



FIVE YEAR STRATEGIC PLAN FOR MILD MAY
INSTITUTE OF HEALTH SCIENCES (MIHS)

2023/24 – 2027/28

Consolidating the Gains On The Journey From Good to Great

	<h2>Mildmay Institute of Health Sciences (MIHS) 2023/24-2027/28 Strategic Plan</h2>		<p>Ref. No: MUg/SP03/2023-2028</p> <p>Version: 01</p> <hr/> <p>Effective date: 01st July 2023</p>
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And whatever you do, do it heartily, as to the Lord and not to men, knowing that from the Lord you will receive the reward of the inheritance; for you serve the Lord Christ. Colossians 3:23-24 (NKJV)

Theme:

Consolidating Gains On The Journey from Good to Great

Table of Contents

FOREWORD BY GOVERNING COUNCIL CHAIRPERSON	VI
MESSAGE FROM THE CHANCELLOR	VII
MESSAGE FROM THE PRINCIPAL	VIII
EXECUTIVE SUMMARY	IX
1 INTRODUCTION	1
1.1 HISTORICAL BACKGROUND OF MILD MAY	1
1.2 OVERVIEW OF MILD MAY INSTITUTE OF HEALTH SCIENCES (MIHS)	1
1.3 AIM OF THE PLANNING PROCESS	3
2 SITUATIONAL ANALYSIS	5
2.1 GLOBAL ECONOMIC PROSPECTS	5
2.2 SUB-SAHARAN AFRICA HRH SHORTAGE	8
2.3 NATIONAL VISION 2040 AND NATIONAL DEVELOPMENT PLAN III	9
2.4 PESTEL AND SWOT ANALYSIS	11
2.5 MIHS 2017-2022 PERFORMANCE HIGHLIGHTS	15
3 MIHS 2023-2028 STRATEGY FRAMEWORK	17
3.1 VISION, MISSION AND VALUES	17
3.2 MIHS 2023-2028 STRATEGIC GOALS	18
3.3 STRATEGIC GOAL 1 OBJECTIVES AND INITIATIVES	18
3.4 STRATEGIC GOAL 2 OBJECTIVES AND INITIATIVES	35
3.5 STRATEGIC GOAL 3 OBJECTIVES AND INITIATIVES	38
4 BUDGET PROJECTIONS	51
4.1 BUDGETING ASSUMPTIONS	51
4.2 PROJECTED INCOME AND EXPENDITURE FOR 2023/24 – 2027/28	52
4.3 CAPITAL ASSETS BUDGETING FOR 2023/24 – 2027/28	53
5 ORGANIZATION STRUCTURE	54
6 M&E FRAMEWORK	55
6.1 LOG FRAME	55
6.2 OPERATIONAL PLAN	64
7 APPENDIX	70
7.1 APPENDIX 1: ACKNOWLEDGEMENTS	70
7.2 APPENDIX 2: BIBLIOGRAPHY	71
7.3 APPENDIX 3: DOCUMENT REVISION HISTORY	73

List of Abbreviations and Acronyms

AOP	Annual Operational Plan
ASRI	African Student Research Institute
CoE	Centre of Excellence
DFID	Department for International Development
ERP	Enterprise Resource Planning
GBDC	Grants and Business Development Centre
GLT	Group Leadership Team
GNI	Gross National Income
HQ	Headquarters
HRH	Human Resources for Health
HRM	Human Resources Management
ICT	Information and Communications Technology
ISO	International Standards Organization
KRA	Key Result Area
MHUg	Mildmay Hospital Uganda
MIHS	Mildmay Institute of Health Sciences
MLS	Mildmay Uganda Leadership School
MoES	Ministry of Education and Sports
MRCU	Mildmay Research Centre Uganda
MUg	Mildmay Uganda
NCHE	National Council for Higher Education
ODA	Overseas Development Assistance
ODAI	Other Degree Awarding Institution
ODEL	Online Distance and E-Learning
PAMSCO	Project Acquisition and Management Steering Committee
PhD	Doctor of Philosophy
QA	Quality Assurance
SAT	Senior Administrative Team
SBU	Strategic Business Unit
SDG	Sustainable Development Goal
SP	Strategic Plan
TNA	Training Needs Assessment
TPP	Transfer Pricing Policy
UAHEB	Uganda Allied Health Examination Board
UAHPC	Uganda Allied Health Professionals Council
UNMC	Uganda Nurses and Midwives Council
UNMEB	Uganda Nurses and Midwives Examination Board
VUCA	Volatility, Uncertainty, Complexity and Ambiguity

Foreword by Governing Council Chairperson

I am pleased to present to you our Strategic Plan for the period 2023-2028. It highlights our aspirations and commitment to developing Human Resources for Health for Uganda and beyond, over the next five years. This plan builds on the work and lessons learned by Mildmay Uganda and Mildmay Institute of Health Sciences since 1998. It is a product of our critical reflection on the achievements of the past strategic plan; a thorough examination of our strengths, weaknesses, opportunities and threats; a market survey; and considered choices for the coming five years. Guided by the Mildmay Uganda 30-Year Master Plan, the focus of the last strategic plan was on transitioning to an autonomous institution of higher learning and increasing access to context-based hands-on education and training in health. This and much more has been achieved. Guided by our vision of “A Leader in Health Professional Development,” we have contributed to the health workforce a total of 1,249 health professionals who are now deployed in various sectors in Uganda and in other countries. We take great pride in feedback received from their employers and colleagues. We owe gratitude to partner universities among them, University of Manchester, Uganda Christian University, Nkumba University and several health facilities we partner with across the country to offer context-based hands-on health education and training.

The next five years are particularly exciting. This comprehensive and insightful plan sets forth new directions. During this period, we will transition the Institute to Other Degree Awarding Institution status; provide quality education in health and leadership to over 3,000 individuals; and make significant investments in infrastructure. We have purposed to leverage technology for efficiencies across the Institute and to increase access to quality education services. We will work with development partners to build capacity of grassroot communities to address their own needs and undertake research to inform teaching and learning, and to influence policy. Our priority areas will be capacity building for epidemics control, disability prevention, socio-economic empowerment, and sexual and reproductive health. We do not underestimate the challenges around offering sustainable quality education and training in the post- COVID-19 context and will continue innovating around cost-effective delivery of education while ensuring that we produce graduates that are fit for the current and emerging needs and realize return-on-investment out of their training.

Guided by the overall theme of Mildmay Uganda Group, “*Consolidating Our Gains on The Journey From Good to GREAT*”, with great humility, I invite you, our dear Governing Council, Partners, Management, Staff and Students to another five years of delivering quality health education and training, with the aim of producing competent graduates able to offer quality health care services and lead in various spheres. Our Vision remains “*A Leader in Health Professional Development.*”

For God and My Country.

Dr. Eve Kasiry-Alemu, Chairperson of the Governing Council

Message from The Chancellor

It gives me great joy to present to you our strategic plan for the next five years. The Mildmay Institute of Health Sciences 2023/2028 Strategic Plan marks the next stage in the Institute's journey to become A Leader in Health Professionals Development. The Plan builds on the strong foundations developed since the establishment of Mildmay in Uganda twenty-five years ago and our work in health, education and research across the world.

This Strategic Plan has been developed to support our Mission of Transforming health service delivery systems through hands-on, context-based, training, education and research for improved well-being and sustainable development of society. It consists of strategic choices that will position the Institute to offer quality education and training, undertake research and implement community empowerment programmes. The main thrust of our plan is to produce graduates that are competent to meet health needs in our communities. Special emphasis will be on key skills required in the workplace as informed by research. The past strategic plan enabled the development of over 1,200 competent health care workers, the equipping of skills laboratories and establishment of two schools (the Schools of Nursing and Midwifery and Clinical Medicine and Community Health). The new plan will see the development of infrastructure to march our growth and introduction of over 10 new programmes responsive to emerging health needs. We will continue to nurture our students in line with our Christian ethos and philosophy, inculcating in them discipline, professionalism, leadership, and stewardship of resources. Cognizant of globalization, we will equip our graduates for both the local and global markets.

We have nurtured great partnerships with local and international universities in the past strategic plan period and will seek for more partners in this new period. I extend my sincere gratitude to Ministry of Education and Sports, Ministry of Health, Ministry of Gender, Labour and Social Development, University of Manchester, University of Washington, Uganda Christian University, Nkumba University, Christian Blind Mission, Smile Train, Porticus, Adventist Development and Relief Agency (ADRA) and many others whose support to Mildmay Institute of Health Sciences contributes to the competent graduates produced and to strengthening the Institute's capacity to sustainably deliver quality health education and training.

As we sail into the future, I wish each one of our staff, partners, current and future students God's Blessings. We look forward to working with you over the next five years.

For God and My Country
Rev. Prof. Dr. Sam Abimelech Luboga, Chancellor

Message from The Principal

I am delighted to present to you our 2023/2028 Strategic Plan. A member of Mildmay Uganda Group, Mildmay Institute of Health Sciences (MIHS) is an institution of higher learning accredited by the National Council of Higher Education, the Allied Health Professionals Council and the Nurses and Midwives Council. Our mission is *“Transforming health service delivery systems through hands-on, context-based, training, education and research for improved well-being and sustainable development of society.”* Our vision is *“A Leader in Health Professional Development.”* The 2023/2028 Strategic Plan builds on our maiden Strategic Plan of 2017/2022. Milestones registered during the last period were (i) acquisition of the Certificate of Classification and Registration by National Council for Higher Education; (ii) infrastructure development adding lecture rooms and skills laboratories capacity for 1000 students; (iii) growth in our students population from 500 in 2017 to 1,500 in 2022; and (iv) 98% of our alumni reporting having acquired skills that are applicable in the workplace. These achievements would not be possible without the oversight of a committed Governing Council; dedicated staff; unwavering support by our students and their families, guardians, sponsors and employers; and the boundless envisioning by Mildmay Uganda. We are greatly indebted to you all.

The 2023/2028 Strategic Plan is a product of wide consultative processes, market research and a critical examination of the Institute’s past achievements, strengths, weaknesses, opportunities and threats. It is built around the Institute’s three-fold mandate comprising education and training, research and community empowerment. In the new period we will focus on (i) providing quality education and training to over 4,000 individuals in healthcare delivery and leadership in the local and global settings; (ii) tripling our students population; (iii) conducting research to inform teaching and learning and influencing policy; and (iv) working with development partners to implement innovative community capacity building projects in disability prevention and sexual and reproductive health. In line with our philosophy, we will implement interventions that support our students to grow toward realizing their full potential. We will review our services and address identified gaps. We will empower our learners to develop high-order thinking skills and to use current evidence to solve real life challenges.

Working under the overarching Mildmay Uganda 30-Year Master Plan, we will attain Other Degree Awarding Institution status during the 2023/2028 period in line with the theme *“Consolidating Our Gains on The Journey From Good to GREAT.”* The future is both exciting and challenging. We have taken cognizance of the changing economic times and the need for continuous adaptation. Our success over the years has been rooted in the Almighty God and we commit the next five years to Him. We approach the future with confidence and enthusiasm.

For God and My Country.
Edith Akankwasa, Principal.

