STRATEGIC PLANNING PROCESS IN A GENERAL RURAL HOSPITAL: AN EXPERIENCE AT DR. AMBROSOLI MEMORIAL HOSPITAL, UGANDA

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Agago District is one of the poorest areas of the country and a large proportion of the population is living in a condition of poverty

- 35.2% of the population lives below the national poverty line, < 1$ per day (Poverty Status Report – November 2014) - against a national average poverty rate of 19.7%

- 41.4% are insecure, with very low resilience to external factors (e.g. health issues).
DR. AMBROSOLI MEMORIAL HOSPITAL

- Founded in 1957 by Fr. Dr. Giuseppe Ambrosoli
- PNFP, general hospital and training school
- Member of Catholic health facilities under the coordination of the UCMB
- The owner is the Catholic Diocese of Gulu
- The only hospital in Agago District heading the Agago Health SubDistrict.
A general rural hospital with **267 bed capacity** distributed through **5 wards**: Medical, Surgical, TB, Maternity and Paediatric

The third in the League Table amongst general hospitals

*(Annual Health Sector Performance Report 2015-16 by MoH)*

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</thead>
<tbody>
<tr>
<td>OPD New Attendance</td>
<td>16,769</td>
<td>21,305</td>
<td>25,035</td>
<td>21,761</td>
<td>26,245</td>
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<td>OPD Total Attendance</td>
<td>23,714</td>
<td>30,305</td>
<td>28,772</td>
<td>25,526</td>
<td>26,883</td>
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<tr>
<td>Inpatient Admission</td>
<td>11,374</td>
<td>11,835</td>
<td>13,805</td>
<td>12,799</td>
<td>22,274</td>
</tr>
<tr>
<td>ANC Total Attendance</td>
<td>7,936</td>
<td>5,312</td>
<td>6,722</td>
<td>5,909</td>
<td>5,743</td>
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<tr>
<td>ANC 1st Visits</td>
<td>2,958</td>
<td>2,290</td>
<td>1,990</td>
<td>1,817</td>
<td>1,890</td>
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<tr>
<td>ANC 4th Visits</td>
<td>1,235</td>
<td>1,187</td>
<td>1,234</td>
<td>1,217</td>
<td>1,075</td>
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<tr>
<td>Maternity Deliveries</td>
<td>2,805</td>
<td>2,727</td>
<td>3,003</td>
<td>3,247</td>
<td>3,465</td>
</tr>
<tr>
<td>Caesarean Sections</td>
<td>405</td>
<td>411</td>
<td>406</td>
<td>369</td>
<td>315</td>
</tr>
<tr>
<td>Maternal Death</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Immunization in children</td>
<td>14,814</td>
<td>9,311</td>
<td>10,498</td>
<td>14,079</td>
<td>15,886</td>
</tr>
<tr>
<td>Malaria in OPD</td>
<td>2,861</td>
<td>3,535</td>
<td>1,843</td>
<td>1,077</td>
<td>6,095</td>
</tr>
<tr>
<td>Malaria in In-Patient Department</td>
<td>2,381</td>
<td>2,931</td>
<td>1,505</td>
<td>1,513</td>
<td>9,664</td>
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</tbody>
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<thead>
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</thead>
<tbody>
<tr>
<td>Number of beds</td>
<td>302</td>
<td>302</td>
<td>302</td>
<td>271</td>
<td>271</td>
</tr>
<tr>
<td>Total admissions</td>
<td>11,374</td>
<td>11,835</td>
<td>13,805</td>
<td>12,799</td>
<td>22,274</td>
</tr>
<tr>
<td>Patient days</td>
<td>62,340</td>
<td>63,798</td>
<td>76,758</td>
<td>66,386</td>
<td>86,898</td>
</tr>
<tr>
<td>Average Length of Stay</td>
<td>5.5</td>
<td>5.4</td>
<td>5.6</td>
<td>5.2</td>
<td>3.9</td>
</tr>
<tr>
<td>Turn over interval</td>
<td>4.2</td>
<td>3.9</td>
<td>2.4</td>
<td>2.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Throughput per bed</td>
<td>37.7</td>
<td>39.2</td>
<td>45.7</td>
<td>47.2</td>
<td>82.2</td>
</tr>
<tr>
<td>Bed Occupancy Rate</td>
<td>56.6</td>
<td>57.9</td>
<td>69.6</td>
<td>67.1</td>
<td>87.9</td>
</tr>
<tr>
<td>Number of Deaths</td>
<td>172</td>
<td>180</td>
<td>219</td>
<td>180</td>
<td>251</td>
</tr>
<tr>
<td>Mortality Rate</td>
<td>1.5%</td>
<td>1.5%</td>
<td>1.6%</td>
<td>1.4%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Recovery Rate</td>
<td>98.3%</td>
<td>98.3%</td>
<td>98.2%</td>
<td>98.5%</td>
<td>98.0%</td>
</tr>
<tr>
<td>Self-discharges</td>
<td>16</td>
<td>15</td>
<td>34</td>
<td>11</td>
<td>14</td>
</tr>
</tbody>
</table>
ST. MARY'S MIDWIFERY TRAINING SCHOOL

