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# Strategic Plan (SP)<sup>1</sup>

## 2020/21-2024/25

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MOD Public Health Foundation Limited  
P.O Box 211, Masaka City, Uganda.  
Tel Office: (+256)485660637  
Mobile: (+256)706472457  
Email: [info@mod.or.ug](mailto:info@mod.or.ug)  
[www.mod.or.ug](http://www.mod.or.ug)



**We provide quality reproductive services and emerging solutions to those who need them most.**

# MOD Public Health Foundation

## Strategic Plan (SP)<sup>2</sup>

### 2020/21-2024/25

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#### Submitted by

Moses Matovu-Senior Business Consultant  
Distinct Business Initiative Ltd

#### Approved by



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Samuel Waliggo-MPH  
Chief Executive Officer  
**MOD Public Health Foundation Limited**

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## DISCLAIMER

The purpose and scope of this Strategic Plan (SP) is to develop business growth strategies and initiatives for MOD Public Health Foundation and provide a well-tailored approach to the emerging business dynamics while focusing on sustainability of all the MOD activities.

This Business Strategic Plan is a zenith of an extensive evidence based research process which predominantly focused on the need to address gaps recognized in MOD Public Health Foundation work including the need to rebrand the programme for effective and efficient delivery of Public Health Services; coupled with the need to advocate for funding of specific projects in line with Public Health.

MOD through this documented Business Strategic Plan seeks to align its strategic objectives and direction towards addressing the emerging public health challenges such as climatic change, changing disease burden, need for Health Systems Strengthening and quality of care, poverty levels and emerging IT solutions as well as attracting funding for sustainability purposes and all the material included in the document is based on data and information expertly gathered from various sources based on certain key underlying assumptions.

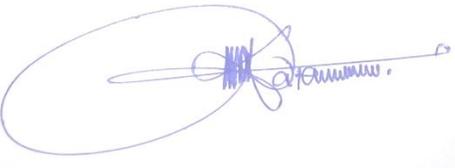
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## Abbreviations and Acronyms

<b>GDP</b>	<b>Gross Domestic Product</b>
<b>EBP</b>	Evidence Based Practices
<b>HSS</b>	Health Strengthening Systems
<b>MOD</b>	MOD-Public Health Foundation <sup>(Ltd)</sup>
<b>DBI</b>	Distinct Business Initiative <sup>(Ltd)</sup>
<b>HIV</b>	Human Immune Virus
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>BOD</b>	Board of Directors
<b>SBP</b>	Strategic Business Plan
<b>SBA</b>	Strategic Business Approach
<b>SWOT</b>	Strength Weaknesses Opportunities and Threats
<b>MoH</b>	Ministry of Health
<b>VHT</b>	Village Health Teams
<b>NGOs</b>	Non-government organizations
<b>HC</b>	Health Center
<b>HMIS</b>	Health Information Management System
<b>CCI</b>	Cost Cutting Initiatives
<b>BGI</b>	Business Growth Initiatives
<b>MRC</b>	Medical Research Council
<b>RHSP</b>	Rakai Health Sciences Program
<b>UCMB</b>	Uganda Catholic Medical Bureau
<b>UPMB</b>	Uganda Protestant Medical Bureau
<b>UMMB</b>	Uganda Muslim Medical Bureau
<b>SDGs</b>	Strategic Development Goals
<b>HSDP</b>	Health sector Development Plan
<b>CBT&amp;M</b>	Capacity Building Training & Mentorship
<b>CW&amp;PP</b>	Community Wellness and Prevention Programme
<b>CBOs</b>	Community Based Organizations
<b>USD</b>	United States Dollars
<b>CEA</b>	Community Engagement Approach
<b>HSS</b>	Health Systems Strengthening
<b>HMIS</b>	Health Management Information Systems
<b>IT</b>	Information Technology
<b>ABHIC</b>	Affordable Basic Insurance Cover
<b>PPP</b>	Public Private Partnership
<b>UNDP</b>	Uganda National Development Plan
<b>LGBTI</b>	Lesbian, Gay, Bisexual, Trans, and/or Intersex.
<b>UGX</b>	Uganda Shillings

## Strategic Business Plan Document Control

Project:	MOD Public Health Foundation -5 Year Strategic Plan 2020/21-2024/25
Client:	MOD Public Health Foundation Limited P.O Box 211, Masaka City, Uganda. Tel Office: (+256)485660637 Mobile: (+256)706472457 Email: <a href="mailto:info@mod.or.ug">info@mod.or.ug</a> <a href="http://www.mod.or.ug">www.mod.or.ug</a>
Drafted & Issued by:	Distinct Business Initiative Ltd Plot 13/14, Kataza Close, Bugolobi, Kampala-Uganda   P.O. Box 490, Kampala, Uganda <a href="mailto:distinctbusinessinitiativelt@gmail.com">distinctbusinessinitiativelt@gmail.com</a>   Tel Office: (+256) 200 900 090
MOD Public Health Foundation Ltd "CLIENT"	 <hr/> Waliggo Samuel MPH   Chief Executive Officer
Distinct Business Initiative Ltd "DBI"	 <hr/> Matovu Moses K   Managing Director <b>Distinct Business Initiative Ltd</b> Plot 13/14, Kataza Close, Bugolobi, P.O. Box 490, Kampala, Uganda. <a href="mailto:moses.matovu2013@hotmail.com">moses.matovu2013@hotmail.com</a> Tel: (+256) 702 274 344
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Second Review	May 30 <sup>th</sup> , 2020
Final Review	

## Foreword-**Samuel Waliggo, MPH, Founder Director**



It is a privilege and an honor to launch the MOD Public Health Foundation five years' Strategic Business Plan (SBP) 2020/21—2024/25 as we celebrate the official operations of the Organization since inception August 9<sup>th</sup>, 2019. The Organization's vision to see “Healthier communities accessing low-cost emerging public health innovations and Uganda. plays a distinctive role within the public health ecosystem on our mother land Uganda therefore, we contribute to creating, preserving and communicating evidence-based knowledge on the causes and prevention of diseases in the population, on the promotion of health and strengthening optimal delivery of quality health services in our

communities in Uganda and consequently globally.

Like any other developing countries in the world, access and equity to quality health care remains a challenge in Uganda. There is still over-emphasis on providing intensive curative services and relatively lesser effort on socio-factors that impact health and prevention of diseases. Communities are still less empowered to preserve and promote their own health and yet public health and the traditional clinical professions still work in isolation.

With the declaration of the Sustainable Development Goals (SDGs) (United Nations, 2015), public health institutions such as MOD are needed to engage and strengthen the capacity of communities to respond to the increasing public health challenges such as; shifting disease burden and trends, global climatic change impacts, drug and substance abuse and health inequalities. If we are to successfully deal with these challenges, a strengthened and integrated public health system across sectors is pivotal. Such sectoral partnerships will support national priorities to transition from just clinical care practices to multidisciplinary approaches that promote research for innovations, driven by evidence-based interventions and knowledge translation.

Today on our first Organization annual general meeting, we launch the MOD Public Health Foundation five-years' BSP 2020/2021-2024/25 that focuses on

1. Community engagement for health promotion & behavior change programs.
2. Health Systems Strengthening
3. Knowledge Thesis, Research and Translation
4. Capacity Building and Mentorship of health professionals.
5. Strategic partnership institution development and sustainability

MOD shall consolidate and continue to align its role on Uganda's National Development Plan (UNDP/III) 2020/21-2024/25, enabling research excellence and creative connections across disciplines to ensure effective and efficient public health systems that promote positive social change.

A handwritten signature in blue ink, appearing to read 'Samuel Waliggo'.

**Waliggo Samuel, MPH, Founder Director**

## Foreword- **Wamanga .M. Yashien, MSc, Executive Director**



Since our founding in 2015, the board of directors, management and staff of MOD Public Health Consultants were determined to Dream Big. We have achieved a series of extraordinary results by innovating and executing unique solutions to some of the most pressing public health and community development challenges. Following our annual Organization themes for instance of 2018 and 2019 that is “Strengthening internal systems to sustain innovations” and “Cultivating our Organization Culture” respectively, we have been able to re-align, and re-Shape the Organization internal systems, policies and structure for future growth. This effort is not an “add-on” initiative for MOD Public Health Consultants rather, it reflects a passion and work culture intertwined throughout the Organization.

The benefit of innovating new ideas has enabled MOD and her strategic partners meet intended objectives timely during years. This was a success because the Organization codified the enterprise-wide strategic Plan at the beginning of 2019 which guided our business and helped the entire MOD family understand key deliverables from the strategy. We also understand that in today's increasingly competitive and dynamic markets, contractors and funders are not only looking for an implementing partner but also a responsive partner whose approach combines unique innovative solutions, deep expertise and experience with an unwavering commitment to excellence, value, collaboration, and shared success. Our work with the current partners has laid a foundation and positioned the Organization for exponential growth. The Organization's Business Strategic Plan (BSP) 2020-2024, clearly captures the long-term goals and objectives to create a sustainable competitive advantage and delivery of consistent Innovative solutions for low-cost public health innovations and solutions.

MOD will always remain competitive in the public health market by continuing to model solutions using a “**K**nowledge Translation, **S**ynthesis, and **A**pplication” -**KNOTSA**- approach. In our strategic Plan 2020-2024, the Organization's business KNOTSA model will close the knowledge translation gap, the “Know-Do Gap”, in public health by sourcing and translating new public health evidence and medical innovation from across the globe into practical health frameworks, models, processes, tools, and products. All innovations will be subjected to our business value chain and flawlessly executed for social impact. Through our think tank, the research and Innovation department, MOD will leverage on the core strategies in BSP to support Organization best practices, Develop skills, support business units in new product and service initiatives, identify new market spaces, Help staff generate ideas, Design shelter for promising projects and develop a sales funnel for the strategic partnerships. Our Vision, Mission & core principles define what we aspire to do, what we believe in, and what our culture is. We commit to hold ourselves to these standards in all our engagements with Government structures, business partners/Funders, project partners, and beneficiaries.

These core priorities are critical to Organization growth as we pursue new markets, projects, and partnerships. Carrying the successful traditions of our history into the future depends on the active engagement of our dedicated management & staff. Together, we celebrate our commitment to safety, evidence based and quality deliverables to the people of our Country. We are proud to launch our 5-year Strategic Business Plan (SBP) 2020-2024 as we together envision “Healthier communities accessing low-cost public health innovations and solutions”, When MOD is the lead.



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**Wamanga. M. Yashien, Executive Director**

## 1.0 INTRODUCTION

### Background of MOD Public Health Foundation

MOD Public Health Foundation is a not for Profit Non-Government Organization (NGO) in Uganda (RegNo. **INDR155354614NB**), with headquarter offices based on Plot 79, Bukoba Road in Masaka City, Uganda. MOD has experience in designing and executing innovative solutions to public health challenges particularly in the field of HIV and AIDS, maternal, child health, and social development programs. MOD is positioned as a local, low-cost, and efficient implementing organization to provide timely solutions to the most pressing public health needs and challenges.

MOD-PHF cultivates a balanced public health and research ecosystem and builds partnerships with both private and public health institutions, professionals, and researchers to sustain social impact. We deliver emerging public health innovations and solutions using our knowledge Translation, Synthesis and Application (KNOTSA) model gap to improve access to Universal Health Care (UHC) coverage. Our strategic goal is to contribute towards the realization of universal health care coverage among under-served communities and sub-populations in Uganda.

#### Our Vision

Healthier communities accessing low-cost emerging public health innovations and Uganda.

#### Our Mission

To achieve universal health care coverage in under-served communities and sub-populations through accelerating optimal translation, uptake and impact of new public health knowledge and practices.

#### MOD PECIT Core Values (Principles)

MOD underpins its social and health impact on five **PECIT** core values namely; <sup>3</sup>

1. **Passion:** We believe that people with passion have the power to change their communities through their wisdom to create innovative Uganda to mankind social and health problems.
2. **Evidence based driven approaches:** We provide low cost Uganda anchored on evidence, quality and scalability to make people live in a better place.
3. **Customer centered:** Our actions focus to improve the social and well-being of our internal and external customers.

