



HAU | IHPCA
**Hospice Africa
Uganda**

STRATEGIC PLAN 2020 - 2025





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LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
COVID 19	Corona Virus Disease 2019
HAU	Hospice Africa Uganda
HA Australia	Hospice Africa Australia
HAUK	Hospice Africa United Kingdom
HAF	Hospice Africa France
HAUS	Hospice Africa United States
HIV	Human Immuno-deficiency Virus
ICT	Information, Communication and Technology
IHPCA	Institute of Hospice and Palliative Care Africa
KCCA	Kampala Capital City Authority
NCHE	National Council for Higher Education
NDA	National Drug Authority
NGOs	Non-Government Organizations
NSSF	National Social Security Fund
MOH	Ministry of Health
PC	Palliative Care
PCAU	Palliative Care Association of Uganda
SDGs	Sustainable Development Goals
SOPs	Standard Operating Procedures
SWOT	Strength, Weaknesses, Opportunities and Threats
TEL	Technology Enabled Learning
UHC	Universal Health Coverage
UMDPC	Uganda Medical and Dental Practitioners Council
URA	Uganda Revenue Authority

FOREWORD FROM THE CHAIRPERSON HAU BOARD



Over the last 27 years, Hospice Africa Uganda has been a trailblazer, impacting lives of Ugandans, especially the terminally ill patients in a very unique way through its premier palliative care services since 1993. The impact of this service to the poorest of the poor terminally ill patients through its three catchment areas of Kampala, Mbarara and Hoima cannot be overstated. The service has been delivered with a special touch in the hearts of our patients and their families.

The 2020/21 – 2024/25 plan has seven strategic objectives which are 1) To provide High Quality African Palliative Care for cancer / HIV AIDS patients in Uganda; 2) To strengthen and maintain capacity of HAU to produce oral liquid morphine; 3) To provide high quality palliative care training in Africa; 4) To build and strengthen capacity of other African countries to deliver palliative care; 5) To strengthen research, innovations, advocacy and networking for palliative care in Uganda and Africa; 6) To ensure effective and efficient governance at HAU and To enhance financial efficiency and sustainability. These objectives reflect the core business and purpose of HAU.

The last two years 2018/19 and 2019/20 have been the most testing times for the Hospice Africa Uganda Board of Directors and all stakeholders. The COVID -19 pandemic came in to set yet a “New Normal” which has reasonably challenged the organization. The encouragement in all this is the fact that the staff of Hospice Africa Uganda remain undented towards service to patients even when they had to sail through some months with uncertainty of remunerations. The Board of Directors have remained determined and focused through it all. The commitment of the Founding bodies (HAUK, HAI, HAF, HAUSA, HAA) have kept the organization alive. The resilience of the founder of Hospice Africa Uganda, Prof. Dr. Anne Merriman which saw her attempt to raise funds by walking on her verandah during the Covid-19 lock-down renewed a sense of commitment in all that witnessed her commitment to the cause of the Patient and the family. The selflessness of our volunteers both locally and abroad has kept hope alive. The support of the Government of Uganda towards Palliative care has been felt and has given us all hope and courage.

Hospice Africa is still in the “mucky waters” in terms of financial sustainability but we boast in the ETHOS of Hospice Africa hence the commitment to the cause of the Patient and family. Let us join hands in raising both financial and technical support for the work of Hospice Africa Uganda and give our patients a fresh lease of life and lay a foundation for “Palliative care becoming as available as the air we breathe” in the coming five years of this strategic plan. Together we can make it! God being our helper.

Tom Duku Rwothumio
Board Chairman,
Hospice Africa Uganda

ACKNOWLEDGEMENTS



The Hospice Africa Uganda five-year strategic plan is an important achievement for the realization of the HAU vision. This plan, comprising seven strategic objectives, was made possible through the contributions of various stakeholders who played a critical role in shaping the strategic direction of Hospice Africa Uganda (HAU).

First we acknowledge Anne Lezak, a friend of Hospice Africa Uganda and a management consultant who spear headed this planning process, setting the pace and frame for it.

With utmost gratitude, we acknowledge contributions from everyone who attended the consultative stakeholders' workshop held from 12th to 13th March 2020 at Hospice Africa Uganda (HAU) headquarters – Makindye. The strategic planning process brought together HAU members, implementing partners, and Ministry of Health, some attending physically while others were on Zoom.

Your commitment towards developing this plan is laudable.

We are deeply indebted to the entire Board membership for their visionary and strategic advice which has allowed HAU to remain a model hospice even in the next five years. The HAU Board, led by the Board Chairperson, Mr. Tom Duku Rwothumio took a leading role in providing strategic direction for HAU.

We appreciate the founder of HZU, Prof. Dr. Anne Merriman who ensured that the process was informed with relevant history. She is known for her pioneering work and influential research into palliative care in developing countries in Africa.

We appreciate the input of the founding bodies – HAUUK, HAI, HAUSA, FOHAA, HAF. They have really supported HAU in all its endeavours including the development of this plan.

We cannot overstate the time and effort that the Senior Management team and all technical staff have put in to realise this plan. They carefully drew forecasts of the targeted strategic actions, resource requirements and performance indicators which would lead to achievement of the strategic direction.

Our appreciation also goes to the consultants led by Dr. David Ssekamatte for the support and guidance during development of this Plan.

We sincerely owe all stakeholders and contributors our great appreciation for all the support. As we make a turn towards implementing the planned strategies, we call upon all the stakeholders to renew their commitment towards HAU. We appeal to all to enable us obtain the required resources for implementation.

Yours sincerely,

Dr. Agasha Doreen Birungi
Chief Executive Director,
Hospice Africa Uganda

MESSAGE FROM OUR FOUNDER



Arriving in Uganda in 1993, having chosen this beautiful, caring but sad country for the model for Hospice Africa, I could not foresee the great way Uganda would embrace palliative care due to the recognition of the terrible suffering from cancer and HIV, by the then Minister of Health Dr James Makumbi (RIP). We continued to receive Government support through the Ministry of Health up to 2004. This support was for making policies and changing the law so that we could increase the prescribers in a country where only doctors could prescribe the recommended medicine for severe pain, oral morphine.

However, many of the initial supports from MOH and the Universities, has lessened over the last 15 years. The education of our doctors to care, not only for those who reach hospital but also for those in the community, is less. In 1993, approximately 57% of people in this country did not see a health worker. The population has doubled since 1993, the health services have increased but mainly based in hospitals and health centres. Palliative care has an ethos that is new to medical circles where the patient is the centre of all we do from decisions at top level to the care on the ground. Our key word is "hospitality" to all who come to us. Seeing the whole patient is very new to health workers, who are used to curing the broken leg or the appendicitis, often without seeing the person who has it. Success is measured in cure without looking at the quality of life! What is happening? We are all rotating around money and the faster the patient is in and out, the more money for the doctor or the health system. When treatment is denied for lack of payment, we increase the suffering yet we took the Hippocratic oath at graduation, "Never to do harm".

Our ethos calls us to know the patient, to know the patient's needs, wants, values, joys, expectations and try as much as is humanly possible to allow him/her, and the family, to have an improved quality of life. This is important for all regardless of race, gender, education or status. We have seen some families prefer to keep their loved ones in hospital on invasive therapies and interventions. This is a growing trend considering that a study done in Uganda by Dr Ekie Kikule in 2002 demonstrated that most Ugandans and their carers want to be at home at the end of life. We call on all that care for the suffering, to consider each one, their quality of life and embrace a care, where their wishes are followed.

So why is palliative care everybody's business? We are born with one certainty only. It has already been scientifically proven that those patients with a life-threatening illness live longer with palliative care. Medical professionals have not all grasped this. Medical success is still measured in cure. This denies me and my loved ones, the peace we all wish for ourselves and our families at this precious time. Whether rich or poor, I need family and a health worker, who will treat me as the person I am, supporting me with pain and symptoms relieved, so I am able to plan the future for and with my loved ones.

Please help Uganda to move forward as a caring Nation, continuing to be a model for African palliative care. Thank you for reading this strategic plan and supporting its implementation as we travel together to 2025.

Professor Dr Anne Merriman
Founder
Hospice Africa Uganda

HAU BOARD



Tom Duku Rwothumio
Board Chairman



Prof. Katabira Elly
Vice Chair



Ms. Dorah K Musinguzi
Secretary & Chair Governance
Committee



Mr. Michael Corless
Treasurer & Chair
Finance and Audit Committee



Dr. Alfred K. Kiiza
Chair Policy and Planning
Committee



Mr. Kenneth Mugisha
Chair Resource Mobilisation
Committee



Prof. Dr. Anne Merriman
Founder



Pastor Nicholas Kasaija
Chair LHH Committee of the board



Dr. Theopista N. Sekitto



Dr. Edwin Mugume



Mr. Henry Rugamba



Joy Mirembe



Dr. Christine Nabiryo

PCAU ENDORSEMENT FOR HAU STRATEGIC PLAN 2020 – 2025

The Palliative Care Association of Uganda (PCAU) is the national association for palliative care providers in Uganda. Currently, PCAU is composed of 24 member organizations and 1200 individuals. The vision of PCAU is; *Palliative Care for all in need in Uganda*. Our mission is; *To accelerate the integration of Palliative care in the Uganda health care system through capacity building, advocacy, research and resources mobilization*.

The association congratulates the Board, Management and staff of Hospice Africa Uganda (HAU) which is a founding member of PCAU, upon the establishment of a new strategic plan. This plan is evidence that current leadership at HAU is cognizant of the need to prepare the organization to thrive by providing the required clarity, direction and focus. This plan has come during the COVID-19 Pandemic which brought about unprecedented challenges for health care systems and services including the continuity of palliative care. The identified three building blocks for this plan resonate well with addressing some of the challenges being faced and those anticipated beyond the pandemic.

Since commencement of palliative care services in Uganda 27 years ago at HAU, Uganda has made numerous achievements. By January 2020, a total of 225 health facilities were offering palliative care in 105 districts in Uganda. Of these, 148 were public while 77 were private health facilities. Whereas this is the case, the trend of the integration of the service into the public health care system has been slow. There are about 30 districts without any health facility offering palliative care in the country. The 2020 global palliative care ranking shows that Uganda dropped from countries with advanced health system integration to countries with preliminary health system integration (WHPCA, Global Atlas of Palliative Care 2020).

There is need for concerted effort by all players especially in generating the required resources to propel the growth of palliative care in Uganda.

By establishing this strategic plan, HAU has demonstrated effort towards contributing to the vision of ensuring access to palliative care for all patients and families in need in Uganda. Already, HAU has achieved greatly in contributing to the availability of oral liquid morphine, palliative care education, training and establishment of a Research Ethics Committee.

Therefore, based on their pioneering role of palliative care services in Uganda, experience, achievements and demonstrated commitment by their leadership, HAU is expected to succeed in implementing this strategic plan.

The Palliative Care Association of Uganda endorses this strategic plan and makes a humble appeal to partners and all stakeholders to support HAU to implement it.



Mark Donald Bikosa Mwesiga
Country Director - PCAU

EXECUTIVE SUMMARY

The Strategic Plan has been developed on three building blocks of the HAU vision these are to; (i) provide pain relief and holistic care to those dying or suffering from cancer and other life limiting illnesses; (ii) provide training and education for health professionals, on both pain relief and the specialty of palliative care; and (iii) build a coalition of organizations working in partnership in Uganda and across Africa to spread knowledge and adoption of palliative care. The strategic direction is built on the gains and achievements of the ending Strategic Plan. HAU envisions ***Palliative care for all in need in Africa***. In the pursuance of this vision, HAU has a mission ***to bring peace to the suffering in Africa through providing and facilitating affordable and accessible palliative care in Uganda and other African countries***.

