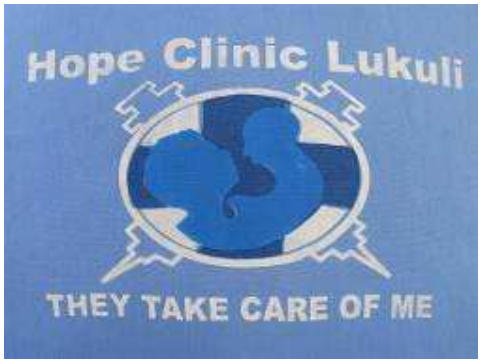
Hope Clinic Lukuli

An established NGO providing the general health services the community needs





Strategic Plan 2009 – 2013 (updated December 2010)

www.hcluganda.org

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Summary of Hope Clinic Lukuli's Strategic Plan

Our Mission is to provide the affordable general health services that the community needs.

The 'need' is determined through reference to the national health sector plan and includes sub-plans for maternal health, malaria and HIV.

Provision of information, diagnosis, self-protection strategies, case management and treatment is:

- physically at the Hope Clinic Lukuli facility at Nanganda trading centre;
- through outreach and mobilisation in the community; or
- in cooperation with other providers who bring their services to Lukuli and Makindye

For Hope Clinic Lukuli, an important feature of 'provision' is to minimise the financial and stigma-related barrier to use of services by the community. The provision of services will therefore be as part of a general practice integrated health package of care. The community can gain information on a range of health matters and Hope Clinic's medical staff will take the opportunity to offer check-ups and information to patients and guardians to reduce cultural and stigma barriers for family planning, STI, maternal care, HIV advice, counselling, testing, treatment and support.

Hope Clinic Lukuli was formed in 2000 and is financially self-sustaining. The strategy for provision for services is to charge an affordable fee to the community and to seek cooperative partnerships with the Ministry of Health, internationally funded programmes and corporate sponsors to bring free or subsidised health commodities and staffing to the clinic and the community. The core general practice services of out-patients services including maternal and child health and diagnosing and managing fevers will be maintained through user fees.

Where external grant and sponsorship funds are available, this will allow the needs of the community to be served more rapidly or more extensively. Hope Clinic Lukuli's experience of successful grant and donation management for US and European funding partners as well as personal supporters demonstrates the NGO's ability as a partner in Uganda's health strategy.

Uganda's health situation – the needs of the population

Life in Lukuli, Makindye Division

Uganda is an agriculturally based economy with rapid urban growth and uneven economic development which exaggerate the differences between households with steady employment or capital to invest and households reliant on casual labour and income supplemented with sales of vegetables grown on their smallholdings of land.

The population is now in excess of 30 million (23 million in 2001). On average women have 6 or more children in their lifetime. The capital city has doubled in population in the decade and for Makindye and Lukuli it places pressure on prices (which rise) and services (which don't have the capacity). In Makindye, the 2001 Census counted 300,000, with 60,000 living within 2 miles of Hope Clinic Lukuli. The nearest Government of Uganda health units are 4 miles distant. It is estimated that by 2010 the population will be over 400,000 in Makindye.

Rapid urban growth limits the available land for farming

The challenges of physical and financial access to medical advice and care – due to distance, travel costs and time or fees – means that only 42% of deliveries are attended in Uganda; only 28% among the poorer households (MDG 5 report). Fevers, and delays in their diagnosis and effective treatment, are the cause of over 20% of deaths among under 5s admitted to clinics in Uganda (WHO Country Fact Sheet[1] statistics). Over half of all out-patients are reporting fevers – this excludes those who self-treat any fever as if it were malaria. Fevers, diarrhoea and pneumonia cause 52% of deaths for under 5s. Overall the health challenge is provision of information to raise awareness, to reduce or remove the barriers to advice and diagnosis and to have available, near to the community, the fever management, safe maternal care and child health services that can begin to reduce these preventable deaths.

HIV remains a significant health issue in Uganda and as such should be managed as part of the general practice delivery of medical care. Integration of HIV information and testing at adult and child health sites is the national priority as is widespread availability of PMTCT care and support to those living with HIV/AIDS.

[1] http://www.who.int/making_pregnancy_safer/countries/uga.pdf


An income from brick making


Our clients rely on our services

Lukuli's health situation – a community lacking in adequate access to healthcare

The households of Lukuli and the wider Makindye Division are characterised as a majority of simple wood-fired brick houses, metal sheets for roofing, cooking by charcoal or wood and use of borehole or spring water and shared latrines. Whilst several houses benefit from compound walls and piped water, most households do not have reliable electrical supply and sleeping areas are shared. The Makerere School of Public Health notes that 70% of poor households did not seek care when a member of that family fell sick – lack of financial access was the main reason.

The research also noted that a third of 'non-poor' households also self diagnose and self treat rather than seeking professional medical advice, diagnosis and treatment. As well as medically dangerous it can lead to unnecessary expense on malaria treatment when the fever was a 24hour viral or dietary upset.

A survey conducted with the Kampala City Council in the Lukuli village of 12,000 people found that Hope Clinic was the only site with a functioning microscope and the only site available for nighttime diagnosis of fevers using malaria rapid diagnostic tests. The Ministry of Health places reliance on general health clinics for primary service delivery and recognises this through small grants, access to centrally procured commodities and supervisory support.

Child immunisation, 'a LLIN for every bed' and Diagnose First for Fevers are national initiatives that Hope Clinic Lukuli contributes to as well as the broader community needs of Lukuli and Makindye.

Uganda's health strategic goals – the Millennium Development Goals and Uganda

Uganda is a strong example of a country for which the MDGs are summaries of the national priorities. Updated for 2010, The MDG report for Uganda and WHO note that Uganda's health provision and the population's health started at a very low level. In 1991, 122 out of 1,000 births did not live 1 year. By 2007 this had improved but was still 76 neonatal deaths per 1,000 births. This contributes to 137 deaths per 1,000 before the child reaches 5 years old. For women, an estimated 435 die in childbirth per 100,000 births – the MDG goal remains to cut that to below 135.


Original clinic building


Simple beginnings in 2000

Hope Clinic Lukuli's model to deliver a package of care that the community needs

A brief history

The Hope Clinic Lukuli was founded in 2000 by a group of residents living in Lukuli village who wanted to help a solo midwife respond to the requests for safe deliveries and helping children with fevers. The clinic's goal has always been to minimise or remove the barriers that the community face in accessing the care they need. For Joyce Bbosa, the solo midwife, our first actions were to reconnect the water supply, purchase lanterns and rechargeable torches for the many power cuts and buy basic instruments such as foetal scope, stethoscope, scales and gloves.

Our challenge in the first five years of the clinic and the NGO (formed in 2004) was to balance the needs of the community with our staffing, instruments and additional forms of medical care. The model that Hope Clinic Lukuli has continued to follow is 'hosted referrals' whereby a service that is needed in Lukuli but already exists in another part of the city or country is encouraged by the clinic to deliver their services in Lukuli. That service provider may call it an outreach, but Hope Clinic Lukuli took the initiative to bring the service to address the need of the community. The key benefit for the community and clinic is that the staff and service costs are borne by the visiting service provider.

The hosted referral model helps the clinic transition to a greater range of services: a Kampala hospital visited for monthly immunisation until Kampala City Council agreed to supply the clinic with a fridge and vaccines; the AIDS Information Centre provided counselling and testing services until we took on a full time graduate counsellor; Right to Play currently provide youth health activities and a PEPFAR programme helps deliver a complete ARV treatment service.

As well as hosting services, Hope Clinic Lukuli also has many years experience as a grant implementer for charities, national and international funding partners. Through Until There is a Cure a school-based youth lifeskills programme reached 2,000 9-11 year olds; Aggreko International have sponsored midwives and youth service provision; three annual grants from PEPFAR have supported PMTCT and HIV counselling and testing; an international campaign on mosquito net retreatment and exchange for LLINs was managed with the Malaria Consortium.

Our team at Hope Clinic Lukuli

Co-chair Adalina Lubogo and founding midwife, Joyce Bbosa planting the Ten Year Tree at the community celebration

Our strategy for 2009-2013 to continue to serve the needs of our community

To ensure the affordable medical treatment from good and friendly staff for which Hope Clinic Lukuli is recognised and relied upon in the community can continue, our strategy includes:

1. Continue the strong relationship with the community, Makindye Division, Kampala City Council and the Ministry of Health and their funding partners;

2. Strengthen the internal management and reporting systems of the clinic beyond the already established medical case records and patient care;

3. Maintain financial self-sufficiency for the out-patients, maternity and admissions services and support integration of these general health services with the free-to-client services;

4. Develop new and expanded grantee and programme relationships with Government, companies, private donators and international granting bodies to expand the free to client services as part of Uganda's national health priorities;

5. Improve reporting of our achievements and model for a package of care for decision making and for our partners through monitoring and evaluation feedback and timely grant reporting that recognises their support.

Hope Clinic Lukuli is a registered NGO in Uganda and maintains its links to charities registered in the UK through which it can receive donations with Gift Aid.