4. **Integrity:** We do the right thing regardless of its consequences with high level of professionalism and accountability.
5. **Team Building:** We sustain our innovations by working as a team, we scale up our learnings by creating other public health and social entrepreneurs, leaders and networks.

**Our Business PIFT Culture:** The organization's implementation approach is built on the culture of;

1. Passion and Innovation
2. Flawless execution and
3. Team building to sustain our innovations and impact.

### **1.1 Socio-Economic Context**

Uganda is one of the Countries within the East African Community (EAC) with all its Health functions managed by a Minister of Health and administratively, the country is divided into 112 districts with one city (the capital city of Kampala).

The districts are spread across four administrative regions of Northern, Eastern, Central and Western and are subdivided into 181 counties, 22 municipalities and 174 town councils which are further subdivided into 1,382 sub counties, 7,138 parishes and 66,036 villages parallel with the administration are traditional Kingdoms that enjoy some degree of cultural autonomy <sup>(1)</sup>

Demographically, in 2014, Uganda had an estimated population of 34.9 million people (Census, 2014), with an average annual growth rate of 3.03%, giving an estimated population of 42.4 million people by 2020. The average household size is 4.7 persons, with a Sex Ratio of 94.5 males per 100 females. An estimated 72% of the population lives in rural areas as compared to 28% in urban centers. 49% of Uganda's population is under the age of 15 and with 18.5% of the total population being under-five. Those aged 65 years and represented 2.3% of the total population in 2015 and were expected to increase as expectation of life improves <sup>(1)</sup>

Economically, the country's GDP has steadily been increasing at a rate between 5–9% in the recent past. The percentage of Ugandans living below the poverty line decreased from 56.4% in 1992 to 19.7% in 2012<sup>(2)</sup> however, poverty remains deep-rooted in rural areas, where most of the population lives. The economy is transitioning from an agricultural one, to an industrial, service driven economy with key drivers of the economic growth shifting towards more industrialized activities.

Development Aid has played a key role in stabilizing and improving the economy over the past 30 years. In addition, Diaspora remittances increasingly contribute to the country's economy. The per capita income at 2002 constant price grew from UGX 680,996 in 2012/13 to UGX 688,324 in 2013/14, a growth of 1.1% <sup>(3)</sup>

Uganda like any other developing countries in the Sub-Saharan Africa remains over burdened with diseases, health inequalities and unacceptable poverty levels with HIV, malaria, lower respiratory infections, meningitis and tuberculosis still estimated to cause the highest numbers of years of life lost in Uganda.

In addition to these major causes, the sector has faced challenges with new / re-emerging conditions that cause minimal burden but are significant public health risks for instance polio, Hepatitis E & B, Ebola Virus Disease, Marburg, and the idiopathic-Nodding disease coupled with global environmental change like Climate change and other changes to the atmosphere, land use changes and soil degradation, freshwater depletion and contamination, and biodiversity loss each of which form potential, although partly or largely unknown, threats to human health which have heightened the need to research, develop Health Strengthening Systems and adopt Evidence Based Practices (EBP) in finding solutions to the existing public health challenges, influence public health interventions as well as impacting a positive behavior/social change in the amongst individuals or communities.

## **1.2 MOD's positioning for Public Health Services**

Approximately 1.6 million people from rural communities of Africa die from simple and preventable illnesses such Malaria, Tuberculosis and HIV/AIDS. Unacceptably, 50% of children under five still die of pneumonia, diarrhea, measles (WHO, 2019). These can be prevented with access to appropriate and affordable; medicines, vaccines and public health innovations. In most developing countries, the latest effective and affordable social and healthcare innovations are not reaching those who need them first. Our findings show a big-time lag between discovery and application of social, public health and medical innovations of 5-10 years. Without access to timely universal health care Coverage (UHC), countries like Uganda will continue to be susceptible to emerging public health problems.

Therefore, MOD is positioned to work with Public health researchers, medical and technological innovators globally to source, translate, synthesis and deliver emerging public health and medical innovations and solution using our knowledge Translation, Synthesis and Applying (KNOTSA) model.

### **1.2.1 Services Offered**

MOD therefore exists to answer two questions "Where is the evidence? How can we use the generated evidence to influence Evidence Based Practices (EBP) and policies across the government, health systems and community structures to improve population health? Through this approach, MOD developed the below areas in which it offers expert solutions for its clients;

1. Community Engagement for Health promotion and Behavior change Programmes.
2. Knowledge Synthesis, Research and Translation
3. Training and Capacity Building of Public Health Workforce
4. Health and Organizational Systems Strengthening
5. Strategic Partnership for Institutional Development and Sustainability

### 1.2.2 Quality and Accountability

The team also has a strong profile in financial management procedures and guidelines grounded on proven commitment to quality improvement and principles of accountability, transparency, integrity, stewardship and viability which form foundation stones for good practice and provide a useful and insightful checklist by the donors when deciding which entity to fund as per the table below;

Commitment		Explanation
1.	Accountability and Quality standards	<b>MOD has set standards of quality and accountability to drive its work.</b>
2.	Transparency and providing information	<b>MOD keeps beneficiary communities and key stakeholders informed about activities, in ways that can be easily understood by all.</b>
3.	Integrity	<b>MOD acts in honest with all its clients as well as stake holders in line with its core value of Godliness (CV-7)</b>
4	Stewardship	<b>MOD takes responsibility of its actions and protects the interests of its beneficiary communities and well as key partners.</b>
5	Viability	<b>Evidence Based Practices (EBP) defines MODs approach in business, investment and community engagement with a sustainable and long term focus.</b>
6.	Participation and informed consent	<b>MOD enables beneficiary communities to take an active role in the decision-making processes that affect them.</b>
7.	Feedback and complaint handling systems	<b>Through its feedback model enshrined in the communications policy, beneficiaries and major stakeholders can raise concerns about the actions of the organization</b>
8.	Staff competencies and attitudes	<b>MOD trains its staff to ensure that staff skills, attitudes and conduct are sufficient for organizational commitments.</b>
9.	<b>Evaluation and Learning</b>	<b>Ensuring systems are in place to enable lessons to be captured and applied throughout the Programme cycle.</b>

*Table1: Quality and Accountability*

### 1.2.3 Financial Analysis

Based on the audited financial report for the year ending 31<sup>st</sup> December 2019, MOD posted a negative PBT of UGX 10,520,187 attributed to high operational costs especially on hiring resources, transport and rental fees. On further analysis of the report, 98.5% of the consults income for the financial year 2019 was generated from the Mildmay DREAMS project indicating a deficiency in ensuring that the other streams of income generation are tapped into hence causing a very high concentration risk on the Organization.

With 82.5% of MODs Assets being Cash in the bank, MOD does not have enough current assets to meet its liabilities at the moment with a margin of safety since their current ratio is only but 0.93% which can only be corrected by putting back profits into the business, acquiring a grant, selling some fixed assets or acquiring a long-term loan (See Annex1 for Financial Ratio Analysis)

Notwithstanding the negative PBT in its first year of operation, MOD has exhibited a high commitment to improving this financial position by scaling up its operations through obtaining a 5-year Strategic Business Plan in addition to a Financial and Resources management procedural manual that will guide the day to day operations and business as well as other policies like the communication policy which are underway.

## **2.0 MOD SBP OVERVIEW**

This MOD-Strategic Plan for the next Five (5) Years (2020/21-2024/25) has been developed to address gaps recognized in its Consultancy work, including the need to rebrand MOD for effective and efficient delivery of Public Health Consultancy Services and the need to advocate or attract donor funding of specific projects of public health concern.

The SBP therefore has been designed in accordance with International Standards of Business Management focusing MOD into a clear direction of investment and growth through identifying robust strategies to mitigate the changing business dynamics, the need for sustainability and business resilience while considering the emerging public health threats.

### ***2.1 Strategic Planning Process***

The SBP for MOD has been developed using a conventional Strategic Planning Model through a consultative process involving Senior Management of MOD coupled with extensive research in public Health and public Health management to establish strategic context in identifying key strategic priorities (See figure 1 for a Conventional Strategic Planning Model)

Distinct Business Initiative an Independent Business Development Consult was contracted to research, document and deliver the desired Strategic Business Plan that will guide MODs operations and business for the next five years ending 2021.

Review of the MOD Organizational profile 2019, MOD Articles and Memorandum of Association, Financial Audit Report 2019 and the Financial and Material Resources Management Guidelines combined with the pre-designed SWOT Questionnaires that were distributed to the management team provided a concrete position of affairs of MOD hence the generation of a quality situation analysis.

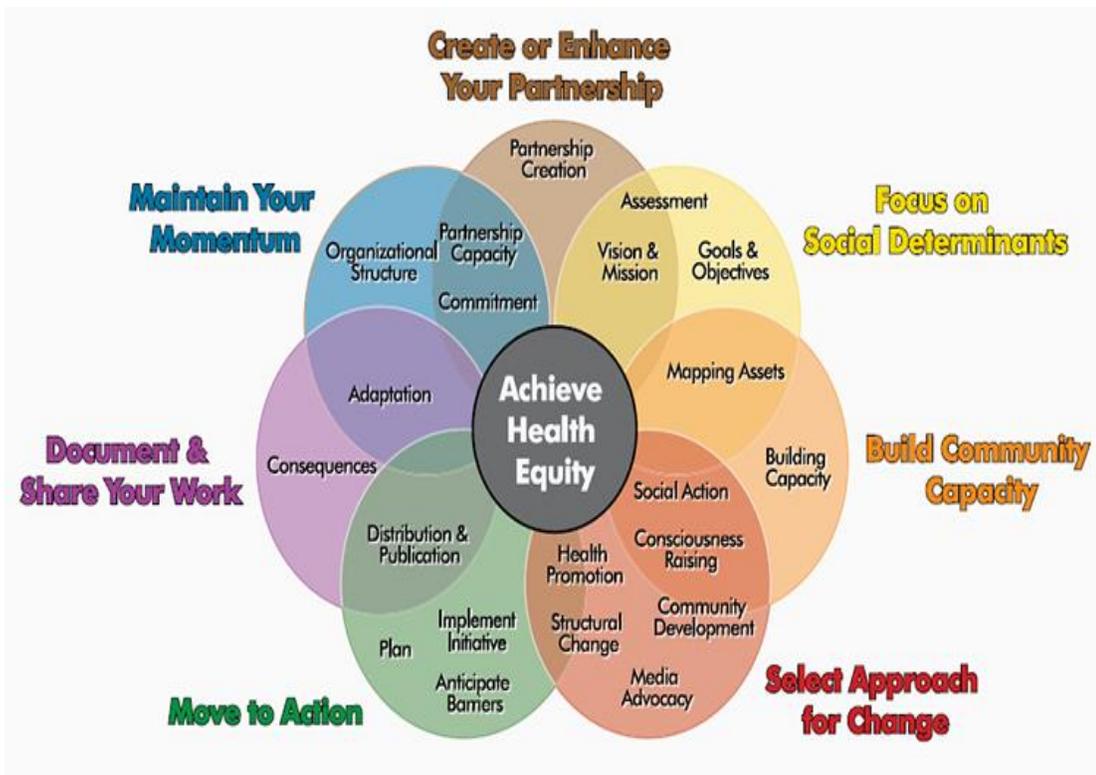
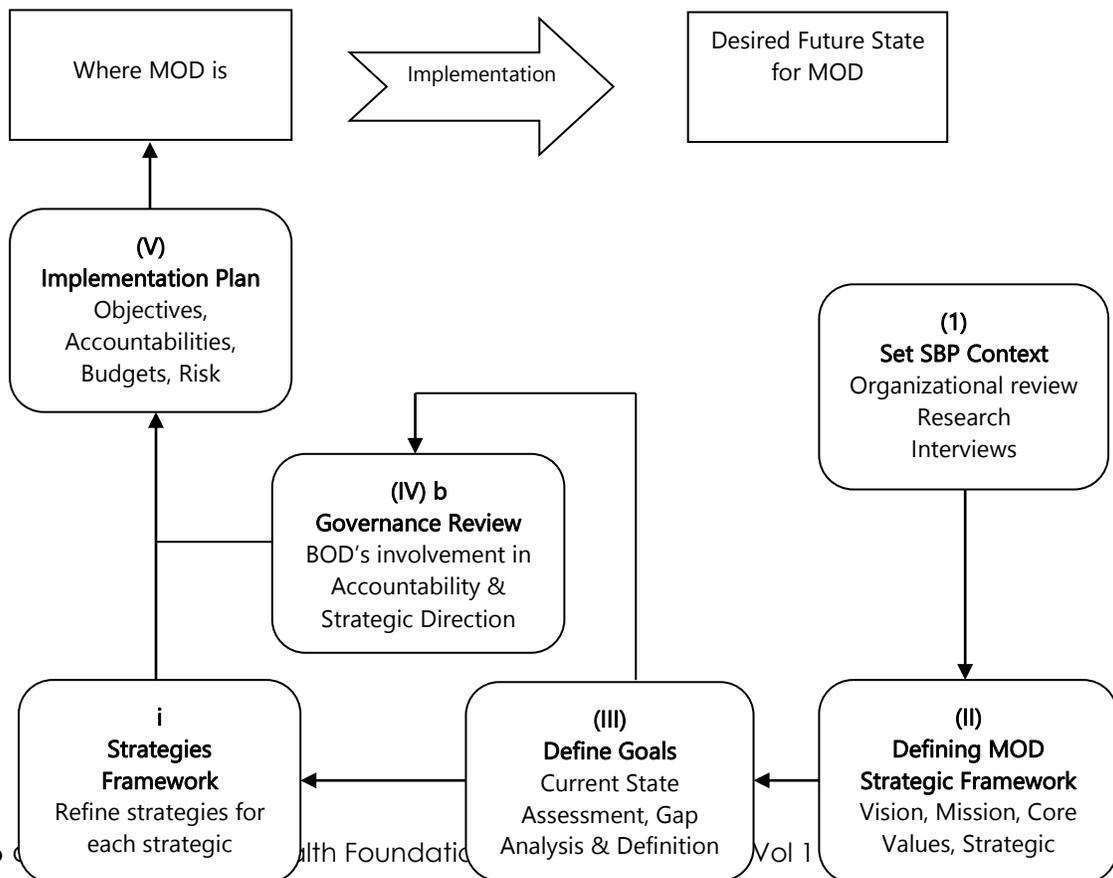