This strategic plan anchors into HAU's registered successes as below presented:

- a) Accreditation of two new postgraduate programmes by NCHE at IHPCA which boosted palliative care training in Uganda and Africa.
- b) Morphine production is up to National and International standards
- c) First batch of Bachelors in palliative care graduated in sub-Saharan Africa from the IHPCA
- d) Created HAU's own Institutional Review Board (Research Ethics Committee that is accredited by Uganda National Council for Science and Technology)
- e) Continuous improvement and innovations in the production of oral liquid morphine at HAU.
- f) Maintained the standard of care for patients and their families despite reduction in funding by using more of phone consultations.

However the last strategic planning period faced several constraints; key among which were:

- a) Reduced donor funding due to poor management systems and governance issues at HAU
- b) Low visibility of HAU in Uganda
- c) Changing organizational structure
- d) High cost of running IHPCA with limited sources of revenue
- e) Limited capacity for research among staff at HAU
- f) Low student enrollment at IHPCA due to limited marketing and demand for palliative care training
- g) Palliative care has not been fully integrated into the curriculum of health training institutions
- h) Reduced frequency of daycare and home visits as a result of reduced funding. We have used phone consultations to cover for the contact time, encouraging two-way communication; patients reach us on our call lines while we also do follow up.
- i) Reduced catchment area covered by all HAU sites due to reduced funding.
- j) Reduced HR capacity leading to an increase in the workload due to limited funding
- k) low uptake of pediatric care at HAU due to funding limitations
- l) Low levels of advocacy for palliative care across the country
- m) Shortage of clinical staff and scientists at HAU due to limited financing

The performance review of the previous strategic plan indicated that though some of the targets had been achieved, many of other targets were not achieved. Also, to note is that since the end of the strategic plan 2012-2017, the organization didn't have an up-to-date strategic plan to follow. It was therefore deemed necessary to do a review of the previous strategic plan and develop a new one

that would represent the aspirations of the key stakeholders of HAU. In the pursuance of HAU vision and mission therefore, the Strategic Plan lays out seven (7) strategic objectives:

- i. To provide High Quality African Palliative Care for cancer / HIV AIDS patients in Uganda;
- ii. To strengthen and maintain capacity of HAU to produce oral liquid morphine;
- iii. To provide high quality palliative care training in Africa;
- iv. To build and strengthen capacity of other African countries to deliver palliative care;
- v. To strengthen research, innovations, advocacy and networking for palliative care in Uganda and Africa;
- vi. To ensure effective and efficient governance at HAU; and
- vii. To enhance financial efficiency and sustainability.

HAU requires adequate funding to operate and achieve its goals and objectives. To secure funding the organization needs to share its periodical aspirations, strategies and targets to the funders. Therefore, it was prudent to develop a new 2020 – 2025 strategic plan for HAU to enable the governing board as well as management to raise and secure funding that would support implementation of HAU operations as well as achievement of goals and objectives.

This Strategic Plan requires a budget of **Ushs. 13,836,869,500** (thirteen billion eight hundred thirty six million eight hundred sixty nine thousand five hundred shillings only) to enable successful execution. The Board, Management and all stakeholders are therefore called upon to support all fundraising initiatives to ensure that the strategic direction set is successfully achieved.

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1.0 INTRODUCTION

The Strategic Plan has been developed on three building blocks of the HAU vision these are to; (i) provide pain relief and holistic care to those dying or suffering from cancer and other life limiting illnesses; (ii) provide training and education for health professionals, on both pain relief and the specialty of palliative care; and (iii) build a coalition of organizations working in partnership in Uganda and across Africa to spread knowledge and adoption of palliative care. The strategic direction is built on the gains and achievements of the ending Strategic Plan. HAU envisions ***Palliative care for all in need in Africa***. In the pursuance of this vision, HAU has a mission ***to bring peace to the suffering in Africa through providing and facilitating affordable and accessible palliative care in Uganda and other African countries***.

This Strategic Plan therefore presents laid down strategic actions under the strategic objectives aiming at ensuring that the direction set is achieved in the period 2020-2025. Strategies laid call for a lot of commitment from the Board, Top Management, the entire HAU staff, and all stakeholders. This strategic direction will ensure that all key stakeholders are involved in the different activities including monitoring and evaluation of progress, as well as during the entire decision-making process.

1.1 Background to HAU

HAU is the model for Hospice Africa (HA) that commenced in 1992 in Liverpool, UK with a vision of “Palliative care for all in need in Africa”. The vision for HA emerged from an awareness of the suffering due to unmet needs, experienced by cancer patients that the founder Dr. Anne Merriman witnessed in Nigeria in the 1960’s and Nairobi in 1990. This led to a recognition of the suffering that was taking place throughout Africa, and that was on the increase due to the ravages of the HIV/AIDS epidemic. Dr. Anne was approached by several individuals working in African countries asking for palliative care to be brought to them as a way of supporting those in pain and suffering due to cancer and other illnesses like AIDS. Following a feasibility study of four potential countries, Uganda was selected as the country in which to launch an affordable and culturally acceptable model of palliative care.

In 1993, after working with the Ministry of Health-Uganda to enable morphine powder to be imported into the country, HAU launched a modest clinical service in Kampala and by 1994, HAU began trainings for nurses and doctors. HAU developed ethos suitable for African palliative care, which has been the source of our spirit and adaptability to multiple African economies, cultures, and spiritual practices for the end of life.

In 2004, the Government Statutory Instrument allowing Specially Trained Nurses and Clinical Officers to prescribe oral liquid morphine was issued. This was the first country to make this move.

In 1998, HAU expanded and commenced Mobile Hospice Mbarara in Southwestern Uganda and Little Hospice Hoima in Western Uganda. Over the last 20 years, HAU grew from a handful of clinicians to

135 team members across the three locations. By the 25th Anniversary in 2018, HAU had cared for more than 32,000 patients and developed a substantial training and education arm, with programs that reached over 35 African countries.

HAU has launched several partner initiatives that have helped expand palliative care in Uganda and beyond. In 1999, the Palliative Care Association of Uganda was started by HAU to strengthen the coordination of services in Uganda and in 2003, the African Palliative care Association commenced to coordinate and advocate for palliative care throughout the continent. In 2008, HAU helped start a Palliative Care Unit at Makerere University College of Health Sciences to take on training of undergraduate and graduate students in palliative care.

In 2009, HAU started the Institute of Hospice and Palliative Care, which offers both formal degree-granting programs and short courses in palliative care for health care providers in Uganda and beyond.

In 2014, HAU founder and Director of International Programs Prof. Dr. Anne Merriman was nominated for a Nobel Peace Prize for her ground-breaking work in bringing palliative care to the African continent. African palliative care is now recognized as unique, cost effective and adaptable to African cultures and economies.

HAU has been significantly supported by the Anne Merriman Foundation which comprises the Hospice Africa UK (HAUK), Hospice Africa USA (HAUSA), Hospice Africa France (HAF), Hospice Africa Australia (HAA), Hospice Africa Ireland (HAI). These founding bodies have given HAU strategic direction and funding from inception to date.

1.2 Hospice Africa Uganda today

Hospice Africa Uganda (HAU) an indigenous Non- Government Organization with three branches, one in Kampala which is a model for an urban area, Mobile Hospice Mbarara, semi Urban and Little Hospice Hoima which is a rural model. At all three branches, HAU works closely with local governments, community volunteer workers, spiritual advisors, and traditional healers. HAU provides pain and symptom relief, counselling and spiritual support through a holistic approach targeting the most vulnerable patients including persons with disabilities, refugees, the elderly and the extremely poor. HAU services are provided through home visits, community outreaches to underserved communities and outpatient services at our branches. Patients are also referred to HAU from hospitals and through a network of HAU trained Community Volunteer Workers. HAU as an organization holds a philosophy where the patient and family are positioned at the centre of all we do.

Hospice Africa Uganda has an interdisciplinary team composed of clinicians and support staff that are dedicated to the relief of the suffering brought on by life threatening and debilitating illnesses. HAU focuses on cancer and those with cancer and HIV/AIDS. Over the past 25 years, HAU has cared for over 32,000 patients and their families.

1.3 The Anne Merriman Foundation

This was conceived in Uganda in 2008 and launched in Uganda in August 2016. The Aims of the foundation are A. to support all those supporting our palliative caring and education in African Palliative care; B. to protect our intellectual property, so it can be used whenever necessary as long as the source is recognized; C. To ensure our legacy is carried forward with the “Merriman” model enshrined; D. To raise funds for patient care with our vision in mind; E. Protection of the Ethos and spread of it throughout Palliative Care in Africa, to other specialties and all who care.

We meet virtually, quarterly, with all the Hospice Africa support organisations. These are presently in UK (Founding organisation), Ireland, France, USA, Australia. Each is a registered charity in their own country and raise funds as possible according to the laws of each countries’ charity commission. Information and fundraising ideas are shared and members encouraged to visit and see the work on the ground in Uganda and other African countries.

There is a Charter that guides the foundation activities. The representatives from Uganda on the foundation are Chair of the Board HAU and Founding member of HAU – Mrs. Naomi Nasasira.

1.4 The Strategic Planning Process

This began with an inception meeting at the end of January 2020 between the Executive Director, and Board Chairman of HAU and the Consultant planning team to fully understand the assignment. Based on the inception meeting, the planning team developed a road map that included a review of the available literature (The previous strategic plan 2012-2017, progress review reports on the strategic plan 2012 -2017, annual and periodical management reports, and other documents that were provided to the team by HAU management. Based on the review of literature, a framework was developed to support consultative activities among key stakeholders of HAU.

The planning team, with support from the management and Board of HAU conducted consultative meetings with the top management and board of HAU and other stakeholders to generate initial ideas for the strategic plan early in February 2020. The team also conducted a consultative workshop that was held at HAU offices with many stakeholders including beneficiaries and external partner agencies and the line ministry. The workshop focused on assessing the strategic fit for HAU, doing a stakeholder analysis, identifying emerging and cross cutting issues, and agreeing on the strategic direction of HAU for the next 5 years. During the workshop, participants also developed the initial aspects of the results matrix as well as the financial projections for the period 2020 – 2025.

The planning team then using the information generated from the literature review, consultative meetings, and stakeholders workshop compiled the first draft of the strategic plan which was presented to the management and Board for comments. After addressing the comments, the draft strategic plan was subjected to validation before it went for approval by the HAU board.

2.0 HIGHLIGHTS FROM STRATEGIC PLAN 2012-2017

2.1 Key achievements of the 2012-2017 Strategic Plan up to 2020

In the period 2012 to date, HAU has registered a number of achievements; key among them are the following:

- a) HAU has been accredited a degree awarding status for IHPCA by NCHE. The IHPCA attained an operating license from National Council for Higher Education (NCHE)
- b) 5 Postgraduate Palliative care specialization programs were introduced for example Clinical and psychosocial Palliative care
- c) The supply of oral liquid morphine to the Government of Uganda National Medical Stores under the Public Private Partnership as enshrined in the Public Private Partnership Act 2015 was started.
- d) The Morphine Production Unit was upgraded to meet National Drug Authority (NDA) standards
- e) The resource center was equipped with more computers and online resources
- f) HAU continued to document success stories from patients highlighting how morphine improved their quality of life.
- g) Diversified the mode of service delivery for example home visits, day care programs, patient support fund, pediatric services, community volunteer training, sensitization through radio talk shows and TV which strengthened the programmes.
- h) Presence of continued international and national visitors and volunteers support

2.2 Key Successes

HAU is also proud of a number of registered successes as below presented:

- g) Accreditation of two new postgraduate programmes by NCHE at IHPCA which boosted palliative care training in Uganda and Africa.
- h) More countries in Africa initiated palliative care increasing the number from 3 in 1993 to 35 by 2019.
- i) Morphine production is up to National and International standards
- j) First batch of Bachelors in palliative care graduated in sub-Saharan Africa from the IHPCA
- k) Created HAU's own Institutional Review Board (Research Ethics Committee that is accredited by Uganda National Council for Science and Technology)
- l) Continuous improvement and innovations in the production of oral liquid morphine at HAU.
- m) Maintained the standard of care for patients and their families despite reduction in funding by using more of phone consultations.