Executive Summary

MILD MAY Institute of Health Sciences (MIHS) completed implementing its 2017-2022 Strategic Plan on June, 30 2022. The Governing Council flagged off the process to develop the MIHS Strategic Plan for 2023-2028. The process involved global, national and organizational analyses using diverse tools. Three other Strategic Plans were developed alongside the MIHS Strategic Plan namely (i) the Mildmay Uganda 2023-2028 Strategic Plan; (ii) the Mildmay Research Centre Uganda Strategic Plan 2023-2028; and (iii) the Mildmay Hospital Uganda Strategic Plan 2023-2028. The MIHS Strategic Plan period 01 July 2023 to 30 June 2028 matches with the dates for the other three strategic plans. The four plans are synchronized to synergize the investments and efforts across the Mildmay Uganda Group during the 2023-2028 period. The planning process for each Entity was overseen by the respective governance structure and directed by the Chief Executive of the Entity. The 2023-2028 Planning Teams were drawn from senior staff in the Entities and led by the Sustainability and Partnerships Directorate at MUG Headquarters.

The MIHS 2023-2028 Strategic Planning maintained the 2017-2022 MIHS Vision and Mission but repackaged the Core Values.

Over the period 2023-2028, the Institute will focus on the three Strategic Goals as outlined below.

Strategic Goal 1: Consolidate MIHS positioning as a lead brand in quality health professionals' education and training.

Strategic Goal 1 will be achieved by implementing the Strategic Objectives outlined below.

1.1: Standardize the business model underlying all the health education and training products in the MIHS portfolio.

1.2: Run the Schools of Nursing and Midwifery, Clinical Medicine and Community Health, Medical Laboratory Technology and Applied Sciences as viable brands that meet students' expectations and respond to current and emerging health needs.

1.3: Operate the MUG Leadership School as a portfolio of viable and sustainable programmes that address current and emerging leadership challenges in health and social services.

1.4: Enhance MIHS physical infrastructure to match the growth of the institute and prepare to attain Other Degree Awarding Institution (ODAI) status.

1.5: Establish a robust Quality Assurance (QA) system and mainstream it across MIHS operations.

Strategic Goal 2: Enhance research capacity of MIHS and increase quantity of quality research output.

Strategic Goal 2 will be achieved by implementing the Strategic Objectives outlined below.

2.1: Institutionalize MIHS research framework.

2.2: Disseminate MIHS research findings and monitor impact.

2.3: Functionalize the strategic partnership with MRCU to define and grow the MIHS research agenda and engage in joint strategic investments.

2.4: Establish MIHS Centre of Excellence (CoE) for Experiential Learning and Knowledge Transfer.

Strategic Goal 3: Strengthen MIHS capacity to deliver its mandate efficiently and sustainably.

Strategic Goal 3 will be achieved by implementing the Strategic Objectives outlined below.

3.1: Strengthen corporate governance for effective MIHS oversight.

3.2: Run an effective and efficient student life programme and a proactive alumni engagement mechanism.

3.3: Ensure adequate MIHS resourcing through a dual-track mechanism built on 60% tuition income from health education and training services and 40% non-tuition income from grants mobilization.

3.4: Attract productive inspired human resources with the right skills, attitude and commitment, place them in a progressive MIHS institutional culture and support them excel.

3.5: Provide effective and efficient finance, administration, and support services.

3.6: Undertake joint Group-level strategic investments.

This Strategic Plan will be implemented in synchronicity with the Strategic Plans of Mildmay Uganda NGO, MRCU and MHUg. The Plans have a Rolling Mechanism involving rapid review prior to developing Annual Operational Plans (AOPs) for subsequent years.

Implementation of this Strategic Plan will cost **UGX 56,925,152,730**.

1 Introduction

1.1 Historical Background of Mildmay

Like any part of Mildmay Uganda (MUg), the roots of Mildmay Institute of Health Sciences (MIHS) stretch back to the mid-1860s to the work of The Reverend William Pennfather, a vicar at St. Judes, and his wife Catherine. St. Judes, located in Mildmay Park, Islington, was a lively Victorian church of over 1,000 people. Reverend William developed several projects, known as Mildmay Institutions, to provide spiritual guidance and care for the sick. During the 1866 cholera outbreak in East London, two Mildmay deaconesses, trained by Catherine, volunteered to go into some of the East End's worst slums in the Old Nichol, to care for the sick and their dependents. The work of the deaconesses expanded. In 1877, the first Mildmay Medical Mission was set up consisting of twenty-seven beds in three wards, one doctor, three nurses and five deaconesses in training. This was the first incarnation of what was soon to become Mildmay Mission Hospital. In 1892 the first purpose-built Mildmay Mission Hospital was opened. In 1948, the hospital became part of the National Health Service (NHS). However, in 1982 it was regarded uneconomic being a hospital with <200 beds and got closed. Following intense effort to save the Hospital, it reopened in 1988 as Europe's first hospice caring for people with AIDS-related illnesses. Princess Diana visited it 17 times [*officially and unofficially*] and helped lower HIV stigma by famously shaking hands with a Mildmay AIDS patient. As HIV knowledge and care improved, Mildmay changed from end-of-life care to rehabilitation and specialist care. In the 1990s, Mildmay was invited to offer its expertise to Uganda and later Tanzania, Kenya, Zimbabwe, Rwanda and Eastern Europe.

1.1.1 Background of Mildmay Uganda

Following an invitation by President Yoweri Museveni to Mildmay International to help build Uganda's capacity in paediatric HIV palliative care, The Mildmay Centre (TMC) was launched in September 1998. TMC opened as a specialist HIV/AIDS facility run by Mildmay International and overseen by Ministry of Health. In 2000, Mildmay Paediatric Care Centre (MPCC), formerly called Jjaja's Home, started providing specialized care and support to HIV/AIDS affected children. MPCC pioneered specialist paediatric HIV/AIDS care in sub-Saharan Africa and made Mildmay a Paediatric Palliative Care Beacon Center in Africa. In 2008, Mildmay Uganda (MUg) was formed by merging TMC and MPCC. In 2010, MUg was registered by Uganda Registration Services Bureau as a company limited by guarantee. In 2011, MUg was registered with National NGO Bureau as a non-government organization (NGO) Reg. No. S.5914/9191. In 2017, MUg incorporated its Directorate of Training and Education as Mildmay Institute of Health Sciences.

1.2 Overview of Mildmay Institute of Health Sciences (MIHS)

Mildmay Institute of Health Sciences (MIHS) is a Christian health professionals education and training institution of higher learning. It traces its start to Mildmay Uganda's former Directorate of Training and Education. The Directorate was the MUg arm responsible for HIV/AIDS capacity building through short courses. It later ventured into academic [degrees and diplomas] and non-academic programmes in priority areas in health and health systems management. In 2009, National Council for Higher Education (NCHE) issued a provisional license to MUg to deliver accredited academic programmes. To secure a full license, MUg was required by NCHE to register

its education and training function as a separate entity. In 2017, Mildmay Institute of Health Sciences (MIHS), was incorporated as a company limited by shares fully owned by MUg to consolidate and grow the work of the training and education directorate. In 2020, MIHS acquired a Certificate of Classification and Registration as a Diploma awarding institution after satisfying the standards under the Universities and Other Tertiary Institutions Act. MIHS will pursue Other Degree Awarding Institution (ODAI) status in the new strategic plan period.

The four MIHS Schools outlined below are the Strategic Business Units (SBUs) of its work.

- **School of Medical Laboratory Technology:** This School was opened in 2014 and is licensed by Uganda Allied Health Professionals Council. It is accredited as a Medical Laboratory Technology Examination Center by Uganda Allied Health Professionals Examination Board. It runs two programmes namely (i) Certificate in Medical Laboratory Technology; and (ii) Diploma in Medical Laboratory Technology.
- **School of Nursing and Midwifery:** opened in 2017, the school is registered by Uganda Nurses and Midwives Council under License No. MOES/HET/2-010. It is accredited as an Examination Center of Uganda Nurses and Midwives Examination Board (UNMEB). Its current programmes are (i) Diploma in Nursing; (ii) Diploma in Midwifery; (iii) Certificate in Nursing; and (iv) Certificate in Midwifery.
- **School of Clinical Medicine and Community Health:** It was opened in 2016 and runs the Diploma in Clinical Medicine and Community Health. It is licensed by Uganda Allied Health Professionals Council and accredited as an Examination Center of Uganda Allied Health Professionals Examination Board (UAHEB).
- **School of Applied Sciences:** This school is regulated by the National Council for Higher Education (NCHE). It offers 17 programmes at certificate, diploma, and degree level targeting pre-service and in-service health and social care professionals. The school uses blended learning approaches to reach diverse learner categories.

1.2.1 Mandate

Our mandate is threefold comprising.

1. **Teaching and Learning:** We equip learners with knowledge, skills and attitudes required to deliver quality services and effectively manage and lead in the health sector.
2. **Research:** We generate evidence to inform teaching and learning and to strengthen health service delivery systems.
3. **Community Empowerment:** We promote community health through evidence-based capacity building interventions.

1.2.2 MIHS Philosophy

We are a Christian-oriented Center of Excellence in health professionals' education and training inculcating Christ-like character and high-order thinking skills as we facilitate our learners to reach their full potential. We use learner-centered approaches to inculcate discipline, professionalism, leadership, and stewardship in line with our Christian ethos. We understand education to be a broad concept that gives learners the knowledge base to effectively respond to diverse medical and health situations in life. Our training and education fosters capacity building

and independence as opposed to simple knowledge transfer from the educator to the learner. Our approaches support learners to develop high-order thinking skills and to use current evidence to solve real life challenges.

1.2.3 MIHS Guiding Principles

MIHS programme and business design and delivery is guided by four principles that interlace national and international policies, guidelines and regulations. These are: -

- **Stakeholder Involvement:** MIHS encourages stakeholders to participate in programme design, delivery, monitoring and evaluation. Stakeholders comprise faculty, staff, students, alumni, partner institutions of higher learning and communities. Inter-sectoral collaboration enables cross-learning, resource leveraging and integration of proven interventions.
- **Communication:** MIHS fosters effective and timely communication with stakeholders at all stages of its programme and business interventions.
- **Research:** MIHS programme design and delivery is based on scientific evidence derived from credible information management systems at institutional, national and global levels.
- **Innovation:** Faculty and staff are equipped to innovate for efficient and effective programme delivery while paying attention to use of technology in teaching, learning and service delivery.

1.3 Aim of the Planning Process

The MIHS 2023-2028 strategic planning process aimed to achieve the outcomes below.

1.3.1 Consolidating the Mildmay Uganda Gains

Since its 2013-2018 strategic plan period, MUg adopts a theme for each Strategic Plan period. The 2013-2018 theme was “*Journey From Good to Great*” adopted from Jim Collins’ study of how organizations build sustainable greatness.¹ The theme for the 2018-2023 period was “*The Journey Continues from Good to Great.*” By end of the 2018-2023 period, MUg had grown tremendously by (i) expanding MIHS into 4 schools; (ii) incorporating Mildmay Research Centre Uganda (MRCU); and (iii) expanding medical services to Hospital level.

For SP 2023-2028 period, MUg has adopted the theme “*Consolidating Gains On The Journey From Good to Great.*” It will be a rallying call to **consolidate** numerous strengths, resources and capabilities gained to date. The word “*consolidate*” that is the core of this theme has its root in the word “*consolidare*” which is the Latin word for “*joining together into one whole; making firm, safe or secure; forming into a compact mass; or making solid.*” This is exactly what MUg needs to do to its strengths, resources and capabilities to prepare itself for emerging times. Growth into four schools in six years is no mean feat and MIHS, too, needs to consolidate its gains.