Figure 2: Public Health mapping

Figure3: Conventional Strategic Business Model-MOD/Context



A draft Strategic Business Plan was submitted by the consultant to MOD Management Committee for the organizational input which committee reviewed the document, raised comments which were later collated and incorporated into the plan.

After holding an MOD team strategic meeting on Tuesday 02<sup>nd</sup> May, 2017 the second and final draft was agreed upon and duly submitted to the BOD of MOD for approval and final adoption (See Annex 5: Attendance List)

## **2.2 Objectives of developing this Five (5) Year Strategic Business Plan**

- ❖ To provide the Directors, Management, Staff and Stakeholders with a clear picture of the strategic priorities and the method by which tasks will be executed for the next 5 years hence focusing the Organization into a clear direction of Investment and growth.
- ❖ To identify the measures by which progress will be monitored while implementing tasks.
- ❖ To guide planning, resource mobilization and Investment against set strategic priorities.
- ❖ To define roles and responsibilities to be fulfilled by MOD Staff, BOD and its partners for the next five (5) years.

## **2.3 Justification of developing this SBP**

This defines the “WHY NOW” question to the development of this strategic business plan and below are the assumptions asserted;

### **2.3.1 The changing funding trends and priorities**

Funders both local and international are putting a lot of emphasis of funding projects that have a documented strategic direction with a high level of integrity and accountability practices.

### **2.3.2 Emerging and re-emerging public Health threats**

The complex emerging and re-emerging public health threats of disease and climatic change have created a massive opportunity for MOD to innovate new approaches to address them among which include; Evidence Based Research (EBR) and knowledge translation to cause positive behavior/social change among individuals and communities.

### **2.3.3 Ensuring business resilience and sustainability**

Based on the financial statements interpretation in (See Annex 1: Financial Interpretation), it is very clear that MOD at this stage ought to adopt a Strategic Business Approach (SBA) that will guide the operations and business growth of the Organization from a negative PBT to a positive PBT while upholding the values for which the institution stands as well as being viewed by its stake holders as a going concern business.

### **2.3.4 Importance of continuous learning and Improvement**

Because of the sporadic changes in policies, technology and research through this SBP, MOD will be able to up skill, coach and mentor its internal team as well as promote them

to pursue career development goals in public health and uptake the increasing need for continuous learning and improvement.

## **2.4 Employee Commitment**

The successful implementation of this plan will depend in part on the available resources to meet the overall strategic goal and its subsequent strategic objectives through clinically meeting baseline targets under each strategic objective and routine measurement of progress.

Employee commitment has significance for the successful accomplishment of all types of projects. [Reichheld \(1996\)](#) stated: "Loyalty is by no means dead. It remains one of the great engines of business success." A committed employee is an individual who supports the organization through good and bad times, attends work on a regular basis, defends the organization and is supportive of the organizations goals and objectives.

Every MOD employee has a role to play in the implementation of the MOD Strategic Business Plan and MOD is confident that with strong and committed employees and partners, the Strategic Plan will see the organization grow by leaps and bounds in all aspects.

## **3.0 STRATEGIC FRAMEWORK**

### **3.1 Vision**

We Healthier communities accessing low-cost emerging public health innovations and Uganda.

### **3.2 Mission**

To achieve universal health care coverage in under-served communities and sub-populations through accelerating optimal translation, uptake and impact of new public health knowledge and practices.

### **3.3 Core Values**

MOD underpins its business, social and health impact on five **PECIT** core values namely; <sup>4</sup>

1. **Passion:** We believe that people with passion have the power to change their communities through their wisdom to create innovative Uganda to mankind social and health problems.
2. **Evidence based driven approaches:** We provide low cost Uganda anchored on evidence, quality and scalability to make people live in a better place.

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<sup>4</sup> Citation: Waliggo. S, Yashien W. (2019). *MOD Strategic Plan (PS) 2020/21-2024/25*. Kampala: MOD Public Health Foundation Ltd. Issued July, 25<sup>th</sup> 2020.

3. **Customer centered:** Our actions focus to improve the social and well-being of our internal and external customers.
4. **Integrity:** We do the right thing regardless of its consequences with high level of professionalism and accountability.
5. **Team Building:** We sustain our innovations by working as a team, we scale up our learnings by creating other public health and social entrepreneurs, leaders and networks.

### 3.4 Our Business PIFT Culture

The Organization's implementation approach is built on the culture of;

4. Passion and Innovation
5. Flawless execution and
6. Team building to sustain our innovations and impact.

## 4.0 SITUATIONAL ANALYSIS

### 4.1 SOCIAL PURPOSE

The codification of Universal Health Coverage (UHC) in the Sustainable Development Goals (SDGs) in 2015, signified that growing national and global prioritization is placed on the subject. With the coming in force of the 2030 International Agenda, Universal Health Coverage is now practically recognized as a basic right. Sustainable Development Goal 3 — to ensure healthy lives and promote well-being for all at all ages — includes a target to achieve universal health coverage by 2030. The National Health Sector Development Plan II for Uganda seeks to, among other goals "accelerate movement towards Universal Health Coverage with Essential health and related services needed for the promotion of a healthy and productive life". Universal Health Coverage (UHC) includes financial risk protection, access to quality essential health care services and access to safe, effective and affordable medicines and vaccines for all. Although significant progress has been registered, the attainment of SDG 3 UHC target has been very slow. According to the 2017 WHO and World Bank global monitoring report on UHC, access to basic UHC services stands at 44% of Uganda's population, same as the entire African region, but below the global weighted population average of 64%. Over 2 million children under the age of five die every year in Sub-Saharan Africa (see Table1) due to causes that can be prevented by applying simple and affordable interventions.

Communicable diseases cause more premature deaths in Sub-Saharan Africa than elsewhere in the world. Experts have suggested that achieving UHC will require revolutionary approaches to deliver affordable medical products and services to far flung locations where they are needed most.

**Table 1: Select Public Health Indicators for Sub-Saharan Africa and Uganda, 2017**

Indicator	Sub-Saharan Africa	Uganda
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<b>Number of under-five deaths</b>	2,795,439	84,968
<b>Number of infant deaths</b>	1,931,873	62,416
<b>Prevalence of severe wasting, weight for height (% of children under 5)</b>	2.2	..
<b>Contraceptive prevalence, any methods (% of women ages 15-49)</b>	..	38.4
<b>Contraceptive prevalence, modern methods (% of women ages 15-49)</b>	..	33.9

**Data from database:** World Development Indicators

Accessed 06/02/2019

### **Barriers to Universal Health Coverage**

The latest effective and affordable health findings and innovations (knowledge, practices, diagnostic and therapeutic tools, and drugs) are not reaching those most in need; there is also a major gap between what is known from public research and development (R&D) from around the world and what is done to apply it in Sub-Saharan Africa: the “know-do gap.”

*“.....there is a sense that science has not done enough, especially for public health, and there is a gap between today's scientific advances and their application: between what we know and what is actually being done” .  
LEE Jong-wook, Director-General World Health Organization, Geneva,  
November 2004*

### **Our Solution**

MOD Public Health Foundation works with public health researchers, medical and technology innovators, and other players globally to source, translate, and synthesize emerging public health knowledge and innovations and applies them in underserved communities and sub-populations in Africa with the goal of increasing universal healthcare coverage.

### **Social Goal**

To contribute towards the realization of Universal Health Care Coverage among underserved communities and sub-populations in Uganda by 2030.

### **Social Objectives**

1. To ensure optimal health outcomes for everyone within the target community through knowledge synthesis, exchange and community engagement based on Evidence

Based Practices (EBP) to inform health promotion policy and practice with an overall target of engaging 750,000 by 2024.

2. To initiate actions that establish sustained improvements in the provision, utilization, quality and efficiency of services delivered through the health system and encourage the adoption of healthy behaviors and practices in the greater Masaka region by 2024/25.
3. Bringing together information and evidence gained through research; knowledge production, contextualization and transfer of knowledge /uptake/use by 2024/25.
4. To empower beneficiaries through an “MOD-CBTM” Programme to create a critical mass of well-trained community with skilled networked researchers across the continent which will rejuvenate institutional teaching, research, and administrative systems by 2024/25.
5. To develop meaningful internal and external collaborations through building trust, knowledge, skills, expertise using effective collaborative techniques as well as commitment to the longer-term objective of sustainability and Institutional development by 2024/25

## ***4.2 The Internal context of MOD-Public Health Foundation***

An evaluation of the activities and core functions of MOD-Public Health Foundation clearly position its agenda in line with governments Health Sector Development Plan (HSDP) 2015/16-2019/20 and in line with the Strategic and Millennium development goals (SDGs & MDGs) which two emphasize;

1. Contribution to the production of a healthy human capital for wealth creation through provision of equitable, safe and sustainable health services.
2. Increasing financial risk protection of households against impoverishment due to health expenditures.
3. Addressing the key determinants of health through strengthening inter-sectoral collaboration and partnerships.
4. Enhancing health sector competitiveness in the region and globally.

To achieve these objectives, MOD-Public Health Foundation will work towards strengthening the health system including governance; disease prevention, mitigation and control; health education and promotion, curative services; rehabilitation services; palliative services; and health infrastructure development over the next five (5) years.

To further assess the internal context in establishing a platform for identifying the strategic direction, MOD-Public Health Foundation identified strengths and weaknesses through a SWOT analysis as per the below summary;

### **4.2.1 STRENGTH**

These are Internal External in nature and a baseline for us holding onto and strengthening.

#### **a) Superb positioning**

MOD-Public Health Foundation is the only public health Organization operating in the greater Masaka region which comprises of Masaka, Rakai, Kalangala, Kalungu, Bukomansimbi, Lwengo, Lyantonde and Sembabule Districts positioning its self as;

The Regional Public Health Information Hub and the First Response point in the event of any Public Health Emergencies in the Region”.

**b) Strong Financial and Materials Resource Management**

In a bid to enhance good governance as well address the challenges posed by the Organization's increasing size and complexity of the respective activities, MOD has established sound Financial and resources management guidelines on which the consultancy's agenda is founded and religiously follows them among which include; accountability, Integrity, stewardship and viability.

