**TUMU FOUNDATION**

**2012/13 – 2016/17**

STRATEGIC PLAN

***Creating opportunities for the less privileged groups***

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Tumu Foundation is NON PROFITMAKING, a member of tumu group of companies



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# LIST OF ACRONYMS

ANC Antenatal Care

ART Antiretroviral therapy

CMR Child Mortality Rate

CPR Cardiopulmonary resuscitation

CSO Civil Society Organisation

CSW Commercial Sex Worker

GDP Gross Domestic Product

HC Health Centre

HIV/AIDS Human Immune Virus / Acquired Immunodeficiency Syndrome

HSSP Health Sector Strategic Plan

IEC Information, Education & Communication

IMR Infant Mortality Rate

MMR Maternal Mortality Rate

MoH Ministry of Health

MoLG Ministry of Local Government

MTCT Mother to Child Transmission

NGO Non Governmental Organisation

NHS National Health System

NMR Neonatal Mortality Rate

NRH National Referral Hospital

OIs Opportunistic Infections

OVC Orphans and Vulnerable Children

PHP Private Health Providers

PNFP Private Not for Profit

TCMP Traditional and Complimentary Medicine Practitioners

TFR Total Fertility Rate

UDHS Uganda Demographic and Health Survey

VCT Voluntary Counselling and Testing

# ****EXECUTIVE SUMMARY****

This strategic plan has been developed to guide our Programme implementation towards achieving our strategic goal of ensuring that the less privileged and most vulnerable groups live healthier and meaningful lives over the next 5 years. This strategy will also help us to harmonize support given to the Foundation by our various development partners and will guide the foundation’s management while seeking purposeful collaborations and partnerships. The strategy aligns itself with the National Health Sector Strategic and Investment Plan III, the National Development Plan and will contribute towards achieving the United Nations Millennium Development Goals 1, 4, 5 & 6 which are; end poverty & hunger, child health, maternal health, and combating HIV/AIDS respectively.

The strategy has been developed using a participatory approach involving all key staff and members of Board of Directors, consultations with the local authorities like the district has also been made during the process of its development. The process allowed and challenged members of staff and Directors to reflect on the situation of poverty, health situation in the area, the situation of less privileged and vulnerable groups particularly children/orphans, elderly, women and grandmothers affected and infected by HIV/AIDS and chronically poor families in and around Buhweju and the Foundation itself. We went through a process of situation, SWOT and TUMU Hospital and Medical Training Institute’s past response analysis to be able to propose TUMU Foundation’s response over the next 5 years.

The development of this strategy took into consideration a wide range of policies, the national situation of health sector in Uganda and its management, maternal morbidity and mortality, the HIV and malaria prevalence rates, new emerging diseases and the achievements so far made by the Ugandan government towards improving the health situation. The strategy has 5 main sections. The first section, introduction, provides the general background, situation analysis and provides our response planning to the existing situation. The second section describes our Programme design, strategies to be used to address the issues that exist in our Programme area and gives detailed activities that will help to achieve the stated outputs. Section three is Monitoring and Evaluation while section four talks about the management of the Programme and Foundation. Section five will is the Log frame and will be attached to this strategy.

The strategic plan will turn the Foundation into one of the leading NGOs involved in increasing access to quality health care services by the less privileged and most vulnerable groups in and around Buhweju. We envisage an empowered society where less privileged people are able to access quality healthcare services and social support leading to improved quality and meaningful lives.

# ****1.0 INTRODUCTION****

TUMU Foundation is a Non Governmental Organization in Buhweju District aimed at increasing access to quality health care services and support to less privileged groups in Buhweju and the neighbouring areas. TUMU Foundation is a member of Tumu Group and is non-profit making, a Community Social Responsibility section of Tumu Group of companies.

The initiative to start-up a Community Based Organization started in 2010 when Mr. Johnson Tumusiime, the Founder and Chairman of Tumu Group of Companies constructed a Hospital with a Modern Art of facilities and equipments at Rugongo, Karungu Buhweju. The facility was later opened on 4th November 2011 by the President of Uganda, His Excellence Yoweri Kagutta Museveni. The Founder was inspired by the poor conditions and quality of life that people in this new district and neighbouring areas were living in and was compelled to make a difference.

This strategic plan (2012/13 – 2016/17) will give focus to and guide TUMU Foundation’s work over the next 5 years and will help to harmonise the support given to the foundation by our various development partners. This plan was developed using a participatory approach involving all key staff and some of our local partners. The process allowed and challenged members of staff and representatives of stakeholders to reflect on the situation of poverty in the area, low levels of development and poor infrastructures, increasing number orphans, high HIV/AIDS prevalence rates, high numbers of children with disabilities, and poor quality of life that the poor and elderly live in. We went through a process of situation, SWOT analysis, and past experience to be able to propose TUMU Foundation’s strategic intervention and response over the next 5 years.