None of the founders or trustees of the NGO receive any fee or income from the clinic or NGO and the clinic premises constructed in 2005 are owned by the NGO. Hope Clinic Lukuli is registered as a charity with the Uganda tax authorities. The clinic operates from land donated in a 25 year lease to 2030 and so has few overhead costs.

Our community, our supporters

Young and old

Our committed staff

Stakeholders in the success of Hope Clinic Lukuli

The clinic was formed as a community based organisation in 2000, becoming an NGO in 2004 and an accredited Anti-Retroviral Therapy site in 2006. Its stakeholders range from the patients that rely upon its existence and services and the staff and community who work with the clinic every day to the Government officials for whom we deliver necessary health services, our service implementation partners and more distant funders who support our work.

Community and patients

The people who use Hope Clinic Lukuli for their health needs are supporting our work but are also the clinic's target audience and we will continue to seek their suggestions for services, opening times, additional support, staff skills that are needed and the quality of our service delivery. The Local Council system provides representatives of groups of households and our community outreach staff and Board Members provide regular feedback to the clinic's management team.

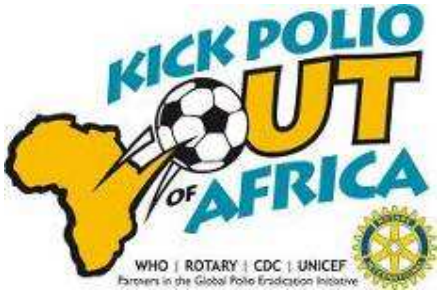
The patients are primarily designated by the services for which they first approach the clinic: child health; FP/ANC/Maternity; Out-patients/ Laboratory; Admissions; HIV services. Our challenge is to take that first engagement as an opportunity to inform the person and through them, their household, of the health information and diagnostic services that are available.

Committed staff at the clinic

The twenty staff at Hope Clinic Lukuli include midwives and nurses, clinical officers, counsellors, laboratory and outreach and support staff. As with the majority of the founding committee, these are Ugandans committed to provide the health and other services that the community needs. They have remained with the clinic for many years, some since its foundation, and the few that leave have done so for higher profile jobs in the health development sector.

Despite the clinic being open 24 hours and every day, the staff are encouraged through regular meetings, their ability to seek and receive the tools and equipment for their work and the praise and appreciation they receive from the patients, the community and visiting medical staff and implementing partners

Kampala City Council



National immunisation days

Government and national programme partners

Hope Clinic Lukuli is registered with the Ministry of Health as a HC-III category facility and with the NGO Registration Board. In 2006 we were also accredited as an Anti-Retroviral Therapy site.

The Director of Health for Kampala City, Dr M Mubiru, in a recent letter of recommendation stated,

"Since 2005, KCC and the MoH have enjoyed a steady partnership with Hope Clinic Lukuli, situated at the centre of Makindye Division and recognised it as an ART centre in 2006. This indigenous organisation works with Kampala city in various public health interventions".

Our collaboration with Kampala City, the Makindye Divisional Medical Officer and Ministry of Health enables access to several forms of support for the patients: single use syringes; child vaccines; vitamin A and deworming tablets; laboratory reagents; a small essential drugs grant; primary health care (PHC) grant; ACT drugs for malaria; family planning items from condoms to implants; child health and maternal health cards; registers for national reporting and HMIS tools for M&E returns.

For the MoH and KCC, Hope Clinic Lukuli is a key service provider in a densely populated and under-served division of the city. The nearest government supported or staffed sites are over 4 miles away and they in turn share the service needs of 400,000 people. Private for profit sites cater for the formally employed. Low and very low income households in Makindye and Lukuli rely on collaborations of NGO and Government as characterised by Hope Clinic Lukuli and KCC.

The HIV services at Hope Clinic Lukuli, since the accreditation in 2006, have combined PEPFAR, Global Fund, UNITAID and Government of Uganda resources. Under the single management of the Uganda AIDS Commission, and reporting through the HMIS of Uganda, Hope Clinic Lukuli can provide awareness, counselling and testing, lifestyle guidance, care and support, treatment and linkages to hospice and intensive support services. The partnership with national programmes allows the HIV services at Hope Clinic Lukuli to be free to clients: over 4,500 are tested per year and over 350 clients are on ARVs with the community's tested prevalence in excess of 10%.

Our patient records and epidemiological data sets are used by the KCC planning department and the Ministry of Health with whom we developed the Diagnose First campaign for fever testing.

Right to Play – play & live safe

Nutrition for pregnant women

Sponsoring of midwives by Aggreko International

Service implementation partners

The hosted referrals model developed and followed by Hope Clinic Lukuli helps minimise the duplication of efforts and the risk that necessary interventions are not reaching the community. Through close relationships with KCC, MoH and visible international programmes in Uganda Hope Clinic Lukuli can highlight where community needs are not being addressed and encourage the partners and/or their funders to work in Lukuli and the Makindye Division. For the community, we are helping provide the health services they need – for the implementing partner they are able to identify and serve a community towards their national targets.

Hope Clinic Lukuli is sought by these implementing partners, some of whom work with us for three or more rounds of awards, as we provide a very good opportunity to achieve the goals of their larger programmes, we have minimal cost overheads and so are cost efficient in delivering the services and our record keeping and reporting of actions and impacts ensures that they can meet their targets. Our implementation partners often begin as visiting service providers but we prefer that they transition their skills and methods to the clinic staff and community workers and that they transfer a portion of the funds to meet Hope Clinic Lukuli staff and implementation costs.

As Hope Clinic Lukuli's strategy is to be able to continue to provide the general health services that the community needs, where the intervention requires intensive human inputs – such as door to door mobilising or delivery of home-based services – or will require laboratory testing or equipment that the clients cannot afford (eg CD-4 tests) we are only able to host and provide that service if the implementing partner continues to fund the work. For this reason, we regret that a mosquito net distribution to pregnant women and children under 5 years old only lasted two months – we could reach the target community far quicker that the six month planned timetable. Since then, the only LLIN we have are designated for PLHIV.

Where KCC provides the consumable materials and drugs, for example immunisation and family planning, we are pleased to have staff sponsorship from a UK charity and companies working in Uganda: DFCU (banking) Group and Aggreko International.

We also recognise the importance of grant providers who enable our equipment to meet the requests of the staff and community: Embassy of Belgium and DFCU are repeat supporters.

International funding partners – PEPFAR, UNITAID, the Global Fund, Roll Back Malaria, Rotary

Just as Uganda's government requires the support of international funding partners for many areas of development, Hope Clinic Lukuli is a direct and through-government recipient and manager of donor funds. From targeted prevention campaigns such as Stay Alive (funded by Until There is a Cure) to $25,000 PEPFAR Small Grants awards that enable free to client HIV counselling and testing, the staff of Hope Clinic Lukuli are familiar with project management and reporting.

As a close partner to the government and national priorities, and as donors are increasingly supporting the national health mechanisms, many consumables used at Hope Clinic Lukuli are internationally funded. UNITAID provides the Clinton HIV/AIDS Initiative with funds for paediatric and second line ARVs which Hope Clinic Lukuli receives through the Joint Medical Stores. The Global Fund has provided LLINs and now funds the Coartem ACT drugs that we can provide free of charge to clients with lab-confirmed malaria. Family planning commodities are also supplied through US Government and UNFPA resources to the National Medical Stores. PEPFAR funds the PSI consortium and we distribute the 'basic care package' of LLIN, condoms and water purification system to all PLHIV we identify at Hope Clinic Lukuli: we identify 30-40 each month. We also supply Cotrimoxazole (Septrin).

In terms of direct financial granting to Hope Clinic Lukuli we have received awards from the Embassy of Belgium (three times), the US PEPFAR mission in Uganda (four awards) and have been a sub-recipient of USAID funds to the Joint Clinical Research Centre, to PSI and the US charity Until There's A Cure. We also benefitted from a $20,000 Rotary International grant through which we equipped the new facility which we built from the founders' donations in 2004/ 05. The Rotary grant and substantial discounts on materials from Roofings Limited, Sadolin Paints, Hwan Sung windows and CTM tiles and bathrooms meant that we could move from the original clinic with our 300 clients per month in July 2005. By 2008, that had increased to 700 out-patients per month.

Through our experience of PEPFAR Semi-Annual and Annual Reporting and providing financial and impact information to donors and suppliers of commodities, Hope Clinic Lukuli seeks to increase the value of annual funding from international partners. As an indigenous and established organisation, and a recognised and respected contributor to Kampala and national health priorities, we believe that we are ready to expand the programmes to the community.

Strategy 1 - Continue the strong relationship with the community, Makindye Division, Kampala City Council and the Ministry of Health and their funding partners

Hope Clinic Lukuli has been recognised by the Kampala City Council and Makindye Division health department as a key partner in delivering health services and information to the community of 400,000 people in southern Kampala. Registered as a health unit in 2003 and accredited for HIV ART services in 2006, the clinic informs and reports to these authorities on a regular basis. Reporting, inclusion of council officials in meetings, dialogues on commodity supplies and supporting applications to the Global Fund and Roll Back Malaria campaigns have helped strengthen the relationship.