**c) Well qualified Management team**

The core senior management team of MOD is well qualified with 90% of the team holding Masters Qualification in Public Health Management which makes MOD enviable in terms of individual academic accomplishments which back its activities.

**d) Multi-disciplinary vision**

The vision of MOD involves drawing appropriately from multiple academic disciplines to redefine problems outside normal boundaries and reach solutions based on a new understanding of complex situations.

**e) Experienced Management team**

The management team of MOD has a combined 10-year experience in Public Health Management has overtime obtained personal relations with key contact people that will enhance strategic partnerships relations for business growth.

**4.2.2 WEAKNESSES**

These are internal flaws that have been identified by the SWOT questionnaire issued and the personal interviews made.

**a) Inadequate employee capacity**

Except for the core management team, the other employees of MOD lack rooted capacity in Public Health. This in effect affects the delegation matrix as well business continuity.

***Corrective Action Measure***

- ❖ *Routine and regular supervision* for execution staff for the first 2 years of the SBP.
- ❖ *Capacity Building, Training and Mentorship (CBT&M) through coaching, attachment and up skilling.*
- ❖ *Rewarding "Quality Submissions" of staff.*

**b) Lack of an Information System**

Because of the strategic positioning statement of MOD being the regional information hub in Public Health, the Organization has been mainly using a *Manual Approach* of information storage and management and lacks a comprehensive technology based Information System (IS) that is compatible with current health care system hence affecting the timeliness and quality of research availed.

**"Data is considered as the main asset of MOD"** as it is for most professional research organizations and therefore, it must be easily accessed by its users. The necessity of locating and accessing specific data inside great datasets is common, which makes data collection, documentation and organization relevant. Therefore, organizations that do not document their data are subject to the overlapping of efforts in data collecting and maintaining, as well as vulnerable to problems like inconsistencies <sup>(6)</sup>

***Corrective Measure***

- ❖ *Acquiring a Comprehensive Information System (IS) for data management of MOD with the necessary security strength for data protection purposes.*

**c) Inadequate resources to generate evidence**

In an effective Evidence Based Model both the Human and Financial Capital is required to be able to increase the research sample sizes and quality short of which the results will be compromised.

***Corrective Measure***

- ❖ *In the first two (2) years of this SBP, MOD should be outsourcing expatriates after which prior to developing its own internal capacity by 2019.*
- ❖ *MOD should adopt a systematic Staff Recruitment Plan with a key focus on recruiting qualified personnel in key roles especially adopting them from its internship programme and skilled employees should be sourced from competition.*

**d) High overheads**

The Organization is exposed to high transport, office rent and professional hiring costs which scavenge on the existing incomes with a sizeable impact on the would be profits of the consultancy.

***Corrective Measure***

*MOD should adopt Cost Cutting Initiatives (CCI) and allocate funding to Business Growth Initiatives (BGI) among which include mitigating on Bank balance depletion by charges (See Annex 6: Managing Bank Balances)*

### **4.3 The External context of MOD-Public Health Foundation**

The external context assessment of MOD's work greatly presents opportunities and raises challenges to which this Strategic Business Plan should leverage on or if not manage as it streamlines its activities.

### 4.3.1 THREATS

#### a) Changing funding trends

The global credit crunch has made it more and more difficult to raise donor funds to support NGOs, CBOs and private organizations in the execution of their services to which MOD-Public Health Foundation is no exception. This together with the emerging public health threats and the increasing need for accountability require MOD to re-invent their approach to the market dynamics for Public Health Consultancy services.

##### **Mitigate**

- ❖ *MOD ought to uphold the values for which it stands among which include accountability and integrity.*
- ❖ *MOD must carry out evidence based research and have unique multi-sectoral actors ready to submit research proposals on matters pertaining to the emerging public health threats and diseases.*

#### b) Competition

Most of the established NGOs within the region like Medical Research Council (MRC), Rakai Health Sciences Program (RHSP), Kitovu Mobile Organization (KMO) and other international NGOs are equally focused on HIV/AIDS and have a little diverted also to cover research on causes of illnesses like malaria and to one way penetrating the business space of MOD.

##### **Mitigate**

- ❖ *MOD should maintain the uniqueness of executing its activities with evidence based approaches.*
- ❖ *MOD should also ensure that it maintains focus on the emerging health threats by profiling the region and country at large in terms of Public Health and designing approaches to each of those unique threats which will create MODs relevance.*

#### c) Emerging Public Health Challenges

The Organization must adopt practices and defined approaches that can address the re-emerging public health challenges like climate change (Floods, landslides), poor infrastructure, emergency diseases (None communicable diseases Diabetes, Hypertensions, sickle cell disease, cancer) that have posed great threat to the livelihood of people in communities.

##### **Mitigate:**

- *MOD should be the first to respond to any Public Health Emergencies in the region.*

Senior Management of MOD is well qualified and experienced in Public Health Management although this poses a challenge if the core members decide to leave

the organization this therefore will require up skilling, training and career development for some other members of staff.

**Mitigate**

- ❖ Encourage and support pursuing career opportunities in PH for staff
- ❖ Regular CBT&M

**4.3.2 OPPORTUNITIES**

**a) Collaborations & Partnerships**

Most of the International and local organizations are seeking for collaborations and partnerships rather than competitiveness in better executing their core functions and because of MOD's senior managements exposure and experience, a defined way to forge partnerships and good working relationships will present opportunity for growth.

**b) Demand for innovative programs in public health**

Today the Ugandan government recognizes the need to use science and technology (S&T) to achieve and maintain favorable socio-economic conditions for its population. Total government R&D spending nearly tripled from Uganda Shillings 31 billion (\$19 million USD) in 2003/04 to approximately Uganda Shillings 82 billion (\$47 million USD) in 2007/08, which accounts for about 0.4% of GDP in 2007/08 therefore developing innovative programs to address public health issues is a major concern <sup>(7)</sup>

**c) Differing approach to Positive social change**

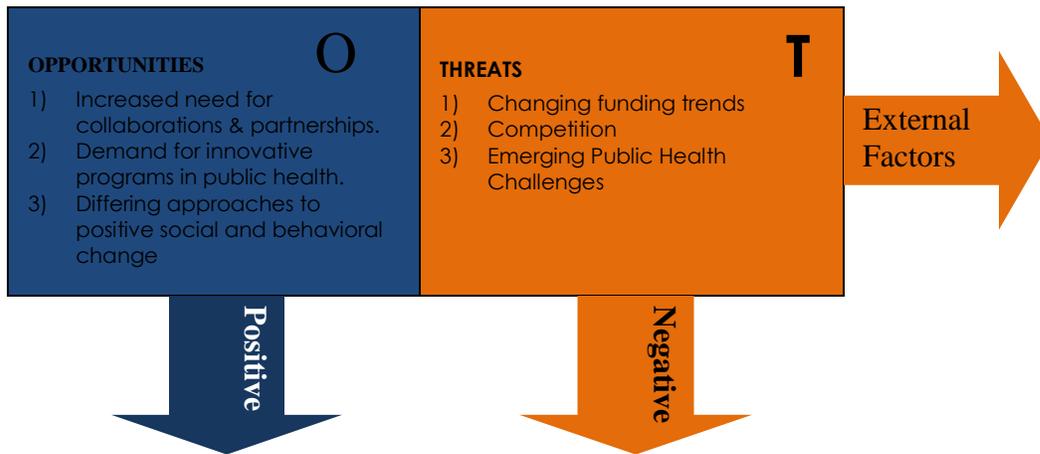
MOD through its approach has adopted Evidence based Knowledge translation to cause positive social change from already existing Programme researches which model presents it as unique.

Every organization has unique approaches to its strength, weaknesses, opportunities and threats however MOD used the above SWOT matrix as a particularly powerful tool to uncover opportunities that are well-placed to exploit and by understanding the weaknesses of its business, manage and eliminates threats that would otherwise catch it unawares.

A little more than this, by internally looking at MOD SWOT framework, strategies were crafted in helping MOD to distinguish its self from competitors, so that it can compete successfully in public health consultancy space/market.

*Figure 3: SWOT Analysis for MOD*





## 5. GOAL FOR THE SBP PERIOD

The goal of the MOD for the plan period 2020/21-2024/25 is:

**To contribute towards the realization of Universal Health Care Coverage among underserved communities and sub-populations in Uganda by 2024/25.**

## 6. STRATEGIC OBJECTIVES

To be able to achieve the above overall SBP goal for the period ending 2021, MOD developed the Five (5) Strategic Business Objectives which are very important for the current and future health of MOD through analysis of business practices using SWOT which are;

- I) Community engagement for Public Health Promotion through Behavior change programs
- II) Research, Knowledge Translation and Programming
- III) Health Systems Strengthening
- IV) Capacity Building and Mentorship of public health professionals
- V) Strategic Partnerships for Institutional Development and Sustainability

## 7. KEY RESULTS BY OBJECTIVE

### 7.1 Community Engagement for Health Promotion & Behavior/Social Change

*To ensure optimal health outcomes for everyone within the target community through knowledge synthesis, exchange and community engagement based on Evidence Based Practices (EBP) to inform health promotion policy and practice with an overall target of engaging 750,000 by 2024/25.*

MOD approaches Health Promotion and behavior/ social change through Community engagement to attain optimal health outcomes for everyone in each of the identified niches using Evidence Based Practices (EBPs)

The use of evidence to inform health promotion policy and practice is crucial for achieving health outcomes. Knowledge synthesis, translation and exchange are crucial in supporting evidence-informed health promotion (Bowen and Zwi, 2005) <sup>(8)</sup>

Using the Community Engagement Approach (CEA), MOD has influenced over 5,000 girls to champion Family Planning to their peers in schools and the communities where they stay while creating more and more change agents. Through this innovative approach so many people will be able to adopt Family Planning practices in their homes.

This and many other interventions are the examples of community engagement programmes that MOD must ensure to identify for it to cause a meaningful social impact considering the public health inequality cases cited with women, children and the disabled.

The below strategic questions have been raised regarding community engagement for health promotion and behavior/social change;

1. What community niche will MOD look at?
2. Will health inequalities in our approach for community engagement be eliminated?
3. Have the health issues or challenges in different communities been profiled?
4. What intervention ideas/strategies have been put in place to eliminate the health-related challenges?
5. Is there funding for the community engagement activities?

### Strategic Objective 1:

*To ensure optimal health outcomes for everyone within the target community through knowledge synthesis, exchange and community engagement based on Evidence Based Practices (EBP) to inform health promotion policy and practice by 2024/25*

Strategy:	Champion:	Measure:	Timeline:
1) Profile and zone the target community to identify the number of people, Health centers and medical facilities available, common public health concerns as well key organizations in the area for partnership purposes which is a step towards participatory public health.	Managers & Supervisors	Profile information for all the seven (7) districts that comprise of greater Masaka region (Masaka, Kalungu, Bukomansimbi, Lwengo, Rakai, Sembabule and Kalangala) which is the flagship region.	2020/21-2024/25
2) Participate in community meetings of CBOs, District Health Meetings, Sub County Health Meetings as well as Key hospital and health center meetings to inform and discuss current and emerging public health issues and the role of MOD	Managers & Supervisors	Participate in 100 Local, National & International forums/meetings by 2021  Appropriate meeting information, updates and necessary action to be shared via monthly MOD meetings which are disseminated 12 times per year- 80% post meeting reporting target to be achieved.	2020/21-2024/25
3) Introduce a Community Wellness and Prevention Programme (CW&PP) where specific community groups are regularly taken through an Education Kit on already profiled public health threats affecting their community. This can be done in day care centers, churches, homes through in-	Managers & Supervisors	5 CW&PP to be implemented like the Aerobics center, Medical Camps, Radio Talk/Televised shows by 2021.	2020/21-2024/25

house trigger checkups.