A key question across the MUg Group is, “*How the momentum of its phenomenal growth can power it toward a great future and not become an obstacle that weighs it down to extinction.*”

¹ Jim Collins, *Good to Great: Why Some Companies Make the Leap ... and Others Don't*

1.3.2 Rolling Strategic Plans

Given increasing volatility, uncertainty, complexity and ambiguity (VUCA)—emphasized by the COVID-19 pandemic, MUg Board adopted the rolling strategic planning process for all strategic plans across the Group. The rolling process will entail 4 key steps namely (i) Step 1 – Developing a 5-Year Strategic Plan for every 5-year period; (ii) Step 2 – Keeping an annual log of lessons, challenges, blind spots and new opportunities noted during execution; (iii) Step 3 – Rapid Review of Strategic Plans based on the annual log; and (iv) Step 4 – Updating Plans before using them to develop annual operational plans (AOPs). The process will make MUg strategic plans adaptive to change and enable Entities grasp opportunities and mitigate risks. The HQ Impact Monitoring Unit will keep this process alive across MUg Group.

1.3.3 Synchronizing Plans across MUg Entities

The 2023-2028 strategic planning process sought to synchronize the Strategic Plan periods across four major MUg project and business platforms i.e., (i) The NGO; (ii) MIHS; (iii) Mildmay Research Centre Uganda (MRCU); and (iv) Mildmay Hospital Uganda (MHUg). Synchronized strategic plans for these 4 MUg platforms will run from 01 July 2023 to 30 June 2028.

1.3.4 Aligning with 30-Year Master Plan

The MIHS 2023-2028 strategic planning process sought to anchor the next 5 years of the Institute in the *MUg 30-Year Master Plan*. The Master Plan was launched in 2017 with intention to execute it in form of six 5-Year Strategic Plans. The MIHS 2017-2022 Strategic Plan period comprised Phase 1 of Master Plan execution by MIHS; the 2023-2028 period will be Phase 2.

2 Situational Analysis

This section discusses key issues at global level, sub-Saharan Africa level and national level likely to influence the success of MIHS during its 2023-2028 Strategic Plan period.

2.1 Global Economic Prospects

The World Bank reported a sharp slowdown in global growth and intensified risk of financial stress in Emerging Market and Developing Economies (EMDEs) amid elevated global interest rates.² 2023 Global Economic Prospects report anticipated global growth to slow down to 2.1% in 2023 with prospects clouded by financial risks. The World Bank projected global growth to decelerate from 3.1% in 2022 to 2.1% in 2023. The forecasts reflected broad-based downgrades. Most EMDEs were projected to face increasingly restrictive global credit conditions, with the squeeze more acute on EMDEs with underlying vulnerabilities subjecting their growth to additional shocks. Their trade was projected to grow at less than a third of their pace in the years before COVID-19. Debt pressures were expected to grow due to higher interest rates in addition to fiscal weaknesses that had already tipped low-income countries into debt distress.

2.1.1 Stagnation Due to Multiple Crises

The *2019 Global Sustainable Development Report (GSDR)* concluded that on the 2019 trajectory the world was unlikely to achieve the SDGs by 2030. The world would need to quicken the pace to (i) eradicate poverty and hunger; (ii) reduce maternal mortality; (iii) increase access to drinking water and sanitation; and (iv) achieve gender equality. The world was slipping back on eradicating inequality. In 2023, halfway to 2030, the situation was more dire. Progress was halted or slowed down by a confluence of crises including (i) COVID-19 pandemic; (ii) rising inflation and cost-of-living crisis; (iii) global environmental and economic distress; (iv) regional and national unrest; (v) conflicts; and (vi) natural disasters. MIHS was affected directly by COVID-19 through closure of its business in the lockdown period and stalling of its infrastructure development project.

2.1.2 Lingering Drag of COVID-19

By 2023, the COVID-19 pandemic is still having a profound impact on the mental and physical health and wellbeing of individuals, households and communities. Beyond killing over 15 million people globally, it has slowed, disrupted or temporarily reversed progress across the SDGs. At times it has shut down entire industries causing loss of jobs, livelihoods, incomes and remittances. It cast a shadow over the prospects of children due to closure of schools and exacerbated inequality. Recovery from COVID-19 has been uneven and incomplete. High-income countries recovered faster due to higher rates of vaccination and more effective relief measures. Informality and working poverty rose due to COVID-19. Incomplete recovery implies ongoing shortage of better job opportunities, pushing people into worse job options. Due to interconnection of economies through trade and migration, delayed recovery in any country reduces the prospects for all. Effects of these pandemic after-effects have affected Uganda's economic performance and the operations of Mildmay Uganda as an organization.

² World Bank Global Economic Prospects Report 2023

2.1.3 Conflict, War and Instability

The world is witnessing the highest level of state-based armed conflicts since 1945. By the end of 2020, around 2 billion people were living in conflict-affected countries. By 2030, about two thirds of the world's extreme poor could live in setting characterized by fragility, conflict and violence threatening efforts to end extreme poverty. Conflicts drive 80% of all humanitarian needs. Violent conflict not only disrupts human development and causes insecurity, but it also destroys man-made and natural capital and diverts private and public resources to spending on defense and rebuilding. In the SP 2018-2023 period, MUg was a frontline implementer among populations displaced due to armed conflict in the sub-Saharan Africa region on both HIV and COVID-19 platforms.

2.1.4 Inflation and Cost of Living Crisis

Globally, people face a severe cost-of-living crisis. The pandemic and subsequent recovery pushed up prices for food and energy, which rose further because of the war in Ukraine. Many countries are seeing domestic food inflation. In 2022, 89% of Least Developed Countries (LDCs), 93% of Landlocked Developing Countries (LLDCs) and 94% of Small Island Development States (SIDS) had food inflation >5%, with many experiencing double-digits inflation. Worst affected are the poor who spend much of their budget on food and fuel [they respond by skipping meals or buying cheaper and less nutritious food]. Central banks face the classic trade-off between controlling price and supporting growth. Policy makers keen to help the most vulnerable have limited options.

2.1.5 Overseas Development Assistance (ODA)

In 1970, the United Nations set a target for countries to contribute 0.7% of their Gross National Income (GNI) to international aid. However, the 0.7% target is just a target; it is not required by law. Britain was a leader in aid and development with its development sector being its major identity globally. However, the SP period 2017-2022 witnessed aid cuts and closure of the UK Department for International Development (DFID). The 2020 decision by the UK Conservative Government to reduce the aid budget from 0.7% to 0.5% of GNI left a funding gap of £4.5 billion (US\$ 6.2 billion) in the Official Development Assistance (ODA) budget. The decision was accompanied by several cuts to projects and humanitarian crises where UK was a key donor. DFID was merged with the Foreign and Commonwealth Office to form the Foreign, Commonwealth and Development Office. The move was interpreted as a downgrading of the UK position in the global development space and a decision that would harm those most in need and reduce UK's power overseas. It is worth noting that, in 1998, DFID was the arm through which the UK Government extended aid to Uganda for construction of the downhill portion of MUg Main Site at Lweza.

“It's a long-term strategic mistake, because DFID was established as a major arm of soft power for the U.K. [DFID] was regarded as the premier development agency in the world ... at least arguably.”

- Tony Blair, former U.K. Prime Minister

The development community got concerned by a disturbing trend of donor countries cutting their aid budgets. Norway, formerly a leader in international aid, announced plans to cut their aid budget from 1.15% to 0.75% translating into a cut from 47.4 billion kroner (US\$ 4.5 billion) to 43.8 billion kroner (US\$ 4.1 billion). Sweden signaled intention to cut its foreign aid by scrapping its former

target to spend 1% of GNI on aid. By 2021, Italy's ratio of ODA compared to gross national income was 0.28%, up from 0.22% in 2020, but still below the UN recommended 0.7%. Observers had little hope of increment under the new administration. Germany, Europe's biggest economy, was hit by the energy crisis and inflation and was hesitant to commit to international aid. Its Ministry of Economic Cooperation and Development (BMZ) got a 10% budget cut compared to 2022. Its contributions to multilateral organizations [UNAIDS, WFP, WHO] will dramatically reduce—undermining Germany's role as a champion of global cooperation. This gloomy picture of aid is against the backdrop of more need for ODA than ever, with millions of people around the world facing increased difficulties and unprecedented global crises. While China augments its global status and interest grows to engage it for development aid, *World Giving Index* ranks it top of least generous countries. Unlike other countries, China's unique aid approach enshrouds comprehensive data on its foreign assistance. That limits access to Chinese development assistance for causes like this MIHS Strategic Plan. This down-facing funding landscape will not deter the strategic thrust of MIHS. Instead, the situation reminds MIHS of another Good-to-Great concept—"Confront the Brutal Facts, Yet Never Lose Faith."³ Like the good-to-great companies in Jim Collins research, MIHS will face the times ahead "confronting the most brutal facts of the 2023-2028 development aid landscape and its own funding reality whatever they might be" AND at the same time "retain faith that it will prevail in the end, regardless of the difficulties." MIHS was birthed by a funding shock that redirected funds from HIV training centers across Uganda. The funding gap triggered exploration of ways to sustain the MUg capacity building mandate and culminated in MIHS. The Institute will meet funding shocks in the SP 2023-2028 period stoic resolve to survive and thrive.

2.1.6 Global HRH Shortage

According to WHO, global demand for health workers is expected to double to 80 million health workers by 2030 leaving a global shortfall of 18 million health workers in primarily low and lower-middle income countries. Besides, countries at all levels of socioeconomic development face difficulties in the education, employment, deployment, retention and performance of their health workforce. Chronic under-investment in education and training of health workers in some countries and the mismatch between education and employment strategies in relation to health systems and population needs contribute to continuous shortages. These are compounded by difficulties in deploying health workers to rural, remote and underserved areas. Moreover, the increasing international migration of health workers exacerbates health workforce shortfalls, particularly in low- and lower-middle income countries. In some countries, challenges in universal access to health workers also result from the lack of capacity by the public sector to absorb the supply of health workers due to budgetary constraints. As a result, the countries face the paradox of health worker unemployment co-existing with major unmet health needs.

2.1.7 Global HRH Strategy: Workforce 2030

The United Nations General Assembly (UNGA) adopted the Sustainable Development Goals (SDGs) for 2016-2030 with a call to action to people and leaders globally to ensure a life of dignity

³ Jim Collins, *Good to Great: Why Some Companies Make the Leap ... and Others Don't*, p65

for all.⁴ Health workforce underpins SDG target (3c) to “substantially increase health financing, and the recruitment, development and training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.” In 2014, the World Health Assembly recognized that the health goal and its 13 health targets—including a renewed focus on equity and UHC—would only be attained through substantive and strategic investment in the global health workforce. Globally, investment in HRH is lower than assumed, reducing the sustainability of the workforce and health systems. Chronic under-investment in HRH education and training and mismatch between education strategies in relation to health systems and population needs result in continuous shortages. Strong and effective health workforce, able to respond to 21st century priorities, requires matching supply and skills of health workers to population needs, now and in the future. The Global Strategy on Human Resources for Health: Workforce 2030 considers new evidence and best practices on what works in developing HRH for different aspects. Given the intersectoral nature and potential impacts of HRH development, the Global Strategy aims to stimulate national health and HRH strategies and broader development.

MIHS is aligned with Milestone 1.1 of the Global Strategy – By 2020, all countries will have established accreditation mechanisms for health training institutions; and Milestone 1.3 – By 2030, all countries will have made progress towards improving the course completion rates in medical, nursing and allied health professionals training institutions. MIHS work contributes to Milestone 1.2 – By 2030, all countries will have made progress towards halving inequalities in access to a health worker. MIHS is also an actor in prioritizing private sector investments toward adopting transformative strategies in the scale-up of health worker education that is linked with population needs and health system demands and producing professionals capable of meeting local needs.