We strongly believe this strategic plan will turn this organisation into one of the leading NGOs in the country and the region that plays a big role in creating opportunities for less privileged people by increasing their access to quality health care services leading to improved lives and social integration.By establishing ourselves with in the community and operating at the grassroots level, TUMU Foundation believes in full participation and involvement of all community members and beneficiaries in programmes that aim at improving their own lives. We believe in strategic and purposeful partnerships for purposes of shared learning and collaborations and we shall continue to partner and work with a range of stakeholders namely, the local government, hospitals, schools, rehabilitation centres, donor organisations, local NGOs and other line agencies within the health sector.

We shall engage and promote innovativeness and technological integration in our programme as a way of improving the quality of our services, create impact and remain relevant. By this, we shall continuously engage in research activities, publish and share our experiences and achievements with other stakeholders.

While the organisation works towards creating opportunities for less privileged groups in Buhweju District and neighbouring regions, emphasis is laid on OVC, women and grand-mothers affected and infected by HIV/AIDS, elderly and needy families and communities. Both females and males are given equal opportunity and consideration through gender mainstreaming.

## 1.1 SITUATION ANALYSIS

Buhweju District is bordered by [Rubirizi District](http://www.facebook.com/pages/w/189661461062002) to the west and northwest, [Ibanda District](http://www.facebook.com/pages/w/108020155892046) to the northeast, [Mbarara District](http://www.facebook.com/pages/w/105299082835887) to the east, [Sheema District](http://www.facebook.com/pages/w/161461943901538) to the southeast, and [Bushenyi District](http://www.facebook.com/pages/w/111918525491569) to the southwest. [Buhweju](http://www.facebook.com/pages/w/120143744723615), the location of the district headquarters, is approximately 60 kilometres (37 mi), by road, northwest of [Mbarara](http://www.facebook.com/pages/w/108812842475852), the largest Municipality in [Ankole sub-region](http://www.facebook.com/pages/w/175096509198938). This location is approximately 310 kilometres (190 mi), by road, southwest of [Kampala](http://www.facebook.com/pages/w/112646295416938), the capital of [Uganda](http://www.facebook.com/pages/w/106029926094101). The District was carved out of [Bushenyi District](http://en.wikipedia.org/wiki/Bushenyi_District) in July 2010 and is home to an estimated 82,900 people, according to the national census conducted in 2002. The current population of the district is estimated at 120,000 people. Like any rural district in Uganda and sub-Saharan Africa, more than 40% of the population lives below poverty line where less than half of the population is literate and unemployed. Due to poor landscape and terrain of the district, very few people engage in commercial business due to poor road networks. The actual number of orphans, HIV/AIDS affected families, elderly and disabled children is not yet known but is believed to be very big. With exception of TUMU Hospital which is under our group, the district has only one Health Centre IV, 4 Health Center IIIs and 8 HC IIs in the entire district. The District has very few government and private schools with poor facilities and poor quality education being offered, looking at Uganda National Examination Board’s (UNEB) results over the years.

**The National Situation of Health Sector of Uganda**

### The Structure and Management of the National Health System

The National Health System (NHS) in Uganda constitutes of all institutions, structures and actors whoseactions have the primary purpose of achieving and sustaining good health. It is made up of the publicand the private sectors. The public sector includes all Government health facilities under the MoH,health services of the Ministries of Defence (army), Internal Affairs (Police and Prisons) and Ministry ofLocal Government (MoLG). The private health delivery system consists of Private Health Providers(PHPs), Private Not for Profit (PNFPs) providers and the Traditional and Complimentary MedicinePractitioners (TCMPs).

The MoH provides leadership for the health sector: it takes a leading role and responsibility in thedelivery of curative, preventive, promotive, palliative and rehabilitative services to thepeople of Uganda in accordance with the HSSP II. The provision of health services in Uganda has been decentralised with districts and health sub-districts (HSDs) playing a key role in the delivery and management of health services at district and health sub-district (HSD) levels, respectively. Unlike in many other countries, in Uganda there is no ‘intermediate administrative level (province, region). The health services are structured into National Referral Hospitals (NRHs) and Regional Referral Hospitals (RRHs), general hospitals, health centre IVs, HC III and HC IIs. The HC I has no physical structure but a team of people (the Village Health Team (VHT)) which work as a link between health facilities and the community. The HC I structure is very important in community mobilization, monitoring and sensitization, however in districts like Buhweju, the HC I structure is none existing.

**Key challenges**

### Maternal Morbidity and Mortality in Uganda

Uganda’s Maternal Mortality Ratio (MMR) had remained high for 15 years, with no significant decline. The UDHS of 2006 registered a modest decline from 505 to 435 deaths per 100,000 live births which translates to about 6,000 women dying every year due to pregnancy related causes. For every woman who dies, six survive with chronic and debilitating ill health. There is no data available for morbidities like obstetric fistula, chronic pelvic infection, post abortion complications, infertility and maternal ill health in general. This is because while a significant proportion of maternal deaths occur in the health facilities, there are over 62% of pregnant women delivering without skilled care either by themselves or in the hands of unskilled workers. About 29% of all infant deaths occur in the neonatal period i.e. the first 28 days of life, three quarters of neonatal deaths happen in the first week while the highest risk of death is within the first 24 hours.