2.3 Key Challenges

Amidst the registered achievements and successes above, HAU faced several challenges which derailed the achievement of the objectives in the period 2012 to date. Below are some key challenges faced in the period:

- n) Reduced donor funding due to poor management systems and governance issues at HAU
- o) Low visibility of HAU in Uganda
- p) Changing organizational structure
- q) High cost of running IHPCA with limited sources of revenue
- r) Limited capacity for research among staff at HAU
- s) Low student enrollment at IHPCA due to limited marketing and demand for palliative care training
- t) Palliative care has not been fully integrated into the curriculum of health training institutions
- u) Reduced frequency of daycare and home visits as a result of reduced funding. We have used phone consultations to cover for the contact time, encouraging two-way communication; patients reach us on our call lines while we also do follow up.
- v) Reduced catchment area covered by all HAU sites due to reduced funding.
- w) Reduced HR capacity leading to an increase in the workload due to limited funding
- x) low uptake of pediatric care at HAU due to funding limitations
- y) Low levels of advocacy for palliative care across the country
- z) Shortage of clinical staff and scientists at HAU due to limited financing

2.4 Lessons Learnt

From the implementation of the 2012-2017 Strategic Plan and thereafter the period running up to 2020, HAU registered several lessons as presented below:

- a) Adapting to change is crucial
- b) Over reliance on donor funding poses sustainability issues
- c) There is need to balance charity and a business model that brings income to HAU
- d) Strengthening local fundraising than depending on external funding
- e) Pushing for government involvement and support
- f) Widening stakeholder engagement especially with the corporate world
- g) Strengthening ways how the organization can make its own income is crucial
- h) Effective communication is important
- i) Fundraising is a full-time job
- j) Ensuring accountability is important to retain donors
- k) Adhering to best practices, regulations, and standards is important
- l) Ensure qualifications are recognized before courses are started
- m) Palliative care is generally a nurse led discipline however we need to recognize that the medical doctors are vital for a multi-disciplinary team therefore each site must have a resident doctor to support clinical care (or a clinical officer)

2.5 Rationale of the 2020-2025 Strategic Plan

Transition from the previous strategic plan 2012 -2017

HAU is in the process of transition from the previous strategic plan 2012-2017 which was overtaken by events with many of the targets not achieved. The performance review of the previous strategic plan indicated that though some of the targets had been achieved, many of other targets were not achieved. Also, to note is that since the end of the strategic plan 2012-2017, the organization didn't have an up-to-date strategic plan to follow. It was therefore deemed necessary to do a review of the previous strategic plan and develop a new one that would represent the aspirations of the key stakeholders of HAU.

Changing dynamics

From the environmental scan, analysis revealed that the external environment of HAU is characterized by a lot of dynamics. There have been several changes in the policy, social, economic, technological, and ecological environments. Therefore, there was need for refocusing strategies to ensure that HAU operates with a strategic fit between the internal environment under her control and the external environment outside her control. These dynamics arising from the external environment led to the decision to develop a new 2020 – 2025 strategic plan.

Fundraising

HAU requires adequate funding to operate and achieve its goals and objectives. To secure funding the organization needs to share its periodical aspirations, strategies and targets to the funders. Therefore, it was prudent to develop a new 2020 – 2025 strategic plan for HAU to enable the governing board as well as management to raise and secure funding that would support implementation of HAU operations as well as achievement of goals and objectives.

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3.0 SITUATION ANALYSIS

3.1 Current Situation

The current situation in Uganda shows that the need for palliative care is still growing. The following are noted;

- Cancer and other non-communicable diseases are on the increase as life expectancy increases in Africa.
- By 2020, an estimated 1 million African people will be diagnosed with cancer each year; by 2030 that many will die from cancer annually (Journal of Global Oncology, 2015).
- Fewer than 5% of cancer patients in Africa reach surgery or oncology services. 95% of cancer patients remain in their communities.
- 160,000 people are estimated to be in need of palliative care in Uganda today, with services reaching fewer than 10% of them.
- 30% of countries do not even have a radiotherapy machine. Uganda's only radiotherapy machine frequently breaks down causing challenges with continuity of services.
- Cost of radiotherapy has increased to 125% with the new machine and is accessible only to the few who can afford it.

3.2 External Environment Scan using PESTEL

A rapid PESTLE (Political, Economic, Social, Technological Legal and Environmental) appraisal of the internal and external environment within which HAU and Palliative Care is operating in Uganda, Africa and the world is:

1. Political

- a. The World Health Assembly resolution of May 2014 to which Uganda is a signatory requires integration of PC into the country's health care systems at all levels
- b. The World Health Organisation states that freedom from pain is a human right.
- c. Universal Health Coverage should not only include promotive, preventive, curative, rehabilitative services but also palliative care services
- d. The Sustainable Development Goals (SDGs) are a crucial factor influencing donor and stakeholder interests. (Let no one be left behind in UHC)
- e. Local political-
 - i. Local political will and prioritization of PC – requires caring decision-makers
 - ii. PC nurses are not recognised in Public Service and there is no career progression pathway
 - iii. PC is not recognised as a specialty in Uganda by the UMDPC
 - iv. Many trained PC clinicians are deployed outside PC when they return to their health units
 - v. Few hospitals and health facilities in Uganda offer PC services

2. Economic

- a. A global economic crunch with severe financial restriction to Palliative Care and to HAU
- b. High inflation and devaluation of the Uganda shilling

- c. Patient care can be expensive within the African economy, yet so cheap against the costs of such a service in developed world.
 - d. A sustainable organisational model is required for HAU to continue long into the future
 - e. Funding must come from within and without Uganda to be sustainable
- 3. Social**
- a. Patients and their families are in their communities which are for many homes distantly located from the HAU site
 - b. In Uganda PC reaches only a fraction of people in need, yet the MOH strategic plan has since 2000, stated that "Palliative care is an essential clinical service for ALL Ugandans."
 - c. Those we have trained are covering between them, approximately 2,000 more patients per year (statistics not yet accurate but collected by MOH based on those receiving oral morphine)
- 4. Technological**
- a. E-Learning as a form of adult education is becoming increasingly embedded into the African study system
 - b. Social media's role is highly influential and spreading
 - c. Mobile phones are available and widely used in all communities
- 5. Legal**
- a. Palliative Care is a huge human rights issue
 - b. The national Palliative Care policy is with MOH top management and likely to catalyse increased budgetary allocation to PC and next Health Sector Strategic and investment Plan
 - c. Women's issues are many and require legal advocacy/intervention
- 6. Environmental - Other:**
- a. Most countries in Sub-Saharan Africa have limited or no palliative care
 - b. Palliative care not recognised as a specialty in most African countries
 - c. A huge need for compassionate clinicians and PC professionals to care for over 300,000 patients in Uganda
 - d. Ministry of Health and PCAU interest in training more clinicians to care for patients in the districts
 - e. The need to maintain a model of clinical service delivery which can be demonstrated to students and the world as an affordable, culturally adaptable to every situation, sustainable model, replicable within different cultures in other African countries which are of low resource
 - f. Ensuring the agenda for pain relief for all patients- Essential pain medications available to all who need it in Uganda and Africa.
 - g. Partnerships and consortiums are needed to provide care across the continuum and to leverage limited resources for holistic care to patient

3.3 Internal Environment Scan using SWOT

HAU has over the years built a strong positioning in order to ensure that its objectives are met. The section presents HAU's Strengths, Weaknesses, Opportunities and Threats. In the 2020-2025 Strategic Plan, strategies will be laid towards maintaining and enhancing the strengths, while turning weaknesses into strengths. For the external factors, HAU will lay strategies to tap into the opportunities, while also guarding against the threats. Below presented are the matrices illustrating the strategies as enumerated.

3.3.1 Internal Factors

Table 1: HAU Strengths and strategies to sustain them

Strengths	Strategies
<ul style="list-style-type: none"> i. Fully registered organization ii. Presence of a vibrant board and membership iii. Experienced staff iv. HAU has policies in place v. Known ethos that guide work vi. Permanent home- physical infrastructure vii. A fully accredited institute with accredited programs viii. Track record of care which we can refer to ix. Good database x. Good international credibility 	<ul style="list-style-type: none"> i. Regularly review and update policies ii. We can use our status to get partners, credibility to donors, support from the government iii. Motivate staff iv. Establish a staff development strategy for short courses v. Establish a stable organization structure vi. Organization Capacity Assessment (OCA) for HAU and IHPCA vii. Re-orient the staff about the policies in place viii. Harmonize operationalization of our strong institution in accordance with the law ix. Introduce online courses at the IHPCA

Table 2: HAU Weaknesses and strategies to turn them into strengths

Weaknesses	Strategies
<ul style="list-style-type: none"> i. HAU is not visible to its audience ii. Failure for some business model aspects of HAU to differentiate charity and income generation iii. Lack of flexibility in some areas iv. Poor engagement of stakeholders (local, corporate, external and government) v. Inability to think long term vi. There is no grants management unit 	<ul style="list-style-type: none"> i. Deliberate and aggressive advocacy ii. Acknowledge active involvement as individuals iii. Need to be dynamic and adaptive to current needs and respond accordingly iv. Actively draw up action plans to engage stake holders v. A need to review current situations on ground vi. Individual and collective responsibility

vii. Lack of up-to-date organization structure	vii. Revisit and finalize the organizational structure
viii. No proper accountability of the in-kind donations to HAU	viii. Establish a donation management team

3.3.2 External Factors

Table 3: Opportunities and strategies to tap into them

Opportunities	Strategies
<ul style="list-style-type: none"> i. National cancer control plan – Palliative Care is incorporated ii. HAU has an accredited IHPCA with courses conducted at degree and masters level with Makerere University iii. Strong international network iv. Availability of palliative care information that can support research v. The availability of engaging in Private partnerships to provide some of the services vi. The potential of using MPU to produce other liquids 	<ul style="list-style-type: none"> i. Take advantage of already converted physicians to convert others ii. Collaborations with other universities to build capacity of IHPCA iii. Engage relevant stakeholders to make Palliative Care training mandatory for undergraduate medical training iv. Take advantage of ongoing Palliative Care mainstreaming discussions v. Develop policies on sharing data vi. Leverage on partnerships for joint grants vii. Expound towards postgraduate and masters viii. Expand on strategic focus areas such as human rights ix. Establish a grants management unit at HAU x. Involve the youth xi. Develop a communication strategy vii. More MoUs with hostels viii. Embrace the health system strengthening approach ix. Explore the possibility of producing other liquids at the MPU x. Utilizing Palliative care data for research and guidance for improved care and service delivery xi. Tap funding for screening xii. Tap local funding/ crowd funding xiii. Tap into stories and testimonies of patients xii. Utilize technology for innovation

Table 4: Threats and strategies to guard against them

Threats	Strategies
<ul style="list-style-type: none"> i. Insufficient funding for palliative care ii. Failure by the general public to appreciate the uniqueness and importance of palliative care iii. The misconceptions about palliative care iv. Weak advocacy networks for Palliative care in the country v. Low levels of support for palliative care from government 	<ul style="list-style-type: none"> i. Seek new donors/ maintain relationships with the old funders ii. Explore possible alternative sources iii. Advocacy/ lobbying government support iv. Create public awareness v. Lobby government vi. Sensitize and educate the public vii. Create awareness

3.4 Key Reflections

From the execution of the strategic direction of 2012 to date, HAU has learnt a lot from implementation. As HAU draws its 2020-2025 strategic direction, there are key questions that have guided the laid strategies, as presented below;

- i. How can HAU sustain collaborations with other universities to build their capacity in palliative care?
- ii. How best can HAU tap funding from the private sector through corporate social responsibility?
- iii. How are we incorporating palliative care in the National development plan such that other government institutions can recognize this field?
- iv. How can we ensure that physical costs in regard to palliative care are standardized?
- v. Who are we and what is the culture that drives us?
- vi. How can all doctors at undergraduate level be trained in palliative care? We need to engage the relevant stakeholders to foster mandatory training!
- vii. Palliative care came as a nurse led occupation, however, how can nurses and doctors work together to promote this field?
- viii. How can we leverage fellowships with East African Cancer Institute to champion palliative care?
- ix. How can HAU sell its expertise in clinical and education services?