- |    |   |  |   |                 |
|----|---|--|---|-----------------|
| 4) | Organize a public health awareness marathon in greater Masaka region  |  | Increase awareness of MOD by the number of participants in the marathon since these will be briefed before the marathon begins.   |                 |
| 5) | Introduce an MOD "Pushers" Committee which will have a membership fee for voluntary joining. This will form the first line of Ambassadors into the various communities in which MOD does its work. The Pushers can be obtained on a district/regional or sub county level with a primary view of promoting MOD in their respective communities. | Senior Management                        | USD7,500 Voluntary Membership fee anticipated for the period ending 2021.   | 2020/21-2024/25 |
| 6) | Enhance use of internet to grow business, spur innovation, lower barriers of entry, access skills, expertise and partnerships on a local and global scale especially through website, WhatsApp, Facebook and Twitter Marketing.   | Communications Manager                   | A website <a href="http://www.modFoundation.org">www.modFoundation.org</a> has been developed however MOD needs to develop a Facebook page, Twitter handle & WhatsApp account on which social engagements will be managed.<br><br>Incorporate communications feedback on Customer Surveys or determine any other feedback mechanism by 2021 | 2020/21-2024/25 |
| 7) | Timely response to emergencies within the region/niche through an MOD Healthy Neighborhood Project (HNP) which will show responsiveness to community concerns and public health threats.  | Managers, Health officer and Supervisors | 80% response rate to public health emergencies in the region and support through resource mobilization and advocacy.  | 2020/21-2024/25 |

## 7.2 Health Systems Strengthening

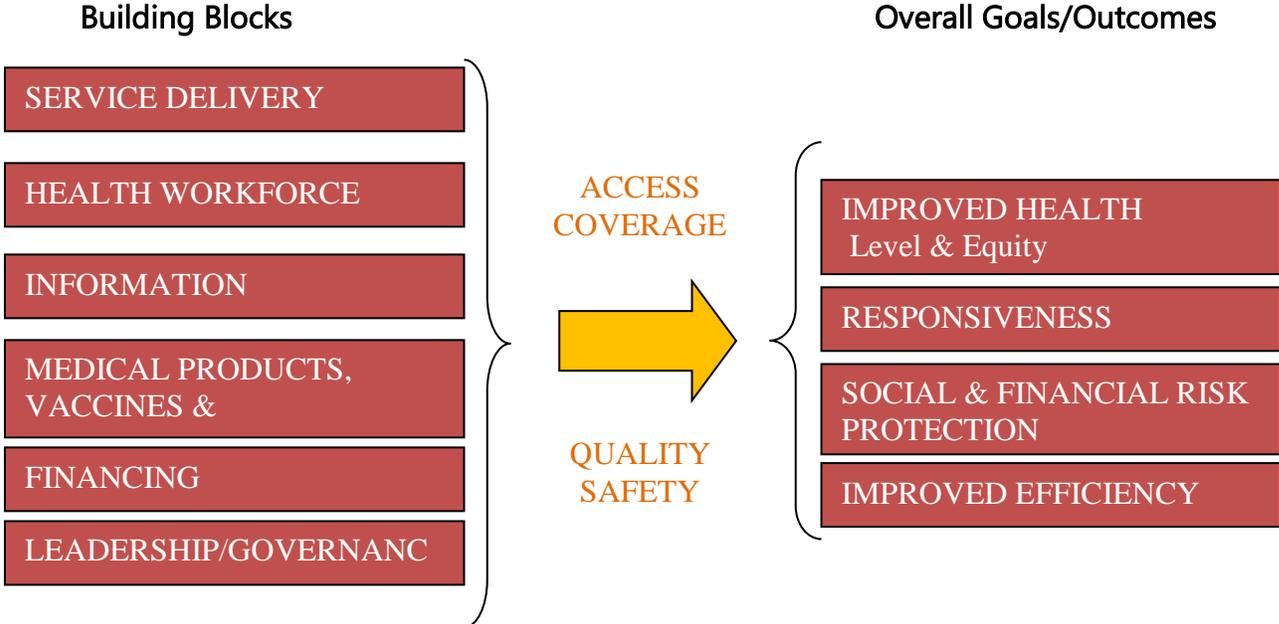
To initiate actions that establish sustained improvements in the provision, utilization, quality and efficiency of services delivered through the health system, and encourage the adoption of healthy behaviors and practices in the greater Masaka region by 2024/25.

According to the World Health Organizations (WHO) report on "Strengthening Health Systems to Improve Health Outcomes is one of six items on my Agenda for WHO and therefore of strategic importance to every organization <sup>(9)</sup>

As health systems are highly context-specific, there is no single set of best practices that can be put forward as a model for improved performance. But health systems that function well have certain shared characteristics. They have procurement and distribution systems that deliver interventions to those in need. They are staffed with sufficient health workers having the right skills and motivation. And they operate with financing systems that are sustainable, inclusive, and fair. The costs of health care should not force impoverished households even deeper into poverty.

A typical Health Systems Strengthening Model includes the below building blocks which MOD has adopted in its HSS role;

# WHO Health System Frame Work



Delivering on the ambitious Sustainable Development Goals (SDGs) which conceive health as a foundation for social and economic development and political security and sustainably reducing inequalities in health requires more explicit attention to health systems, including their functioning and financing. Strong, flexible and well-resourced health systems are essential to achieving universal access to a core package of services, or universal health coverage (UHC), and ensuring global health security, including resilience in the context of health and other emergencies <sup>(10)</sup>

**Opportunity**

Despite strong global consensus on the need to strengthen health systems, there is no established public health framework for doing so in developing countries, and no formula to apply or package of interventions to implement.

Many health systems simply lack the capacity to measure or understand their own weaknesses and constraints, which effectively leaves policy-makers without scientifically sound ideas of what they can and should strengthen.

Within such unmapped and misunderstood systems, interventions – even the very simplest – often fail to achieve their goals taking reference to programs that have adopted Health Systems Strengthening (HSS) to tackle complex health problems and risk factors – in tobacco control, obesity and tuberculosis.

MOD through partnerships will help to:

- 1) Apply understanding to explore problems from a system perspective

- 2) Show potentials of solutions that work across sub-systems
- 3) Promote dynamic networks of diverse stakeholders
- 4) Inspire learning
- 5) Foster more system-wide planning, evaluation and research that improve health equity.

## Strategic Objective #2:

*To initiate actions that establish sustained improvements in the provision, utilization, quality and efficiency of services delivered through the health system, and encourage the adoption of healthy behaviors and practices in the greater Masaka region by 2024/25*

<b>Strategy:</b>	<b>Champion:</b>	<b>Measure:</b>	<b>Timeline:</b>
1) Strengthen community participation and empowerment through health education and health promotion on health, addressing social determinants of health in 7 districts of the greater Masaka region.	Managers & Supervisors	Generate Public Health profiles for the 7 districts comprised in Greater Masaka region.	2020/21-2024/25
2) Support appropriate use and prioritization of national Health Management Information Systems (HMIS) and IT.	Managers & Supervisors	Monitor to ensure that HMIS & IT e.g. Open MRS, SMS messages, mobile phones, internet in 40 lower level Health facilities.	2020/21-2024/25
3) Strengthen capacity of 500 health worker force (Doctors and nurses) to become change agents and advocate for adoption of healthy lifestyles, tobacco control, engaging in regular physical activity and avoiding harmful use of alcohol.	Managers & Supervisors	Strengthen capacity for 500 Health workers (Doctors & Nurses)	2020/21-2024/25
4) Establishing and strengthening Affordable Basic Health Insurance Cover (ABHIC) to schools and institutions.	Managers	Enroll 20 schools onto ABHIC at an affordable premium for all students on the scheme. 10,000 students targeted to be enrolled on the scheme.	2020/21-2024/25
5) Participate in national and international forums on public health policy formulation and implementation.	Managers & supervisors	Participate in 5 National and International on health policy formulation and implementation.	2020/21-2024/25
6) Strengthen response to risk communication services in emergencies in partnership with key stakeholders.	Managers & supervisors	Commitment to be the first to respond in the event of any emergency in the region (80% response rate)	2020/21-2024/25
7) Conduct an environmental scan and use the data from the DHOs and other data sources to identify and address health disparities, especially disparities related to race/ethnicity, age, gender/gender identity, disability, socioeconomic status, religion, geographic location, or other characteristics historically linked to discrimination or exclusion.	Managers & Supervisors	Advocate and source for funding to support two (2) vulnerable groups per year under the MOD programme.	2020/21-2024/25

8) Support streamlining and advocacy to policy needed on organization and management of public health workforce working towards promoting, maintaining and protecting the health of the public.	Managers	Review two (2) policies per year and ensure operationalization to close the health status gaps.  Champion the drafting of a National Public Health Consultancy Policy which will form the legal frame work for PH.
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### 7.3 *Research, Knowledge Translation and Programming*

Bringing together information and evidence gained through research; knowledge production, contextualization and transfer of knowledge /uptake/use by 2024/25

Evidence-Informed Decision-Making (EIDM) involves integrating the best available research evidence with contextual factors including community preferences, local issues (e.g., health, social), political preferences, and public health resources. EIDM therefore considers research evidence as one form of a range of sources of evidence that are used to inform policy and practice. EIDM can be applied in a range of decision-making contexts (including policy development, implementation, and evaluation. The benefits of EIDM include adoption of the most effective and cost-efficient interventions, minimized harm to people and communities, and better health outcomes for individuals and communities <sup>(12)</sup>

However, for EIDM to operate efficiently and effectively, a series of mechanisms are required: research evidence needs to be conceptualized, conducted, and communicated in a way that is meaningful to decision makers; research evidence needs to be accessed, assessed, and appropriately applied by decision makers within a complex political system; and researchers and decision makers need to work in partnership to fund and conduct research that addresses key policy questions. Decision makers are under increasing pressure to ensure their decisions are 'evidence-based' but significant barriers have been identified which include;

- 1) Absence of personal contact between researchers and policy makers and practitioners
- 2) Lack of time and resources.
- 3) Lack of organizational structures, and decision-making processes.
- 4) Lack of timeliness of research.
- 5) Poor quality or limited availability of research.
- 6) Poor reporting of research.
- 7) Political influence in research findings.

MOD is a revelation and solution to all the above barriers to EIDM by putting Research, Knowledge Translation and programming at the center of its core objectives and below is a set of strategies to be adopted for the next 5 years.

#### Strategic Objective #3:

*Bringing together information and evidence gained through research; knowledge production, contextualization and transfer of knowledge /uptake/use by 2024/25*

<b>Strategy:</b>	<b>Champion:</b>	<b>Measure:</b>	<b>Timeline:</b>
1) After profiling the targeted niche(s) MOD will be able to identify the	Manager	Design 3-5 Research papers by 2021 These will predominantly be need	2020/21-2024/25

public Health challenges in each of those niches and design localized ready to submit researches on the interventions which will be followed up for funding.

based.

- |    |   |                       |  |                 |
|----|---|-----------------------|--|-----------------|
| 2) | A lot of viable government and non-government researches have been conducted and the findings shelved. MOD will conceptualize and unlock opportunities from the existing Public Health researches in partnership and connect them to funding.   | Manager & supervisors | Unlock and source for funding for 5 researches by 2021                             | 2020/21-2024/25 |
| 3) | Champion establishment of an MOD-Health Promotion Research Center MOD-HPRS which will be a Prevention Research Center which conducts community-based research that promotes the health and well-being of middle-aged and older adults, particularly those most at risk of health disparities. | Manager & supervisors | To establish a HPRS as an arm at the MOD-Medical Public Health Center              | 2020/21-2024/25 |
| 4) | Reviewing and supporting University Students in completing their research proposals and thesis with hands on experience but also picking out key information on trending public health issues.  | Manager & supervisors | To coach & mentor 100 top University Degree and Masters in Public Health students. | 2020/21-2024/25 |

## 7.4 Capacity Building, Training, Mentorship

To empower beneficiaries through an “MOD-CBTM” Programme create a critical mass of well-trained community with skilled networked researchers across the continent which will rejuvenate institutional teaching, research, and administrative systems by 2024/25.

MOD will support its staff, health professionals, interested parties and the community in building knowledge and skills through training and mentoring at subsidised fee and below are the seven (7) questions identified in developing a solid implementation strategic plan on capacity building, training and mentorship.