Hope Clinic receives support from the city and government in the form of commodities that have been purchased centrally either from tax revenues or through funding partners and national grants. These include immunisation vaccines, syringes, waste management consumables, a grant for materials used for maternity deliveries, anti-malarial ACTs, LLINets, paediatric ARVs and some laboratory supplies. The clinic's staff are not Government of Uganda staff and yet they also benefit from trainings prepared and delivered by the KCC and Ministry of Health.

The funding partners for health and the other Millennium Development Goals have increasingly sought locally-founded or indigenous organisations to provide the linkage between the national priorities, policies and funds and the reality of effective service delivery to the community. The importance of that mechanism being part of and aligned to the national supervisory structures is also clear. Hope Clinic Lukuli has been recognised by the Kampala City Council and MoH as part of this civil society – Ministry of Health linkage.

In addition to the reporting to and through the Ministry of Health structures, Hope Clinic Lukuli also reports through national-level implementing partners of the Global Fund and of PEPFAR. The funding partners to Uganda provide drugs for PMTCT, nets for maternal care, ARVs and commodities to reduce the incidence of opportunistic infections for people living with HIV/AIDS. Hope Clinic reports to the national PEPFAR MEEPP project, the US Embassy PEPFAR team and to implementing partners of CDC and USAID.

In 2010, Hope Clinic was also recognised by UNITAID, who fund the paediatric ARVs in Uganda, as an example of the impact of international donations and collaboration with national governments and their priorities.

Hope Clinic Lukuli serves an administrative parish encompassing over 12,000 people within ½ mile radius of the clinic. In the absence of similar or higher grade health units, a population of over 100,000 (60,000 at 2001 Census) living within 2 miles of the clinic rely on its services.

The only sites listed by Kampala City as being MoH/KCC in the Makindye Division (approx 400,000 people) is the Kiruddu HC-III which is over 4 miles from Hope Clinic. The nearest hospital of any ownership in Makindye is also over 4 miles away and offers services for a fee: St Francis Nsambya.

Objective 1.1: The community is consulted and informed of changes that Hope Clinic Lukuli might make and changes that are required by external parties

What we do now and can improve upon to ensure we can provide the services needed

The clinic maintains friendly and formal reporting relationships with the community through the Local Council 1 officials and LC-III Makindye Division. The leaders of churches, mosques and schools are also regular sources of feedback and channels for sharing our news with the community.

The relationships could be strengthened through quarterly reports or newsletters that are designed for the village, the church/ school/ mosque leaders and for the Division so that the information contained therein reflects and responds to their particular areas of concern.

- In the period of this plan the clinic should host six-monthly community consultation meetings to preview the coming half year with the community. This would allow the audience to learn of our challenges and successes.
- The ten years of Hope Clinic Lukuli (April 2010) and five years in the new facility (July 2010) should be marked publicly with the LC-1 and LC-III leadership.
- The expected changes to the HIV treatment programmes as JCRC concludes its award and the hopeful transition to a new source of wrap-around services will need managing with the Division, KCC and the community. The availability of ARVs for the existing clients will require renewal of the accreditation that the clinic holds with the Ministry of Health as an Anti-Retroviral Therapy centre.

What we can be supported to do:

*A series of **village notice boards** could provide health information to improve preventative actions using sanitation, hygiene or nutrition and promote prompt diagnosis and management of fevers, maternal health issues and chronic illness.*

These would also provide a place through which events, activities and achievements could be posted. A touring 'listening' session could meet at a notice board one day a month with the LC-III officials and local leaders. A gathering of questions and topics for that village could take place in the week prior to the listening session so that anonymous concerns can be learned and also some immediate responses are possible.

Objective 1.2: The Makindye Division officials and Kampala City Council health department are provided with timely information related to the use of commodities and grants

What we do now and can improve upon to ensure we can provide the services needed

The clinic has been successful and consistent in meeting the reporting timetable deadlines and for restocking the clinic with syringes, vaccines, HIV test kits, lab reagents and ACTs from JMS, MoH ARVs, family planning commodities and other items. This currently involves midwives, nurses and HIV service staff compiling separate returns with the pharmacist and then they or the administrator submitting these to: Joint Medical Stores, National Medical Stores, KCC Chief Dispenser, KCC City Clinic or the Director District Health Services.

Our reordering approval process with these various sources of supply needs to be streamlined as it involves staff time and numerous visits to locate the correct official:

- The Makindye Division health officials should be approached to allow Makindye to provide the approvals on behalf of the DDHS, in particular for commodities stored at JMS or NMS. The reliance on the Director of District Health Services at City Hall can lead to delays in restocking and making appointments to meet the DDHS and other officials in the city.

- Improved records on the impact of the commodities should be maintained and clients should be asked as part of their case review to give examples of how they are using the commodity (water container), are having fewer fever episodes (LLIN) or felt assured by the single use syringe or laboratory testing.

What we can be supported to do:

Our relationship and ability to inform the Makindye and KCC officials will be improved through discussions with the officials and the chance to produce charts and printed briefing papers that they can use to demonstrate progress in the national or city priorities.

*Better **printing equipment** would allow production of Excel charts of the HMIS returns and trend diagrams to show commodity use. These could also be displayed in the clinic and on the village notice board.*

*A **camera** would allow more visual records to be maintained of the delivery and impact of the commodities and the merits of the continued funding to the city or MoH of these commodities.*

Strategy 2 - Strengthen the internal management and reporting systems of the clinic beyond the already established medical case records and patient care;

Hope Clinic Lukuli uses a cash sales system to record every out-patient who utilises the clinic services. The stock of drugs and consumables is managed through stock bin-card systems and a secure pharmacy and commodity storeroom. The individual services of the clinic maintain registers either in the format supplied by the Ministry of Health or in an electronic format which can provide the required information. These systems are the subject of monthly supervisory visits by the Makindye Division health department.

The accounting systems of Hope Clinic combine paper-based books of prime entry, payment vouchers, customer receipts in duplicate, patient treatment records and Quickbooks accounting software. The accounts have been audited and reports are available since the year ended 30 June 2005.

Ring-fenced or project grants are managed through Excel spreadsheets to ensure that each transaction can be referenced to the previously approved activity in the funding budget and in the format required by the funder. Three annual awards from PEPFAR have been managed and closed. No queries on accountability or use of funds have been made and the clinic is therefore compliant to date with US Government regulations. Awards from European government agencies (Embassy of Belgium, European Commission in Uganda) have also been successfully accounted for and closed. A third award from the Embassy of Belgium is planned for 2010.

The medical records and protocols of Hope Clinic combine the needs of the patients, the guidance of the Uganda Clinical Guidelines and the support received from Voluntary Service Overseas Dr Jan Powers and the many visiting medical elective students from the UK and Commonwealth. We also hosted volunteer nurses and doctors from North America and the UK resulting in publicly displayed protocols for the common conditions experienced at Hope Clinic. These are backed-up with monthly medical education sessions delivered as peer training by the clinic staff. Medical records for a given month are displayed using charts and narrative to inform the community and recognise the achievements of the staff.

The strengths of service delivery at Hope Clinic Lukuli are to an extent based on the equipment available and the stocks of medication which together enable the medical staff to provide accurate diagnosis and appropriate treatment to clients. A KCC survey of health retail site sites (unlicensed drug shops and clinics) near Hope Clinic revealed that none had microscopes and those that referred to sites other than Hope Clinic could only do so during the daytime. Hope Clinic offers laboratory services and, when this closes, rapid diagnostic test kits for febrile patients.

The clinic staff would like to extend their training regimen to the maternal health service providers (self-employed midwives and traditional birth attendants) and to the sellers of drugs. This would reduce the risk of missing danger signs in pregnancy and the unnecessary dispensing and sale of anti-malarial drugs for untested fevers.

Objective 2.1: The role of clinic administrator is developed to lead month to month financial and administrative oversight

What we do now and can improve upon to ensure we can provide the services needed

The clinic administrator as the most senior member of non-service delivery staff, has only had limited responsibility for month to month finances, reporting and grant oversight. This has to date been shared with the Managing Director who is off site. The administrator role will therefore require a person with a working background of accounting, preferably in a small or medium business and familiarity with Quickbooks software would be beneficial.

The administrator will supervise the support staff and the cashier and will prepare monthly accounts. Additional roles of the administrator will include:

- Review of the detailed payroll, with the cashier providing details of advances and overtime, and then preparing the individual net payments and PAYE and NSSF returns.
- Preparation of reports on patients receipts and clinic expenditures on a monthly basis and management of utilities supply and settlement of bills;
- All relations with URA, NSSF and auditors to ensure timely submission of returns and retention of Hope Clinic Lukuli's charitable status with Uganda Revenue.
- Improve the use of Quickbooks to prepare monthly and annual consolidated accounts for Hope Clinic Lukuli NGO and include the provision to post the summaries from grant project accounts.
- As administrator, involve the medical staff in budget setting and priorities for capital investments, changes to service pricing and changes to hours of service provision.

What we can be supported to do:

Our non-medical staff are restricted in gaining training and mentoring in their work as most health grants do not include administrative training.