3.5 Stakeholder Analysis

Table 5: Stakeholders analysis

Stakeholder	Influence	Importance High, medium, low	Implications	Remarks
Government ministries MOH, MoFPED	Mandate, Regulatory	Very high	Set policies and strategies for work; Authorize different regulators	Always be up-to speed on changing policies and laws that affect the work of HAU
Government service Agencies Ministry of internal affairs	Regulatory	High	Regulate the activities of NGOs including HAU Ensure compliance with government regulations	Have a good working relationship with line government agencies
Regulatory Agencies NDA, NCHE, and dental practitioners council, URA, KCCA, Uganda National science and technology, NGO bureau, NSSF Municipalities	Regulate compliance with standards	High	Regulate compliance set standards; Protect the organization	Ensure compliance and regular reporting to these regulatory agencies
Patients and students plus service users and persons with special needs/ vulnerabilities	Reasons for HAU'S existence	Very high	Need to be cared for and feedback collected for program design	Actively engage these stakeholders in our activities.
District Local Government	Hosts of our premises and are influential in the areas we operate in	Medium	The local governments may support or affect our work	Collaborate with local governments in areas where HAU operates
Community General public	Patients reside there; awareness create demand	Medium	The public may support or affect our work	Community participation; and engagement can influence future of

	and movement; Can support HAU if engaged			HAU; Need to build up local communities through advocacy
Donors They fund HAU's work	Very influential	Very high	Their actions can support or affect HAU	Need to fund and cultivate and ensure donor support work continuity
Partners JMS plus NMS NMS – morphine partner	Very influential	High	Their actions can positively or negatively affect our work	Maintain relationship
UNHCR	Moderately influential	Medium	We need to collaborate with them if we are work with refugees	Refugees are a vulnerable community
Other NGOs PCAU, APCA	Work with HAU; Spirit of ethos; Shared vision for Uganda with PCAU	Medium	They are key in advocacy and networking	Sometimes compete for same pool of money among donors
Politicians Practitioners and trainers	Influential	Medium	We need to work with them cautiously for the benefit of our programmes in communities.	Can affect work both positively and negatively; Need to reach out; Can influence policy
Private sector Businesses, Hotels, Telecoms For example crown bottles	Can support funding; Partner and increase advocacy and awareness	Medium	We need to engage them to support our work	They can be sources of financial and non- financial support
Cross-border partners Media	Can give visibility and voice to HAU	Medium	Need to systematically engage alliance to support visibility and fundraising	They can be for or against our work through their publicity
Founding bodies	Influence culture, ethos and vision,	Very high	They are very strategic in terms of	Requires strategic redefinition of position, degree of

	mission and objectives and policy of HAU		providing strategic direction and support to HAU	importance and level of engagement in operational HAU work
Members of HAU	Set policies, decide auditors and key decision makers	Very high	They are key in ensuring relevance and continuity of HAU	Need to invite to AGM and keep informed

3.6 Mainstreaming for cross-cutting issues

The section presents an analysis of cross-cutting issues to ensure that they are mainstreamed in all activities of HAU. Cross-cutting issues are prominent in the development agendas globally and nationally since they undermine attainment of comprehensive and holistic development of societies. The section presents an analysis for cross-cutting issues including gender and equity, HIV and AIDS, Environmental, malaria control, human rights and gender based violence). The section also presents the causes, effects, and strategies for mitigation of enumerated cross-cutting issues. The strategies for mitigation have also been incorporated in the results framework for this Strategic Plan.

3.6.1 Gender and Equity Mainstreaming

HAU has over the years faced several gender and equity issues while executing its mandate. As per the global, regional, and national development initiatives, there is need to mainstream for gender and equity in the strategic direction of HAU for the period 2020-2025. Below presented, table 6 presents an analysis of key gender and equity issues, their causes, their effects, and suggested strategies for mitigation.

Table 6: Gender and equity mainstreaming

Gender and Equity Issues	Causes	Effects	Strategies for mitigation
Inequity of men and women	Few men are involved in palliative care since nursing has been more of a women career.	Enhances gender biased policies and practices at HAU	There is a need to develop a gender policy and attract more men to palliative care
Absence of facilities for breastfeeding and baby caring for HAU clients and staff.	Limited rooms and resources to put up such facilities.	Affects access and service delivery to HAU clients and staff that are breast feeding and have babies	Develop baby care facilities at HAU to support breastfeeding mothers among babies

			staff, students, and other clients
Difficulty to access services by people with special needs	Insufficient facilities and expertise to support people with special needs	Many of the clients with special needs are not able to access HAU services	There is a need to improve on the facilities for people with special needs as well as training of staff in special needs service delivery.

3.6.2 HIV and AIDS Mainstreaming

HAU's attention to HIV and AIDS resonates with global concerns together with the commitments by Government of Uganda which have increased overtime. In a bid to ensure that the impact of HIV and AIDS does not undermine the achievements of the main strategies laid in the 2020-2025 Strategic Plan, HAU undertakes to mainstream HIV and AIDS issues as presented in Table 7 below.

Table 7: HIV and AIDS mainstreaming

HIV and AIDS Issues	Causes	Effects	Strategies for mitigation
Inappropriate mechanisms for controlling the spread of HIV/AIDS	Limited measures for controlling the spread	Increased spread of HIV/AIDS	Develop an HIV and AIDS Workplace Policy
Insufficient HIV testing and counselling services at HAU	Absence of a robust HIV testing and counselling services at HAU for clients and staff	Declining performance of affected staff and students	Establish an effective HIV testing and counselling unit or a referral system for staff, students, and clients
Insufficient care for staff and students living with HIV and AIDS	Absence of policies on support towards staff living with HIV and AIDS	Declining performance of affected staff and students	Establish and implement an HIV and AIDS Workplace policy
Insufficient support extended to staff infected and affected by HIV and AIDS	Absence of a structure for management of HIV and AIDS at HAU	Declining performance of infected and affected staff	Free testing and counselling services
Insufficient medical support and care for staff infected by HIV and AIDS	Absence of policies to support care for staff, students and clients	HAU gets knowledge when staff are bed-ridden	Establish and implement an HIV and AIDS Workplace policy

	that are positive and/or affected by HIV		
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3.6.3 Mainstreaming of Environmental Issues

Organizations world over are compelled to analyze the likely environmental impacts (positive and negative alike) of planned activities and budget to address them through either enhancement of the positive impacts or mitigation of negative ones. HAU this time round attaches focus on ensuring that negative and positive impacts on the environment are well analyzed so that strategies are put in place to mitigate all raised environmental issues. Below presented, Table 8 shows an analysis of environmental issues and how they can be mitigated.

Table 8: Environmental mainstreaming

Environmental Issues	Causes	Effects	Strategies for mitigation
Green cover being eroded	Water runoff causing erosion	Environmental degradation	Tree planting
Difficulty to access several places in rainy seasons	Limited and muddy walkways	Inconvenience to students and staff to access	Construct walkways Lay pavers on free zones
Increased use of pulp and paper	Printing documents for meetings of the different HAU organs	Waste of resources	Promote e-governance and use of ICT in HAU services Engage service providers to support in garbage and disposal

3.6.4 Malaria control mainstreaming

The Government of Uganda as a result of high prevalence of malaria causing high death rates came up with a strategy of mainstreaming for malaria control in programming. HAU in order to align to Government of Uganda mandatory requirement has to undertake malaria control mainstreaming in its activities. The government of Uganda compels stakeholders to mainstream for malaria control as well as budgeting and to assess its impact in the community at large. The malaria control mainstreaming for HAU is provided in table 9 below.

Table 9: Malaria control Mainstreaming

Malaria Issues	Causes	Effects	Strategies for mitigation
Fear of spread of malaria among staff and students	Stagnant water in some places	May affect staff delivery as well as teaching and learning in the Institute	Clear all places logged by water during the rainy season
Insufficient mechanisms for control of malaria	Insufficient stock and distribution of anti-malaria treatment services across the country	Affects palliative care services, as well as teaching and learning in the Institute	Spray all premises with anti-malarial pesticides
Inadequate mechanisms for malaria prevention	Insufficient use of treated mosquito nets	Derails delivery of HAU services among clients	Procure and distribute mosquito nets among staff and clients
Inadequate mechanisms for malaria treatment	Limited availability of anti-malarial drugs	Non effective delivery of HAU services among clients	Stock the Health Unit with sufficient anti-malarial drugs Ensure all staff are on medical insurance to access treatment

4.0 HAU STRATEGIC DIRECTION

4.1 HAU Vision

HAU envisions Palliative care for all in need in Africa. In the pursuance of this vision, there are three building blocks of the HAU vision are as follows:

1. Provide pain relief and holistic care to those dying or suffering from cancer and other life limiting illnesses
2. Provide training and education for health professionals, on both pain relief and the specialty of palliative care
3. Build a coalition of organizations working in partnership in Uganda and across Africa to spread knowledge and adoption of palliative care

HAU CORE PROGRAM AREAS

- ✓ Patient care.
- ✓ Morphine Production
- ✓ Palliative Care Education:
- ✓ International Programs
- ✓ Monitoring, Evaluation and Learning
- ✓ Research, Knowledge Management and Development
- ✓ Palliative Care Advocacy
- ✓ Fundraising/Resource Mobilization

4.2 Mission Statement

To further pursue the HAU Vision, its mission is to *bring peace to the suffering in Africa through providing and facilitating affordable and accessible palliative care in Uganda and other African countries.*

4.3 Ethos and Values

HAU is driven by its ethos and accompanying values. The core values of Hospice Uganda Africa are as follows:



- **People centered approach**
- **Teamwork:** The patient and family is at the centre of our care. The patient is cared for by an interdisciplinary team.
- **Partnership**
- **Hospitality:** We treat our patients as our guests.
- **Professionalism with integrity:** Striving for best the practice always, attending to details of care, ensuring confidentiality.
- **Choice:** Preserving patient autonomy and dignity.
- **Volunteerism:** Welcoming and recognising the unique contribution of volunteers sharing a diversity of skills to help achieve our goals.

The strategic plan implementation will follow the whole person approach as illustrated in the figure.



4.4 STRATEGIC OBJECTIVES and STRATEGIC ACTIONS

Strategic Objective 1: To provide High Quality African Palliative Care for cancer / HIV AIDS patients in Uganda

- i. Develop and strengthen inter-disciplinary clinical teams at HAU sites
- ii. Provide quality and professional palliative care services to those in need
- iii. Strengthen palliative care in communities around HAU sites

Strategic Objective 2: To strengthen and maintain capacity of HAU to produce oral liquid morphine

- i. Maintain adequate skilled and motivated morphine production team
- ii. Ensure reliable and sufficient production of morphine at HAU
- iii. Ensure compliance with quality standards and SOPs for production of morphine

Strategic Objective 3: To provide high quality palliative care training in Africa

- i. Develop and review the scope and quality of IHPCA
- ii. Strengthen the capacity of IHPCA to conduct research and innovations for palliative care training
- iii. Mainstream technology enabled learning (TEL) in pedagogy and assessment at IHPCA
- iv. Strengthen student support systems and processes at IHPCA
- v. Acquire resources for the operations, development, and sustainability of the IHPCA.



Strategic Objective 4: To build and strengthen capacity of other African countries to deliver palliative care

- i. Provide palliative care training to professionals of other African countries
- ii. Provide institutional support to other African countries to strengthen palliative care delivery
- iii. Actively engage in advocacy for palliative care in Africa.

