over time.

Reuben K Mubiru
Programmes Manager
P.O. Box 166 Mukono
Uganda – East Africa

November 26, 2008

Dear Reuben,

We have thoroughly enjoyed our conversations with you and Jaymin over the past few weeks, and are looking forward to meeting you in person on January 5th. We are attaching further details on what we hope to have completed by the end of December, and our plan for work to take place while we are on site. Our hope is that this information will facilitate a clear understanding of what we hope to have done by the end of our visit to Uganda. We recognize this plan as a starting point, one that can be changed as appropriate to reflect your input and our experience on site. Upon arrival in Uganda we hope to have a more complete understanding of the actual environment, and will adapt to meet the objectives that you and the KCBHC team are most interested in achieving.

As we have previously discussed, we will be arriving in Uganda in time to start working on Monday, January 5, and will work for the three weeks (15 business days) up until Friday January 23. During that time, we hope to help Kyetume CBHC begin the process of updating its strategic plan. We will prepare a structure for the plan, and will complete as much of the plan as we can according to KCBHC's stated priorities: Fundraising and assessment of the organization's financial situation, issues of Human Resources management and turnover, and the community perception of KCBHC's range of services. As part of this process, we hope to complete an assessment of KCBHC's financial situation and an initial assessment of what KCBHC has achieved against its prior strategic plan.

In order to meet these ambitious goals for our three weeks with you, we will appreciate your continued help in conducting advance work, including setting up meetings with stakeholders for our first week in-country, so that we can get started right away when we arrive in Mukono. Once on the ground, we would like to tour the facilities and clinics, review financial records, observe as many programs as possible, and get as complete a view as we can of the current situation. In order to do this, we will also need to meet with a broad group of stakeholders, including patients, clinicians, community health workers, donors, and others you might suggest. We hope to have frank conversations with these stakeholders so as to get a complete understanding of how KCBHC is perceived in the community. We have spent the last few weeks researching the state of public health, infection and disease in Uganda, as well as looking at what other clinics have struggled with and some models they have used to solve their fundraising, staffing and growth challenges. It is our hope that we will be able to combine

this broader learning with an exploration of KCBHC's unique challenges to provide value to the organization.

Please let us know if you have any questions or comments on our proposal for the project and for January. We look forward to seeing you and continuing this rewarding relationship with KCBHC.

Warm regards,
Deborah Schapira, Jon Potter, Lisa Griffiths, and Catharina Lavers