Although the accessibility of households to health facilities is reported to have increased from 49% to 72% in 2004 as a result of construction of new HCIIs, other remote districts like Buhweju are still struggling due to their geographical location coupled with poor road networks. There has also been a mismatch between construction of new health facilities and the capacity to make them functional in terms of human resources, medical equipment and operational budgets. Many Health Centres especially in Buhweju are in a sorry state, with maternities lacking water and lighting, hence inappropriate for maternal newborn health care. Nsiika Health Centre IV, the main government health centre in the district, has a non-functional theatre due to lack of equipment, electricity, water supply, staff and/or staff housing, hence intended basic surgery e.g. caesarean section are not carried out. Women have to trek long distances looking for these services. Tumu Hospital has established a fully fledged theatre that is being run by highly qualified and skilled medical personnel so as to bridge this gap.

There is still need for establishment of an efficient referral system which should be a step-wise from the community to the health centres and the hospital. There are few ambulance in communities to respond to needs of women who need to deliver in hospital, referral systems are being challenged with poor transport and communication networks. Most of the roads in the rural areas are poor while the communication system that has been established for referrals does not function efficiently. In cases where radio communication equipment have been installed and ambulances provided such as the Ministry of Health multipurpose ambulances, their operation and maintenance has been a great challenge to the districts. As a result, relatives of the sick women are often asked to fuel the ambulances, yet most of them are too poor to afford the cost. TUMU Foundation’s contribution in this area will therefore be to establish such a system where women with obstetric complications are quickly transferred from villages to the hospital or other health centres so to reduce maternal deaths in Buhweju and neighbouring areas.

### HIV/AIDS and Malaria

Regardless of the intensive HIV/AIDS awareness through IEC and community mobilization campaigns with emphasis on abstinence, faithfulness and condom use, by the Uganda AIDS Commission, on behalf of the GoU, and the numerous Civil Society Organisations the new report on Uganda AIDS Indicator Survey conducted by the ministry of Health revealed bitter facts that the number of people infected with HIV has risen from 1.8 million people to 2.3 million today.The new survey results shows that 6.7% of Ugandan adults aged 15-49 years are HIV positive. In her article published in the new vision on 6th July 2012, Irene Mirembe writes that, Uganda HIV epidemic has gone through three distinct phases characterised by high HIV prevalence and later stagnation especially among young people. After 1996, the trend shifted to adults above 25 years with peak HIV prevalence in the reproductive age groups including the married.Since 2008, more than three quarters of a million people are living with an HIV positive partner unknowingly and 13% of these people get infected each year. The MOT study conducted in 2008 showed that 130,000 new infections occurred in2007. Eighteen percent (18%) of the new infections occurred through mother to child transmission(MTCT) while the majority of people newly infected were through heterosexual relations. Forty three percent (43%) of those new infections occurred among people in long term relationships, callingtherefore for an increased focus on HIV prevention among couples and other high risk groups such asCSW.

HIV has also become a significant indirect cause of maternal and newborn morbidity and mortality in the last fifteen years. The HIV/AIDS sero-prevalence in pregnant women stabilized at around 6.2% over the last four years, against the 2005 national target of 5%. Although VCT, PMTCT and ART were successfully introduced in the 1980s, 2001 and 2004 respectively, there is still limited utilization of these services. The challenges include; limited coverage of VCT and PMTCT services, insufficient quality of ANC, few trained health workers, limited access to safe blood, inadequate access to IEC messages and condoms in rural areas as well as stigma especially in the rural areas.It is estimated that about 1.4 Million women will get pregnant and approximately 6.5% of them are infect with HIV, translating to about 91,000 HIV infected pregnant women in Uganda this year. Without any intervention to reduce transmission of HIV, every 3 out of 10 of them (30%) will infect their babies with the HIV virus, translating to about 25,000 infected children through mother to child transmission of HIV (MTCT).

HIV/AIDS epidemic has also created vulnerable groups including the elderly, women, OVC,those infected with HIV, victims of sexual violence and displacement and has increased and worsened the situation of children with disabilities. Available research shows that these groups tend to be disproportionately represented in those who suffer mental health problems. The disease has also increased overhead costs as a result of rising medical expenditures, absenteeism from work and training of replacements.

Uganda has the third highest deaths from malaria in Africa and some of the highest recorded malaria transmission rates in the continent. On average, a person in District where TUMU Foundation operates would receive more than 1,500 infectious bites per year.  This creates a heavy burden upon the health system, with malaria accounting for approximately 30%-50% of outpatient care, 15%-20% of admissions and 9%-14% of inpatient deaths.