- Founded in 1959 by Fr. Dr. Giuseppe Ambrosoli
- The finest midwifery training facility in Uganda
- 1,167 graduated midwives
- Accredited by the Ministry of Education and Sports and Uganda Catholic Medical Bureau
- Approved by the National Council for Higher Education
Dr. Ambrosoli Memorial Hospital 2016-2022 Strategic Plan communicates the hospital’s strategic vision for the next years.

It is a framework that enables the hospital Board of Governors and Management to take decisions guiding the preparation of annual work plans and budgets, as well as monitor progresses over time.

It represents a pathway to the future of the hospital, a guide to prioritization for progress and development.
The Strategic Planning Process was guided by commitment to innovation and engagement of stakeholders: to achieve these principles, a STEP-BY-STEP participatory process was designed, characterized by dialogue and challenging discussion throughout the activity.
### The Planning Process

- The process started at the beginning of 2016 involving different key figures from the hospital staff, through extensive consultations among them and stakeholders of Kalongo and Agago district.

- The SWOT analysis, a structured planning method, identified strengths, weaknesses, opportunities, and threats.

- Environmental scanning and assessment of the situation led to the identification of Strategic Goals.

- The Stakeholders’ Meeting produced a list of recommendations based on the main issues of the Hospital.

- Each of the Goals underwent a process of analysis conducted by Working Groups (staff, experts, and stakeholders), defining objectives and activities & tasks for strategy implementation, including indicators for monitoring and evaluation of the process.
### The SWOT Analysis

The **SWOT analysis** enlighten the Hospital's strengths and weaknesses, to determine its opportunities for growth and improvement and the threats of the external environment:

- **Internal factors**, strengths (an advantage over others) and weaknesses (disadvantage relative to others) internal to the organization.

- **External factors**, opportunities (elements that the project could exploit to its advantage) and threats (elements that could cause trouble for the project) presented by the environment.

### Strengths
- Clear vision, mission and values and strong historical background
- International partnership and networking
- Well defined organizational structure
- Accredited by MOH and UCMB
- Heading Agago Health Sub District (HSD) and member of the District Health Management Team (DHMT)
- Training hospital for midwives and interns
- Accessible by poor and vulnerable people

### Weaknesses
- High dependency on financi. and lack of specialists
- Insufficient number of staff and lack of specialists
- Lack of capacity building in long period
- Inadequate maintenance of equipment and aged infrastructure
- Lack of structured policies and procedures
- Lack of staff time discipline
- Poor internet system and out of date IT infrastructure
- Limited data elaboration and reconciliation

### Opportunities
- Process of participatory management style started
- Recognized as one of major stakeholders in the UCMB network and MOH
- Supported by Government & local institution
- One of most valued Midwifery's school of Uganda
- Known and recognized internationally
- Recognized Laboratory hub for Pader and Agago District
- Existing staff training and development policy guideline draft

### Threats
- High dependency on financi.
- High staff attrition
- Increased number of non-communicable disease (epidemiological transition)
- Changes of International Organization and Donor strategies
- Sustainability rate very low
- External environment still underdeveloped (e.g. lack of road, social amenities, poor education system)
- Increase of user fees can have a utilization rebound
The Stakeholders’ Meeting (the assembly of all parties, authorities, organizations, people, institutions, interested in the life and services of the hospital) took place in November 2016 with the theme “Sustainability of services delivery in Dr. Ambrosoli Memorial Hospital, Kalongo”,