- i. How can an organisation ensure that employees are better trained, informed, and educated in their job roles and responsibilities?
- ii. How can workforce development help an organisation to achieve initiatives, including Public Health Accreditation? Why is it essential to make certain that employees have the knowledge and skills needed to excel in their jobs?
- iii. How can your organisation ensure that all staff receive diversity awareness and cultural competency training that has been identified as skill sets important for every member of this MOD?

- iv. How can your organisation address the loss of institutional knowledge due to retirements, layoffs and attrition, and the imperative for effective succession planning?
- v. How can your organisation promote, encourage, and support creative thinking and the development of knowledge and skills to think across sectors and disciplines, which is required to craft public health solutions in an environment of decreasing resources?
- vi. How can your organisation enhance our workforce development to attract and encourage more recent graduates as well as experienced professionals to seek to join our organization?
- vii. How can your organisation improve the quality of our workforce development programs and initiatives to increase retention of our skilled staff and help us invest in better outcomes?

MOD through its Capacity Building, Training and Mentorship Programme (CBTM) targets creating skilled and knowledgeable Public Health Leaders, Mentors and systems strengthening and below are the strategies that will be implemented to achieve this objective.

**Strategic Objective #4:**

*To empower beneficiaries through an “MOD-CBTM” Programme to create a critical mass of well-trained community with skilled networked researchers across the continent which will rejuvenate institutional teaching, research, and administrative systems by 2024/25.*

<b>Strategy:</b>	<b>Champion:</b>	<b>Measure:</b>	<b>Timeline:</b>
3.1 Carry out a workforce development survey using a development needs assessment as well as identify the training requirements of the targeted units.	Manager & supervisor	Engage 5 Organizations per year and 25 Organizations for 5 years and carry out a work force development survey	2020/21-2024/25
3.2 Promote and provide Internship opportunities and employee exchange learning programmes.	Manager	Create a spreadsheet listing internship practicum and volunteer projects.  Target to offer internship opportunities to 100 students by 2021.	2020/21-2024/25
3.3 Provide cross cutting job shadowing opportunities for staff to learn about other services/programs offered	Manager	2 Programme activities should be offered each quarter	2020/21-2024/25
3.4 Provide a minimum of 2 presentations annually regarding public health professions to Universities, Colleges or High School students.	Managers & Supervisors	8 Presentations Annually  Target to extend knowledge to 2,000 students by 2021	2020/21-2024/25
3.5 Adopt internal staff training programmes	Managers	<ul style="list-style-type: none"> <li>• 5 study tours both local and international by 2021.</li> <li>• Staff rotations in key responsibilities as per the delegation matrix.</li> <li>• Soft skills training in computer, capturing success stories, report writing, MS applications like MS Word.</li> </ul>	2020/21-2024/25

## 7.5 Strategic Partnership, Institutional Development and Sustainability

To develop meaningful internal and external collaborations through building trust, knowledge, skills, expertise using effective collaborative techniques as well as commitment to the longer-term objective of sustainability and Institutional development by 2024/25.

The current business environment calls for more and more collaborations and partnerships in attempting to grow and maintain a competitive advantage as opposed to competition with ALL its evils therefore MOD seeks to operate as a cross-functional, cohesive consultancy throughout all programs, services, and regions, while being reliable and responsive and meeting the desired public health needs of communities.

Through the partnerships created, MOD will be able to Increase its financial stability by more efficient utilization of resources and increased revenue through employing business practices to increase revenue by 30% annually over the next five years.

### Strategic Objective #4:

*To develop meaningful internal and external collaborations through building trust, knowledge, skills, expertise using effective collaborative techniques as well as commitment to the longer term by 2024/25*

Strategy:	Champion:	Measure:	Timeline:
1) Develop standards and protocols for written internal and external communications to ensure that business processes are consistent across all channels.	Manager & supervisor	Develop one communication standard/protocol to be adopted by all team members.	2020/21-2024/25
2) Create data bases with key stake holder's information to ensure business continuity but as well to improve on information sharing.	Manager & supervisor	Design a data base for key stake holders and ensure all stake holder information is captured	2020/21-2024/25
3) Introduce an annual regional public health dialogue were both local and international players are invited to participate.	Manager & Supervisor	Annually translating into 5 regional dialogue workshops by 2021.	2020/21-2024/25
4) Engaging non-Health related organizations like commercial banks, Microfinance Institutions and other corporate organizations to tap into their already allocated Corporate Social Responsibility budgets.	Manager & Supervisor	2 Corporate Partnership Initiatives mainly in the areas of Maternal health, Education and address of emergencies for example the Bududa Land slide and the Kasese floods that claimed the lives of many.	2020/21-2024/25
5) Conduct weekly corporate aerobic exercise classes at a friendly fee	Manager & supervisor	4 classes per month that will improve the health of participants but also stream in income from the friendly participation fee contributed.	2020/21-2024/25
<b>Financial stability</b>			
6) Developing new funding sources by mapping all the possible funding partners and initiating cold visits through a systematic cold Visit Calendar (Refer to ANNEX#4) with partners like USAID, CDC, PEPFAR, NIH	Manager & supervisor	Develop a cold visit calendar and ensure 4 intended visits per month to possible partners, embassies, MoH and other possible partners as per the scaled map.  240 visits will be made by 2021	2020/21-2024/25

7)	Encourage continuous excellent customer service by client facing personnel to win loyalty and recommendation.	Manager & supervisor	Introduce service excellence score card where individual and group service standards are checked against customer service feedback form	2020/21-2024/25
			85% service excellence	
8)	Adopt a daily, weekly, monthly engagement follow to keep track on new business and ensure strategic direction.	Manager & Supervisor	Introduce a Performance Improvement (PI) or Quality Improvement (QI) Plan to measure delivery on engagements and new business.	2020/21-2024/25
			This will also involve recruitment of a team that will source new business preferably with defined public health knowledge.	
9)	Set up an MOD Public Health Medical Center that will be accessed at a fee to easily identify clients at risk of disease	CEO	Set up an MOD Public Health Medical Center by 2021	2020/21-2024/25
			Augment on the Revenue and income streams of MOD by 10%	
10)	Set up an MOD Knowledge resource center-Library, Internet accessible at a fee	Manager & supervisor	1 Resource Center to be set up to improve the knowledge of people as well as encourage research.	2020/21-2024/25
11)	Engaging government agencies, parastatals and ministries to invoke a Public Private Partnership (PPP) in the approach to public health.	Manager & supervisor	Establish and increase government funding by 10% every year	2020/21-2024/25

## 8.0 STRATEGIC RECOMMENDATIONS

### 8.1 Sales & Marketing

Sales and Marketing of MOD's consultancy services is as essential for the survival of the business since sales is the "blood" of every business. All the organizations that have put sales at the heart of their businesses outwit their competitors by over 80% of profitability gain therefore it is of utmost importance that MOD focuses effort on effective recruitment and retention of new business.

The marketing tools applicable to a consultancy like this shall be different from the usual traditional tools and these will form the key vehicles of activities carried out, communities met, lives touched and will attract a massive following. The contemporary marketing tools used must not be costly but must attract the eye of possible partners and funders and these include;

1. Social Media/Dot com Marketing; Facebook, Twitter, WhatsApp, Instagram, website development and engagement.
2. Interactive Marketing; Community mass sensitization & other community related engagements in villages, schools, Universities and hospitals.

This however ought to be implemented in line with the organizations marketing and branding budget which should be between a range of 5-10% of the total annual budget figure for each financial year.

## **8.2 Pricing and Institution development & sustainability**

The pricing for MOD Public Health Foundation' services will depend on the engagement with each client and the scope of work to be undertaken however the following guide is established in terms of pricing;

1. All acquired and funded projects will meet a 6-10% Organization professional sustainability fee of the entire project amount. This is for MOD institution resilience and sustainability development.
2. For staff development, MOD employees shall contribute 5% monthly contribution as Organization associate contribution.
3. An annual subscription fee for the Directors of MOD shall also apply.
4. A user fee for all the people who access services of MOD shall also apply as per the price guide that will be drafted.

## **8.3 Branding**

Although branding and marketing are more less the same, branding goes further ahead into concretizing the perception / positioning of an organization. Occasionally from top to bottom of the target market, the success of consultancy services highly hinges on the perception.

If the perception is positive, the results will be higher sales and contract engagements. The positive perception from partners, funders and clients may result from direct client experience, quality of services, awareness, direct promotional activities, print media and TV advertising.

MOD needs to position itself as the best innovative evidence based consultancy for public health in Uganda and all its partners, clients and funders must perceive it that way.

## **8.4 Availability**

The availability of MOD's consultancy services must be designed according to the target market, perception and positioning of the clients targeted. If most of the contracts for example are within or near Kampala, it would be prudent for MOD to obtain a liaison office in Kampala for purposes of expediting engagements.

## **8.5 Sector and Industry Analysis**

Public Health consultancy if not on an individual basis in a relatively new line of business with a lot of mushrooming opportunities for execution of contracts on behalf of Ministry of Health as well as International and Local NGOs intending to work in Uganda.

## **8.6 Legal and compliance requirements**

Men of Destiny Public Health Foundation Ltd (MOD) is a Private Registered Organization in Uganda and operates under the confines of the Companies Act 2012 and with the exception of its mandated registration, MOD meets its statutory URA returns and NSSF contributions as well as the affiliated bodies.

Uganda does not have a National Policy guiding (Guiding tool) activities of public Health Consultancies except the Public Health Act 1935 which is aged and needs review.

There have been some laws that have raised a series of contention in the public health perspective which laws target individuals who are already marginalized by society and most in need of health services and support: people who sell sex to make ends meet for their families; LGBTI people living in fear of community violence; people hiding their HIV medication from their own families; and people struggling to manage drug dependence and other illnesses. Perhaps most harmful of all, parts of Ugandan society are interpreting these laws to justify violence and exclusion rather than Constitutionalisation of the right to health in Uganda as a single right. These laws among others include;

1. The Anti-Pornography Act
2. The HIV Prevention and Management Act
3. The Penal Code Act
4. The Narcotics Laws- The National Drug Policy and Authority Act, The Narcotics Drugs and Psychotropic Substances (Control) Act
5. The Domestic Violence Act
6. The Anti-Trafficking in Persons Act

It is therefore imperative that MOD includes these 6 laws into perspective because they have attachment to Public Health Concerns.

On a comparative analysis basis of the 3 East African Countries of Uganda, Kenya and Tanzania, Various areas of law are provided for in all countries, and it is more in their application that there may be deficits. The areas where constraints exist in application are in relation to:

- Poverty, and differential access to services affecting the exercise of the right to life
- Laws on sexual and reproductive health rights in vulnerable groups
- Ensuring gender equity in application of laws
- Provisions for compulsory licensing and parallel importation of essential drugs
- Exercise in disadvantaged communities of rights to information and participation in health.

Some areas of law are provided for in some laws but not in all relevant laws, or not in all countries. This calls for measures to harmonise the legal frameworks within countries to ensure consistency, and across the three countries to protect health across the region <sup>(13)</sup>

**8.7 Equipment/Motor vehicle requirements**

Mobility is important for proper execution of services and therefore MOD has explicitly through its 2017 budget indicated need for one field Motor vehicle estimated at \$34,000 and 12 Motorcycles in 5 years estimated at \$17,000

**8.8 Human Resource Requirement**

DESIGNATION	NO. OF STAFF
1. Executive Director Public Health Specialist)	1

2. Finance Manager	2
3. Partnership Manager	1
4. Public Health Promotion Officer	2
5. Public Health & Clinical Research Advisor	1
6. Senior Social Research and Policy Advisor	1
7. Monitoring and Evaluation Officers	2
8. Driver	1
9. Security Officer	1
<b>TOTALS</b>	<b>12</b>

## 8.9 Land and Building Requirement

The project is proposing to acquire land at a cost of \$14,286 and the below considerations need to be put in mind;

- ❖ Ensure that the land is on sale.
- ❖ Are the boundaries clearly and accurately marked?
- ❖ Can the seller provide a clear title of the property?
- ❖ Is the land accessible?
- ❖ Are there any liens, rights-of-way, easements, covenants, or other deed restrictions or encroachments on the property?
- ❖ Are there building restrictions due to wetlands, water frontage, steep slopes, historical or cultural sites, or other local, state, or federal regulations?