### Non-communicable diseases/conditions cluster

Uganda is experiencing dual epidemics of communicable and non-communicable diseases (HSSPIII). The Clusteron Prevention and Control of Non-Communicable Diseases/Conditions include the following elements:Non-communicable Diseases; Injuries, Disabilities and Rehabilitative Health; Gender-Based Violence,Mental Health and Control of Substance Abuse; Integrated Essential Clinical Care; Oral Health andPalliative Care.

According to the Ministry of Health, non-communicable diseases and their risk factors are on increasing but the major challenge is that due to lack of local data, inadequate capacity of health system to address chronic conditions and the high cost of medicines/supplies for treatment is making it difficult for their control/management.

According to HSSPIII, Cancer of the cervix contributes to over 50% of gynaecological admissions in Mulago Hospital andmany patients are coming in very late only fit for palliation. There is high prevalence of the Human

Papilloma Virus in Uganda yet very limited information on the factors responsible for this deadlycondition many of which could both be primarily prevented and respond to earlyscreening. Clearly mostof the hospitals in Uganda do not offer cancer cervix screening services, yet evidence exists in the regionthat this can be a very effective method of addressing the problem.

### Poverty

Poverty in Uganda is an important issue that has worsened the health situation of Ugandans. About 60% of the Ugandan people are poor and 30% are very poor. Women in Uganda like in any other developing country in sub-saharan Africa are the poorest of the poor.The standard of living in rural Uganda is much lower than the rest of the world. Uganda has low life expectancy literacy rates.According to the past macroeconomic trends and available information, the nominal GDP growth rate over the NDP period was projected at an average of 7.2 per cent per annum. It was assumed that the proportion of people living below the poverty line is expected to decline from the level of 31% in 2005/2006 to around 24.5% in 2014/2015, we however don’t believe this will be achieved. Although the Government of Uganda has developed plans and implementation strategies that have contributed significantly to economic growth and poverty reduction, there are sections of the society that belong to certain socioeconomic groups that have not benefited from the available economic opportunities for poverty reduction. Vulnerable groups like the elderly and the OVC live in worst situations that put their lives at danger. More than 40% of people in Buhweju remain unemployed and illiteracy rates are very high. They cannot afford adequate medical treatment and majority have resorted to traditional and unhygienic ways of treatment.

### Achievements made towards improving the Health Sector in Uganda:

**General Analysis**

Since early 1990s, GoU has given high priority to improvement of the health status of the people of Uganda. Health indicators have improved over the last ten years of the NHP I, HSSP I and II but they still remain unsatisfactory and disparities exist throughout the country. While such progress has been made the MTR of the HSSP II and AHSPRs also highlight the enormous challenges that remain if Uganda is to achieve the MDGs by 2015.

Statistics obtained from the Uganda Demographic and Health Survey (UDHS) for 1995 and 2006 when the last (UDHS) was conducted show that child mortality rate (CMR) declined from 156 to 137 deaths per 1,000 live births; infant mortality rate (IMR) decreased from 85 to 67 deaths per 1000 live births; maternal mortality rate (MMR) reduced from 527 to 435 per 100,000 live births; and the CPR increased from 15.4% to 24.4%. In 2000 the neonatal mortality rate (NMR) was at33% per 1,000 live births but this went down to 29% in 2006. The total fertility rate (TFR) over this period has not changedmuch from 6.9 in 1995 to 6.5 in 2006. This high TFR contributes significantly towards the highpopulation growth rates being experienced in Uganda and will have implications on delivery of and accessto health care. These indicators, although unsatisfactory, generally demonstrate that the health status ofthe people of Uganda improved over the reference period. The 2005/06 demographic health survey (DHS) also brings on boardhealth challenges related to Sexual Gender Based Violence in all the regions of the country.

## 1.2RESPONSE ANALYSIS

TUMU Foundation’s response to the situation of poor quality of life and poor access to quality health care services started in 2010 when Tumu Hospital and Tumu Medical Training Institute opened at Rugongo Hill, Karungu, Buhweju District. Since then, the Hospital has been providing quality comprehensive medical services to all categories of people with all sorts of health needs. Since majority of the people are poor and come from very remote areas with poor road networks, Tumu Hospital has been conducting community outreaches to some of these remote areas like Bihanga so as to reach some of the vulnerable groups and the elderly. The Hospital has also contributed a lot in improving maternal health, malaria prevention and control, HIV awareness raising and provision of HCT services, among others.

Tumu Training institute has so far recruited and trained 40 students in a 2 ½ years course in Enrolled Comprehensive Nursing. The aim of this institute is to build local capacities to provide adequate health care support to rural people. The institute has also been involved in building capacities of local health workers and community volunteers.

TUMU Foundation is therefore going to work with these two institutions which are members of the same Tumu group of companies to consolidate the gains that the two have achieved in increasing access to quality health care. TUMU Foundation will however be focusing on the needy and vulnerable groups and will work as a charitable organisation.