2.2 Sub-Saharan Africa HRH Shortage

According to a WHO study, serious shortage of health workers in Africa undermines access to and provision of health services.⁵ The study involving 47 African countries, found the region to have a ratio of 1.55 health workers [*physicians, nurses, midwives*] per 1000 people. This is below the WHO density of 4.45 health workers per 1000 people needed to achieve universal health coverage.

Only four countries [*Mauritius, Namibia, Seychelles, South Africa*] had surpassed the WHO health worker-to-population ratio. The region’s health workforce was unevenly distributed by country, ranging from 0.25 health workers per 1000 people in Niger [*the lowest*] to 9.15 health workers per 1000 people in the Seychelles [*the highest*]. There were about 3.6 million health workers in the 47 countries surveyed as of 2018. Thirty-seven per cent of them were nurses and midwives, 9% were medical doctors, 10% laboratory personnel, 14% were community health workers, 14% were other health workers, and 12% were administrative and support staff. Comparatively, Western Pacific [including Australia, China, Japan and Malaysia] had the highest number of doctors at 4.1 million and 7.6 million nurses in 2020. Europe region had 3.4 million doctors and 7.4 million nurses. On the contrary, Africa had 300,000 doctors and 1.2 million nurses.⁶

⁴ The Road to Dignity by 2030: Ending Poverty, Transforming All Lives and Protecting the Planet. Synthesis Report of the Secretary-General on the post-2015 Agenda. New York: United Nations; 2014

⁵ The Health Workforce Status in the WHO Africa Region: Findings of a Cross-Sectional, 2022

⁶ Report of the WHO Director General to the 2022 World Health Assembly

Africa's long-standing health worker shortage stems from several factors, including inadequate training capacity, rapid population growth, international migration, weak governance of the health workforce, career changes as well as poor retention of health personnel. It is projected that the shortage of health workers in Africa will reach 6.1 million by 2030, a 45% increase from 2013, the last time projections were estimated.

Severe shortage of health workers in Africa has daunting implications. Without adequate and well-trained workforce, it remains a challenge to tackle (i) maternal and infant mortality, (ii) infectious diseases, (iii) noncommunicable illnesses and (iv) providing essential basic services like vaccination. The 2022 World Health Assembly noted the need to reinforce Africa's health system by addressing the persistent shortages and poor distribution of the health workforce. Countries were required to significantly increase investments for building the health workforce to meet current and future needs. Strong measures were called for to boost training and recruitment of health workers as well as to improve their deployment and retention.

2.2.1 Africa Regional Roadmap for HRH Scale Up

A study in the British Medical Journal by Afriyie, Nyoni and Ahmat, many African countries have a shortage of health workers.⁷ As a response, in 2012, the Ministers of Health in the WHO African Region endorsed a Regional Roadmap for Scaling Up the Health Workforce from 2012 to 2025. The study assessed the extent to which the HRH strategic plans that African countries developed conformed with the WHO African Region's HRH Roadmap. Only 72% countries had a national plan of action for attaining the HRH target. Despite the effort, countries needed further support to comprehensively implement the plans and maintain the health workers required for them to attain universal health coverage.

2.2.2 Africa's Health Education, Training and Accreditation

The State of the Health Workforce in the WHO Africa Region 2021 Survey found 3,894 health training institutions in the Region, with 2,128 (55%) owned by the public sector; 1,351 (35%) by the private for-profit sector; and 415 (11%) by the private not-for-profit sector. The public sector reported having the highest number of medical training institutions for medical practitioners, dentists and pharmacists in 209 institutions (59%). The private for-profit and private not-for-profit sectors respectively had 111 (31%) and 35 (10%) training institutions for medical practitioners, dentists and pharmacists. The private sector had the highest number of both nursing and midwifery training institutions with a total of 1,375 institutions (54%) and health sciences schools for other mid-level cadres, making a total of 544 (55%). Thirty-three (70%) of the 39 countries had an accreditation body for training institutions, while seven countries (15%) had none, and one country was in the process of establishing one.

2.3 National Vision 2040 and National Development Plan III

In 2010, Uganda started implementing its Vision 2040 toward "*A transformed Ugandan society from a peasant to a modern and prosperous country within 30 years.*" Uganda will reach half-way point of Vision 2040 in MIHS SP 2023-2028 period. In 2007, Uganda adopted the *Comprehensive*

⁷ Afriyie DO, Nyoni J, Ahmat A. The state of strategic plans for the health workforce in Africa. *BMJ Global Health* 2019;4:e001115. Doi:10.1136/bmjgh-2018-00115

National Planning Development Framework (CNPDF) comprising (i) three 10-Year National Development Plans; (ii) six 5-Year National Development Plans; (iii) Sector Master Plans and Strategies; (iv) Local Government Development Plans; and (v) Annual Plans and Budgets. The *Third National Development Plan (NDPIII) 2020/21-2024/25* aims to increase household incomes and improve quality of life for Ugandans. NDPIII priorities that MIHS relates to are (i) increasing access to and utilization of health services; (ii) high disease burden; (iii) role of private health and education sub-sectors in national economy; (iv) academia as a hub of R&D; (v) skills revolution among youth driven by Science, Technology and Innovation (STI); and (vi) Science, Technology, Engineering and Innovation (STEI) as a key driver of Vision 2040. Specifically, MIHS SP 2023-2028 is anchored on (i) Education Sector Strategic Plan; (ii) MOH Strategic Plan 2020/21-2024/25; (iii) National Strategy for Private Sector Development; and (iv) Social Development Sector Plan.

2.3.1 Uganda's Human Resources for Health Strategy

Health workforce coverage in Uganda remains inequitable and insufficient for achieving universal health coverage and health goals.⁸ Despite overall increase in health workforce numbers, there is still (i) the high vacancy rate of 26%; and (ii) sub-optimal health workforce distribution and skills mix. The overall national staffing level is 74% with 11% unauthorized absenteeism and 38% authorized absenteeism.⁹ The health workforce density of 1.6 per 1,000 falls far short of the WHO threshold of 4.45 per 1,000 needed to progress toward Universal Health Coverage (UHC). Having 38% of the 74% staffing level absent leaves only 46% of health workers present at health facilities. MIHS identifies with Strategic Objectives 4 and 5 of the HRH Operational Plan 2020/21-2024/25.

2.3.2 Developing Health Workforce for Changing Health Needs

MIHS 2023-2028 strategic planning involved the interweaving strands from the following priority areas of the Ministry of Health HRH Operational Plan 2020/21-2024/25: (i) rationalizing health workforce training; (ii) improving the health workforce skills mix; (iii) integrated health workforce training; (iv) improved quality of health workforce training; and (v) building strategic partnerships for developing the health workforce for Uganda's and Africa's changing health needs.

⁸ Ministry of Health, Human Resources for Health Strategic Plan 2020-2030: Effective Health Workforce Coverage and Resilience

⁹ Human Resources for Health Staff Audit, 2020

2.4 PESTEL and SWOT Analysis

2.4.1 Analysis of External Opportunities and Threats

This is the analysis of external Opportunities and Threats that will influence MIHS success during SP 2023-2028 period. The analysis was limited to known significant factors at planning time.

OPPORTUNITIES	THREATS
<p><u>POLITICAL</u></p> <ul style="list-style-type: none"> ▪ Relative political stability in Uganda and the East African region favors investment in health professionals’ education and training. ▪ Strategic focus guided by Vision 2040, NDPs and Sector Strategic Plans. <i>The 2040 Vision of a transformed Ugandan society from a peasant to a modern and prosperous country provides opportunity for MIHS to train highly competent health professionals.</i> The MIHS vision and mission of developing a competent Human Resources for Health workforce is in line with the NDP aim of increasing household incomes and improving quality of life for Ugandans. ▪ Strong and vibrant national regulatory framework for health professionals education enables quality delivery of programmes. ▪ Political affirmative action and good will to promote science motivates investment in health professionals education and training. 	<ul style="list-style-type: none"> • Business drawbacks arising from clash in socio-political values (e.g., the Anti-Homosexuality Act and associated political and business backlash). • Business risks and higher cost of doing business associated with gaps in political oversight and governance (including bureaucracy, ambiguity, partiality, etc.).
<p><u>ECONOMIC</u></p> <ul style="list-style-type: none"> ▪ Uganda’s economic growth to accelerate to above 6% per annum in the medium term as inflationary pressure lessens plus benefits from investments and oil exports kick in improving the purchasing power of the populace for education and other services and goods. ▪ Improving economic prospects for Africa [average real GDP projected at 4.1% in 2023/24, up from 3.8% in 2022, above the 2.9% global average and Europe’s 1.1%]¹⁰ 	<ul style="list-style-type: none"> ▪ Slowdown of global growth, disruptions in global financial conditions and increasingly volatile weather remain major downward economic forces. ▪ Real GDP per capital grew by only 1.0% per annum between 2011 and 2022 in a context of rapid population growth, drought and other external shocks, a less supportive external environment and weakening policy and institutional framework. <u>All these raised household vulnerability and reduced disposable</u>

¹⁰ African Economic Outlook 2023: African Development Bank Group

OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> ▪ Momentum toward East African integration links MIHS to the 174 million people East African market (US\$ 163.4 billion GDP) and COMESA’s 560 million people market (US\$ 768 billion combined GDP). 	<p><u>income for investing in capacity development [training and education].</u></p>
<p><u>SOCIAL</u></p> <ul style="list-style-type: none"> ▪ Uganda’s rapid population increase [to rise from current 46 million to 74 million in 20 years and to 104 million by 2060]¹¹ is an opportunity for prosperity if it is coupled with human capital development. 	<ul style="list-style-type: none"> ▪ Inadequate investment toward ensuring that young Ugandans access education and health services will limit ability to attain their potential and to enhance and sustain short and long-term productivity. This may ultimately negatively impact on the purchasing power of the populace.
<p><u>TECHNOLOGICAL</u></p> <ul style="list-style-type: none"> ▪ Maturity of technology platforms toward business viability in 2023 to 2030 including <ul style="list-style-type: none"> ○ Generative AI such as ChatGPT ○ Internet of Things – smart devices and objects connected to internet constantly gather and transmit data into Big Data. ○ Information Technology – turning to use of computer hardware and software. ○ Cloud – shift from traditional hosting to flexible, expandable storage on Internet. ○ Automation – automating structured and repetitive business processes. ○ Machine Learning – computers learn for themselves and do tasks autonomously. ○ Mobile Computing – Powerful features squeezed on a small device [e.g., Smart Phone] to run thousands of apps. <p><i>Used well, these support improve quality and reach of MIHS education programmes.</i></p>	<ul style="list-style-type: none"> ▪ Business risks and higher cost of doing it associated with resistance to change and insisting on technology investments of the pre-digital era. ▪ Sub-optimal investment in transition to digital technology [including structural changes to realign business leadership and management structures from IT management to Technology leadership and management].
<p><u>ENVIRONMENTAL</u></p> <ul style="list-style-type: none"> ▪ Robust national framework for environment protection and management [including laws, policies, guidelines and institutions]. 	<ul style="list-style-type: none"> ▪ Business risks and higher cost of doing business arising from poor enforcement of the national framework for protection and management of the environment.