### a) Recommended mode of Land Acquisition.

Since consultancy business is contractual and requires an extended span of time for its perception and brand recognition, so the recommended mode for the acquisition of land is either owned or leased (50-100 years).

### b) Suitable location for Land Acquisition

Most of the current business for MOD is in Masaka and Greater Masaka Region, it is recommended that the registered office for MOD remains as its headquarters but as business grows further; it will necessitate the establishment of liaison office in Kampala that is currently the central business district.

### c) Main cost factors about Land Acquisition

- Cost of land acquisition
- Legal fees: title search, title insurance, and other closing costs. Also, may include variance applications, challenges from abutters, right of way issues, etc.
- Survey
- Water and sewer connection fees (for municipal systems) – may cost hundreds to several thousand dollars
- Connection fees for other utilities: phone, electric, cable, gas,
- Septic system (for rural sites): perc testing, system design, and installation

- Well installation: including drilling, pump, plumbing to house, pressure tank, and water treatment, if needed
- Land clearing
- Excavation, cut and fill, and final grading
- Landscaping
- Road/driveway construction
- Permits and fees: well, septic, building, driveway, variances, other
- Impact fees: This varies by state and municipality. Also, called development fees, mitigation fees, service availability charges, facility fees, and other creative names.

## **9.0 MONITORING, EVALUATION & LEARNING (M&EL).**

This plan will be evaluated over the next 5 years and will be modified as needed and required. We will regularly track progress on the objectives.

Monitoring is a continuing function that aims primarily to provide the management and main stakeholders of an ongoing intervention with early indications of progress, or lack thereof, in the achievement of results while evaluation is the systematic and objective assessment of an on-going or completed project, program, or policy, and its design, implementation and results.

MOD has attached relevance to the function of monitoring and evaluation there by recruiting a monitoring and evaluation officer who will be responsible for ensuring that the agreed upon actions and programs are executed within the agreed timelines and where necessary report progress which will create relevance and fulfillment of objectives, development efficiency, effectiveness, impact, and sustainability.

Monitoring will help MOD track achievements by a regular collection of information to assist timely decision making, ensure accountability, and provide the basis for evaluation and learning.

## 10.0 FINANCIAL STRATEGY

Capital Investment		Amount in \$
Land		14,286
Building & Infrastructure		152,620
Motor Vehicle		34,000
<b>Total</b>		<b>200,906</b>

### Financial Assumptions

#### Means of financing

Financing		Amount in \$
Debt <i>(Should not exceed 10% of the Investment)</i>		20,090
Equity		180,816
<b>Total Investment</b>		<b>200,906</b>

#### Revenue Assumption

Item		Cost/Rate
Projected growth rate		10%
Professional fees		10%
Health promotion target	Annually	150,000
Program monitoring, Evaluation & Research	Annually	3 projects

#### Other Financial

Item	Description	Cost/Rate
Debt		10%
Equity		90%
Interest rate		25%
Corporate Tax		30%
Depreciation-Machinery & Equipment	Straight line	10%
Office fixture & fittings	Straight Line	10%

**MOD PROJECTED INCOME STATEMENT FOR 5 YEARS 2020/21-2024/25**

ITEM	2020/21	2021/22	2022/23	2023/24	2024/25
<b>Revenues/Incomes</b>					
Projects & Subcontracts	\$497,917	\$547,708	\$602,479	\$662,727	\$729,000
Other Incomes	\$85,147	\$93,662	\$103,028	\$113,331	\$124,664
<b>Total Incomes</b>	<b>\$583,064</b>	<b>\$641,370</b>	<b>\$705,507</b>	<b>\$776,058</b>	<b>\$853,664</b>
<b>Operating Expenses</b>					
Administration costs	\$17,377	\$20,890	\$25,666	\$27,180	\$30,847
Personnel costs	\$108,333	\$119,167	\$131,083	\$144,192	\$158,611
Governance costs	\$1,917	\$2,108	\$2,319	\$2,551	\$2,806
Financial costs	\$333	\$367	\$403	\$444	\$488
Direct Project costs	\$400,000	\$440,000	\$484,000	\$532,400	\$585,640
<b>Total Operating expenses</b>	<b>\$527,960</b>	<b>\$582,532</b>	<b>\$643,471</b>	<b>\$706,767</b>	<b>\$778,392</b>
<b>Net Profit</b>	<b>\$55,104</b>	<b>\$58,838</b>	<b>\$62,036</b>	<b>\$69,291</b>	<b>\$75,272</b>
Income tax	\$16,531	\$17,651	\$18,611	\$20,787	\$22,582
<b>Profit after tax</b>	<b>\$38,573</b>	<b>\$41,187</b>	<b>\$43,425</b>	<b>\$48,504</b>	<b>\$52,690</b>
Mod Tithe/Social service Contribution	\$3,857	\$4,119	\$4,342	\$4,850	\$5,269
<b>Net Surplus</b>	<b>\$34,716</b>	<b>\$37,069</b>	<b>\$39,082</b>	<b>\$43,653</b>	<b>\$47,421</b>

**MOD PROJECTED BALANCE SHEET FOR 5 YEARS 2020/21-2024/25**

<b>ITEM</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>	<b>2024/25</b>
<b>Non-Current Assets</b>					
<b>Furniture &amp; Fittings</b>	\$850	\$751	\$652	\$553	\$454
<b>Computer and Accessories</b>	\$721	\$499	\$277	\$55	\$0
<b>Motor vehicles &amp; Motorcycles</b>	\$34,000	\$44,200	\$34,000	\$23,800	\$13,600
<b>Land</b>		\$14,286	\$14,286	\$14,286	\$14,286
<b>Buildings &amp; Infrastructure</b>			\$41,667	\$83,334	\$138,334
<b>Total Noncurrent Assets</b>	<b>\$35,571</b>	<b>\$59,736</b>	<b>\$90,882</b>	<b>\$122,028</b>	<b>\$166,674</b>
<b>Current Assets</b>					
<b>Cash &amp; Bank Balance</b>	\$4,673	\$17,577	\$25,513	\$38,020	\$40,795
<b>Total Current Assets</b>	<b>\$4,673</b>	<b>\$17,577</b>	<b>\$25,513</b>	<b>\$38,020</b>	<b>\$40,795</b>
<b>Total Assets</b>	<b>\$40,244</b>	<b>\$77,313</b>	<b>\$116,395</b>	<b>\$160,048</b>	<b>\$207,469</b>
<b>Equity and Liabilities</b>					
<b>Ordinary share capital</b>	\$1,389	\$1,389	\$1,389	\$1,389	\$1,389
<b>Retained earnings</b>	\$34,716	\$71,785	\$110,867	\$154,520	\$201,941
<b>Total Equity</b>	<b>\$36,105</b>	<b>\$73,174</b>	<b>\$112,256</b>	<b>\$155,909</b>	<b>\$203,330</b>
<b>Liabilities</b>					
<b>Directors Account</b>	\$4,140	\$4,140	\$4,140	\$4,140	\$4,140
<b>Total Liabilities</b>	<b>\$4,140</b>	<b>\$4,140</b>	<b>\$4,140</b>	<b>\$4,140</b>	<b>\$4,140</b>
<b>Total Equity and Liabilities</b>	<b>\$40,244</b>	<b>\$77,313</b>	<b>\$116,395</b>	<b>\$160,048</b>	<b>\$207,469</b>

**MOD PROJECTED CASHFLOW STATEMENT FOR 5 YEARS 2020/21-2024/25**

ITEM	2020/21	2021/22	2022/23	2023/24	2024/25
<b>Non-Current Assets</b>					
<b>Operating Activities</b>					
Profit before Tax	\$55,103	\$58,839	\$62,035	\$69,291	\$75,272
Add: Depreciation	\$833	\$7,121	\$10,521	\$10,521	\$10,299
<b>Adjusted Profit</b>	<b>\$55,936</b>	<b>\$65,960</b>	<b>\$72,556</b>	<b>\$79,812</b>	<b>\$85,571</b>
<b>Changes in Working Capital</b>					
Changes in receivables	\$3,385	\$0	\$0	\$0	\$0
Changes in payables	\$0	\$0	\$0	\$0	\$0
<b>Cash from operations</b>	<b>\$59,321</b>	<b>\$65,960</b>	<b>\$72,556</b>	<b>\$79,812</b>	<b>\$85,571</b>
Tax paid	-\$16,531	-\$17,652	-\$18,611	-\$20,787	-\$22,582
Mod core value Godliness Contribution	-\$3,857	-\$4,119	-\$4,342	-\$4,850	-\$5,269
<b>Net cash flows from operating activities</b>	<b>\$38,933</b>	<b>\$44,189</b>	<b>\$49,603</b>	<b>\$54,175</b>	<b>\$57,720</b>
<b>Investing Activities</b>					
Acquisition of property and equipment	-\$34,000	-\$31,286	-\$41,667	-\$41,667	-\$55,000
<b>Net cash flows from investing activities</b>	<b>-\$34,000</b>	<b>-\$31,286</b>	<b>-\$41,667</b>	<b>-\$41,667</b>	<b>-\$55,000</b>
<b>Financing activities</b>					
Deferred income Mild may un spent funds 2016	-\$28,600	\$0	\$0	\$0	\$0
<b>Net cash flows from Financing activities</b>	<b>-\$28,600</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Net changes in cash and cash equivalent</b>	<b>-\$23,667</b>	<b>\$12,903</b>	<b>\$7,935</b>	<b>\$12,508</b>	<b>\$2,720</b>
Opening cash and cash equivalent	\$28,340	\$4,673	\$17,577	\$25,513	\$38,020
<b>Closing cash and cash equivalent</b>	<b>\$4,673</b>	<b>\$17,577</b>	<b>\$25,513</b>	<b>\$38,020</b>	<b>\$40,795</b>
<b>Represented by:</b>					
Cash and Bank balance	\$4,673	\$17,577	\$25,513	\$38,020	\$40,795
<b>Closing cash and cash equivalent</b>	<b>\$4,673</b>	<b>\$17,577</b>	<b>\$25,513</b>	<b>\$38,020</b>	<b>\$40,795</b>

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## ANNEX1: Financial Statements Interpretation

MOD Public Health Foundation

ASSETS	2019	Common Ratio	
<b>Non-current Assets</b>			<b>Current Ratio</b>
<b>Property &amp; Equipment</b>	6,015,903	5.1%	TCA/TCL=CR
<b>Current Assets</b>			109,744,923/117,863,913=0.93
<b>Receivables</b>	12,184,440	10.5%	
<b>Bank balance</b>	95,543,719	82.5%	
<b>Cash at Hand</b>	2,016,764	1.7%	
<b>Total Assets</b>	<b>115,770,826</b>		
<b>EQUITY &amp; LIABILITIES</b>			
<b>Equity</b>			
<b>Ordinary share capital</b>	5,000,000		
<b>Retained Earnings</b>	(7,103,087)		
<b>Total Equity</b>	(2,103,087)		
<b>Liabilities</b>			
<b>Directors account</b>	14,902,540	12.6%	
<b>Deferred income (Mildmay DREAMS funds)</b>	102,961,373	88.9%	
<b>Total Liabilities</b>	117,863,913		
<b>Total Equity Plus Liabilities</b>	<b>115,760,826</b>		

### Interpretation

- 82.5% of the MODs Assets are in the Bank while 88.9% of the liabilities is deferred income from the Mildmay DREAMS project fund.
- MOD does not have enough current assets to meet its liabilities with a margin of safety as their current ratio is at 0.93%

Remedies are; acquiring a long-term loan, selling a fixed asset, putting profits back into the business, paying down a debt.