It was an opportunity to address the main issues that are concerning the sustainability of the hospital and to present the results of the SWOT analysis, the four Strategic Goals and the Strategic Objectives. The meeting produced a list of recommendations:

1. Ensure commitment of all the hospital employees to the institution’s mission.
2. Diversify the hospital’s funding sources – including widening the donor base.
3. Work towards ensuring retention of staff.
4. Internal communication among the supervisee & supervisor management to be improved.
5. Prudent revision of the new fees policy engaging the community.
Each of the four Strategic Goals, along with their respective Strategic Objectives, has been assigned to a dedicated Working Group composed by subject experts and stakeholders, both from the hospital and other institutions. Their tasks were:

- Making and reviewing the objectives, activities, measures, and tactics identified to implement the plan.
- Providing advice on strategic priorities.
- Developing strategies for assessing progress of the implementation of the plan.

Each group was provided with Planning Tools for:

- Activities, outcome and outputs, and indicators definition.
- Time-line and milestones delineation.
- Monitoring and evaluation.
The Strategic Goals were consequently structured into several STRATEGIC OBJECTIVES with related planning tools.

Activities, outcome and outputs, and indicators

Time-line and milestones

Monitoring and evaluation
(list of performance indicators, relevant key targets and metrics)

The Strategic Plan is intended to cover a 6-year period to be translated into annual plans of action before the end of every financial year.
# DR. AMBROSOLI MEMORIAL HOSPITAL: THE PLANNING PROCESS

## Medical and Surgical Care

### Activities

- **1.1.5 Palliative Care**
  - **Tasks**: Work collaboratively with ward/unit teams to review and build on existing palliative care initiatives.
  - **Outputs**: Development of a system of support for staff who completed the series of palliative care education days to enable them to encourage and promote the delivery of palliative care and provide the potential for care that is more cost-effective.
  - **Indicators**: % of patient satisfaction levels on palliative care.

- **1.1.6 Surgery Department**
  - **Tasks**: Enhance collaboration with hospitals (both national and international) to provide advanced surgery care (e.g., cardiac, orthopedic surgery).
  - **Outputs**: Memorandum of Understanding (MoU) with other facilities.
  - **Indicators**: % of surgical procedures performed.

## Public Health Interventions

### Activities

- **1.1.7 Emerging diseases (communicable and non-communicable), co-morbidity and epidemiological transition**
  - **Tasks**: Strengthen the use through improving their accessibility and application of up-to-date clinical pathways and medical guidelines and realize services for the following health challenges.
  - **Outputs**: Strengthen ODP services for Diabetes, CVDs and HIV.
  - **Indicators**: % of patients treated for HIV.

## The Planning Tools

### Activities

- **1.2.1 Co-creating and high-quality of Care**
  - **Tasks**: Budget and controlling division.
  - **Outputs**: Creation of an annual report on patient satisfaction.

- **1.2.2 Funding Department**
  - **Tasks**: Implement a cost management system.
  - **Outputs**: Annual report production.

## Strategic Goal 2: Time-line

### Activities

- **2.2.1. Participated and transparent implementation of the policy for staff development, retention and rewarding**
  - **Tasks**: Activation of staff meetings.
  - **Outputs**: Update clinical pathways and medical guidelines.

- **2.2.2. Participatory management of personnel with clear objectives and plans**
  - **Tasks**: Staff accommodation policy.
  - **Outputs**: Staff accommodation policy.

- **2.2.3. Outsourcing some services**
  - **Tasks**: Tender for outsourcing services.
  - **Outputs**: Tender for outsourcing services.

- **2.2.4. Networking organizations and institutions**
  - **Tasks**: Feedback from NGOs.
  - **Outputs**: Feedback from NGOs.

## The Planning Tools

### Activities

- **2.3.1. Strengthen administrative staff, processes and policies**
  - **Tasks**: Supervise and monitor SO 2 2.
  - **Outputs**: Update administrative systems.