*If a **trained manager** could provide their time and skills to the Hope Clinic for a number of weeks they could help the cashier and the administrator to strengthen their recording and reporting framework.*

*The Quickbooks software is adequate, however, the computers in use were donated when they were already old. New **software and 1-2 computers for use in administration** with training in Excel analysis would help these staff in their tasks.*

Objective 2.2: Recorded data is used to provide monthly performance information, staff guidance and planning for budgets and cost of service analysis

What we do now and can improve upon to ensure we can provide the services needed

The main data set that is recorded each day and then summarised by week or month is the HMIS #105 form. As well as patient personal records, and summary ledgers for immunisation, child health days, ANC and HIV services, these are an underused record of trends in the actual use of services and potentially information on needs that are not being served by the clinic. The #105 form includes out-patients, maternal and child health, laboratory and HIV services. To strengthen the internal management of the clinic, this patient data needs to be cross analysed with staffing schedules, usage of drugs and commodity stocks and the receipts from out-patients, lab clients and admissions.

The analysis of numbers and stock levels in comparison to finances will inform:

- The management as to whether they can place assurance that all patients and services are billed for and cash collected in line with price list and policy;
- The staff as to what patterns of drug prescription and treatment plans are followed and so inform the medical staff towards standardised, realistic protocols;

What we can be supported to do:

Our medical and counselling staff are trained and now experienced in the delivery of services in a HC-III in Uganda.

*With the encouragement and time of a self-funded or **volunteer Practice Manager** the clinics analysis and use of performance information could be greatly enhanced.*

The ability to accurately determine the 'full cost' of a particular medical intervention would help with fund raising, the introduction of grants that are performance based and the greater financial efficiency of the clinic.

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Objective 2.3: Case reviews by medical staff and continuing medical education sessions raise the quality of patient management and improve the consistency of response to symptoms

What we do now and can improve upon to ensure we can provide the services needed

The medical services at Hope Clinic Lukuli have been strengthened through the Good Life Clinic project for customer services and the work of VSO GP Dr Jan Powers who spent six months with the clinic. In both instances, a challenge of sustained implementation of the client service approach or medical protocols is that the clinic staff have rarely experienced these.

There are clear, and shared, reports from the clients and the community that Hope Clinic is considered a place for "Affordable Medical Treatment From Good and Caring Staff". This is welcomed and the retention of this recognition is import to our strategy. The staff and management of the clinic will need to:

- Obtain, read and share the content of the Uganda Clinical Guidelines, the British National Formulary and WHO and other best practice guidance for patient care;
- Hold meetings where the medical staff share a topic in the form of a research and lecture so that the presenter is self-updated on a matter and the audience can consider the relevance and application of that to the clinic;
- When considering purchases of equipment for the clinic, the medical staff must be free to determine their needs and to justify their priorities based on patient need, within the financial constraints;
- Medical Elective students, who can work at the clinic for at least four weeks, are to be encouraged but preference is given to multi-month medical placements or sharing qualified staff with other Ugandan facilities.

What we can be supported to do:

Hope Clinic Lukuli is featured on the UK Electives Network and through that and reports of past students it receives 15-20 requests per year for short placements.

*Our invitation for placement experience will be prioritised and so a **self-funded medical officer** or other qualified and experienced grade of medic would be welcomed to spend three or more months at Hope Clinic Lukuli.*

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Strategy 3 - Maintain financial self-sufficiency for the out-patients, maternity and admissions services and support integration of these general health services with the free-to-client services;

Hope Clinic Lukuli is a General Practice (GP) primary healthcare facility and offers a comprehensive service that responds to the demonstrated medical needs of the community. Lukuli and the surrounding 2-3 miles are densely populated and includes wealthy households alongside very basic housing and slum housing in the Kansanga wetland.

Hope Clinic Lukuli was formed over ten years ago to serve the low and very low income households. Although the early years relied on donations to balance receipts and monthly expenditure, since 2005 the NGO has been financially self-sufficient for its GP services. These include out-patient consultations, laboratory testing, admissions, ante-natal care, maternal/ delivery services and dispensing of medications after a clinical consultation. Each of these services are fee based; but with a client fee structure that minimises the barriers to information and diagnosis.

Consultations with a Clinical Officer (*Omusawo)* are charged at Shs 1,000. This equates to under US$0.50c or to the cost of a very simple meal for a casual labourer or house guard. Basic blood testing in the laboratory and access to wholesale anti-malarial drugs means proper diagnosis and treatment of malaria is accessible to most households at Shs 10,000. This contrasts to the charges wealthier households face at private clinics, of between Shs20,000 and 50,000 (US$20/ £13).

Since moving into the purpose-built premises in mid 2005, with a monthly average of 350 clients as out-patients, the community has increased its use of Hope Clinic Lukuli as we regularly tend to over 800 out-patients a month. In addition, our maternity services see 50 ANC clients a month, deliver 15-20 babies and our laboratory provides over 300 tests.

Staffing is balanced with the ability of the clinic to meet the salary costs for the staff providing these GP services. The self-sustainability of the clinic and NGO is essential as unlike three-year donor projects, the community's needs and our intention to serve those that we can are ongoing. The expansion of services in the short term, or additional equipment to offer better care, can be reliant on charitable donations but for the GP services, the fees from the community are sufficient that in the medium term the donations for that expansion can be replaced by additional receipts.

The monthly financial throughput for the clinic is approximately Shs 15 million, equivalent to £4,500 or US$7,000 a month – for out-patients, child health and maternity services to over 1,000 clients. The 20 staff are paid employees, we purchase the significant majority of the drugs and consumables for the out-patients and maternity services and maintain the clinic infrastructure for US$100,000 a year.

The clinic premises, built in 2005 and owned by the NGO, has space to accept up to 50% more clients with only limited need for additional staffing, and these can be out-patient, febrile/ laboratory, maternity or other fee-based clients.

Objective 3.1: Reproductive health, family planning, ANC and maternal health services including deliveries and screening for referrals to a surgical facility continue and grow in patient numbers

What we do now and can improve upon to ensure we can provide the services needed

The clinic began as a maternal health and fever management site. Safe deliveries and access to advice and care before the due date remain important goals for Hope Clinic Lukuli, its staff and the community. The out-patients services are mainly fever diagnosis and management, coughs and other respiratory ailments, laboratory testing to determine bacterial or viral infections and the broad range of maternal and neo-natal care.

- A Clinical Officer and a Midwife are on duty at all times, 24 hours, every day and this is recognised in the community as a commitment for access to health services;
- Laboratory services, particularly for fever diagnosis are day-time only and should be extended into the evening and eventually 24-hours as demand dictates;
- Greater engagement with the maternal health providers in the community is necessary to ensure ANC visits are started and continued and that the benefits of knowing the mother's HIV status is understood by all midwives in the community and is being explained to the mothers-to-be and to their older carers/ aunts.
- The transportation of mothers, whether already registered at the clinic or arriving in the first stage of labour, is becoming a safety issue. The nearest surgical sites for emergency Caesarean operation is St Francis Hospital Nsambya (4 miles) or Kansanga Medical Centre (private, fee based). An ambulance, possibly as a modified motorbike (E-ranger) would safeguard the mothers but be realistic in the environment of closely built housing and un-serviced roads.
- Equipment must be maintained and in the sufficient quantity for additional services and volume of clients. Greater use of foetal monitors and measuring tools is needed.

What we can be supported to do:

Our greatest challenge for maternal health is bridging the gap between our services and the satisfied clients that use Hope Clinic Lukuli and the women who either don't attend any maternal healthcare provider or know of or rely on a provider with incomplete or low quality services.

*Financial support for a **programme of maternal health mobilisation** would allow meetings to be held with self-employed midwives, respected Aunties/ Senga in the community and the other people to whom women and young mothers turn for advice. Funds to **link women to PMTCT** services as part of any maternal health check would greatly contribute to HIV reduction and safer deliveries.*

Objective 3.2: The out-patients services grow in volume of throughput per 24-hour period at rate of 10% per year.

What we do now and can improve upon to ensure we can provide the services needed

The clinic is reliant on the General Practice services that are provided to the community and which in turn are fee based and provide receipts for the payment of staff and purchase of drugs and consumables. Patient numbers were 350 a month in July 2005, rising to over 600 within a year. The 2009 average month is 700 out-patients per the HMIS #105 returns. The clinic's growth is therefore 10-20% per annum in out-patient volumes. The value of the average patients has also increased from Shs 10,000 to over Shs 13,000, equating to Shs 10M per month.

- The relationship with the community (Strategy 1) is an important part of the continued growth in patient volumes and the willingness to purchase the services. The quality of services and the sharing of Affordable Medical Treatment from Good and Caring Staff is essential as the key difference between Hope Clinic Lukuli and the higher priced and/or lower quality clinics.

- The communications by the clinic staff and the volunteers and community outreach programmes needs to be more formalised and structured to engage the current patients, both recent and long-standing, and determine their choice factors and then use those to reach new clients

- Involvement of Hope Clinic Lukuli in national immunisation days, in free to client services such as weekly immunisation and family planning products are useful as means to reach clients, however positive client feedback and their 'recruiting' of new patients is more effective.