Strategic Objective 5: To strengthen research, innovations, advocacy and networking for palliative care in Uganda and Africa

- i. Develop and implement a research agenda and policy at HAU
- ii. Secure adequate funding for research at HAU
- iii. Strengthen research collaborations for HAU
- iv. Strengthen the research skills of HAU staff
- v. Conduct and enhance dissemination and utilization of research findings at HAU
- vi. Develop a research and innovation scheme at HAU
- vii. Build proactive partnerships and networks for HAU locally and internationally
- viii. Lobby government of Uganda for recognition and inclusion of palliative care in the universal health coverage
- ix. Engage the private sector and other civil society to support palliative care
- x. Actively participate in advocacy for palliative care

Strategic Objective 6: To ensure effective and efficient governance at HAU

- i. Cascading the strategic plan by all HAU units
- ii. Facilitate HAU board, top management, and branch operations
- iii. Enhance the capacity of HAU board and management to deliver their functions
- iv. Regularly review of HAU governance and management policies to meet the changing environment
- v. Strengthen the M&E, Audit and Quality Assurance functions at HAU
- vi. Enhance ICT infrastructure and systems to support HAU operations
- vii. Strengthen the Human capital for HAU
- viii. Strengthen risk assessment and management procedures at HAU

Strategic Objective 7: To enhance financial efficiency and sustainability

- i. Develop a robust financial management system at HAU
- ii. Develop and review strategic resource mobilization frameworks and initiatives for HAU
- iii. Enhance innovative resource mobilization initiatives at HAU
- iv. Identify and engage potential strategic partners for funding at HAU
- v. Recruit and maintain a resource mobilization team at HAU
- vi. Increase internally and locally generated income from existing projects at HAU

5.0 FUNDING STRATEGY

HAU has had the larger proportion of its funding from the foundation bodies mentioned above ie HAUSA, HAF, HAI, HAA and HAUK. These have committed to fund various aspects of HAU work and are still committed. Every year, they are engaged as they decide how much they will be able to provide for the year. HAU also has regular donors who are within Uganda and the expansion of this internal funding stream to include more Ugandans and Ugandan corporations is a priority of the current board.

Funding has also come from specific projects led by various Grant holding organisations and these projects usually run for a specific period of time.

HAU recognises the critical need to establish a clear and coherent funding plan for the strategic plan implementation period 2020-2025. Such a plan must not only put HAU in a better position to finance this strategic plan but also build its long-term sustainability as a competitive palliative care organization. This funding strategy is intended to achieve the following:

- Link operational strategy with clear financing plan
- Eliminate HAU vulnerability to unreliable funding sources
- Build HAU funding security
- Enhance capacity of HAU to raise revenue
- Secure long-term sustainability of HAU
- Broaden the resource base

This strategy assumes;

1. That the organization will be consistent and stable in its operations;
2. That HAU will generate most of its recurrent budget from its services, existing donors and may continue to rely on external funding for its capital development;
3. The IHPCA will enrol more students in the financial year 2020/2021 and widen revenue sources from other programmes;
4. And that the projections for the next five years are based on an inflationary rate of 1.8%.

5.1 HAU Funding History

Table 10 below presents the funding history of HAU from 2012 to 2020;

HAU FINANCIAL PERFORMANCE SUMMARY			
FINANCIAL PERFORMANCE 2014-2017			
YEAR ENDING DECEMBER 30TH	2014/2015	2015/2016	2016/2017
REPORTING PERIOD IN MONTHS	12 Months (UGX)	12 Months (UGX)	12 Months (UGX)
INCOME			
Membership fees			
Cash Donations/Grants	5,667,417,964	3,344,829,704	1,846,442,720
Generated Incomes	1,391,776,131	2,150,419,101	1,253,923,501
Donations in Kind	8,946,000		
TOTAL INCOME	7,068,140,095	5,495,248,805	3,100,366,221
TOTAL EXPENDITURE	7,629,608,415	5,232,652,206	3,949,368,334
TOTAL SURPLUS / DEFICIT	(561,468,320)	262,596,599	(849,002,113)

5.2 Revenue Projection

Table 11 below presents the revenue projections for the strategic planning period running 2020-2025 by source;

Table 11: Revenue Estimates for the Financial Years 2020/21 – 2024/25

	HAU REVENUE PROJECTIONS (UGX)				
Revenue Source	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
Membership fees	2,600,000	3,000,000	3,200,000	3,500,000	4,000,000
Donations/Grants	812,929,245	853,575,707	896,254,493	941,067,217	988,120,578
Tuition	266,400,000	333,000,000	355,200,000	377,400,000	444,000,000
Project funding	140,000,000	150,000,000	155,000,000	158,000,000	160,000,000
Other Income	139,840,000	139,840,000	139,840,000	139,840,000	139,840,000
Morphine Sales	996,040,760	1,045,842,798	1,077,218,082	1,098,762,444	1,109,750,068
TOTAL INCOME	2,357,810,005	2,525,258,505	2,626,712,575	2,718,569,661	2,845,710,646
GRAND TOTAL INCOME FOR FIVE YEARS				13,074,061,392	

5.3 Expenditure Projection by Strategic Objective

Table 12 below presents a projection of expenditure by strategic objectives in the period running 2020-2025.

Table 12: Expenditure Projection for the Financial Years 2020/21 – 2024/25 by Strategic Objective

	HAU EXPENDITURE PROJECTIONS (UGX)				
Strategic Objective	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
S01	972,964,682	972,964,682	972,964,682	972,964,682	972,964,682
S02	634,725,116	634,725,116	634,725,116	634,725,116	634,725,116
S03	334,586,233	334,586,233	334,586,233	334,586,233	334,586,233
S04	97,106,787	97,106,787	97,106,787	97,106,787	97,106,787
S05	35,000,000	40,000,000	45,000,000	48,000,000	50,000,000
S06	489,049,405	324,343,413	324,343,413	324,343,413	324,343,413
S07	327,106,471	327,106,471	327,106,471	327,106,471	327,106,471
TOTAL EXPENDITURE	2,890,538,694	2,730,832,702	2,735,832,702	2,738,832,702	2,740,832,702
GRAND TOTAL	13,836,869,500				



6.0 MANAGEMENT AND IMPLEMENTATION ARRANGEMENTS

HAU management, systems, and structure for the strategic planning period 2020-2025 provides an appropriate implementation framework to facilitate the achievement of the strategic direction indicated above. The effective realization of the strategic objectives and therefore the targets as indicated in the results framework attached therein, will largely depend on the management systems, structure, policies, and the organizational culture at HAU. The management systems and structure, as well as the operational policies at HAU are linked with and focused on the achievement of her mandate as enshrined in the HAU Amended Memorandum of Association and Articles of Association 2014.

This 5-year strategic plan will be implemented by the HAU management with approval of the HAU Board. HAU top and middle level Management with approval of the HAU Board will undertake the following:

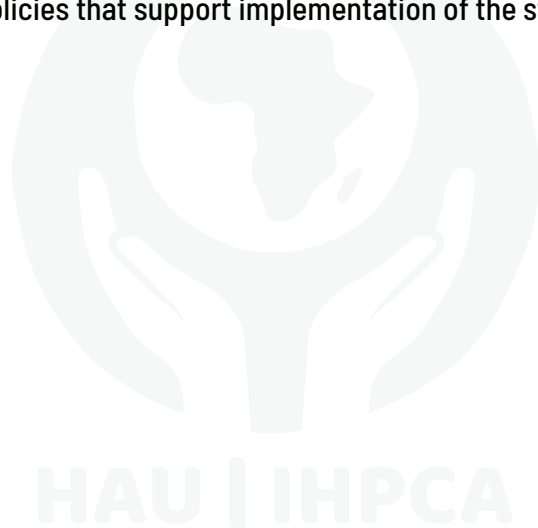
- a) Ensure the alignment and strengthening of current organizational structures and systems to drive the implementation of the strategic plan by end of the first year of implementation. The reviewed and aligned structures and systems should ensure that all strategic actions for each of the strategic objectives are catered for in these structures and systems.
- b) Cascade the new strategic plan through different institutional levels up to individual staff levels within the first year of implementation;
- c) Review and/or develop policies and guidelines that will facilitate effective and efficient implementation, on a continuous process;
- d) Develop the performance management systems aimed at achieving the new strategic plan objectives;
- e) Ensure that planning, budgeting, and decision-making processes are aimed at facilitating the implementation of new strategic plan.
- f) Communicate the Strategic Plan to key stakeholders

These assumptions are critical to the success of this strategic plan. By implementing these aspects, the HAU Board will ensure that the HAU systems, processes and structures all support the implementation of the new strategic plan, which will lead to its successful operationalization (refer to the results framework matrix at the end of the strategic plan document)

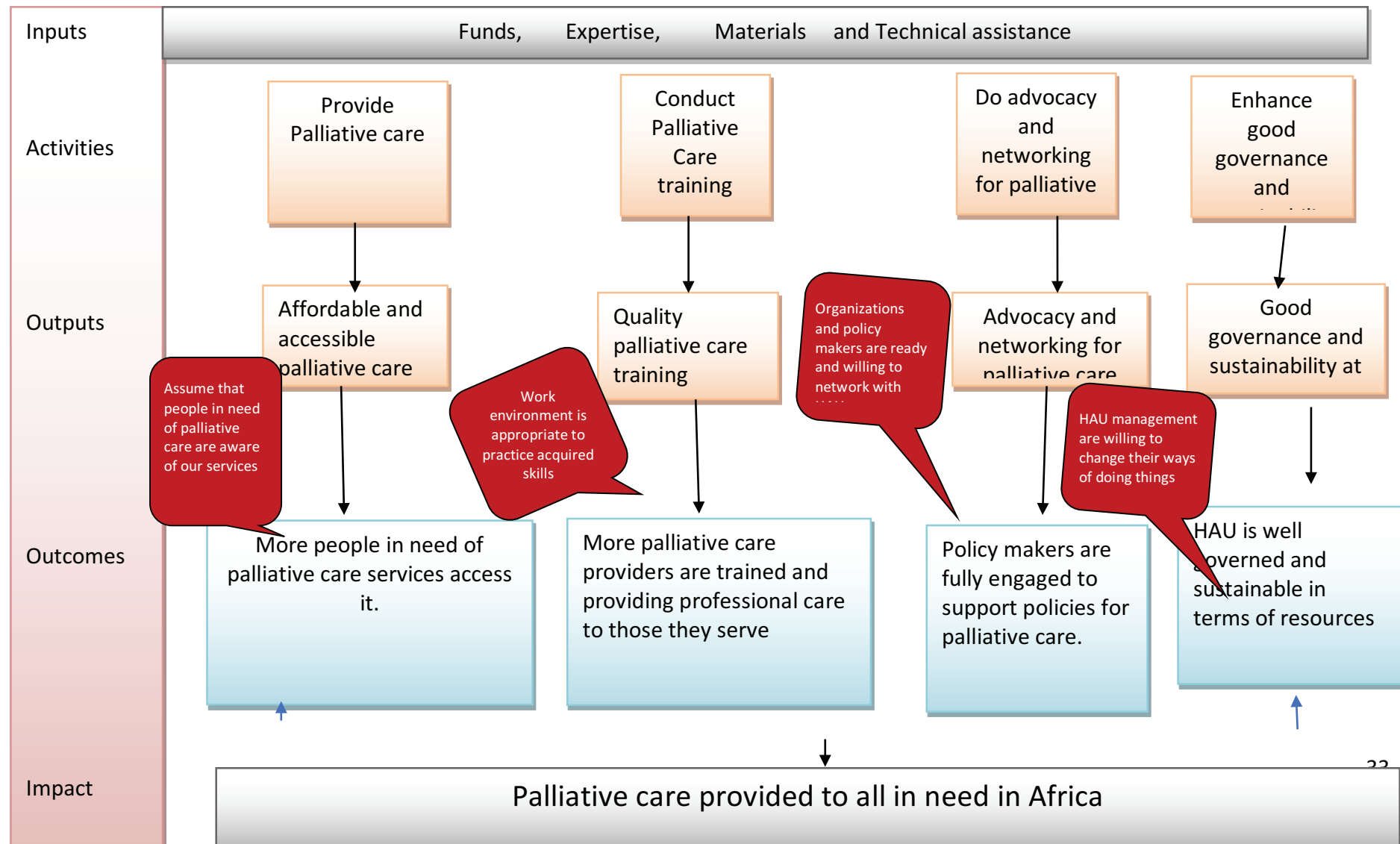
7.0 MONITORING AND EVALUATION

HAU management, systems, and the structure for the period 2020 – 2025 forms a basis for developing an appropriate Monitoring and Evaluation (M&E) Framework to guide the implementation of the strategic plan. M&E is very critical in enhancing learning and accountability; hence facilitating the attainment of the vision, mission, and objectives of HAU. The M&E framework offers a systematic process for assessing relevance, effectiveness, efficiency, impact, and sustainability of the HAU operations and strategies periodically. The M&E framework will support HAU management and Board to collect and avail routine and periodic data to enable timely decision making at all levels and to check on resource utilization as well as measuring results and identifying challenges during implementation of the strategic plan.