- **2.3.2. Computer administrative systems**
  - **Tasks**: Upgrade and support data management systems.
  - **Outputs**: Upgrade and support data management systems.

- **2.3.4. To ensure constant high patient satisfaction**
  - **Tasks**: Perform a Patient Satisfaction survey.
  - **Outputs**: Perform a Patient Satisfaction survey.

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**Table 1: Activities and Outputs**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Tasks</th>
</tr>
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<tbody>
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<td>Work collaboratively with ward/unit teams to review and build on existing palliative care initiatives.</td>
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<td>1.1.6 Surgery Department</td>
<td>Enhance collaboration with hospitals (both national and international) to provide advanced surgery care (e.g., cardiac, orthopedic surgery).</td>
</tr>
<tr>
<td>1.1.7 Emerging diseases (communicable and non-communicable), co-morbidity and epidemiological transition</td>
<td>Strengthen the use through improving their accessibility and application of up-to-date clinical pathways and medical guidelines and realize services for the following health challenges.</td>
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</tbody>
</table>

**Table 2: Activities and Outcomes**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2.1 Co-creating and high-quality of Care</td>
<td>Co-creating and high-quality of Care.</td>
</tr>
<tr>
<td>1.2.2 Funding Department</td>
<td>Funding Department.</td>
</tr>
</tbody>
</table>

**Table 3: Activities and Indicators**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2.1. Participated and transparent implementation of the policy for staff development, retention and rewarding</td>
<td>Participated and transparent implementation of the policy for staff development, retention and rewarding.</td>
</tr>
<tr>
<td>2.2.2. Participatory management of personnel with clear objectives and plans</td>
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</tr>
<tr>
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<td>Networking organizations and institutions.</td>
</tr>
</tbody>
</table>

**Table 4: Activities and Outputs**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3.1. Strengthen administrative staff, processes and policies</td>
<td>Strengthen administrative staff, processes and policies.</td>
</tr>
<tr>
<td>2.3.2. Computer administrative systems</td>
<td>Computer administrative systems.</td>
</tr>
<tr>
<td>2.3.4. To ensure constant high patient satisfaction</td>
<td>To ensure constant high patient satisfaction.</td>
</tr>
</tbody>
</table>

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**Diagram:**

- **Timeline:** Strategic Goal 2: Time-line.
- **Indicators:** % of patient satisfaction levels on palliative care.
- **Outputs:** Creation of an annual report on patient satisfaction.
- **Tasks:** Activation of staff meetings.

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**Figure:**

- **Legend:** Indicators and outputs for the planning process.
- **Description:** Graphical representation of the planning process with timelines and indicators.
The strategic plan acknowledges four goals representing ambitious ethical, practical and economic commitments:

1. Health care service delivery adapted to changing environment and quality demands
2. Institutional development
3. Infrastructure renovation and maintenance
4. Teaching and Training Services upgraded and broaden

They integrate different dimensions (economic, social and environmental) around the themes of service delivery, infrastructure, partnership and education remaining deeply interconnected.

They seek to prioritize commitment of serving poor and vulnerable people, even in difficult circumstances, while focusing on quality, efficiency and efficacy of services, and empowerment of the staff.
Health care service delivery adapted to changing environment and quality demands

**Strategic Objective 1.1**
To deliver quality health services while being aware of and considering the needs of the less privileged and vulnerable social groups including women, children and the chronically ill.

**Strategic Objective 1.2**
To create a network with nearby hospitals (e.g. St. Mary’s Hospital Lacor Gulu and St. Joseph’s Hospital Kitgum), providing better and broader care.
SG1 STRATEGIC OBJECTIVE 1.1

- Expanding health services and strengthening the existing ones
- Increase coverage and utilization of services
- Improving quality and efficiency
- Optimizing the use of resources.

All the planned activities aim to fulfill standards and requirements of both national and international guidelines and recommendations.
SG1 STRATEGIC OBJECTIVE 1.2

- Create a **model of integrated care**, working with other hospitals and health-care providers, designing a comprehensive, integrated health-care system that is high-quality, accountable and accessible to the community and covers the entire continuum of care from primary to specialty care.