- As international donor health programmes became more integrated and less single-ailment driven, the community and GP nature of Hope Clinic Lukuli should be publicised and offered to Government and its partners to distribute health materials and deliver health programmes in Makindye.

What we can be supported to do:

Our existing client catchment of 15,000 households, over 60,000 people living within 2miles of the site, and over 1,000 client visits a month provides a community for additional services, piloting of programmes and research of heath needs and delivery of services.

Hope Clinic supported the re-treatment of mosquito nets to make them semi-permanent. We can ***distribute health commodities (nutrition support, bed nets, water purifiers)*** *with very low distribution costs and do so alongside health education and preventative care information We can also receive* ***printed health information campaigns*** *and distribute these to mothers, children, youth and families.*

Objective 3.3: Inwards referrals and linkages to drug retail sites, self-employed midwives and smaller clinics are strengthened to bring revenue-earning services into the HCL facility.

What we do now and can improve upon to ensure we can provide the services needed

The 'hosted referrals' model that Hope Clinic employed in its first years to bring the necessary services to the community has resulted in a multi-skilled facility with sufficient staff and equipment, and 24-hour services, that can support the broad network of health service providers. As such, Hope Clinic Lukuli is a referral facility for the self-employed midwives, the birth attendants, small consulting and dispensing clinics, drug retail sites and small traders. We have built a strong inwards referral and shared services network.

- The Kampala City Council survey in 2008 established that the health service providers in Lukuli did not have microscopy services for diagnosis of fevers. The drug retail sites did however refer clients or bring blood samples to Hope Clinic for laboratory analysis. Extending the lab opening hours will help this network to grow.

- The maternal services at Hope Clinic are not designed for Caesarean surgery or for higher risk births including multiples, breach and for very small or young women. The Kansanga Maternity Centre, a private and fee based facility, relies on Hope Clinic for PMTCT services and in return clients that can afford surgical care are referred to KMC. Those that cannot afford are referred to Mulago Hospital.

- For the drug retail shops and small clinics which diagnose without laboratory analysis, we have developed an inwards referral network. The client is sent to Hope Clinic with a lab test request, which they pay for, and the client is then not retained bur returned to the drug retail shop. This protects their sales income but promotes effective diagnosis, especially of persistent illnesses or fevers.

- The inwards referral networks can be strengthened using point-of-care information job aides for the network partners, enabling them to acquire stocks of key drugs for sale at subsidised prices and sharing in free to client commodities.

What we can be supported to do:

The Hope Clinic is an established general health facility which is deeply connected to the community whilst also being recognised for its contribution to national health priorities and the district or city programmes.

The Uganda Health Marketing Group recognised Hope Clinic as a Good Life clinic and supported the clinic with information for family planning services. Further support in the form of ***job aides and information for point of care/ point of sale staff*** *would support the network of community health workers, volunteers and the Village Health Teams.* ***Referrals and providing testing and diagnostic services will be helped with job aides and training funds****.*

Objective 3.4: Maintain and monitor any new opportunities in the MoH- and KCC-supported provision of consumables, medications and staff sponsorship that would not lead to a reduction in revenue from patients.

What we do now and can improve upon to ensure we can provide the services needed

The role that Hope Clinic Lukuli has developed and earned with the Kampala City Council and Ministry of Health as a partner to their delivery of health services has resulted in access to various trainings, health materials, drugs and implementation support. These include syringes for immunisations and general medication, laboratory reagents which help reduce the cost of fees for clients, child immunisation vaccines and vitamin A and de-worming tablets as part of the child health programme.

- The Ministry of Health will be a recipient of a large consignment of LLIN (estimated 17 million pieces) and the clinic should support the distribution of those in Makindye.
- The Ministry has also stated that the next Round of Global Fund malaria money for Uganda will include the financing to implement a policy of rapid diagnostic tests at health units where laboratory services are not possible. Hope Clinic will support the roll out in Makindye as part of a Diagnose First programme with the health retail sites.
- The existing Primary Health Care grant from Kampala City Council recognises Hope Clinic as a HC-III and yet is relatively low in value for the volume of patients. Additional direct funding of staff for the free to client services would allow more outreach and preparation of service delivery (where fees are not charged) and allow more staff time per patient – for example during the child health Mondays.
- The future merging of internationally funded HIV programmes and the national programmes (ie PEPFAR and the Global Fund) will be an opportunity for Hope Clinic. The first such linkage would be to access the PEPFAR funded CD-4 machine at Kiiswa medical centre to allow free to client HIV case monitoring.

What we can be supported to do:

The supply by the Ministry of Health and Kampala City Council of health commodities and drugs for free to client services helps the clinic in its goal of reducing the financial barriers to health advice and preventative care.

The child immunisation service provides over 200 vaccinations per Monday, up to 1,000 in a month. There is an opportunity to provide ***funds to deliver free to client consultations toward the integrated management of childhood illnesses (IMCI). The staff costs*** *would allow free to client services and could identify a range of developmental challenges and include counselling towards Early Infant Diagnosis of HIV .*

Strategy 4 - Develop new and expanded grantee and programme relationships with Government, companies, private donators and international granting bodies to expand the free to client services as part of Uganda's national health priorities;

Hope Clinic Lukuli uses a hosted referral model to expand the range of services that the community of Lukuli and the adjoining villages can access. Although some hosted services continue as un-funded in terms of staffing with free commodities (eg child immunisation), others have more substantial service delivery costs. The clinic has developed a strong reputation as a manager of grant funds and an implementer of multi-month projects.

The clinic has benefitted from repeat awards – itself an indication of good performance – from companies (Aggreko), bilateral grant programmes (Embassy of Belgium) and international funds (PEPFAR). Whilst single awards have to date amounted to $25,000 a year in cash they have a value of up to $100,000 in terms of drugs and staff time delivered at the clinic. The Government of Uganda will continue to share the cost burden of health service provision with international partners and the private commercial sector. Hope Clinic Lukuli is a collaborating partner to government and seeks to bring such supported services to the community of Lukuli. Where households have the ability to pay or can be encouraged to purchase preventative tools (mosquito nets) or use health insurance funds, Hope Clinic supports these programmes.

From an initial service offering of maternal care and fever management, Hope Clinic Lukuli has ensured these are financially self-sustaining through user fees. New programmes are needed to provide bridging finance for services such as Early Infant Diagnosis of HIV and other conditions, information on availability of malaria rapid diagnostic tests and information on reproductive health choices and services.

Hope Clinic Lukuli provides a link between clinical health service provision, public health policies and the households' need for responsible preventative actions in relation to communicable diseases. Free to client services therefore include medical diagnosis and treatment but also public education on preventative actions, dispelling myths and inaccurate information circulating in the community and supporting disadvantaged groups and costly/ hard to reach populations to access health services.

Hope Clinic will expand its referral outwards network to include reconstructive surgery (with CoRSU), charitably funded intensive therapy unit (Hope Ward at IHK) and access to research teams and new services through Mulago and the Makerere University School of Public Health.

Objective 4.1: Maintain the child immunisation and family planning products supplies from Government and partners and seek new support to include paediatric screening, mobilisation for reproductive health and support to MDG goals.

What we do now and can improve upon to ensure we can provide the services needed

The Hope Clinic Lukuli took on the staffing of the weekly child immunisation services prior to the relocation to the new premises in 2005. The numbers of immunisations per month now exceed 1,000 interventions. These have provided and ad hoc entry point for assessment of other conditions including infant diagnosis of HIV and treatment of malnutrition with supplementary feeding. Improved supplies of family planning products and a range of single event, monthly, quarterly and multi-year contraceptives has greatly increased our ability to serve clients and hence to mobilise clients to consider RH options.

- The child health services available at Hope Clinic are not yet an integrated service whereby a child is assessed for these available services when their guardian accesses one of them. This will require assignment of staff for what is free to client diagnostic screening service.

- The Ministry of Health supplies a wide range of family planning commodities but there are no funds through the MoH or KCC for staffing to provide in-clinic mobilisation or inwards referrals mobilisation with midwives and drug retail sites.

- The diagnosis of HIV/AIDS in very young children cannot be carried out by tests available at Hope Clinic Lukuli. Samples can be collected but require examination at other sites which currently charge the clinic/ the client and so hinder EID of HIV.

- In collaboration with the Ministry of Health planning department, a proposal has been made to map the available RH services in Makindye west and to strengthen the referrals network of solo midwives, delivery clinics, surgical clinics (for obstetric emergencies) and screening through ANC checks and PMTCT services. This would contribute to Uganda's MDG goals.

What we can be supported to do:

The supply by the Ministry of Health and Kampala City Council of health commodities and immunisation vaccines has allowed several hundred clients a month to receive preventative care or access family planning options.

There remains a need for funding of ***outreach staff to develop referral networks with smaller service providers and solo midwives or nurses*** *so that their clients can attend the free to client services at Hope Clinic Lukuli. The related need exists for* ***volunteer or grant funded staff to develop and implement integrated management of childhood*** *illnesses as a free to client screening service linked to weekly immunisation sessions .*

Objective 4.2: Continue to offer opportunities for corporate donations and private charitable giving towards the sponsorship of a staff member or service delivered at Hope Clinic or in the surrounding community.