¹¹ World Bank, Uganda Economic Update: Uganda Can Benefit from the Demographic Dividend by Investing More in Education, Health

OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> High potential for generation of renewable clean energy resulting in lower energy cost. MIHS can exploit this for efficient delivery of programmes. 	<ul style="list-style-type: none"> Low investment in protecting / managing the environment increases business cost.
<p><u>LEGAL</u></p> <ul style="list-style-type: none"> Robust legal framework governing health professionals education and training [including statutes, policies, codes, standards, structures, etc.], providing an enabling environment for MIHS to grow to ODA status and later on a University. 	<ul style="list-style-type: none"> Business risks and higher business cost due to gaps in enforcing legal framework for health professionals education.

MIHS responded to the above analysis of Opportunities and Threats by formulating Strategic Goals and Strategic Objectives for 2023-2028 that are responsive to key observations emerging from the analysis. The Strategic Goals and Strategic Objectives aim to proactively explore and exploit the potential benefits in the Opportunities while hedging the institute against the potential risks underlying the Threats.

2.4.2 Analysis of Internal Strengths and Weaknesses

Below is the analysis of key Strengths and Weaknesses that will influence MIHS success during SP 2023-2028 period. Analysis was limited to significant known factors at the planning time.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> Accredited health service training programs. A reputable brand rooted in the mother organization – Mildmay Uganda. A committed, highly experienced, and influential Governing Council. Clearly articulated planning framework: - 30-Year Master Plan, 5-Year Strategic Plans, Annual Operational Plans (AOPs) and Quarterly Work Plans Strategic plan evaluation process. Relevant operational strategies in place (research, communication, grants mgt policy, etc) 	<ul style="list-style-type: none"> Weak marketing structures Strategies to grow the Non tuition income fund are weak. QMS not adequately mainstreamed throughout the institute. Unclear strategy regarding evaluating and monitoring the effectiveness of the unique MIHS Graduate programme. Weak alumni engagement platforms. Lack of a partners engagement framework i.e., partners are managed individually and independently.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> ▪ Regular engagement with regulators on national forums which helps align strategy to national agenda. ▪ A Grants and Business Development Centre that supports long term sustainability of the institute through generation of non-tuition income. ▪ A functional Quality Assurance Unit aligned to the NCHE QA framework. ▪ Delivery of the unique MIHS graduate curriculum that develops a competitive breed of health professionals. ▪ MOUs with a number of health facilities that support students practicum. ▪ Partnerships with local and international institutions, relevant ministries, CBOs, etc that can be leveraged for further growth. ▪ Rich MUg Group Strategic Architecture [within the Group MIHS can access (i) MRCU; (ii) General Hospital; (iii) ISO-certified Laboratory. ▪ A committed and competent workforce. ▪ Existent organogram with clear Academic and Administrative support services. Reporting mechanisms are clear and in place providing opportunity for execution of roles. ▪ <i>Policies and guidelines aligned to the core values of MIHS.</i> ▪ Forums are in place through which shared values are cascaded. 	<ul style="list-style-type: none"> ▪ Lack of a Community engagement strategy. ▪ Skills gap in areas of research, and grant writing. ▪ Sponsorship opportunities for staff education are inadequate. ▪ Inadequate number of patients in the MUgH to support on campus hospital practicum. ▪ Inadequate infrastructure to support the planned growth. ▪ Lack of a culture management framework. ▪ Lack of a dedicated grants acquisition team to focus on grants portfolio growth.

MIHS responded to the above Strengths and Weaknesses by formulating Goals, Objectives and Initiatives for 2023-2028 that are responsive to key observations from the analysis.

2.5 MIHS 2017-2022 Performance Highlights

Below is a summary of MIHS performance under the Objectives of its 2017-2022 Strategic Plan.

2.5.1 Performance under Objective 1: MIHS Establishment

OBJECTIVE 1: Establish Mildmay Institute of Health Sciences as an autonomous institution.

Under Objective 1, MIHS became a legal entity separate from MUG through incorporation as a company limited by shares and owned 100% by MUG. Other milestones comprised appointing a Governing Council and growth in line with 30-Year Master Plan. The following recommendations were made for the SP 2023-2028 period: -

1. To proactively manage its growth and expansion focusing on (i) training demands; (ii) training standards; (iii) quality of learning; (iv) quality of support services; (v) regulatory frameworks; and (vi) national growth prospects. This will help stabilize MIHS business.
2. To create a robust alumni programme that manages their interaction with current students.
3. To dedicate more resources [time, staff and skills] to internal strategic plan monitoring to limit non-performance on some indicators.

2.5.2 Performance under Objective 2: Context-based Health Service Education

OBJECTIVE 2: Increase access to context-based hands-on health service education and management.

MIHS aimed to develop health professionals who meet HRH needs. Programme uptake scored 85% for paramedical courses and 30% for other courses. By Yr05, (i) 1420 students had enrolled; (ii) 147 students finished experiential attachment; (iii) 800 students completed short courses; and (v) applicability of learnt skills scored 97.2%. Recommendations for SP 2023-2028 period were:

1. To uphold MIHS brand amidst its fast growth by strengthening quality assurance of the (i) enrolment; (ii) practical training; and (iii) supervision of the learners to ensure excellent results.
2. To cultivate and sustain strategic partnerships with institutions and experts in key areas of its education and training [with special attention to programmes of School of Applied Sciences].

2.5.3 Performance under Objective 3: Research to Generate Evidence

OBJECTIVE 3: Engage in Research to generate evidence to inform teaching/learning, and health systems strengthening.

MIHS aimed to engage in research to generate evidence that informs teaching and learning and health systems strengthening. Twenty-five (76%) MIHS teachers gained skills in writing research grants. Overall, this Objective was sub-optimally implemented.

The following recommendations were made for the SP 2023-2028 period: -

1. To develop a coordinated research framework as envisioned by the MUG 30-Year Master Plan [including partnering with MRCU to raise the volume of the Institute's research output and rise from where research depends on individual lecturers to MIHS-initiated research].
2. To host research within the Institute with a clear accountability structure.

3. To set MIHS research targets both as (i) research grant funding; and (ii) research as a mode of practical teaching and community engagement.
4. To identify collaborators or renowned researchers to optimize MIHS research grant writing.

2.5.4 Performance under Objective 4: Community Capacity Development

OBJECTIVE 4: Develop capacity of communities to deal effectively with their own health needs.

MIHS aimed to engage in projects geared toward promoting community health by building the capacity of communities to sustainably address their health needs. MIHS wrote 20 community grants with 30% win-rate; developed a community project implementation arm; and built partnerships with (i) government; (ii) civil society organizations; and (iv) networks.

The following recommendations were made for the SP 2023-2028 period: -

1. To develop a framework to guide MIHS engagement with target communities.
2. To streamline community engagement planning and clarify (i) programme aims; (ii) target groups; (iii) needed resources and capacity; (iv) desired impact; and (v) stakeholder interests.
3. To innovate ways to connect with communities and attract local support such as (i) community-led programmes; (iv) community learning initiatives; and (v) support to marginalized people.

2.5.5 Performance under Objective 5: Resource Mobilization

OBJECTIVE 5: Mobilize Resources to sustain the Institute.

MIHS aimed to diversify its income and ensure an efficient and effective financial management. This was to be achieved via financial investments and multiple income streams. By mid-term review, MIHS performed at 54% and grew its Revenue three-fold. The following recommendations were made for the SP 2023-2028 period: -

1. Domain defense: MIHS to protect its revenue sources by (i) quality service; (ii) customer satisfaction; (iii) enhanced systems to improve customer experience; (iv) full implementation of e-campus; and (v) targeted marketing for low-performing products like short courses.
2. Domain offense: MIHS to diversify its portfolio through (i) new arenas; (ii) strategic alliances; (iii) new markets such as South Sudan, Rwanda and Burundi; and (iv) cross-border marketing.
3. Optimize digital marketing by making existing digital platforms more effective.
4. Optimize Online Learning since Online by investing in advanced virtual learning enablers including e-Learning Studio and a Research Lab.

3 MIHS 2023-2028 Strategy Framework

3.1 Vision, Mission and Values

3.1.1 Vision

A Leader in Health Professionals Development.

We will attract, educate, train and nurture individuals to lead in the local and global market, contributing to the evolution of health service delivery.

3.1.2 Mission

Transforming health service delivery systems through value based, context-specific, hands-on training, education and research for improved well-being and sustainable development of society.

3.1.3 Values

We are a Christian health service education and training institution that espouses these values: -

1. **Excellence:** We demonstrate our capacity for greatness by producing graduates of exceptional standard at national, regional, and global level. We achieve this through exceptional standards of service and responsiveness to feedback from our customers and the markets we serve.
2. **Integrity:** We win stakeholder trust by delivering results with honesty and transparency. As true stewards, we do the right thing in service to society and uphold morality and authenticity as leaders in health professionals development.
3. **Innovation:** We embrace change and infuse dynamism across our operations; listen to our learners and other stakeholders; define their needs and craft ingenious solutions; and maintain mutually beneficial partnerships in our teaching, research and service to the community.
4. **Learner Centeredness:** We cultivate a responsive student-first culture; consider the student as the purpose for our work; holistically meet the needs of our students; and embrace the duty to serve them with utmost dedication and courtesy.

3.2 MIHS 2023-2028 Strategic Goals



3.3 Strategic Goal 1 Objectives and Initiatives

Goal Statement: Consolidate MIHS positioning as a lead brand in quality health professionals education and training.

MIHS will achieve Strategic Goal 1 by implementing the eight Strategic Objectives below.

- 1.1:** Standardize the business model underlying all the health education and training products in the MIHS portfolio.
- 1.2:** Run the Schools of Nursing and Midwifery, Clinical Medicine and Community Health, Medical Laboratory Technology and Applied Sciences as viable brands that meet student expectations and respond to current and emerging health needs.
- 1.3:** Operate the MUg Leadership School as a portfolio of viable and sustainable programmes that address current and emerging leadership challenges in health services.
- 1.4:** Enhance MIHS physical infrastructure to match the growth of the institute and prepare to attain Other Degree Awarding Institution (ODAI) status.
- 1.5:** Establish a robust QA system and mainstream it across MIHS.
- 1.6:** Introduce a Higher Education Certificate Access Programme

Overview

Strategic Goal 1 aims to consolidate MIHS positioning in the mind of its current and prospective clientele as a lead brand in providing quality health professionals education and training. To lay the ground for realizing this Strategic Goal, MIHS will implement these cross-cutting enablers.