The active participation of the key stakeholders in the M&E activities of HAU will be very crucial to enhance accountability, effectiveness, and efficiency in implementing the strategic plan. The findings and data collected through the M&E processes will support routine and periodic review of the strategies and policies that support implementation of the strategic plan.



7.1 The theory of change



7.2 M&E cycle and plan

Routine Monitoring

HAU will put in place a robust performance monitoring system ensuring that data is collected routinely on all performance indicators within the M&E framework or log frame attached to this strategic plan. HAU will designate a unit responsible for M&E or assign a team of managers within the organization to be responsible for conducting M&E activities including routine monitoring. The M&E unit or designate will develop routine monitoring tools and a monitoring system to ensure systematic and routine flow of data from all performing units. The unit will also develop a data base where all monitoring data will be stored and retrieved for analysis to support report writing and for decision makers to use. The unit will also develop a dissemination plan for reports and findings emerging from the routine data collected from the implementation units of HAU. The M&E unit will detail all these processes and activities in the M&E plan for HAU to be developed to support implementation of this strategic plan.

Annual audits

HAU will ensure that annual audits are undertaken during the implementation of the strategic plan. This is critical since it enhances the ability of the organization to ensure prudent acquisition and utilization of resources for implementing the plan. The annual audit is to be undertaken to adhere to the policies, procedures, and systems at HAU. The annual audits will cover financial, human resource, material and systems and will be conducted by internal, external and third party teams to ensure adherence to established standards.

Staff performance reviews

HAU will in addition to annual audits conduct staff performance reviews as a means of ensuring that staff significantly contribute to the implementation of the strategic plan. The human resource unit will ensure that individual staff align their performance objectives and targets to the strategic plan and therefore staff are assessed based on performance indicators including those contributing to the implementation of the strategic plan and achievement of the goals and objectives therein. The staff performance reviews will be conducted annually in line with established performance indicators and agreed upon targets by the supervisors at each level. The performance management system will be streamlined towards measuring individual and team contributions to the strategic plan. Data obtained will be used by management to reward and sanction as a means of enhancing performance.

Quarterly and Annual reviews

HAU will undertake quarterly and annual reviews of the implementation of the strategic plan. This is to ensure that implementation is kept within the scope of the strategic plan. HAU Management will organize and conduct quarterly reviews of the implementation against the planned targets and indicators. All section heads or units will be required to cascade the strategic plan and therefore review and report on their unit contribution to the strategic plan on quarterly basis. The quarterly reviews will be used to conduct an annual review of the strategic plan in an annual event organized by the HAU management and the Board. Based on this annual review, implementation plans and budgets for the next annual period will be developed for implementation.

Mid-term review of the strategic plan

HAU will commission a mid-term review of the strategic plan at 2.5 years into the implementation of this strategic plan (2022/2023). This is to have a scientific and systematic review of the performance and fitness of the strategy to the aspirations of HAU. The mid-term review will be done by an independent and professional external review team that will work collaboratively with the internal staff and partners of HAU. The review will assess the level of achievement of the strategic plan using the OECD evaluation criteria and any other aspects within the interests of management, the board, and other stakeholders of HAU. The mid-term review findings will then enhance learning, review of the strategies and performance targets for the remaining period of the implementation. A mid-term review report will be disseminated to all stakeholders and published as per the organizational policies and systems.

End term Evaluation

At the end of the 5 years of this strategic plan, a terminal evaluation or review will be undertaken to carry out a post-mortem of the entire strategy and to inform the development of a new strategic plan for the period 2025-2030. The terminal evaluation of this strategic plan will adopt a participatory approach to capture critical perspectives of the different stakeholders of HAU. Like the mid-term review, this evaluation will be undertaken by an independent professional external evaluation team to provide an objective and an independent review of the implementation. The terminal report will be presented to different stakeholders to take stock of the achievements, challenges, lessons learnt, conclusions and recommendations for the next strategic planning process.

7.3 Reporting flow

Reporting on this strategic plan will be done monthly, quarterly and annually depending on the organizational structure for HAU. Reports will flow from the lowest management level to the board which is the highest structure at HAU. Lower level managers will report on a monthly basis using a reporting tool and system established by the M&E unit at HAU. Senior managers and the ED will report to the Board on a quarterly basis ensuring that the reporting covers the indicators and targets of the strategic plan. The annual report will be compiled for the board and external stakeholders by the ED.

7.4 Results Framework Matrix

The results framework matrix below highlights the strategic actions, performance indicators, baseline values, the 5 year and annual targets, the budget and responsible units for each strategic objective in the strategic plan.

Table 13: Results Framework for the HAU Strategic Plan 2020 - 2025

Vision: Palliative care for all in need in Africa

Mission: To bring peace to the suffering in Africa through providing and facilitating affordable and accessible palliative care in Uganda and other African countries

Strategic Objectives/ Actions	Performance Indicators	Indicator Definitions	Five Year	Baseli ne	Annual Targets					Budget (UGX)	Responsible Person(s)
			Target	2019/2 020	2020/21	2021/22	2022/23	2023/2 4	2024/2 5	,000	
Strategic Objective 1: To provide High Quality African Palliative Care for cancer / HIV AIDS patients in Uganda											
Develop and strengthen inter-disciplinary clinical teams at HAU sites	An assessment of clinical expertise for interdisciplinary teams at HAU sites conducted	This indicator measures the conduct of an assessment of clinical expertise for interdisciplinary teams at HAU sites	2	0	1	-	1	-	-	20,000.0	Director Clinical Services
	A scholarship fund to develop capacity of clinical staff at HAU established	This indicator measures the establishment of a scholarship fund to develop the capacity of clinical staff at HAU	20 scholars hipds	0	2	3	5	5	5	450,000.0	Director Clinical Services
	Number of HAU clinical staff trained in providing professional, efficient, and compassionate palliative care	This indicator measures the number of HAU clinical staff trained in providing professional, efficient, and compassionate palliative care	20 staff benefici aries for the scholars hips	0	2	3	5	5	5		Director Clinical Services
	Number of team building and social events for HAU clinical staff held	This indicator measures the number of team building and social events for HAU clinical staff held	5	0	1	1	1	1	1	50,000.0	Director Clinical Services
	Number of exchange programmes for HAU clinical teams established	This indicator measures the number of exchange programmes for HAU clinical teams established	2	0	0	-	1	-	1	-	Director Clinical Services

	Number of HAU clinical staff participating in exchange programmes.	This indicator measures the number of HAU clinical staff participating in exchange programmes	12	0			4	4	4	367,512.0	Director Clinical Services
Provide quality and professional palliative care services to those in need	A functional paediatric programme established at HAU	This indicator measures the establishment of a functional paediatric programme at HAU	1	0	-	1	-	-	-	367,512.0	Director Clinical Services
	HAU catchment area expanded	This indicator measures the expansion of the HAU catchment area	Growth from the 20km radius supported to a 50 km radius	0	-	Reach 30km radius	-	Reach 50km radius	-	567,512.0	Director Clinical Services
	Number of patients admitted to receive palliative care at HAU sites	This indicator measures the number of new patients admitted to receive palliative care at HAU sites	2000	763 (as of Jan 2020)	400	400	400	400	400	1,525,633.3	Director Clinical Services
	Number of referrals for palliative care made across the HAU sites	This indicator measures the number of referrals for palliative care made across the HAU sites	500	0	100	100	100	100	100		Director Clinical Services
	Number of outreaches for palliative care conducted across HAU sites	This indicator measures the number of outreaches for palliative care conducted across HAU sites	24	3	3	3	6	6	6	131,068.1	Director Clinical Services
	Number of patients served across the various modes of contact at HAU sites	This indicator measures the number of patients served across the various modes of contact at HAU sites	25,000	2,214 (as of Jan 2020)	5000	5000	5000	5000	5000		Director Clinical Services
	Number of patients whose pain has been	This indicator measures the number of patients whose pain has been	100	0	20	20	20	20	20		Director Clinical Services

	holistically managed by HAU clinical staff.	holistically managed by HAU clinical staff									
		Measured by a survey									
Strengthen palliative care in communities around HAU sites	Number of Awareness raising events for palliative care services at community level conducted by HAU	This indicator measures the number of awareness raising events for palliative care services at community level conducted by HAU	5	0	1	1	1	1	1	50,000.0	Director Clinical Services
	Number of needs assessments to establish palliative care burden in communities around HAU sites conducted	This indicator measures the number of needs assessments conducted to establish palliative care burden in communities around HAU sites	2	0		1	-	1	-	111,068.1	Director Clinical Services
	Number of vulnerable persons identified in communities and admitted for palliative care at HAU sites	This indicator measures the number of vulnerable persons identified in communities and admitted for palliative care at HAU sites	500	0	100	100	100	100	100		Director Clinical Services
	Number of women supported through the RTC programme implemented by HAU	This indicator measures the number of women supported through the RTC programme implemented by HAU	2,080	183 (as of Dec 2019)	360	400	420	4404	460	630,000.0	Director Clinical Services
	Number of active CVWs trained to support HAU at community level.	This indicator measures the number of active CVWs trained to support HAU at community level	160	84	80	100	120	140	160	126,368.1	Director Clinical Services
Strategic Objective 2: To strengthen and maintain capacity of HAU to produce oral liquid morphine											

Maintain adequate skilled and motivated morphine production team.	Number of skilled and motivated morphine production staff recruited	This indicator measures the number of skilled and motivated morphine production staff recruited at HAU	7	3	7	7	7	7	7	1,012,816.6	Pharmacist /Human Resources Manager
	Number of continuous capacity development trainings for HAU morphine production staff conducted	This indicator measures the number of continuous capacity development training for HAU morphine production staff conducted	10	2	2	2	2	2	2	20,000.0	Pharmacist
	Number of volunteers recruited to support morphine production at HAU during the peak periods	This indicator measures the number of volunteers recruited to support morphine production at HAU during peak periods	5	5	5	5	5	5	5	20,000.0	Pharmacist
Ensure reliable and sufficient production of morphine at HAU	All required materials for morphine production procured timely	This indicator measures the procurement of all required materials for morphine production at HAU; Measure: Stock taking at the beginning of each year.	No stock out reported	0	zero stock out	zero stock out	zero stock out	zero stock out	zero stock out	196,500.0	Pharmacist / Finance Manager
Ensure compliance with quality standards and SOPs for production of morphine	Number of research studies done to innovate and improve on product quality	This indicator measures the number of research studies done to innovate and improve on morphine product quality	2	0		-	1	-	1	300,000.0	Pharmacist