What we do now and can improve upon to ensure we can provide the services needed

Hope Clinic Lukuli has a proven record of working with companies in Uganda and internationally for funding donations or gifts in kind in support of health service delivery. The philanthropic management ethos assures such funders that minimal administrative or overhead costs apply and they can see a direct link between their support and services. The ability to engage companies and private individuals to donate – and the UK charity enabling Gift Aid – has led to multi-year and repeat awards. To expand this source of funding the clinic will maintain accurate records of costs of service delivery and sponsorship.

- The clinic in Uganda and the UK charity need to update the website and ensure that donations and charitable giving is recognised and support to programmes is presented as an effective means of helping the clinic and the community

- Proactive contact to companies with investments in Uganda or with public interest in community health services remains an important route to charitable giving and must be a part of quarterly action plans by management alongside donor grant monitoring

- The opportunities for donations in kind (which so benefitted the construction of the new premises) must be considered and acted upon. Donations of staff time by companies and of their services that are relevant to the clinic provide benefits to both parties

- International health bodies will promote the work and achievements of Hope Clinic Lukuli and that form of gift in kind should be pursued and HCLUganda should seek public platforms to explain its model of care, ability to provide a networked service to its clients and its collaboration with government and the community.

What we can be supported to do:

The clinic has many potential outreach activities and a nearby community numbering in excess of 60,000 people. These represent a population for companies to deliver their services to as part of their Corporate Social Responsibility commitment.

Provision of ***subsidised non-health services and research or surveys to the community with immediate local benefits and potential longer term gains*** *should be promoted. Hope Clinic will offer itself for trials of using SMS for health messaging, as case studies of service delivery and as examples of the impact of international donor programmes (eg the Global Fund, UNITAID and MassiveGood)*

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Strategy 5 - Improve reporting of our achievements and model for a package of care for decision making and for our partners through monitoring and evaluation feedback and timely grant reporting that recognises their support;

Hope Clinic Lukuli is a General Practice (GP) primary healthcare facility and offers a comprehensive service that responds to the demonstrated medical needs of the community. The clinic has developed a reputation for good and caring staff for information and assessment of cases and the provision of affordable medical treatment. The hosted referrals model of care has allowed Hope Clinic to serve the community, to avoid duplication of services and to be respected as a partner to local and national government.

The evidence of performance over the past ten years has included many successful grant-funded projects. These are reported by the funding partner and referenced in future applications. The visible achievements and independently acknowledged capability of the clinic and NGO to partner with funds need to be more widely publicised. They are already known to the Kampala council and Ministry of Health who contact the clinic to offer new commodities and support all applications for grants that are made by the clinic.

The website was developed at the formation of the NGO to provide an accessible record of support and work done. It needs to be updated in format and content to reflect the greater demands placed on charitable organisations to demonstrate their efficiency. The clinic will also feature its work through case studies, attendance and presentation at international conferences and contributions to web fora and social media such as Twitter or Facebook. Hope Clinic Lukuli, as a medical site, maintains detailed patient records and summary monthly records of services provided, outreaches conducted and trends in ailments and community requests. As a registered NGO the clinic also maintains financial records with audited accounts for each year to 30th June.

The primary reporting tool used by Government in Uganda and the senior management of the clinic is the HMIS #105 form of monthly epidemiology. Through this the ratio of men to women, age groups and admissions or out-patients can be monitored and our effectiveness can be evaluated. Weekly staff meetings, monthly management meetings and quarterly community dialogues are supplemented by the regular contacts between our community outreach staff, clinic staff and volunteers. Through these mechanisms the programme implementation can be assessed and quality can be monitored and actions modified if required.

Hope Clinic Lukuli is referenced in the annual reports of larger programmes (where we host their field visits) and also contributes to the PEPFAR COP and Semi Annual Performance Report. The clinic was featured on Ugandan NTV as an example of Government and CSO partnership, on CNN Inside Africa as an example of indigenous capacity to implement HIV/AIDS programming, on the Christian Communities for International Health website in relation to family planning and faith and the MassiveGood site in relation to private giving to support UNITAID's work with the Clinton Foundation and the Global Fund. Corporate partners Aggreko and DFCU feature our ongoing relationship in their reports.

Objective 5.1: Maintain primary records of patients and public health activities and improve the analysis and interpretation of data towards monitoring, evaluation and performance improvement.

What we do now and can improve upon to ensure we can provide the services needed

As part of the national health service network in Uganda, Hope Clinic Lukuli has adopted and complies with the Health Management Information System (HMIS). This includes the patient records of individual visits and registers of specific service types and monthly returns. Restocking of commodities that are centrally procured use a single harmonised system whether collected from Joint or National Medical Stores. The clinic has been the subject of the Quality project reviews and the Ministry of Health Quality Improvement team make periodic visits in addition to monthly supervision from Makindye Health Department.

- The clinic's primary records are patient case forms, registers for maternity, family planning, child health, laboratory and HIV and financial books of prime entry. All transactions are documented in real time to minimise staff workload and omissions.

- The analysis of monthly performance and trends of client demand includes the preparation and display of charts in the clinic and submission of periodic reports to funders and the Health Department. The analysis should be more detailed and provide linkages to other services delivered in Makindye or Kampala to overtly demonstrate the contribution of Hope Clinic and the level in un-served need.

- The monitoring of trends in HMIS reports and the person to person discussions of cases, motivation to use the clinic and review of their treatment and care provide valuable input to evaluate our work and determine the quality of implementation.

- Staff quality and consistency of a high quality of service delivery are both ensured through weekly technical meetings, provision of reference literature and access to trainings programmes and necessary equipment. Staff are limited by time as to the amount of general public health discussions that can be held with clients.

What we can be supported to do:

The clinic maintains the Government HMIS registers and patient forms. There can be improved analysis of finance and activities in the general health clinic – it is also closely monitored for the grant funded activities.

*The provision of **a funded or volunteer business manager to support the financial analysis** of the clinic would assist in the sharing of M&E information to the staff and the community. Applications have been made to international volunteer agencies (Peace Corps and Voluntary Service Overseas) but are yet to be assigned a volunteer who can help in this area.*

Objective 5.2: Provide information to international funders which is in addition to the minimum requirements of the grant awards and thereby support their future fund-raising and allocation of awards.

What we do now and can improve upon to ensure we can provide the services needed

Since its formation in 2000 and entering the new premises in 2005 Hope Clinic Lukuli has demonstrated its ability to manage and report upon the successful conclusion of grant awards whether for capital or activities. Our relationship with the Ministry of Health, Kampala City and the PEPFAR mission in Uganda is sufficiently strong that they contact the clinic for information and to seek permission to visit with visiting mission staff. The exposure of the clinic's capacity as a truly indigenous organisation and that there are unmet needs remaining among the community needs to be actively publicised by the clinic.

- The mid-grant and end of grant reports need to be supplemented by photographs and interviews that can become 'success stories' to demonstrate the impact of the funded activities. Further invitations for visits by the funders' staff should be made.
- Using web-based fora that debate Millennium Development Goals, health as a human right or the role of international donations in developing country health provision, Hope Clinic Lukuli should offer its experiences as examples of positive impacts and the potential rewards for partners working with local NGO.
- Hope Clinic Lukuli should share its innovative practices such as the hosted referrals model and submit abstracts and articles to conferences and journals that will promote discussion and support other indigenous implementing organisations
- As international donor support to health and community development becomes more integrated across health and education and between separate ailments, Hope Clinic Lukuli's example of a general health facility supporting these vertical interventions and providing the coordinating role to fulfil national priorities.

What we can be supported to do:

The clinic's staff have practical examples of service delivery and the impact on the community and should be encouraged to share these insights.

*A person who can only **provide 'virtual support' to the clinic could help with abstract writing, new media updates**, profiling our work and encouraging policy makers to take note of integrated health service delivery by indigenous organisations.*

Our humble beginnings

Our well managed pharmacy

Client service quality recognition

Hope Clinic Lukuli's experienced staff and resources

Hope Clinic emerged from the St Stephen's clinic in 2000 and became a registered NGO in 2004 before forming the current organisation and opening the new facility in July 2005. The staff have demonstrated their commitment to the goals of the NGO, to serving the community, by continuing year on year to work with Hope Clinic. Some have worked since the first days, others from before the new facility was built.

As a general health facility our staff include midwives, nurses and Clinical Officers as well as laboratory staff, counsellors, dispensary and support staff. Because the clinic's opening hours reflect the needs of the community – we are open 24 hours, every day – we use a shift system and so employ a total of four Clinical Officers and over 20 medical and support staff. Their training was initially through their professional bodies at Mulago Hospital in Kampala and the clinical schools around Uganda. Since then our staff have benefitted from Government and City Council courses on safe injection methods, medical waste management, pharmacy and laboratory practices and record keeping for US Government reporting and the Ministry of Health in Uganda.

Through the various implementing partners we have improved our internal systems and protocols of how we serve the clients. Our recognition that clinical health and public health are closely related but require their own styles of engagement has helped us expand our services and combine free-to-client awareness and screening sessions with fee-based treatment and care services.