- **Demand-driven Design:** By end of its last SP period, MIHS ran 26 academic programmes and 6 professional short courses targeting different pre-service and in-service health professionals. Uptake of different courses varied widely with some programmes meeting their targets and others lagging behind. MIHS learnt from market feedback the need to develop demand-driven courses that are responsive to emerging needs.
- **Programme Review:** Current programmes will be reviewed to ensure compliance with NCHE, and MIHS standards. MIHS will conduct TNA and tracer studies every 3 years to ensure that programmes are responsive to market needs. Feedback from previous Tracer studies highlighted the need to strengthen placement and to mainstream key add-on skills. This will inform programme redesign and development. Annual programme-level reviews will be conducted to address gaps highlighted by routine evaluation and student feedback. A tracking mechanism will be instituted by QA Department to monitor programmes and consolidate information from the various reviews. The Curriculum Development Policy will also be reviewed to provide for regular programme reviews and alignment to priorities, as well as shelving/phasing out of non-responsive programmes.
- **Programme Adaptation:** MIHS will adapt some of its existing programmes for blended and online delivery. This will serve a two-fold purpose of expanding the programme reach and mitigating the disruption to learning caused by public health threats and other crises. This intervention will target to adapt 6 programmes for online delivery including redesigning and adapting curricula for online study, assessment and evaluation. Marketing of new and revised programmes will be undertaken by the Grants and Business Development Centre (GBDC). Interventions by GBDC will include (i) exploring new programmes and markets; (ii) needs assessment; (iii) creating demand-driven programmes; (iv) optimizing technology acceleration of the programmes offered; (v) maintaining partnership with University of Washington and other learning partners; and (vi) developing new teaching and learning collaborations. The MIHS Business Incubation Unit to be housed in the GBDC will play a key role as a nursery for new programmes that are undergoing development and testing. Its first candidates will be the Data Management Course and Grants Writing Course.
- **Programme Quality:** MIHS will seek to be the market leader in delivering quality programmes whose graduates excel locally, in the EAC region and all over Africa. This will be achieved by (i) ensuring students complete the MIHS Graduate Leadership Programme; (ii) recruiting competent tutors and managing their performance; (iii) maximizing student placement by training and support supervision of preceptors; (iv) establishing the student and faculty exchange programme; (v) multi-disciplinary grand rounds—case conferencing with experts for enhanced competence development; (vi) technology optimization to lower programme

delivery cost and consequently reduce fees; (vii) research and publication in selected areas to enrich teaching, inform policy and support staff career development; and (viii) exploring emerging markets for health professionals education and training. Other programme quality interventions will include pedagogy refresher training; annual skills gap assessment; and student evaluation and feedback.

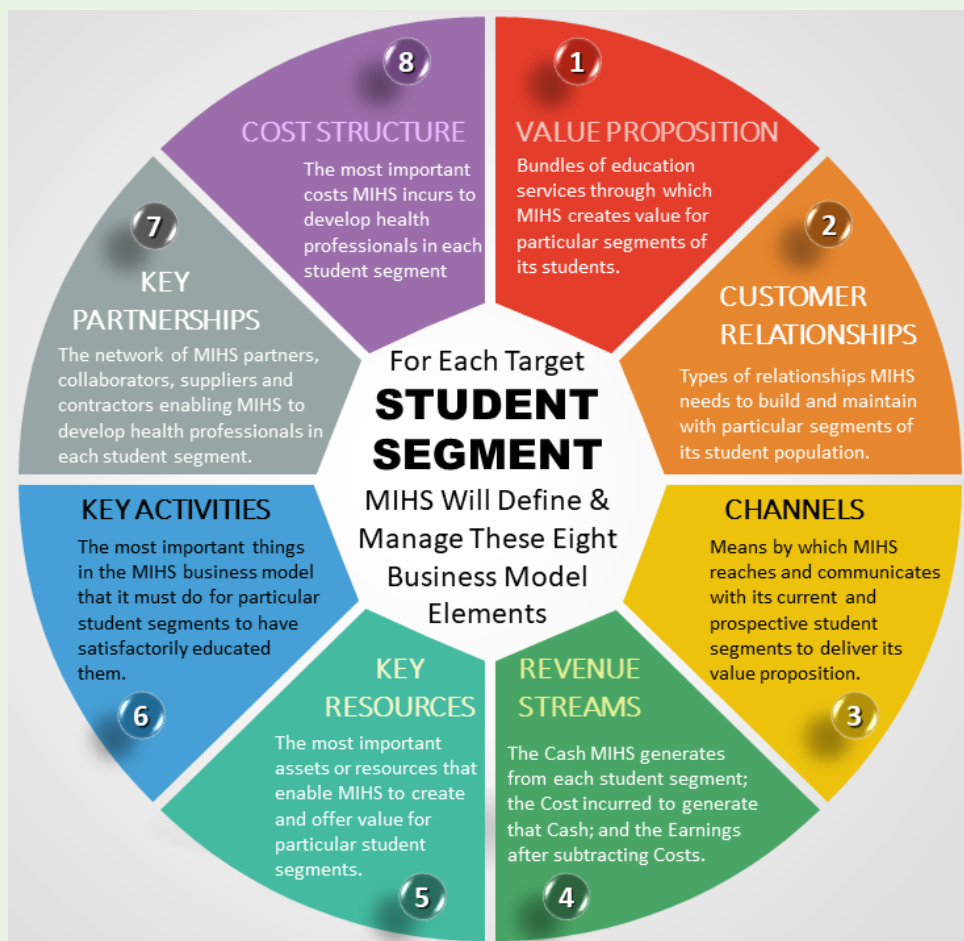
- **Scaling Up ICT:** Key to MIHS delivery of quality education and training is ICT deployment. ICT investments made by MIHS to date include (i) a virtual learning platform; (ii) campus-wide internet coverage; (iii) computer hardware and appropriate software; and (iv) training of MIHS staff. During SP 2023-2028, MIHS will develop an e-Learning recording studio for recording quality sessions and assess its ICT capacity to inform further upgrades. To sustain learning across COVID-19 lockdown, MIHS got a provisional license for Online Distance and E-Learning (ODEL) and will pursue a full license in SP 2023-2028 period.
- **Library Strengthening:** The current library has a sitting capacity of 80 and falls short of NCHE standards. MIHS will improve library capacity as part of broader infrastructure development. In the short-to-medium-term, online virtual investments will be used to address current gaps. The virtual resources will enable students to access the library from anywhere. Through its membership to the Consortium of Uganda University Libraries (CUUL), MIHS will access valuable resources for students and faculty.
- **Collaboration:** MIHS will establish and strengthen partnerships at local, national, regional and global level for mutually beneficial exchange of resources. Key partners will comprise (i) public sector; (ii) private sector; (iii) communities; and (iv) donor agencies. A Partnership and Collaboration Framework will be developed to guide the nurturing of current partnerships and onboarding of new ones. Current partnerships to be retained include University of Manchester, University of Washington, Nkumba University, Christian Blind Mission (CBM) and Porticus.

MIHS will achieve Strategic Goal 1 by focusing on (i) standardizing the MIHS business model across all 4 schools; (ii) ensuring viability of the 4 MIHS schools; (iii) modifying and remodeling existing MIHS infrastructure; (iv) establishing a robust Quality Assurance system; (v) enhancing collaborations and partnerships; and (vi) attaining ODAI status.

3.3.1 STRATEGIC OBJECTIVE 1.1: Standardize the business model underlying all the health education and training products in the MIHS portfolio.

The SP 2023-2028 development process revealed a gap in business acumen among MIHS School Deans. While their technical grasp of MIHS work was very high, gaps existed in appreciating that MIHS success and sustainability lay in its operation as a viable enterprise and strong brand that competes with peer brands. MIHS schools will be run as strong enterprises following standardized business models guided by the *Business Model Canvas*¹² illustrated below.

¹² Alexander Osterwalder and Yves Pigneur, Business Model Generation



Initiative 1.1.1: Standardize customer segmentation for MIHS products.

In creating and delivering health professionals education and training services, each MIHS School will define the student segments it targets. MIHS appreciates that without students whom it regards as most important and for whom it creates value, it cannot survive. To satisfy its students, MIHS will group them into (i) programmes; (ii) schools; (iii) years; and (iii) levels (pre-service or in-service). During business planning, the schools will decide on the student segments to prioritize and those to scale down and adapt their business models accordingly.

Initiative 1.1.2: Standardize value proposition design for MIHS products.

Schools will define bundles of services that create value for student segments by defining (i) value they deliver to students; (ii) student problems they solve; (iii) student needs they satisfy; and (iv) bundle of services offered to each segment. They will mix *quantitative values* [price, speed of service, turn-around-time] and *qualitative values* [design, student experience]. Schools will create value that delivers (i) *newness*—satisfying new needs among students; (ii) *performance*—helping create improvement; (iii) *customization*—tailoring service to students; (iv) *getting job done*—helping students get things done; (v) *price*—offering similar value to price-sensitive students at lower price; (vi) *cost-reduction*—helping students reduce cost; (vii) *accessibility*—easy access; and (viii) *convenience*—creating options that are more convenient or easier-to-use.

Initiative 1.1.3: Standardize channels design for MIHS products.

Schools will define how to communicate with and reach current and prospective student segments to deliver their value proposition. They will define the touchpoints for creating student experience through (i) awareness creation among current and prospective students; (ii) involving students in evaluating their value proposition; (iii) letting students purchase programmes; (iv) delivering value-for-money to students and their sponsors; and (v) post-programme student support.

Initiative 1.1.4: Standardize customer relationships framework for MIHS products.

MIHS will define the type of relationship to build with each of its student segments in its effort to (i) enroll students; (ii) retain students; and (iii) boost sales. MIHS customer relationships will range from personal to automated. Personal assistance will involve interaction between students and MIHS representatives. Dedicated personal assistance will involve interacting with dedicated MIHS student support structures. Self-service will involve using platforms where MIHS students help themselves. Co-creation will entail MIHS involving students in creating school programmes.

Initiative 1.1.5: Standardize revenue streams definition for MIHS products.

MIHS will project its expected earnings from each student segment [Revenue - Cost = Earnings] and define the value for which each segment is truly willing to pay. That data will enable it to earn multiple revenue streams per student segment. Schools will explore how to earn multiple revenue streams such as (i) transaction revenue from one-time payments; (ii) recurring revenue from ongoing payments; and (iii) post-programme revenue such as alumni fees, subscriptions, etc.

Initiative 1.1.6: Standardize key resources definition for MIHS products.

MIHS will define the most important assets required to (i) create and offer its value proposition; (ii) reach target markets; (iii) maintain relationships with customers; and (iv) earn revenues. Given the knowledge-intensive nature of MIHS business, personnel will be a key resource that it will hire and access from key partners. Intellectual resources [brand, proprietary knowledge and copyright] will give MIHS competitive advantage given the difficulty competitors will face to build them.

Initiative 1.1.7: Standardize key activities definition for MIHS products.

Schools will define the most important things they must do to successfully execute their business model. They will identify key activities required to create and offer value in form of developing health professionals among each student segment and to earn revenue from offering that value. Because key activities of the Schools often involve problem-solving and creating new solutions, their key activities will include activities such as education, training and knowledge management.

Initiative 1.1.8: Standardize key partnerships definition for MIHS products.

Schools will define the network of partners that enable MIHS to develop health professionals in each student segment. For all partners, Schools will identify the key resources got from them and key activities that they perform. Schools will uphold the logic of never trying to own all resources or perform everything internally. They will form optimization and economy of scale partnerships to reduce costs and form strategic alliances to reduce risks. They will consider partnering for strategic gains even when they compete with such partners elsewhere. Well-established specialists will be key partners for joint bids and resource sharing. Schools will form robust frameworks to manage key partnerships that influence their survival, growth and sustainability.

Initiative 1.1.9: Standardize the cost structure for MIHS products.

MIHS will profile key costs associated with each student segment. Cost profiling will identify its high-cost key resources and key activities required to (i) create and deliver education programmes; and (ii) generate revenue. In its cost profiling, MIHS will use a “no frills” model of stripping away fancy add-ons to offer quality education at lower prices. It will explore ways of running a lean cost structure through (i) automation; (ii) price reduction; and (iii) outsourcing.

3.3.2 STRATEGIC OBJECTIVE 1.2: Run the School of Nursing and Midwifery as a viable brand that meets student expectations and responds to current and emerging health needs.