	Registration and patent for oral liquid morphine produced by HAU acquired	This indicator measures the acquisition of registration and patent for oral liquid morphine produced by HAU	1	0	-	-	-	1	-	500,000.0	Pharmacist
Strategic Objective 3 : To provide high quality palliative care training in Africa											
Develop and review the scope and quality of IHPCA educational programs	Number of new academic and non-academic programmes developed at IHPCA	This indicator measures the number of new academic and non-academic programmes developed at IHPCA	5	0	1	1	1	1	1		Principal IHPCA/ Quality Assurance Registrar
	Number of existing academic programmes reviewed at IHPCA	This indicator measures the number of existing academic programmes reviewed at IHPCA	5	0	1	1	1	1	1		Principal IHPCA/ Academic Registrar
	Number of IHPCA programmes accredited by NCHE	This indicator measures the number of IHPCA programmes accredited by NCHE	5	2 programmes accredited in 2019	1	1	1	1	1	20,000.0	Principal IHPCA/ Academic Registrar
	Number of quality assurance assessments conducted for IHPCA programmes and operations	This indicator measures the number of quality assurance assessments conducted for IHPCA programmes and operations	5	0	1	1	1	1	1	50,000.0	Principal IHPCA/ Quality Assurance Unit
	Number of e-learning courses for CPD of health and allied health professionals developed and run by IHPCA	This indicator measures the number of e-learning courses for CPD of health and allied health professionals developed and run at IHPCA	5	0	1	1	1	1	1	10,000.0	Principal IHPCA/ Academic Registrar
	Number of health and allied health professionals attending e-learning courses for CPD run by IHPCA.	This indicator measures the number of health and allied health professionals attending e-learning courses for CPD run by IHPCA	200	0	40	40	40	40	40		Principal IHPCA/ Academic Registrar

	Number of graduates from IHPCA academic programmes	This indicator measures the number of graduates from IHPCA academic programmes	100	19 graduated in 2019	20	25	25	30	30	2,125,000.0	Principal IHPCA/ Academic Registrar
Strengthen the capacity of IHPCA to conduct research and innovations	Number of IHPCA staff trained in basic research methods	This indicator measures the number of IHPCA staff trained in basic research methods	10	0	4	6	-	-	-	100,000.0	Principal IHPCA/ Human Resources Manager
	Number of research projects conducted at IHPCA	This indicator measures the number of research projects conducted at IHPCA	3	0	-	1	2	-	-	10,000.0	Director Programmes and Research/ Principal IHPCA
	Number of education and research collaborations by IHPCA	This number measures the number of education and research collaborations by IHPCA	3	0	-	1	1	1	1		Director Programmes and Research/ Principal IHPCA
	Number of student research dissertations developed at IHPCA	This indicator measures the number of student research projects developed at IHPCA	50	0	10	10	10	10	10		Director Programmes and Research/ Principal IHPCA
	Number of research seminars held for students to disseminate their work	This indicator measures the number of research seminars held for students to disseminate their work	10	0	2	2	2	2	2	20,000.0	Director Programmes and Research/ Principal IHPCA
	Number of student innovations in the area of Palliative care at IHPCA.	This indicator measures the number of student innovations in the area of palliative care at IHPCA	5	0	1	1	1	1	1	20,000.0	Director Programmes and Research/ Principal IHPCA
Mainstream technology enabled learning (TEL) in pedagogy and assessment at IHPCA	% of ICT platforms for online learning procured	This indicator measures the % of ICT platforms for online learning procured	100%	Needs to be determined			100%	100%	100%	200,000.0	Director Finance and Administration/ Principal IHPCA
	Number of ICT instructors for technology enabled learning recruited at IHPCA	This indicator measures the number of ICT instructors for technology enabled learning recruited at IHPCA	2	1	0	1	-	-	-	50,000.0	Principal IHPCA/ Human Resource Manager

	Number of staff trained to deliver technology enabled learning and assessment at IHPCA	This indicator measures the number of staff trained to deliver technology enabled learning and assessment at IHPCA	15	2	5	10	15	-	-	25,000.0	Principal IHPCA/ ICT unit/HR
Strengthen Student Support systems and processes at IHPCA	A student information management system developed at IHPCA	This indicator measures the development of a student information management system at IHPCA	1	0	1	-	-	-	-	50,000.0	Principal IHPCA/ Academic Registrar
	A functional data base for IHPCA developed	This indicator measures the development of a functional data based for IHPCA	1	0	-	1	-	-	-	50,000.0	Principal IHPCA/ Academic Registrar
	A teaching and learning policy for IHPCA developed	This indicator measure the development of a teaching and learning policy for IHPCA	1	0	1	0	-	-	-		Principal IHPCA/ Academic Registrar
	A master plan for IHPCA campus (es) drawn for infrastructural development	This indicator measures the development of a master plan for IHPCA campus (es) drawn for infrastructural development	Plan drawn and displayed for reference and fundraising	0		First draft presented to the GC	Final version approved by GC and board	Plan displayed for resource mobilisation	Plan displayed for resource mobilisation	50,000.0	Estates Manager/Principal IHPCA
	Lecturer - student ratio	This indicator measures the lecturer - student ratio at IHPCA	1:8	1:7	1:20	1:15		1:8	1:8		Principal IHPCA/ Academic Registrar
	Number of competent staff that meet requirements of NCHE recruited	This indicator measures the number of competent staff that meet the requirements of NCHE recruited	15	9	5	9	12	15	15	133,266.5	Principal IHPCA/ Human Resources Manager

	Proportion of students provided with guidance and counselling services at IHPCA	This indicator measures the proportion of students provided with guidance and counselling services at IHPCA	100%	Needs to be determined	80%	80%	90%	95%	100%		Principal IHPCA/ Academic Registrar
	Quality assurance framework for IHPCA developed in accordance with the requirements of NCHE	This indicator measures the development of a quality assurance framework for IHPCA in accordance with the requirements of NCHE	Developed and in use	Needs to be determined	First draft presented to the GC	Final draft approved by GC	Framework in use at IHPCA	Framework in use at IHPCA	Framework in use at IHPCA		Principal IHPCA/Quality Assurance Registrar
Acquire resources for the operations, development, and sustainability of the IHPCA	Number of short new training courses developed at IHPCA	This indicator measures the number of new short training courses developed at IHPCA	3	0	1	2	2	2	2	30,000.0	Principal IHPCA/ Short Courses Coordinator
	Number of scholarships secured for the IHPCA students	This indicator measures the number of scholarships secured for IHPCA students	50	0	10	10	10	10	10		Principal IHPCA/ Academic Registrar
	Number of new grants secured for IHPCA	This indicator measures the number of new grants secured for IHPCA	3	0	-	1	1	1	-		Director Finance and Administration/ Principal IHPCA
	% of students that have paid fees at IHPCA	This indicator measures the % of students that have paid fees at IHPCA	100%	0	100%	100%	100%	100%	100%		Director Finance and Administration/ Principal IHPCA
	Number of capital investments to support IHPCA explored	This indicator measures the number of capital investments to support IHPCA explored	one proposal discussed and explored by GC and HAU board every year	0	1	1	1	1	1	100,000.0	Director Finance and Administration/ Principal IHPCA
Strategic Objective 4: To build and strengthen capacity of other African countries to deliver palliative care											

Provide palliative care training to professionals of other African countries	Number of initiator courses in palliative care developed and conducted for professionals of other African countries by HAU	This indicator measures the number of initiator courses in palliative care developed and conducted for professionals of other African countries by HAU	One course designed every year starting 2021	2 courses in 2019	-	1	1	1	1		International Programmes Director
	Number of initiator courses running online	This indicator measures the number of initiator courses in palliative care that are running online	All initiator courses designed to run online as well as face to face	0	2		4	5	6		International Programmes Director
	Number professionals from other African countries participating in initiator courses coordinated by HAU	This indicator measures the number of professionals from other African countries participating in initiator courses coordinated by HAU disaggregated by online and face to face	150 both online and face to face	0	30	30	30	30	30	130,000.0	International Programmes Manager
Provide institutional support to other African countries to strengthen palliative care delivery	An up to-date database for palliative care professionals and alumni of HAU trainings in other African countries developed	This indicator measures the development of a an up todate data base for palliative care professionals and alumni of HAU trainings in other African countries	1	0	-	1	-	-	-	50,000.0	International Programmes Manager/ ICT unit
	Annual progress reports on palliative care in other African countries prepared	This indicator measures preparation of annual progress reports on palliative care in other African countries	5	0	1	1	1	1	1	-	International Programmes Manager
	Number of mentorship visits conducted in other African countries	This indicator measures the number of mentorship visits	10	2 in 2019	2	2	2	2	2	206,408.3	International Programmes Manager

		conducted in other African countries									
	Number of strategic linkages made by HAU for palliative care providers in other African countries	This indicator measures the number of strategic linkages made by HAU for palliative care providers in other African countries	5	2 linkages made in 2019	1	1	1	2	-		International Programmes Manager
	Number of new countries reached by HAU for initiation of palliative care	This indicator measures the number of new countries reached by HAU for initiation of palliative care	6	0	-	2	2	2	-		International Programmes Manager
	Number of new palliative care associations established with the help of HAU in other African countries	This indicator measures the number of new national palliative care associations established with the help of HAU in other African countries	5	0	-	2	1	1	1	50,000.0	International Programmes Manager
	Number of symposiums/conferences organized by HAU on palliative care in Africa.	This indicator measures the number of symposiums/conferences organized by HAU on palliative care in Africa	2	0	-		1	-	1	200,000.0	International Programmes Manager
Actively engage in advocacy for palliative care in Africa	Number of palliative care providers supported by HAU to write and publish about their palliative care work	This indicator measures the number of palliative care providers supported by HAU to write and publish about their palliative care work	30	0	2	5	5	8	10	10,000.0	International Programmes Manager
	Number of African countries supported by HAU to attend conferences and symposiums on palliative care	This indicator measures the number of countries supported by HAU to attend conferences and symposiums on palliative care	6	-	0	1	2	2	1	203,204.2	International Programmes Manager
Strategic Objective 5: To strengthen research, innovations, advocacy, and networking for palliative care in Uganda and Africa											

Develop and implement a research agenda and policy for HAU	A research policy for HAU developed and approved	This indicator measures the development and approval of a research policy for HAU	Research policy approved and in use	Draft research policy developed	Research policy reviewed by external consultant	Policy presented to GC	Final policy approved by HAU board	-	-		Principal IHPCA
Secure adequate funding for research at HAU	Number of research funding proposals developed and submitted to donors.	This indicator measures the number of research funding proposals developed and submitted to donors	20	0	4	4	4	4	4		Principal IHPCA
	Number of research grants acquired at HAU	This indicator measures the number of research grants acquired at HAU	5	0	1	1	2	1	-	-	Principal IHPCA
Strengthen research collaborations for HAU	Number of new research collaboration established at HAU	This indicator measures the number of new research collaboration established at HAU	5	0	1	2	2	-	-		Principal IHPCA
	Number of collaborative research projects implemented at HAU	This indicator measures the number of collaborative research projects implemented at HAU	5	0	1	2	1	1	-		Principal IHPCA
Strengthen the research skills of HAU team	Number of HAU staff trained in basic research skills.	This indicator measures the number of HAU staff trained in basic research skills	20	0	0	5	5	5	5	200,000.0	Principal IHPCA
	Number of HAU staff engaged in research writing and publications	This indicator measures the number of HAU staff engaged in research writing and publication	20	0	5	5	5	5	5	-	Principal IHPCA
	Number of HAU staff engaged in writing grants	This indicator measures the number of HAU staff engaged in writing grants	20	0	5	5	10	10	10	-	Principal IHPCA