Equipment and the technical capacity of Hope Clinic Lukuli

The clinic has three wards, totalling ten beds for admissions and can offer over-night care. We have both a generator and a short term power inverter (battery pack) so we can offer safe, lit care even when Kampala has one its common power cuts. Our laboratory has 100x microscope, centrifuge and cooling for samples. Our clinical staff have the necessary equipment for diagnosis of patients and we have a broad range of instruments, electric sterilisation systems and single-use syringes. To the Government of Uganda Hope Clinic is a Health Centre 3, meaning we have admissions and deliveries but no theatre. In the MoH structure, such a site serves half a district and has a sole Clinical Officer. We serve over 60,000 people within two miles and have two full time Clinical Officers, three experienced counsellors and midwives, nurses and outreach staff.

Ante-natal nutrition sessions

Newborn care, beside their mother

Fathers fully involved

Our services – Maternal, Neonatal and Child Health

The need in our community and our response

The targets of the Millennium Development Goals and the progress in Uganda highlight the dangers of unattended deliveries and that the maternal services at government sites are overstretched. The limited UN data shows that Uganda's progress since the MDG were set has been a 14% improvement in child mortality (1990 to 2004) against a 66% target[2] and a 26% improvement in maternal mortality rates in the same period, against a 75% target.

Makindye, as noted in the UN Habitat City Development Plan, has a population in excess of 400,000 people yet only 1 Kampala City Council clinic (Kiruddu) and 2 hospitals (Kibuli and St Francis, Nsambya). The same report [3] notes that total fertility in Kampala is 5.2, mortality for those under 5 years is 129 deaths and the infant mortality ratio is 83. The reproductive health conference held in Kampala in 2009 noted the key risk factors affecting maternal mortality as skilled attendance at birth, access to emergency care in the event of complications and family planning

Our original services are often described and 'babies and fevers' and our ability to delivery HIV negative babies, maternal and neonatal care are key parts of our work as these still account for the majority of deaths in Uganda.

Reducing the barriers to maternal advice and safe deliveries

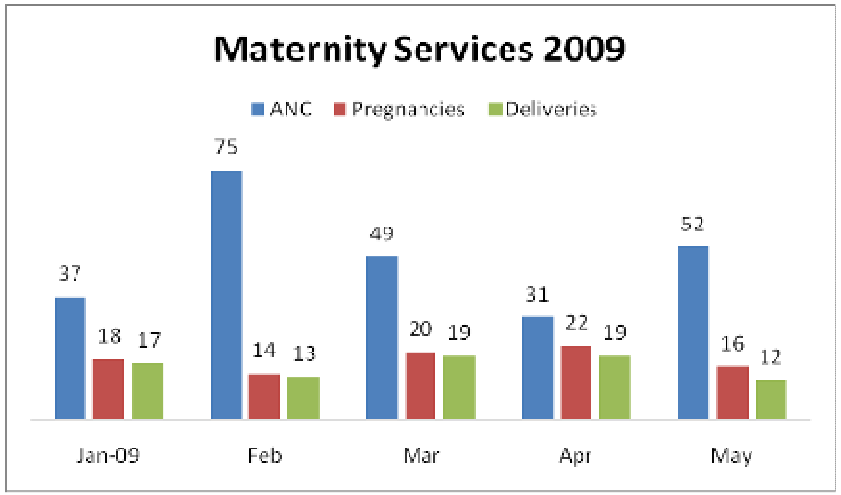
Whilst over 95% of women attend one ANC session, fewer than 40% have an attended birth. Hope Clinic has removed the main reasons – unfriendly staff, overcrowded rooms and high costs. We offer the first ANC visit, the booking in, for Shs 5,000 (equivalent to 3 very basic meals), but later ANC checks are just Shs 1,000. Our midwives know that being approachable and supportive to the mothers and expectant fathers/ grandmothers is a key part of our role as a community clinic.

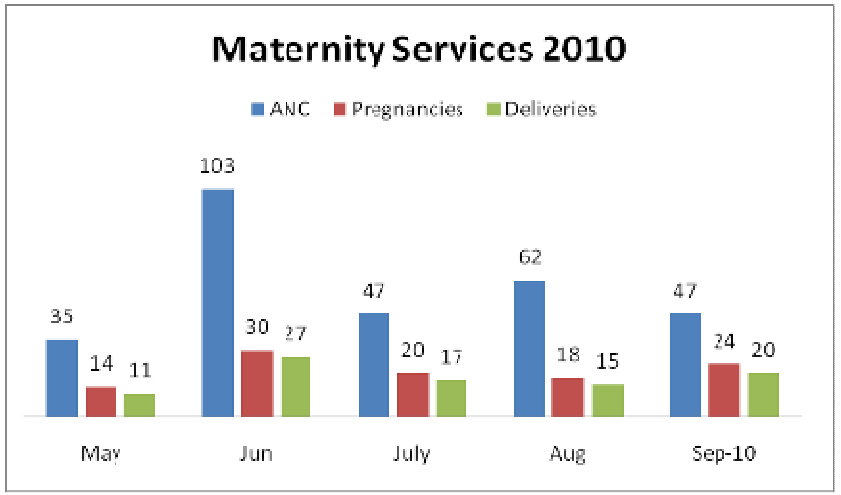
As well as the four bed women's ward, we have two delivery rooms for the second stage of labour with 24-hour attendance, solar showers, toilets and sterile equipment. We offer PMTCT services.

[2] www.indexmundi.com/uganda. (retrieved March 2010)
[3] UN-Habitat.org, Kampala City Development Plan

How our partnerships support our strategy for maternal, neonatal and child healthcare

Maternal and child health, indeed reproductive health, has limited international donor support from government aid. Hope Clinic accesses some commodities however our ability to serve the needs of the community, in the way that they need to access the services, relies on our partnerships. Ranging from Rotary International and the International Women's Organisation (IWO) who funded the beds, delivery room furniture and the power back-up systems to DFCU Group who donate the safe delivery "Mama Kits" and Belgian Development Aid (BTC) who helped replace worn equipment and our gas steriliser – all make our maternal, neonatal and child services affordable.





How we monitor and measure our achievements

The goals we have are that more women in the community will visit Hope Clinic Lukuli for at least an ANC visit and we work with other health providers, including self-employed midwives, to encourage their clients to attend ANC and have the chance for HIV counselling and testing. In early 2009, we saw 244 ANC clients across five months: at the end of 2010, we saw 290 in 5 months. Our average number of delivers now exceeds 20 per month and we have ARV on site in case the mother was HIV positive. Our records are summarised each month through the Ministry of Health HMIS #105 form.

Our goal is to improve the inward referrals from other providers of maternal health and to increase our own mobilisation activities.

Long lasting nets for new mothers

Lab testing – Diagnose First

Our services – fever diagnosis, dehydration management and malaria treatment

The risks present for our community and our response

The child mortality and admissions records published by the Ministry of Health reinforce the reality that dehydration, whether from fevers or diarrhoea, is a major cause of death in Uganda and sub-Saharan Africa. The WHO[4] country report for Uganda notes that 23% of deaths among under-5s are malaria, a further 17% diarrhoeal diseases and 21% pneumonia (which may present with a fever). Among all age groups, almost 20% of deaths were malaria or diarrhoea.

The 2010 malaria report published by the WHO reveals that among a country of 32 million people, a year contained 12 million suspected malaria (ie fevers) cases of which barely a third were laboratory tested, and so only 1.3 million lab or rapid test confirmed malaria cases existed but of those 12 million fevers, 9.7m were medicated as if they were malaria. This is a huge cost burden on patients presumptively treating fevers and they may delay treating the cause of the lost fluids.

Our response begins with information that guardians should immediately mitigate the fever using cool towels and drinking lots of clean or filtered water. Diagnose First is our proposal that parents bring febrile patients for lab tests and at Hope Clinic Lukuli we have rapid diagnostic tests (RDTs) for when the lab is closed. The WHO report shows 1.3m lab test confirmed as malaria out of 3.6m lab slides so roughly two thirds of fevers are being miss-medicated and are not malaria.