The MIHS School of Nursing and Midwifery started in 2016 with 25 students and grew to the current 402 students, indicative of its growth potential. The School runs the Certificate programme and the Diploma programme both of which are accredited by the Uganda Nurses and Midwives Council (UNMC). While the Certificate programme is the Schools flagship product, uptake for the Diploma programme is low. The School has provision for upgrading from Certificate to Diploma. During the last SP period, the School grew its classroom space from 456 square meters able to sit 300 students to its current 10 classrooms constituting 980 square meters and able to sit 800 students [10 classrooms X 80 students per class]. It owns a state-of-the-art skills laboratory and is well-equipped to provide a conducive learning environment that fosters hands-on practical experiences. The School has ten Memoranda of Understanding (MOU) with public and private hospitals providing hands-on clinical practice. Staffing at the School comprises 14 academic staff of whom 8 are hired full-time and 6 are part-time staff. The staff-to-student ratio of 1:37 falls short of the standards set by National Council for Higher Education (NCHE) Quality Assurance Framework. The 2023 MIHS Academic Audit Report indicated areas for improving staff capacity.

Initiative 1.2.1: Increase the viability and sustainability of programmes run by the MIHS School of Nursing and Midwifery and their responsiveness to emerging health needs.

MIHS School of Nursing and Midwifery will increase the viability and sustainability of its programmes including increasing its enrolment by 40.8% between Yr02 and Yr04 and by 50% from Yr04 onward. Below are interventions to increase viability and sustainability of the School of Nursing and Midwifery.

- **Business Design:** MIHS will facilitate a conscious intervention to redesign the business model of the School of Nursing and Midwifery following the 9 Business Model Generation elements presented under Objective 1.1. MIHS will adopt that Framework as the core motif underlying its business planning, budgeting, execution and evaluation. That will result in a common business language within School of Nursing and Midwifery and between it and other Schools. It will also standardize perception around the 9 business model building blocks comprising (i) customer segmentation; (ii) value proposition; (iii) channels; (iv) customer relationships; (v) revenue streams; (vi) key resources; (vii) key activities; (viii) key partnerships; and (ix) cost structure. This will reduce and eliminate losses arising from mismatch in business models.
- **Enrolment Capacity:** During SP 2017-2022 period, Ministry of Education and Sports (MoES) authorized MIHS School of Nursing and Midwifery to enrol up to 710 students. By end of that period, MIHS had 402 nursing and midwifery students enrolled (i.e., 56.6% of its capacity). In

Yr02 of SP 2023-2028 period, MIHS will apply to MoES to increase its enrolment capacity from 710 to 1,000; and to 1,500 students from Yr04 onwards.

- **Staffing Capacity:** The School will improve its staff-to-student ratio by implementing the recommendations of the MIHS 2023 Academic Audit Report. Key interventions will include (i) recruiting 7 full time staff and 4 part-timers; (ii) supporting 5 staff to pursue Masters Degree to elevate quality of teaching and research; and (iii) supporting PhD studies for 2 staff as capacity building for groundbreaking research.
- **Quality Assurance:** MIHS will review the quantity and quality of clinical practical training that was highlighted by the MIHS 2023 Tracer Study. Other interventions will include (i) internal and external benchmarking to enhance quality and efficiency; and (ii) exploring technology acceleration and digitalization for programme efficiency.
- **Nurse Leadership:** MIHS will partner with Mildmay Hospital Uganda (MHUg) and other identified local and global partners to develop and run a world-class Fellowship Programme in Nurse Leadership. The programme will (i) build capacity of MIHS teaching staff; (ii) increase visibility of the School; and (iii) position MIHS as a leader in nursing and midwifery training.
- **Business Acumen:** While the School leaders are appreciated for growing it from infancy to an established enterprise and for their admirable grasp of education and training, there is need to harness their capacity to enhance the scale, viability and sustainability of the business. To build the business acumen of the leaders of Nursing and Midwifery School, they will be exposed to Group mechanisms for business support, monitoring, evaluation, coaching and mentorship. MIHS will cascade key structures such as Group Central Business Forum (GCBF) from Group-level to MIHS level and School level. Key skills to be inculcated will include (i) enterprise and business unit leadership; (ii) financial skills for non-finance managers; (iii) balancing technical competence, business growth and proprietor interest; and (iv) maintaining a Group-wide focus.
- **Placement Capacity:** MIHS will partner with Mildmay Hospital Uganda (MHUg) to increase internal capacity for students practicum. This will involve developing and growing the MHUg General Wing at Lweza Main Site and piloting one upcountry placement centre.

Initiative 1.2.2: Develop and run the Diploma in Midwifery Online programme as a viable and sustainable business venture responsive to current and emerging health needs.

During Yr01 of the SP 2023-2028 period, the School of Nursing and Midwifery will develop a Diploma in Midwifery Online programme. This provisional proposition is based on feedback from students showing willingness to return to MIHS for a Diploma in Midwifery via online learning.

- **Feasibility:** Prior to embarking on developing the Online Diploma in Midwifery programme, MIHS will commission a feasibility study to validate the provisional proposition.
- **Accreditation:** MIHS will seek accreditation of the Online Diploma in Midwifery programme by the Uganda Nurses and Midwives Council (UNMC) before offering it to the public.
- **Business Plan:** Upon a favourable feasibility study outcome, MIHS will develop a business plan to guide the development and running of the Online Diploma in Midwifery programme as a viable and sustainable business venture.

Initiative 1.2.3: Develop and run the Bachelor of Science in Nursing programme as a viable and sustainable business venture responsive to current and emerging health needs.

During Yr05 of the SP 2023-2028 period, the School of Nursing and Midwifery will develop a Bachelor of Science in Nursing programme in collaboration with an identified leading university. This provisional proposition is based on feedback from students showing willingness to return to MIHS for a Bachelor of Science in Nursing programme.

- **Feasibility:** Prior to developing and running the Bachelor of Science in Nursing programme, MIHS will validate the viability of the proposition by commissioning a feasibility study.
- **Partnership:** Upon a favourable outcome from the feasibility study, MIHS will identify the right university with which to partner to develop and run the programme.
- **Business Plan:** MIHS will develop a business plan to guide the development and running of the Bachelor of Science in Nursing programme as a viable and sustainable business venture.

3.3.3 STRATEGIC OBJECTIVE 1.3: Run the School of Clinical Officers as a viable brand that satisfies student expectations and is responsive to community health needs.

The MIHS School of Clinical Officers started in 2016 with 9 students and grew to the current 237 students, evidence of its potential to grow. The School runs the Diploma in Clinical Medicine and Community Health. It is registered and licensed by Ministry of Education (MoEs) under Health Education and Training (HET). It is currently licensed to enroll up to 420 students. During the last SP period, the School grew its classroom space from 42 square meters able to sit 30 students to its current 114 square meters able to sit 180 students [3 classrooms X 60 students per class]. It set up a skills laboratory that will be enhanced during the new SP period. Staffing at the School comprises 13 academic staff. The staff-to-student ratio of 1:18 is acceptable within the standards of the National Council for Higher Education (NCHE) Quality Assurance Framework.

Initiative 1.3.1: Increase the viability and sustainability of the current programmes run by the MIHS School of Clinical Officers and their responsiveness to emerging health needs.

MIHS School of Clinical Officers will increase the viability and sustainability of its programmes including increasing its enrolment by 67% in Yr02. Below are the interventions to increase viability and sustainability of the programmes run by School of Clinical Officers.

- **Business Design:** MIHS will facilitate a conscious intervention to redesign the business model of the School of Clinical Officers following the 9 Business Model Building Blocks presented under Objective 1.1. The Framework will become the School's underlying motif for business planning, budgeting, execution and evaluation. It will blend the School's business language within itself and between it and other Schools. Further, it will standardize perception around (i) customer segmentation; (ii) value proposition; (iii) channels; (iv) customer relationships; (v) revenue streams; (vi) key resources; (vii) key activities; (viii) key partnerships; and (ix) cost structure. This will reduce and eliminate losses due to mismatch in business models.
- **Enrolment Capacity:** During SP 2017-2022 period, Ministry of Education and Sports (MoES) authorized MIHS School of Clinical Officers to enrol up to 180 students. By end of that period, MIHS had enrolled 214 Clinical Officer students due to an extra intake allowed by the regulator. In Yr02 of SP 2023-2028 period, MIHS will apply to MoES to increase the enrolment capacity for School of Clinical Officers from 180 to 300.

- **Staffing Capacity:** The School will improve its staffing capacity by recruiting 2 full time staff and 2 part-timers; (iii) supporting 2 staff to pursue Masters Degree to elevate quality of teaching and research; and (iv) supporting PhD studies for 1 staff as capacity building for groundbreaking research.
- **Skills Laboratory:** The School will enhance its skills laboratory by remodelling and equipping it to provide a conducive learning environment that fosters hands-on practical experiences.
- **Placement Capacity:** The School will sign 3 Memoranda of Understanding (MOU) with public and private hospitals to provide placement for students. A partnership will also be established between MIHS and MHUg to increase internal capacity for students' practicum. This will involve developing and growing the MHUg General Wing at Lweza Main Site and piloting one upcountry placement centre.
- **Quality Assurance:** Interventions to enhance programme quality will include (i) internal and external benchmarking; (ii) exploring technology acceleration and digitalization for programme efficiency; and (iii) exposing finalist students to emerging health agendas that impact community health.
- **Business Acumen:** While the leadership of the School is appreciated for growing it into an established enterprise and for subject matter expertise, there is need to harness their business acumen. The bigger challenge facing them, after establishing the School, is to scale it up and ensure its viability and sustainability. To build their business acumen, the leaders of Clinical Officers School will be exposed to Group mechanisms for business support, monitoring, evaluation, coaching and mentorship. MIHS will cascade key structures such as Group Central Business Forum (GCBF) from Group-level to MIHS level and School level. Key skills to be inculcated will include (i) enterprise and business unit leadership; (ii) financial skills for non-finance managers; (iii) balancing technical competence, business growth and proprietor interest; and (iv) maintaining a Group-wide focus.

3.3.4 STRATEGIC OBJECTIVE 1.4: Run the School of Medical Laboratory Technology as a viable brand that satisfies student expectations and addresses current and emerging diagnostics needs in healthcare delivery.

The MIHS School of Medical Laboratory Technology started in 2014 and is accredited by the Uganda Allied Health Professionals Council (UAHPC). In 2023, the School was registered and licensed by Ministry of Education and Sports (MoES) under Health Education and Training (HET) to enrol up to 220 students. The School started with 9 students and grew to the current 189 students, indicative of its growth potential. The School runs the Certificate in Medical Laboratory Technology programme and the Diploma in Medical Laboratory Technology. The School has provision for upgrading from Certificate programme to the Diploma programme and arranges flexible modes of learning including working day sessions and weekend sessions. During the last SP period, the School grew its classroom space from 123 square meters able to sit 30 students to its current 205 square meters able to sit 300 students [5 classrooms X 60 students per class]. It owns a skills laboratory that fosters hands-on practical experience. The School partners with 8 public and private hospitals that provide attachment for hands-on practice. Staffing at the School comprises 10 academic staff of whom 6 are full-time and 4 are part-time staff. The staff-to-student ratio of 1:19 is acceptable within the National Council for Higher Education (NCHE) Quality

Assurance Framework. The 2023 MIHS Academic Audit Report highlighted areas for improvement comprising (i) low number of academic staff with Masters Degree; (ii) none of the academic staff with PhD or pursuing the qualification; (iii) inadequate supervision of student research; and (iv) lack of ownership of a training hospital which challenges quality of training.

Initiative 1.4.1: Increase the viability and sustainability of the current programmes run by the School of Medical Laboratory Technology and their responsiveness to emerging health needs.