### Statement of Comprehensive Income

	2019	Common Ratio	
<b>Income</b>			<b>Gross Income Margin</b>
<b>Consulting income</b>	1,000,000	1.5%	GP/Income=GIM= (0.16)
<b>Project funds Mildmay</b>	62,038,667	98.5%	
<b>Total Income</b>	<b>63,038,667</b>		
<b>Operating expenses</b>			
<b>Administrative costs</b>	10,850,187	14.7%	
<b>Project costs</b>	62,038,667	84.3%	
<b>Personnel costs</b>	670,000	1%	
<b>Total Expenses</b>	<b>73,558,854</b>		
<b>PBT</b>	<b>(10,520,187)</b>		

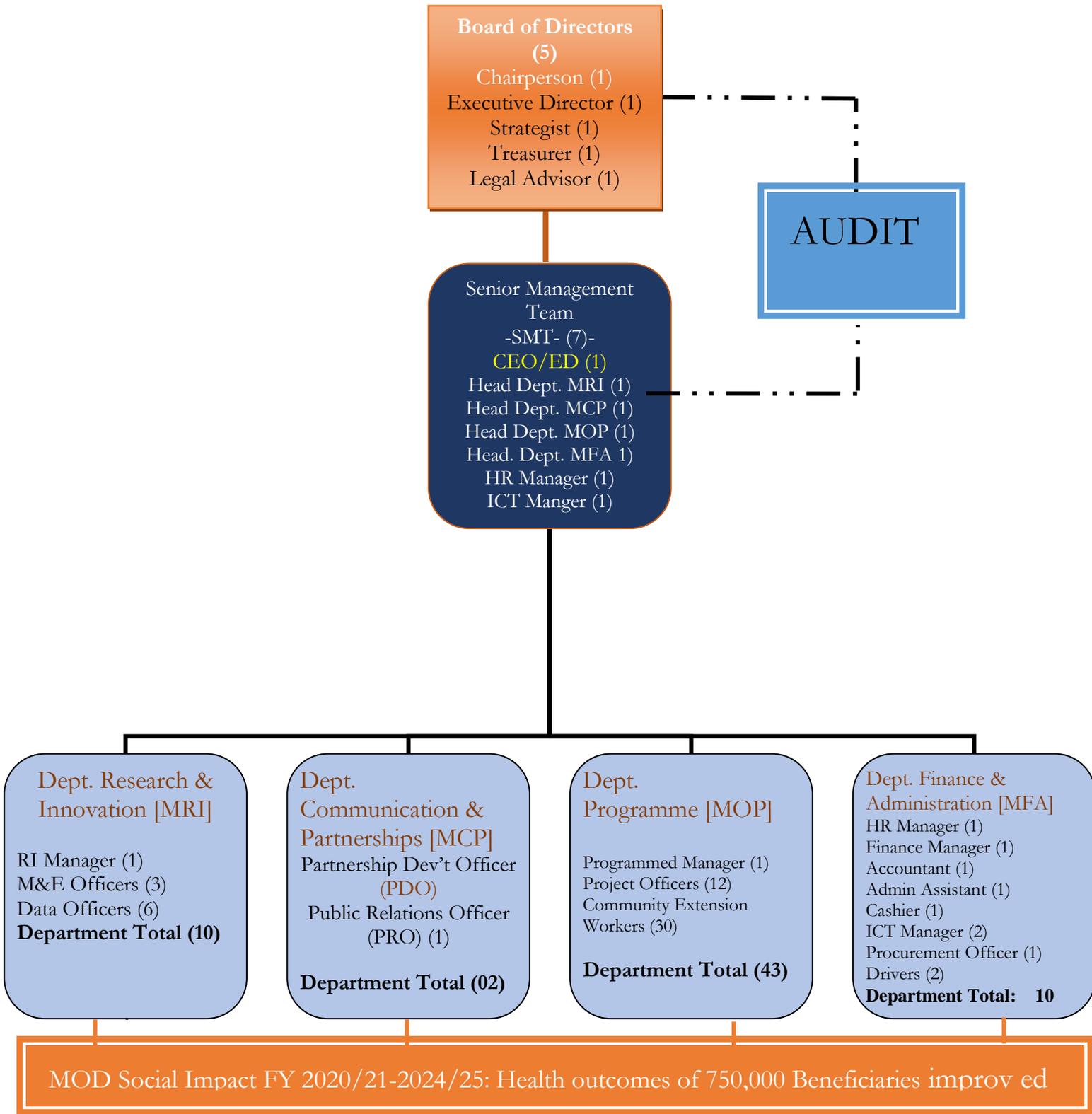
### Interpretation

1. Concentration risk as 98.5% of the income has been generated from the Mildmay DREAMS project.

**Table 1: MOD’S Track Record and Experiences in Social Research and Environmental Safe guard Activities**

Name of project	Client	Contract Value (UGX)	Period of activity	Types of activities undertaken (SOW)	Status or Date Completed	References Contact Details (Name, Phone, Email)
Accelerating Epidemic Control in Mubende Region in the Republic of Uganda under the President's Emergency Plan for AIDS Relief (PEPFAR): HSS-DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe Women) HIV Programming- layering of services for priority, key population and their Male Partners in 9 Sub counties of <i>Mityana, 15 Sub counties of Mubende and 8 Sub-counties of Luweero districts:</i>	Mildmay Uganda	\$73,000	October 2017- Dec 2019	<ul style="list-style-type: none"> <li>• Integrated HIV Testing Services</li> <li>• HTC outreaches for AGYW and their male partners.</li> <li>• Enroll AGYW and track their partners</li> <li>• Expand and Improve the contraceptive mix</li> <li>• Mobilize and roll out SINOVUYO, Stepping Stone and SASA methodology for SGBV prevention.</li> <li>• Maintenance &amp; management Girl Engagement for HIV an SGBV prevention advocacy.</li> <li>• Promote linkage to ART, Link male partners to HTS, VMMC</li> <li>• Provide and promote linkages for GBV post violence services</li> <li>• Management of community safe space for service provision</li> <li>• Monitoring Evaluation Learning and Accountability</li> </ul>	Completed March 2020	<p>Dr. Barbara Mukasa Executive Director Mildmay Uganda E-mail: <a href="mailto:Barbara.mukasa@mildmay.or.ug">Barbara.mukasa@mildmay.or.ug</a> Tel: +2567772700816 Plot 12 Naziba Hill Lweza, Entebbe Road, P.O. Box 24985 Kampala, Tel: 0312 210200</p>
Designing and supporting the implementation of dynamic operational systems, structures, and processes at El Cambio Academy		\$16,830	12 Months	<ul style="list-style-type: none"> <li>• Phase one: Organizational Systems Development:</li> <li>• Phase Two: Mentorship &amp; Implementation Oversight:</li> </ul>	Ongoing	<p>Thomas Thor Founder &amp; Director El Cambio Academy Mob (UG): +256 790 209 309 Mob (UK): +456 0602491 Email: <a href="mailto:tt@elcambioacademy.com">tt@elcambioacademy.com</a></p>

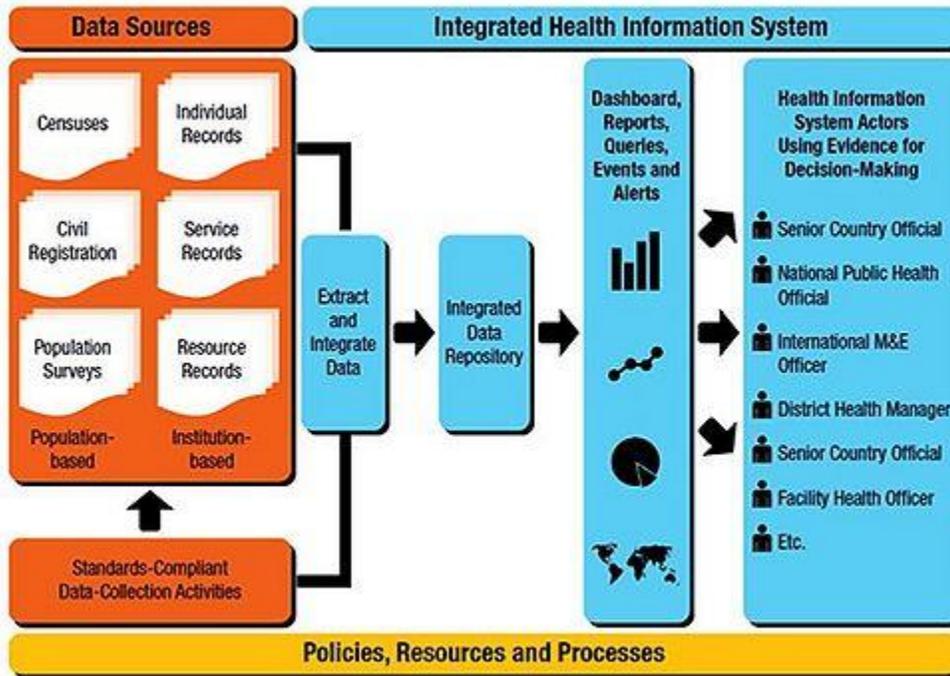
# ANNEX: 3-MOD Organizational Structure



## ANNEX 4: Grants and Funding opportunities

1. Administration for Children and Family-HHS (ACF)  
<https://www.acf.hhs.gov/grants> Funding opportunities for federal programs that promote the economic and social well-being of families, children, individuals, and communities.
2. Agency for Healthcare Research and Quality (AHRQ)  
[AHRQ Funding Opportunities](#)  
AHRQ supports a broad base of scientific research to promote improvements in clinical and health system practices, including the prevention of diseases and other health conditions.
3. Bill & Melinda Gates Foundation  
[Bill & Melinda Gates Foundation](#)  
The Bill & Melinda Gates Foundation works to reduce inequities and improve lives around the world. Grant programs include the Global Development Program to reduce hunger and poverty in the developing world, the Global Health Program to encourage the development of lifesaving medical advances, and the United States Program to reduce inequities by improving access to educational and other opportunities.
4. BUILD Health Challenge  
[The BUILD Health Challenge](#)  
Provides funding for cross-collaboration between health systems, health departments, and non-profit community organizations to improve health in their communities.
5. Center for Health and Health Care in Schools (CHHCS)  
[Health and Health Care in Schools Grant Alerts](#)  
Funding opportunities to assist in promoting the health of children through school-connected programs.
6. Center for Disease Control (CDC), PEPFA UKAID Funding
7. National and International Public Health Institutions and Universities,

## ANNEX 5: MOD-Information Management System layout



## Annex 6 – KEY MEMBERS CONSULTED IN THE STRATEGIC PLAN DEVELOPMENT PROCESS

NO.	NAME	RESPONSIBILITY	INSTITUTION	CONTACT
1.	Freeman Pascal, MPH	Chairperson Board of Directors MOD & Programme design Specialist.	World Vision International Uganda	+256772669392
2.	Samuel Waliggo, MPH	Senior Business Plan Consultant & Chief Executive Officer	MOD Public Health Consultants	+256772675563
3.	Yashien. M. Wamanga, MSc	Biostatistician, Chief Innovation Officer	MOD Public Health Consultants	+256706735006
4.	Nabitiri Paul, Msc	HR/Programmes Manager	MOD Public Health Consultants	+256752627311
5.	Immaculate Nakityo	Programme Design Specialist	Makerere University School of Public Health	+256752578869
6.	Rev. Senior Pastor Sam Mukabi Zema	Patron MOD, Senior Pastor	Masaka Pentecostal Church	+256702380000
7.	Dr. Freddie Kibengo Mukasa	Medical Research Director	Medical Research Council, Masaka Region	+256772435251
8.	David Baxter M Bakibinga, LLM International Criminal Law	Legal Advisor-MOD & Directorate of Public Prosecutions, Government of Uganda Deputy regional Officer,	Office of the Director of Public Prosecutions, Nakawa, Kampala	+256772619026
9.	Justine Nakisaasa, MBA	Programme Accountant	MOD Public Health Consultants	+256701933877
10.	Honest Bukirwa	Co-Founder & Sales & Marketing Officer	MOD Public Health Consultants Limited.	+256786823451
11.	Carlo Byeganje	Business Development Manager	MOD Public Health Consultants	+256705460191
12.	Edward Kanyemba, LLB (Hon) Nu, Dip. LP LDC	Legal Advisor-MOD & Associate Advocate	Kaggwa & Kaggwa Advocates, 3 <sup>rd</sup> Floor Soliz House, P.O BOX 6624 Kampala Uganda	+256757586543
13.	Nelson Kasadha, MBA	Lead Business Plan Consultant & Associate Programme Design Specialist	Elmar Philanthropies, East Africa	+256759836053