## 1.3 Strengths and weaknesses

|  |  |
| --- | --- |
| Strengths | Weaknesses |
| Committed and dedicated staff | Inadequate organisational policies |
| Availability of health professionals at the Hospital | Inadequate M&E systems & reporting skills |
| Holistic approach to programme implementation | Limited Funding  |
| Land and infrastructure | Low patient/client levels |
| Organisational structure | Limited publicity |
| Improved communication systems and information sharing | Poor information management |

**External opportunities and threats**

|  |  |
| --- | --- |
| Opportunities | Threats |
| Conducive government policies and political climate | Poor road networks |
| Increased access to information  | Competition for resources |
| Partners in development | Potentially big clientele  |
| Funding opportunities | Poverty  |
| Supportive communities | Attitudes and practices |
| Limited or no competition | High illiteracy levels |

**Strategic gaps**

1 There is poor quality of life with limited access to quality health care services and support by less privileged groups in Buhweju District and its neighbouring areas.

 **Because**

2 Buhweju district remains one of the poorest and remotest districts in Uganda today. Due to its geographical location and the poor terrain (mountainous), the establishment of improved public infrastructures like good road networks, modern health facilitates, and public schools has been a very slow and difficult process. For many years, almost no development has taken place in the area until the inhabitants demanded for the establishment of their own District. Until this date, there is no tarmac road in the entire area. Efforts to connect the district to the national electricity line have just started. The district headquarters has only one computer in the Chief Administrative Officer’s Office with no internet connection. Work in all the other departments is done manually. The main district health centre, Nsiika Health Centre, lacks adequate medical equipments and is understaffed. There are high illiteracy levels and unemployment. More than 40% of the population lives below the poverty line, the quality of life is very poor with very high levels of malnutrition, high maternal and child mortality rate. The HIV/AIDS rate is also very high.

 **As a result of**

1. There are big numbers of OVC, child headed families and so many children under the care of grandmothers.
2. Accessibility to health services is still very poor. Patients find it very difficult to connect and access medical services in time due to poor transportation means and lack of information. Majority have resorted to traditional treatment and life is no longer a value to many. Even when they are able to make it to the health Centre in-time, there are inadequate medical supplies.
3. Infant mortality rate is very high
4. Policies and legislations formulated by government are not being translated into action.
5. Less privileged groups are not empowered to demand, seek for and utilise services.

c) Inadequate monitoring and follow up

d) Unfavourable attitudes and practices at national, community and family levels.

e) Limited collaboration, leaning and sharing among actors engaged in health promotion.

## 1.4 RESPONSE PLANNING

In order to respond effectively to the situation described, the foundation will be guided by the following vision, mission and principles/values within the context of our past and present responses.

**Vision**

An empowered society where less privileged people are able to access quality healthcare services and social support leading to improved quality and meaningful lives

**Mission**

Our mission is to become a regional leader and partner in improving lives of less privileged groups in Buhweju and neighbouring areas, through provision of quality, accessible and affordable health care services.

**Key Response Principles and values**

**Serving God’s people above self**

We are a God fearing organisation that upholds Christian values, bible teachings on love for the poor, afflicted and powerless and with respect for human rights. We are however a non-church founded organisation and give equal opportunities to all religions.

**Child centred & commitment to the poor**

We respect the views of and value each individual child, irrespective of age, gender, ethnicity, race and any other differences. At Tumu Foundation, each individual child is treated as important and is provided with similar opportunity to participate in the developments around him/her. We recognise that by addressing wider social, economic and cultural issues that affect children’s lives and development, we are saving the country’s future.

Tumu Foundation’s calling is to serve the neediest people in Buhweju and neighbouring areas. We shall at all times strive to relieve them of their suffering, promote the transformation of their wellbeing and make their lives count within their societies.

**Purposeful partnerships and collaborations**

We shall at all times work at all levels from the individual level through to the international level and alongside organisations, agencies or institutions with similar values and services. We recognise the need to embrace new ways of networking and partnership, for specific purposes, to ensure wecontinue to develop as an innovative and effective organisation in this region. We will seek toactively learn from the experiences of other organisations through establishing linkages and subscribing to relevant networks to enhance our organisational capacity to address the health care needs of less privileged groups. We shall always share our experiences and lessons learnt with other development partners.

**Technological integration, Creativity and innovation**

We shall embrace and promote the use of new technologies, keep our programme alive and to provide an environment that enables staff to contribute meaningfully and realistically with confidence to the development of the foundation. TumuFoundation will promote a spirit of critical thinking and questioning of programme approach, interventions and methodologies. We believe in providing an environment of creativity and innovation for our staff to fully develop their potential and further improve Tumu Foundation’swork.