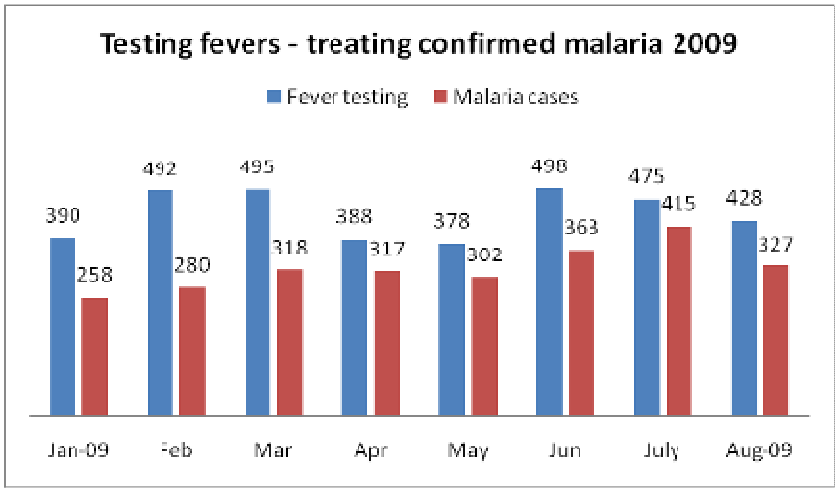
Promoting prompt diagnosis and case management

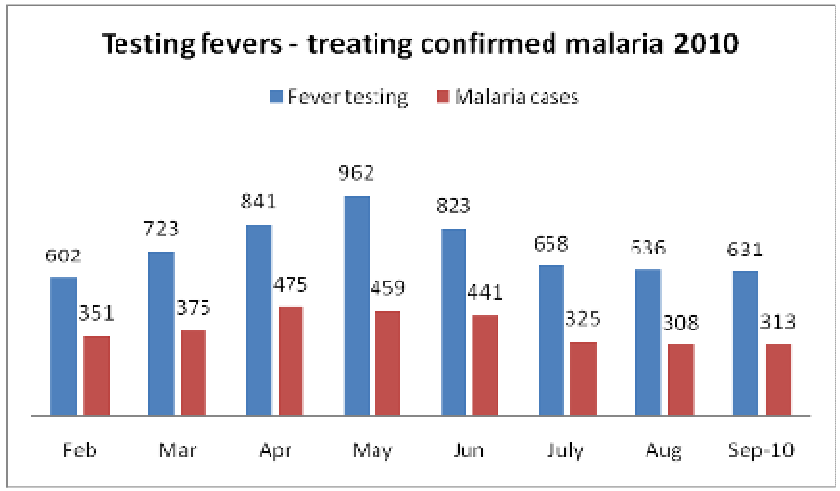
Our consultations with *Omusawo* have always been priced at Shs 1,000 which used to equate to the cost of the most basic meal for a person. As food prices rise, our fees have not and so we believe the financial barriers to diagnosis are minimised. With the change to Artemisia-based treatments for malaria, as old quinine and 'SP' was less effective, private for profit sites sell adult treatment at Shs 15-20,000 (or twenty meals). A new LLIN net costs a similar amount.

We educate all our patients attending ANC clinics or child immunisation about home-made rehydration with clean water, salt and sugar. Our lab tests for malaria cost Shs 3,000 only.

[4] http://www.who.int/whosis/mort/profiles/mort_afro_uga_uganda.pdf

We explain about cheap drugs to manage a fever using widely available syrups but to have a diagnosis by a trained medic before using malaria treatments. Our community outreaches have built a referral network with the drug-retail sites that do not have rapid test or laboratory services. We now receive patients referred by these shops, we conduct the lab test but then encourage the patient to return to that drug shop for either their fever management syrup, ORS sachets or to buy the ACT malaria treatment based on the laboratory result. The drug shops retain the sales revenue but are more respected by clients as they propose diagnosis rather than expensive presumptive treatment.





As more households own and use mosquito nets, lab-confimed malaria cases stabilise, but the number of lab tests for fevers shows that Diagnose First is being accepted as a health practice. It saves a houshold money and done promptly, safeguards the patient.

Improving fever management in partnership with international programmes

Hope Clinic Lukuli has worked with the Malaria Consortium to re-treat old style mosquito nets to help them retain the impregnation of insecticide even after washing, using KO-Tab 123. With the Roll Back Malaria programme, LLIN have been distributed to households with a pregnant woman or a child under 1 year old. A separate supply of LLIN is also available for HIV positive clients who can be more susceptible to malaria due to a weakened immune system. The Global Fund for AIDS, TB and Malaria supplies LLIN and an Artemisia Combination Therapy (ACT) treatment for malaria, branded as Coartem, and through Hope Clinic's partnership with Kampala City and the Uganda Protestant Medical Bureau, we can receive and distribute free of charge the nets and ACT drugs. Where supplies to Uganda of Coartem are exhausted we buy and resell ACTs at close to wholesale prices.

Open 24 hours, every day


Immunising and educating clients


Admission for observation

Our services – consultations for out-patients and admissions for observation

The need for primary health care among our community

The primary health care services in Uganda are only partly provided by Government of Uganda facilities with ministry employees as staff. A third of health services are government-provided and that tends to be referral hospitals and facilities with surgical theatres. The population relies on self-diagnosis and self-prescribing through drug retail sites, consultations at mini-clinics without diagnostic tools, or Health Centres grade II and III which can offer trained medical staff, a range of tools with which to assess the patient and the pharmacy or wards for treatment and care.

Fevers and deliveries were the driving factors of Hope Clinic Lukuli's formation and remain a major service. Primary Health Care as the first contact a person has, in their community setting, to preventative health, diagnosis and day to day care and support is under-provided in Makindye. In Lukuli, within 2 miles of Hope Clinic live 60,000-100,000 people (2001 Census counted 60,000). There are no government sites within 4 miles of the clinic.

Part of the national health service network

The Kampala City Council and Makindye Division health department staff provide MoH guidelines, supervisory visits and allocation of essential drug grants, vaccines and syringes for safe medical injections. As an NGO with affiliation to the Uganda Protestant Medical Bureau (UPMB) we also draw medicines and laboratory consumables from the Joint Medical Stores. Through a monthly report to the city health department (HMIS #105) we track out-patients and epidemiology. Our data sets now span over five years of month by month trends. From 350 out-patients a month in 2005, rising to over 600 at the start of 2009, in late 2010 our average out-patients were 825 a month. Of these, 30% are children under 5; 45% of our out-patients are male.

Primary health care should strive towards equity of access and minimise the stigma, time and cost barriers that patients could face. We integrate nutrition to family planning to consultations to child development and HIV and counselling services. Being open 24-hours and every day places a high demand on staff and utilising a referral network for community support groups and mobilisation and the various contributions from the government and its development partners. Private sponsorship allows public health awareness outreaches and free to client services on self-care for households.

Our services – comprehensive community based HIV/AIDS services

Couples counselling for prevention

Positive living, care and support

Trained counsellors and available stocks of ART

The HIV/AIDS epidemic in Uganda – our experiences over ten years

The Hope Clinic Lukuli began testing for the prevention of mother to child transmission in 2003 and expanded to offer voluntary counselling and testing for HIV in 2004. Our ability to integrate information, prevention through behaviour change and testing was assessed by the Ministry of Health who accredited Hope Clinic as an Anti-Retroviral Therapy site in 2006. As an ART site we could receive ARTs for our clients which had been purchased by the Government of Uganda or by the Global Fund and UNITAID[5].

Hope Clinic Lukuli brought HIV testing and HIV/AIDS services to a very large population in Makindye that had not previously had access. The time and cost to travel across the city or to satellite clinics added to the fear of stigma and lack of knowledge to both exclude those wanting to know their status but also denying information to those wanting to learn about risky behaviour. In the first years of our counselling and testing, our prevalence of clients was 15-17%, every month. The population is low and very low income but otherwise not part of a classic high-risk group.

An example of PEPFAR's impact on indigenous organisations in the HIV/AIDS response

To ensure a comprehensive range of awareness, prevention, testing, care, support and treatment Hope Clinic Lukuli has adopted a 'hosted referrals' model for many of its services. For HIV/AIDS we have sought US PEPFAR funded implementers and formed agreements with them to implement through the clinic in Lukuli and western Makindye. At the time of the 2008 meeting of HIV Implementers[6] funded by the US Office of the Global AIDS Coordinator, we had six distinct forms of PEPFAR support at the clinic ranging from IEC materials, testing kits, mosquito nets, water purification systems, funding support groups, nutrition support for children and free ARTs.

From 2006 to 2010 the skills of our staff and our case management systems have been improved through PEPFAR support as the Joint Clinical Research Centre helped our indigenous organisation become a new partner to Uganda's HIV/AIDS response. We now have over 350 clients on ART.

http://www.massivegood.org/en_US/news-feed/220
http://thefaceofafrika.blogspot.com/2008/05/blogging-for-hope-hope-clinic-lukuli.html

To those who have helped Hope Clinic Lukuli since the early ideas in 2000 through to today – THANK YOU

www.hcluganda.org

The Founders
The committee of St Stephen's Church of Uganda in Lukuli
Lukuli Local Council II
Joyce Bbosa – the first medical staff member, now retired
Jackie Mbabazi – one of the originals, still serving the community
Straight Talk Foundation
The AIDS Information Centre
St Francis Hospital, Nsambya
Makindye Division and the Divisional Medical Officers
Kampala City Council and officers of the health department
Ministry of Health, reproductive health and quality departments
Malaria Control Programme
AIDS Control Programme
Namirembe Diocese
Mildmay Uganda
Joint Clinical Research Centre
Mulago Infectious Diseases Institute
Roofings, Hima Cement, Hwan Sung and other contributors to the new facility
Rotary International, Rotary Club of Makindye, Cheltenham Cleeve Vale
DFCU Group
Aggreko International
The Embassy of Belgium/ Belgian Development Agency
The US Embassy in Uganda (Small Grants office)
Our staff, current and past
Our community and clients
Hope Clinic Lukuli Uganda
All the volunteers, interns and 'can I help' people