Increase dissemination and utilization of research findings at HAU	Number of research dissemination events held at HAU	This indicator measures the number of research dissemination events held at HAU	5	0		1	1	1	1		HODs
	Number of research articles and conference papers produced for publication by HAU staff	This indicator measures the number of research articles and conference papers produced for publication by HAU staff	60	0	10	15	15	10	10		HODs
	Number of published articles and conference papers by HAU staff	This indicator measures the number of published articles and conference papers by HAU staff	30	0	5	5	5	5	10		HODs
Develop a research and innovation scheme at HAU	A research and innovation scheme established at HAU	This indicator measures the establishment of a research and innovation scheme at HAU	1	0	-	1	-	-	-	10,000.0	HAU board
	Number of staff benefiting from the research and innovation scheme at HAU	This indicator measures the number of HAU staff benefiting from the research and innovation scheme	10	0	0	2	2	2	2	100,000.0	HODs
	Number of innovations developed by HAU staff	This indicator measures the number of innovations developed by HAU staff	5	0	1	1	1	1	1	50,000.0	HODs
Build proactive partnerships and networks for HAU locally and internationally	A partnership and networking policy for HAU developed	This indicator measures the development of a partnership and networking policy	Partnership and networking policy agreed on by SMT and board	0	First draft presented to SMT	First draft presented to board	Final draft approved by board				CED & SMT
	Number of partnerships for HAU established locally and internationally	This indicator measures the number of partnerships for HAU established locally and internationally	5	0	1	1	1	1	1	10,000.0	CED & BOARD

	Number of partnership events and meetings held with key HAU partners	This indicator measures the number of partnership events and meetings held with key HAU partners	5	0	1	1	1	1	1	10,000.0	CED
	Number of projects on Palliative care developed at HAU jointly with external partners	This indicator measures the number of projects on palliative care developed at HAU jointly with external partners	2	0	-	1	1	-	-	50,000.0	CED
	Number of networks for palliative care that HAU is part of locally and internationally	This indicator measures the number of networks for palliative care that HAU is part of locally and internationally	3	0	1	1	1	-	-	50,000.0	CED & BOARD
Lobby government of Uganda for recognition and inclusion of Palliative care in the Universal health coverage	Number of meetings with government officials to lobby for recognition and inclusion of palliative care in the universal health coverage	This indicator measures the number of meetings with government officials to lobby for recognition and inclusion of palliative care in the universal health coverage	One meeting scheduled and held every year	One meeting attended with Social services committee of Parliament of Uganda	1	2	1	1	1	30,000.0	CED and HAU board
	Number of events held by HAU to lobby for palliative care recognition by government	This indicator measures the number of events held by HAU to lobby for palliative care recognition by government	One event every year	None	None planned	One	1	1	1	200,000.0	Advocacy officer

	Recognition and inclusion of palliative care in the universal health care by government of Uganda	This indicator measures the recognition and inclusion of the palliative care in the universal health care by government of Uganda	Palliative care included in the UHC policy and implementation plan	0	-	-	-		Palliative care included in the UHC policy and implementation plan		Advocacy officer
Engage the private sector and other civil society to support Palliative care	Number of private sector entities engaged by HAU to support Palliative care	This indicator measures the number of private sector entities engaged by HAU to support palliative care	One company every year	0	1	1	1	1	1	10,000.0	Advocacy officer
	Number of meetings to engage civil society organizations to support palliative care	This indicator measures the number of meetings to engage civil society organizations to support palliative care	3 meetings every year	Needs to be determined	3	3	3	3	3	50,000.0	Advocacy officer
Actively participate in advocacy for palliative care	An advocacy strategy developed and implemented at HAU	This indicator measures the development and implementation of an advocacy strategy at HAU	Strategy agreed on by SMT and board	0	First draft presented to SMT	First draft presented to board	Final draft approved by board				CED
	Number of HAU staff with capacity to do advocacy and policy influence for Palliative care.	This indicator measures the number of HAU staff with capacity to do advocacy and policy influence for palliative care	2	0	-	Recruit advocacy officer		Recruit an assistant		80,000.0	CED
	Number of advocacy events for palliative care organized by HAU	This indicator measures the number of advocacy events for palliative care organized by HAU	5	0	1	1	1	1	1	500,000.0	Advocacy officer
	Number of HAU partner organizations attending the advocacy events for palliative care organized by HAU	This indicator measures the number of HAU partners attending advocacy events for	10	Needs to be determined	2	2	2	2	2	-	CED & PCAU

		palliative care organized by HAU									
Strategic Objective 6: To ensure effective and efficient governance at HAU											
Cascading the strategic plan to all HAU units	Percentage of HAU units that have cascaded the strategic plan.	This indicator measures the % of HAU units that have cascaded the strategic plan:	100%	0	100%	100%	100%	100%	100%		CED/M&E Officer
	Percentage of HAU units implementing the cascaded strategic plans	This indicator measures the % of HAU units that are implementing the cascaded strategic plans	100%	0	100%	100%	100%	100%	100%		CED/ Heads of Units
Facilitate HAU Board, top management, and branch operations	Number of HAU board meetings held	This indicator measures the number of HAU board meetings held	20 quarterly meetings	0	4	4	4	4	4	30,000.0	CED
	Number of HAU management meetings held	This indicator measures the number of HAU management meetings held	60 monthly meetings	0	12	12	12	12	12		CED
	Number of AGMs held	This indicator measures the number of AGMs held at HAU	5	0	1	1	1	1	1	45,500.0	CED
	% of Board decisions and resolutions implemented	This indicator measures the percentage of board decisions and	100%	100%	100%	100%	100%	100%	100%		CED

		resolutions implemented									
	Number of team building and evaluation retreats for the HAU board and management held	This indicator measures the number of team building and evaluation retreats for HAU board and management held	5	0	None planned	1	1	1	1	50,000.0	CED
Regularly review HAU governance and management policies to meet the changing environment	Number of existing HAU policies reviewed	This indicator measures the number of existing HAU policies reviewed	100% of policies pending review in this period are reviewed	0	20% reviewed	40% reviewed	60% reviewed	80% reviewed	100% reviewed		CED
	Number of new HAU policies developed	This indicator measures the number of new HAU policies developed	To be determined								CED
	Number of orientation workshops held for staff on reviewed and new policies	This indicator measures the number of orientation workshops for staff on reviewed and new policies held at HAU	To be determined								CED/
Strengthen the M&E, Audit and Quality Assurance functions at HAU	A robust and functional M&E system developed	This indicator measures the development of a robust and functional M&E system	A robust and functional system in place	Current system upgraded	A robust and functional system in place	-	-	-	-		CED/ Officer M&E

	An internal audit function established	This indicator measures the establishment of an internal audit function at HAU	Internal auditor recruited	0		-	-	Recruit an internal auditor	-	100,000.0	Finance Manager/ HR officer
	The M&E, Audit and QA units reporting quarterly	This indicator measures the equipping of the M&E, Audit and QA units with necessary tools and equipment for use at HAU	All QA units equipped, functional and make reports quarterly in MPU, IHPCA and Clinical	0	12 reports	12 reports	12 reports	12 reports	12 reports	100,000.0	CED/ Finance Manager
Enhance ICT Infrastructure and systems to support HAU operations	% of HAU operations fully computerised	This indicator measures % of HAU operations fully computerized	60%	20%	20%	40%	40%	60%	60%	100,000.0	CED/ ICT unit
	% of HAU services delivered using e-applications	This indicator measures the % of HAU services delivered using e-applications	50%	0	10%	10%	10%	10%	10%	20,000.0	CED/ICT unit
	% of automated HAU records management systems and processes	This indicator measures the % of automated HAU records management systems and processes	60%	0	10%	20%	20%	10%	-	20,000.0	CED/ICT unit
Strengthen the Human Capital for HAU	Number of continuous professional development sessions held for staff	This indicator measures the number of continuous professional development sessions for HAU staff held	12 every year	12 every year	12	12	12	12	12		CED/ HR Officer
	Number of team building events conducted for HAU staff	This indicator measures the number of team building events for HAU staff conducted	One event every year	0	1	1	1	1	1	100,000.0	CED/ HR Officer
Strengthen risk assessment and management procedures	Risk assessment strategy in place	This indicator measures the development of a risk assessment strategy at HAU	Strategy agreed on by	0	First draft presented to SMT	First draft present	Final draft approve				CED

			SMT and board			ed to board	d by board				
	Number of risk assessments conducted at HAU	This indicator measures the number of risk assessments conducted at HAU	5	0	1	1	1	1	1	10,000.0	HR officer/ Quality Assurance unit
	Accurate asset register established and maintained at HAU	This indicator measures the establishment of an accurate asset register at HAU	Asset register in place and 100% accurate	Asset register in place and about 95% accurate	Revisions to asset register ongoing and presented in audit reports	Revisions to asset register ongoing and presented in audit reports	Revisions to asset register ongoing and presented in audit reports	Revisions to asset register ongoing and presented in audit reports	Revisions to asset register ongoing and presented in audit reports		CED/ Estates unit
	Regular internal and external audits conducted	This indicator measures the frequency of external and internal audits conducted at HAU.	15 (10 internal and 5 external)	An external audit completed successfully	3	3	3	3	3	122,000.0	Finance Manager/ Audit unit
Strategic Objective 7: To enhance financial efficiency and Sustainability at HAU											
Develop and maintain a robust financial management system at HAU	A robust financial management system developed at HAU	This indicator measures the development of a robust financial management system at HAU	Robust and financial management system maintained	Financial management system in place	Maintenance of the system	Maintenance of the system	Maintenance of the system	Maintenance of the system	Maintenance of the system	20,000.0	CED/ Finance Manager

Set up an endowment fund for HAU operations	An endowment fund for HAU operations set up	This indicator measures setting up of an endowment fund for HAU operations.	1	0	-	1	-	-	-	5,000.0	CED/ HAU board
Enhance Innovative Resource Mobilization Initiatives	Recruit a communications and fundraising officer	Number of people recruited	2 people	None		1 recruited		1 more recruited		120,000.0	CED
	Engage consultants to conduct resource mobilisation for HAU	Number of consulting firms contracted	Two firms contracted	Two firms contracted							CED / HAU board
	Visibility and fundraising opportunities for HAU enhanced through media	This indicator measures the efforts to enhance visibility and fundraising opportunities for HAU through the media	10 events in media	0	None planned	2	2	2	2	100,000.0	Communication s officer
	Funding opportunities by government of Uganda to HAU explored	This indicator measures the efforts to explore government funding opportunities to HAU.	4 engagements	0		1	1	2	-	5,000.0	CED / HAU board
	Capital investments for HAU profitability established	This indicator measures the establishment of capital investments for HAU profitability	2	0		-	1	1	-	1,000,000.0	CED/ HAU board
	Number of active locations with HAU donation boxes	This indicator measures the number of active locations with HAU donation boxes	50 donation boxes set up in various locations	10 in various places including HAU reception	10	10	10	10	10	500.0	Communication s officer
	Private palliative care and bedside nursing services established	This indicator measures the establishment of private palliative care and bedside nursing services at HAU	Operational private daycare service at HAU	None	Concept developed	Concept shared with HAU board for	Initiate the service	-	-	50,000.0	Clinical Director

						approval					
	A specialized pain clinic for pay services for both pharmacological and nonpharmacological pain established	This indicator measures the establishment of a specialised pain clinic for pay services for both pharmacological and non-pharmacological pain at HAU.	Pain clinic set up	None	Concept developed	Concept shared with HAU board for approval	Initiate the service	-	-	100,000.0	Clinical Director
	A paid for adult day-care services centre established	The indicator measures the establishment of a paid for adult day-care services centre at HAU	1	0	Concept developed	Concept shared with HAU board for approval	Initiate the service	-	-	50,000.5	Clinical Director
	Percentage of Income raised from innovative resource mobilization initiatives	This indicator measures the proportion of HAU income raised out of innovative resource mobilization initiatives.	30%	2%	0%	10%	20%	25%	30%	-	CED/Finance Manager
Increase internally and locally generated Income from existing projects	Percent increase in the income generated by IHPCA	This indicator the percentage increase in the income generated by IHPCA	30%	0	5%	8%	8%	6%	3%	-	Finance Manager
	Amount of Income from the sale of Morphine	This indicator measures the amount of incomes from the sale of Morphine	6.4 bn	500m	1bn	1.2bn	1.3bn	1.4bn	1.5bn		Finance Manager
	Amount of money from Patient contributions	This indicator measures the amount of income from Patient contributions	400m	40m	50m	100m	100m	100m	150m		Finance Manager





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