**Honesty and integrity**

Tumu Foundation believes in being transparent and accountable; financially, socially and ethically to its beneficiaries, supporters, partners and donors. We will ensure that our staff and all our stakeholders uphold this value and conduct themselves in a manner that promotes the image of the foundation among its development partners, programme beneficiaries and the funding partners. We will at no moment tolerate any individual who is deemed unfit to serve this organisation on the basis of this particular value and principle.

# 2.0 OUR PROGRAMME

Our mission will be fulfilled through implementation of the following programme, which is also presented in form of the attached logical framework. The programme focuses on vulnerable groups with emphasis on direct service delivery, using innovative community based rehabilitation approaches, so as to directly increase access to quality health care services by the less privileged groups. Besides direct service delivery however, the programme will also address issues of policy, attitudes, partnerships and institutional building.

## 2.1 Strategic aims

### A Goal

Less privileged and most vulnerable groups living meaningful lives and healthier lives

### B Purpose

Increased access to quality and comprehensive health care services by less privileged and vulnerable groups

### C Outputs:

1. Increasing access to quality health care services by the less privileged groups
2. Building the capacity of needy households of Orphans and Vulnerable Children (OVC) to provide adequate health care and support to children under their households.
3. Increasing the implementation and enforcement of government policy provisions and legislation regarding OVC and other special groups.
4. Increasing knowledge & influencing attitudes & practices towards HIV/AIDS, malaria, Non-Communicable and chronic diseases
5. Building the capacity of TUMU Foundation to fulfil its mission and realize its vision.

### D Activities:

**Output 1: Increasing access to quality health care services by the less privileged groups**

The first output forms our major area of focus and it covers the following specific activities:

1. Organize and conduct community outreaches using innovative community based approaches.

Community outreaches will be organized and conducted on specific dates in 8 sites of Buhweju District in sub-counties of Rwengwe, Karungu, Burere,Malinde, Bisya, Engaju, Nyakishana and Bihanga. At each site, we shall work hand in-hand with local authorities, religious leaders and community mobilizers. Community outreach clinics organized and conducted at sub-county headquarters, school compounds or at local health centres. We shall ensure full community participation during all our outreach activities for ownership and sustainability purposes. We shall establish and work through a team of dedicated Village Health Teams/Community Health workers and volunteers who understand the villages and locals very well. These community health workers and volunteers will be very useful during mobilization, sensitization and follow-up activities. They will be trained in health education, HIV/AIDS issues, best family planning practices, antenatal best practices and procedures, maternal health, nutrition, among others to enable them support our community outreach programme. During community outreach clinic, assessment of patients, medical treatment and care and check-up, health education, HIV/AIDS counselling and testing services, among others will provided to clients. We shall refer those with complicated cases to Tumu Hospital and other health centres for further management. We shall also conduct community sensitization meetings on issues of maternal health, hygiene, HIV/AIDS among others. Religious leaders will be educated and engaged in efforts to change attitudes and behaviours that are harmful to women and girls; most people believe and trust in religious leaders.

We shall conduct home visits to and offer health care services, psychosocial support and health education. Health education and proper nutrition will also be conducted. Husbands will be encouraged to accompany their wives to health centres for antenatal check-up. HIV Counselling and voluntary testing services will also be extended to families during the exercise. Needs assessment will be carried out for further interventions like income generating activities support especially to neediest families, single mother headed families especially those affected and infected by HIV/AIDS, and the elderly without care.

Children with disabilities will also be identified and referred to rehabilitation centres for further management and reconstructive surgical services. We shall also follow them up to ensure they are properly included in society and their rights are protected.

1. Establish and strengthen local health systems

The foundation will identify existing health systems and where necessary establish new systems or build the capacities of existing ones. Such systems will include referral systems, follow-up and documentation systems. The capacity of local health centres II, III and IVs will continuously be built through staff training and engaged to reduce on maternal and child mortality rates in the area and use of antenatal recommended best practices. We shall establish strategic partnerships and collaborations with other stakeholders like the local governments, NGOs/CSOs in the area, schools and churches for purposes of improved service delivery and shared learning.

An efficient referral system which will be a step-wise from the community to the health centres and the hospital will be developed and established at the grassroots involving local health workers and community volunteers. Women with obstetric complications and patients with severe and critical cases will be identified and immediately transferred using a stand by ambulance at Tumu Hospital. We shall work hand in hand with the district so as to sustain the referral system and ensure continuity when the programme. Our services will help to bridge the gap where Ministry of Health multipurpose ambulances’ operations and maintenance has been such a big challenge. Using Mobile phone technology, community health workers and volunteers will be used to form our referral communication network whereby they will be facilitated to call a standby ambulance in case of emergencies.

1. Training of health professionals

Through Tumu Medical Training Institute, we shall continue empowering the community through training of Health Professionals. We shall strengthen the capacity of the medical institute and give students opportunities to acquire quality medical training programs so as to serve their communities better.