- Lay the foundation for a **scientific and practical exchange** with Hospitals in the North of Uganda, strengthening the existing cooperation through the establishment of networks.

- Providing **specialist health services** (such as dentistry, psychiatry, orthopaedics) that are not financially sustainable for the hospital alone.
STRATEGIC GOAL #2

Strategic Objective 2.1
To increase Dr. Ambrosoli Memorial Hospital financial sustainability, improving efficiency while providing high quality and cost-effective care.

Institutional development

Strategic Objective 2.2
To sustain capacity building and human resource management through the gradual spread of the principles of participatory management style and a career development path.

Strategic Objective 2.4
To ensure constant high patient satisfaction.

Strategic Objective 2.3
To introduce a result based financial administration.
SG2 STRATEGIC OBJECTIVE 2.1

- Implementation of a model that can guarantee **financial sustainability** over time
- Develop and implement a **system of cost monitoring**, and establish a **Budget and Controlling division**
- Strengthening a culture of **fundraising** and enhancing the portfolio of donors for improving fundraising effectiveness
- Registration as **NGO**
- Establishment of a **Fundraising Department with Research and Development Office**
SG2 STRATEGIC OBJECTIVE 2.2

- Health workers are the main asset of the hospital and the fundamental resource for service provision

- Values and supports employees offering adequate opportunities for personal and career development through a participatory management style

- Development of a human resource policy

- Strengthen the performance management system to better recognize good performance and tackle under-performance

- Enable staff to acquire appropriate skills and competencies

- Strengthen the capacities of the Human Resources Office
Implementation of result-based management: a management strategy which uses feedback loops to achieve strategic goals.

Implementation of a pay for performance (P4P) payment model: a payment model that offers financial incentives to healthcare providers for meeting certain performance measures.

Increase efficiency and quality of Dr. Ambrosoli Memorial Hospital, while reducing healthcare expenditure.
Patient satisfaction is an important and commonly used indicator for measuring the quality in health care.

Conduct periodic surveys among patients or collect their comments and suggestions can:

- foster understanding of latent needs of the population;
- combine the flow of information that comes from outside with what comes from within;
- monitor and check the effectiveness of the implemented policies.
**STRATEGIC GOAL #3**

**Strategic Objective 3.1**
To develop a maintenance master plan to ensure that the hospital is able to continue delivering services.

**Infrastructure renovation and maintenance**

**Strategic Objective 3.2**
To develop a master plan and implement a clear action plan with priorities and milestones.

**Strategic Objective 3.3**
To ensure funding for additional capital investments.
SG3 STRATEGIC OBJECTIVE 3.1

- Creation of an inventory of infrastructure and equipment (I&E), assessing their quality and safety

- Development of a maintenance master plan for Dr. Ambrosoli Memorial Hospital’s I&E, with:
  - Maintenance policy, based on an assessment of the needs and analysis of I&E
  - Maintenance strategy (reviewed and updated every 2 years)
  - Maintenance program describing all maintenance requirements and scheduling of preventive maintenance (PM) and corrective maintenance.

- Implementation of a periodic reporting system with annual meeting.
SG3 STRATEGIC OBJECTIVE 3.2

- Identification of a **working group** (i.e. a project team) for assessment of needs and requirements analysis, the inventory of the existing documents and plans of development (e.g. “Staff Quarter – Report and way forward” master-plan and “Dr. Ambrosoli Memorial Hospital – Wash Report”)

- Development of a **Master Plan** and an **Action Plan**

- **Improve space utilization** reviewing the accommodation currently used and consider options for contributing to overall rationalization and relocating hospital services.
Seek for **external funding** (both national and international) through the application to calls for proposals creating projects on health infrastructures and equipment (maintenance, renovation, construction).