1. Organize and provide quality comprehensive medical services at Tumu Hospital

Tumu Hospital is a fully equipped hospital with modern facilities and medical equipments. The hospital has highly qualified and skilled specialists with the capacity to manage all types of health conditions. The foundation will work hand in hand with the hospital to provide specialized and quality services through organizing and conducting the following activities.

* Antenatal Care
* Neonatal care services for babies born prematurely or in need of extra care
* Imaging services(x-ray and scan)
* X-ray and ultra sound scan
* Laboratory services
* Counselling
* Immunization for pregnant mothers & children
* Surgery
* Gynaecology
* Management of STIs
* Family planning services
* Oral and Dental care
* Internal medicine
* Paediatrics
* HIV/AIDS Care
* Mental Health
* PMTCT

We shall support the hospital to organize and conduct specialized clinics and offer specialized care to a variety of clients with complications and health problems.

1. ***HIV & STD clinics***: During these clinics several services will be provided including; voluntary counselling and testing, early infant diagnosis, prevention of mother to child transmission (PMTCT) of HIV, provision of HAART, chronic care HIV patients and treatment of OIs, TB-HIV co-infection assessment & management, post exposure prophylaxis for HIV, and general health checks.
2. ***Surgical clinic***: surgical clinics will be categorized in 7 sub-clinics
* *Genito-urinary medicine clinic*
* *Orthopaedic clinics:* these will mainly handle cases related to trauma and post trauma injuries, non-traumatic bones & joint diseases, etc.
* *Plastic clinics:*these will provide management to difficult wound healing, post burn contractures, skin infections and other plastic surgical problems like swellings.
* *Neurological clinics:* These will be for management of disorders that affect the entire nervous system including the brain, spinal cord and the nerves. It will also help children with spina bifida and hydrocephalus.
* *Gynaecological clinics:* during these clinics, we shall offer services like screening, common gynaecological problems, fertility health checks, specialist services, gynaecology ultra sound scans, full pelvic ultrasound scan, among others.
* *Paediatric clinics:* these will be offered to inpatients and outpatients
* *Ear, Nose and Throat (ENT):* services like allergy disorders, nose & sinus disorders, tonsil & adenoid surgery, ear care, swallowing disorders, hearing disorder-audiology, head and neck disorders, etc will be offered.
1. Reduce the morbidity and mortality attributable to Non-communicable diseases through appropriate health interventions

The following elements will form our focus for prevention and management of Non-Communicable diseases: Injuries, Disabilities and Rehabilitative Health; Gender-Based Violence, Mental Health and Control of Substance Abuse; Integrated Essential Clinical Care; Oral Health and Palliative Care. The following activities will be conducted:

* Strengthen the policy environment for the control & prevention of Non-Communicable diseases through development of standards and guidelines for treatment.
* Increase and sustain people’s awareness about Non-communicable diseases
* Strengthen the capacity of health workers to manage non-communicable diseases effectively so as to prevent avoidable complications.
* Put in place preventive, promotive and rehabilitative interventions to reduce mortality and morbidity or disability caused by injuries
* Improve access to health services by people with disabilities
* Compile and analyse information available to establish the prevalence of gender based violence in Buhweju District and work with the district to formulate strategic interventions to contain the vice.
1. Carryout monitoring, follow up and documentation of individual client’s experiences.

We will develop a comprehensive patient monitoring and follow up strategy and framework for the foundation. The strategy will be implemented in collaboration with Tumu Hospital and other local partners. Documentation and sharing experiences of individual client’s and families’ will be an important element of this process.

**Output 2: Building the capacity of needy households of OVC to provide adequate health care & support to children under their households**

Needy households of OVC and other less privileged groups will be identified especially during our community outreach programme and their capacity will be built to enable them attain better quality life. Needs assessment exercises will be conducted with support from community volunteers and local leaders. Households will be supported in the following ways:

1. Provision of direct support: Direct support will be provided inform of Income Generating Activities (IGA), improved shelter especially for the elderly and single mother headed families affected and infected by HIV/AIDS, provision of basic necessities and mosquito nets to pregnant women, nutritional support to severely malnourished children, among others.
2. Educational support to needy OVC: Needy orphaned and other vulnerable children will be identified and provided with school fees and other scholastic materials to enable them attain better education, get employment and support their families.
3. Provision of basic health care: Needy and less privileged groups will be provided with free medical care support. These will include the elderly, women and grandmothers affected and infected with HIV/AIDS, OVC and children with disabilities.

**Output 3: Increasing the implementation & enforcement of government policy provisions & legislation regarding OVC & other special groups.**

1. Develop a policy advocacy and lobbying strategy.
2. Support and participate in the development of relevant policies and lobby for appropriate frameworks for their implementation.
3. Organize and conduct partnership and networking meetings with local government leaders and stakeholders

**Output 4: Increasing knowledge & influencing attitudes & practices towards HIV/AIDS, malaria, Non-Communicable and chronic diseases**

Sensitization meetings will be organized and conducted in the community with involvement of local leaders, religious leaders and other opinion leaders so as to influence change in attitudes and practices.