- Establishment of a **Fundraising Department with Research and Development Office** (see Strategic Objective 2.1)
STRATEGIC GOAL #4

**Strategic Objective 4.1**
To expand the teaching capacity of St. Mary's Midwifery Training School

**Strategic Objective 4.2**
To ameliorate and upgrade the St. Mary's Midwifery Training School to prepare the School for the Strategic Objective 4.3

**Teaching and Training Services upgraded and broaden**

**Strategic Objective 4.3**
Creation of the Bachelor's Degree course in Midwifery at St. Mary's Midwifery Training School.
SG4 STRATEGIC OBJECTIVE 4.1

Improve the Diploma in Midwifery (DM) and Certificate in Midwifery (CM) through actions in the following areas:

- **Students’ selection & admission**: transparent and fair access process, reducing iniquities

- **Teaching & learning**: teachers and tutors are the main asset of the school for high-quality education provision. Teaching programs will be reviewed and updated to meet the changing environment and the national standards

- **Staff appraisal & professional development**: provide a workplace that values and supports employees offering opportunities for personal and career development.

- **New forms of education organization**: the Distance Learning Department
Ameliorate and upgrade the St. Mary’s Midwifery Training School preparing the creation of Bachelor of Science degree in Midwifery (B.Sc. midwifery degree course). This objective can be pursued acting on:

- **Employees**: improvement of the teaching staff and the acquisition of new human resources
- **Infrastructures**: foundation of a new Campus creating dynamic teaching and learning environments with state-of-the-art facilities in line with the NCHE requirements and criteria.
The program of the Bachelor of Science degree in Midwifery will be articulated in theoretical experience and clinical training, covering two academic years, clustered in five semesters.

- **Planning committee**: program conceptualization for B.Sc. Midwifery Degree course

- **Accreditation to teach** of the Bachelor of Science degree in Midwifery following the requirements from NCHE
Monitoring and Evaluation helps improve performance and achieve results, providing timely and accurate data through a results-based management approach (focusing on both processes and results, hence the emphasis on quality in service delivery).

The M&E process will serve as a framework for measuring the organizational performance and the success of strategy and for tracking progress.

The implementation of the plan will be evaluated annually and a midterm review will be undertaken 3 years after launching, putting in place corrective measures or new thinking and actions to address new challenges.
SG1: Health Care Service Delivery

- % of HIV+ people on ART (for 6 months) with suppressed viral load (UNAIDS target)
- % of neonatal asphyxia
- % of people living with HIV receiving ART (UNAIDS target)
- % of people with HIV knowing their status (UNAIDS target)
- % pregnant women who attended ANC service 4 times (or more)
- % of properly filled WHO Surgical Safety Checklist over the number of surgical procedures performed
- % of staff trained and re-orientated each year
- % stock-out of 10 tracer indicator drugs/month
- Immunization coverage per disease (see UNEPI)
- Maternal mortality ratio
- Neonatal mortality ratio
- Stillbirth rate
INDICATORS

SG2: Institutional Development
- Sustainability Ratio
- % of patient satisfaction levels
- % of staff satisfaction levels
- % projects completed on proposed

SG3: Infrastructure renovation and maintenance
- Fault and failure frequency
- % of construction, renovation and maintenance projects completed on time

SG4: Teaching and training services
- % of candidates who passed the final end-of-course examinations
- % of teaching staff who upgraded their qualifications
- % of NCHE accreditation criteria satisfied
M&E will be a multi-step process carried out by the following activities:

- **Action Plan**: before the end of every FY including budget analysis.
- **Monitoring**: collecting data monthly.
- **Annual Activity Report**: annually, each WG will monitor and assess progresses and achievements of their plans producing a report.
- **Mid-term review**: end FY 2018-19. Data collected from Annual Activity Report will be extensively discussed and analysed by WG and presented to the Stakeholders.
- **Final evaluation and Report**: first semester FY 2021-22, analysis of data and indicators from the SG and their critical interpretation, underlining accomplishments and failures and explaining their motivation.
- **New Strategic Plan**: based on the Final evaluation and Report.

The working groups will be responsible of their **Strategic Goals and their implementation**!
The Strategic Plan will be monitored, reviewed and revised by the staff, stakeholders and experts who wrote it in first place, continuing that participatory process designed for its creation.

At the core of our strategy is the financial sustainability of Dr. Ambrosoli Memorial Hospital.

The strategic plan is more a guideline rather than a set of rules and might end up changing its course as it proceeds through the years, the budget will be estimated yearly reflecting the plans of action from the working groups.
THANK YOU FOR YOUR ATTENTION