Sensitization workshops will also be organized and conducted for local and religious leaders, health workers and traditional birth attendants. We shall compile and publish IEC on issues of maternal health, hygiene, HIV/AIDS, proper nutrition and best antenatal care practices.

Public awareness campaigns will also be conducted through radio and TV talk-shows, publication of newspaper articles and village debates.

We shall use SMS texting to reach to thousands of people in our catchment area with messages on maternal health, available antenatal services, HIV/AIDS issues, malaria prevention and available health services. We shall promote improved family planning practices so as to prevent un-wanted pregnancies and unsafe abortions which contribute to 26% of maternal deaths and a much higher proportion of reproductive ill health. We shall provide adequate information on available Post Abortion Care Services at Tumu Hospital and different health centers. Due to high illiteracy rates in the area, we shall send pre-recorded voice messages which will be received inform of a phone call, there, people don’t have to straggle to read the text message. Mobile telephone contacts will be capture during community outreach activities, at the center, and we shall also use the network of community health workers and volunteers to collect contacts.

We shall participate in international days like the HIV/AIDS day, the day of African Child, International Disability Day, [International Women's Day,[World Health Day](http://www.who.int/world-health-day/en/),[World Malaria Da](http://www.who.int/mediacentre/events/annual/malaria/en/index.html)y, among others.](http://www.un.org/en/events/womensday/)

We shall compile and produce monthly newsletters sharing experiences and best practices. We shall periodically update our websites on our activities, services and successful case stories.

**Output 5: Building the capacity of TUMU Foundation to fulfil its mission and realize its vision.**

1. Develop management systems to streamline operations at the Foundation.
2. Develop and implement a comprehensive PR and communication strategy for TUMU Foundation.
3. Strengthen both local and external fundraising.
4. Develop and M&E Framework together with appropriate M&E tools
5. Design and implement an appropriate staff development policy.

## 2.3 Institutional and Management Framework

TUMU Foundation will be responsible for the planning, monitoring, development of strategies and management of all operations for the implementation of this strategy. However, it will work with the Tumu Hospital and Tumu Medical institute for the direct implementation of planned activities so as to ensure proper project outcomes. We shall also work in partnership with specific organisations and government institutions working in the different sub-counties and a network of community health workers and volunteers.We will receive referrals from the partner organisations, government and private health institutions/centres for comprehensive health care services at Tumu Hospital. We have a well trainedmulti disciplinary team of staff at the centre that offer quality and specialized health care services. Besides the centre based health care services, the team will also run community outreaches, in the 4 sites of Buhweju as a way of bringing services nearer to our target groups who are the less privileged groups. Besides the outreach clinics, we shall will arrange regular follow up visits into the community inform of home visits, evaluate the services that we are offering to them, design new and evaluate old approaches, offer care and support to household members.

We shall embark on the process of designing a monitoring and evaluation framework, as part of systems development, which will assist us to monitor, review and assess the performance of our programme in a participatory way with our staff, partners and beneficiaries.

Sustainability is an important element of this strategy. Besides raising resources from external sources to cover our costs, we shall ensure that there is patients’ contributions inform of services offered and contributions from the partners who refer clients to us for specialized health care services. Empowering needy households of OVC, the elderly and single mothers and grandmothers affected and infected by HIV/AIDS will ensure that they are able to raise some money for their transport to health facilities and to prepare a nutritious meal for the children and entire family. It will also ensure a strong sense of ownership and support to our programs and activities both at the centre and in the community.Working with and strengthening the capacity of local partners within the existing community and government structures will ensure that the needs and concerns of less privileged groups will continue to be met in the long run. Promoting inclusion of less privileged groupsthrough lobbying and advocacy will ensure that their issues and concerns are integrated into development processes at all levels.

# ****3.0 MONITORING AND EVALUATION****

Monitoring and Evaluation (M&E) will be based on supervisory visits, periodic reviews and the Foundation’s Information Management System. M&E is a very important component of the programme and aims at informing the Foundation’s governing board, management and other stakeholders especially the donors on the progress towards achieving the set targets as set in the logical framework, and annual plans. The logical framework will be the main tool used to evaluate this strategy and the evaluation exercise shall involve key staff and community members. Beneficiaries and community members will be key in determining the success of our programme.

Due to financial constraints, the foundation may not undertake to conduct a baseline survey but will rely on available data from the district and other line ministries like the ministry of health, ministry of gender labour and social development, as well as the available data at UBOS. We shall develop mechanisms to ensure data quality assurance, data integrity and proper information sharing.

# ****4.0 ORGANISATIONAL STRUCTURE****

Below will the management structure for the foundation

Board of Directors

Foundation

Accountant

Medical Training Institute

Hospital Management

Grants Coordinator

Donors