MIHS School of Medical Laboratory Technology will increase the viability and sustainability of its programmes including increasing its enrolment by 50% in Yr03. Below are the interventions to increase viability and sustainability of the programmes run by the School.

- **Business Design:** MIHS will consciously redesign the business model of the School of Medical Laboratory Technology following the 9 Business Model building blocks presented in Objective 1.1. MIHS will adopt the Framework as the motif for business planning, budgeting, execution and evaluation. That will result in a common business language within the School and between it and other Schools. It will also standardize perception around the 9 business model elements namely (i) customer segments; (ii) value proposition; (iii) channels; (iv) customer relationship; (v) revenue streams; (vi) key resources; (vii) key activities; (viii) key partnerships; and (ix) cost structure. This will reduce inefficiency caused by mismatch in business models.
- **Enrolment Capacity:** During SP 2017-2022 period, Ministry of Education and Sports (MoES) authorized MIHS School of Medical Laboratory Technology to enrol up to 220 students. By end of that period, the School had 189 continuing students (i.e., 85.9% of its capacity). In Yr03 of SP 2023-2028 period, MIHS will apply to MoES to increase its enrolment capacity under Medical Laboratory Technology from 220 to 405.
- **Staffing Capacity:** The School will support 2 staff to pursue Masters Degree to enhance quality of teaching; and 1 staff for PhD studies as capacity building for groundbreaking research in the School.
- **Quality Assurance:** MIHS will undertake QA interventions including (i) internal and external benchmarking to enhance quality and efficiency; and (ii) exploring technology acceleration and digitalization for greater effectiveness and efficiency in programme delivery.
- **Business Acumen:** While the effort of the School leaders is noted in establishing the School as a going concern, their next challenge is to scale up and harness viability and sustainability. To build business acumen of the School's leaders, MIHS will expose them to Group mechanisms for business support, monitoring, evaluation, coaching and mentorship. MIHS will cascade key structures such as Group Central Business Forum (GCBF) from Group-level to MIHS level and School level. Key skills to be inculcated will include (i) leading a viable business unit; (ii) financial skills for non-finance managers; (iii) balancing technical competence with business growth and proprietor interest; and (iv) promoting a Group-wide approach to business.
- **Placement Capacity:** The School will actively participate in the partnership between MIHS and Mildmay Hospital Uganda (MHUg) to increase internal capacity for students practicum. The partnership will increase practicum attachment capacity by developing and growing the MHUg General Wing at Lweza Main Site and piloting one upcountry placement centre.

Initiative 1.4.2: Develop and run the Bachelor of Science in Medical Laboratory Technology programme as a viable and sustainable business venture responsive to emerging health needs.

During Yr02 of SP 2023-2028 period, the School of Medical Laboratory Technology will develop a Bachelor of Science in Medical Laboratory Technology programme in collaboration with a key university to be identified. This provisional proposition is based on feedback by Diploma students expressing desire to return to MIHS for higher-level education and training.

- **Feasibility:** Prior to developing and running this Bachelor of Science programme, MIHS will validate the viability of the proposition by commissioning a feasibility study.
- **Partnership:** Upon a favourable outcome from the feasibility study, MIHS will identify the right university with which to partner to develop and run the programme.
- **Business Plan:** MIHS will develop a business plan to ensure the Bachelor of Science in Medical Laboratory Technology programme is developed and run as a viable and sustainable venture.

Initiative 1.4.3: Develop and run the Certificate in Pharmacy and Diploma in Pharmacy programmes as viable and sustainable business ventures responsive to emerging health needs.

During Yr02 of SP 2023-2028 period, MIHS will develop the Certificate in Pharmacy programme to be followed by the Diploma in Pharmacy programme in Yr02. The two courses will initially be hosted in the School of Medical Laboratory Technology. This provisional proposition for the two programmes is based on feedback from prospective students during enrolment seasons.

- **Feasibility:** Prior to embarking on developing the two programmes, MIHS will commission a feasibility study to validate the provisional proposition.
- **Accreditation:** MIHS will seek accreditation of the two programmes by the Pharmaceutical Society of Uganda—mandated to supervise and regulate the engagement, training and transfer of pharmacy students and to make provision for their registration.
- **Business Plan:** Upon a favourable feasibility study outcome and accreditation, MIHS will develop a business plan to guide the development and running of the Certificate in Pharmacy and Diploma in Pharmacy programmes as viable and sustainable business ventures.

3.3.5 STRATEGIC OBJECTIVE 1.5: Run the School of Applied Sciences as a portfolio of viable programmes that meet student expectations and address needs in delivery of health and social services in the community.

The MIHS School of Applied Sciences started in 2013 with 24 students and grew to the current 320 students. The School runs 17 programmes comprising (i) 3 Certificate courses; (ii) 11 Diploma courses; and (iii) 3 Bachelors Degree courses. Its programmes are approved by National Council for Higher Education (NCHE) and examined by an Internal Examination Board. During the last SP period, the School grew its classroom space from 123 square meters able to sit 30 students to its current 205 square meters able to sit 220 students. Staffing at the School comprises 20 academic staff of whom 9 are full-time and 11 are part-time staff. The staff-to-student ratio of 1:16.

Initiative 1.5.1: Increase the viability and sustainability of programmes run by the MIHS School of Applied Sciences and their responsiveness to emerging health needs.

MIHS School of Applied Sciences will increase the viability and sustainability of its programmes including increasing its enrolment by 50%. Below are the interventions to increase viability and sustainability of programmes in the School.

- **Business Design:** MIHS will consciously redesign the business model of the School of Applied Sciences following the 9 Business Model Building Blocks under Objective 1.1. MIHS will adopt that Framework as the motif underlying its business planning, budgeting, execution and evaluation. The result will be a common business language across School of Applied Sciences and between it and other Schools. It will also standardize perception around the 9 business model elements comprising (i) customer segmentation; (ii) value proposition; (iii) channels; (iv) customer relationships; (v) revenue streams; (vi) key resources; (vii) key activities; (viii) key partnerships; and (ix) cost structure. This will reduce loss due to business model mismatch.
- **Staffing Capacity:** The School will improve its staff capacity by (i) supporting 2 staff to pursue Masters Degree to elevate quality of teaching and research; and (ii) supporting PhD studies for 2 staff as capacity building for groundbreaking research in the School.
- **Quality Assurance:** Interventions to enhance programme quality will include (i) internal and external benchmarking; (ii) exploring technology acceleration and digitalization; (iii) taking part in staff exchange programmes; and (iv) using blended approaches to deliver programmes.
- **Business Acumen:** While the School leaders performed well to roll out and grow the School to its present state, their new goal is to scale it up and ensure its viability and sustainability. To build the business acumen of the leaders in School of Applied Sciences, they will get exposure to Group mechanisms for business support, monitoring, evaluation, coaching and mentorship. MIHS will cascade key structures such as Group Central Business Forum (GCBF) from Group-level to MIHS level and School level. Key skills to be inculcated will include (i) enterprise and business unit leadership; (ii) financial skills for non-finance managers; (iii) balancing technical competence, business growth and proprietor interest; and (iv) maintaining a Group-wide focus.

Initiative 1.5.2: Develop and run new programmes in School of Applied Sciences as viable and sustainable business ventures responsive to current and emerging health needs.

During the previous SP period, MIHS got feedback from diverse sources expressing interest in several courses that were not part of its portfolio. MIHS adopted the feedback as provision basis for proposing 7 new courses to be developed and run in the School of Applied Sciences. The proposed courses comprise (i) Advanced Degree in Medical Education; (ii) Bachelor of Science in Counseling and Behavioral Sciences (validated by University of Manchester); (iii) Bachelor of Science in Medical Records and Health Informatics; (iv) Bachelor of Science in Public Health; (v) Certificate in Environmental Health Sciences; (vi) Diploma in Early Childhood Care and Education; and (vii) Diploma in Environmental Health Sciences.

- **Feasibility:** Prior to developing and running the programmes, School of Applied Sciences will validate the viability of the proposition for each course through conducting a feasibility study.
- **Business Plan:** The School will develop a business plan to guide the development and running of each of these programmes as a viable and sustainable business venture.

3.3.6 STRATEGIC OBJECTIVE 1.6: Run Mildmay Uganda Leadership School as a portfolio of viable and sustainable programmes that address current and emerging leadership challenges in delivery of health and social services.

During the MUg SP 2013-2018 period, the organization elevated *Leadership Capability* as an overarching *Sustainability Pivot*. Key actions that signified elevation of *Leadership Capability* were (i) *Development of the MUg Leadership Competency Framework*; (ii) *Development of the MUg Leadership Philosophy*; (iii) *Integration of the Competency Framework in the Performance Management System*; and (iv) *Holding Leadership Workshops by Outsourced Firms*. During the MUg 2018-2023 SP period, Mildmay Uganda (MUg) noted that demand for leadership capability across the organization increased at a faster rate than could be satisfied by relying on outsourced leadership development organizations. MUg embarked on building an inhouse mechanism for leadership development to be called the MUg Leadership School. In accordance with MUg Group Inter-Company Policy, the organization mandated MIHS to host the Leadership School. During the SP 2023-2028 period, MIHS in partnership with other arms of MUg embarked on developing the MUg Leadership School. During SP 2023-2028 period, MIHS will consolidate the Leadership School to run as a viable mechanism for developing a sustainable leadership pipeline.

Initiative 1.6.1: Develop and run Online Certificate programmes that are responsive to emerging gaps in leadership of health and social service delivery.

During the SP 2023-2028 period, MIHS will launch the Mildmay Uganda Leadership School. The School will develop five online prestigious Certificate programmes addressing management and leadership challenges at different levels of health services delivery system.

- **Frontline Leadership:** While frontline providers of health and social services comprise 60-70% of the total workforce, they are least served by quality leadership development programmes tailored to the needs and challenges at their level. Despite this gap, frontline service providers live and work under increasing complexity. The Leadership School embarked on developing an online Frontline Leadership Course benchmarked on top-notch leadership programmes globally. The Leadership School will harness that work and offer it as the *Online Certificate in Personal and Frontline Leadership* that is a viable and sustainable venture.
- **Team Leadership:** The quality of team leadership influences the effectiveness and efficiency in frontline delivery of health and social services. Although team leaders comprise less than 20% of the workforce, they are a key determinant of the effectiveness of the 60-70% frontline service providers. Team leaders are another category of the workforce that is least served by quality leadership development programmes tailored to their context. During SP 2023-2028, the Leadership School will develop and run the *Online Certificate in Team Leadership* that is a viable and sustainable venture responsive to emerging gaps in health service delivery.
- **SBU Leadership:** Managers of Strategic Business Units (SBUs) constitute the crucial 10% of the workforce who manage the entire service delivery through the cardinal roles of (i) planning; (ii) organizing; (iii) controlling; (iv) coordinating; and (v) motivating. MUg experience shows that many leaders at this managerial levels that are mandated to manage health and social service delivery have never experienced a quality training programme tailored to improve their leadership ability. During SP 2023-2028, the Leadership School will develop and run the *Online Certificate in SBU Management and Leadership* that is a viable and sustainable venture responsive to emerging gaps in health service delivery.

- **Executive Leadership:** Executive level leaders in health and social service delivery settings play the crucial overarching roles of (i) setting vision and strategy; (ii) mobilizing resources; (iii) operationalizing strategy; (iv) identifying and growing talent; (v) building organization culture; and (vi) establishing organization policies, standards, procedures and systems. Unlike in the More-Developed-Economies (MDEs), executive leaders in the African health and social service delivery context rarely access leadership development programmes tailored to both their level and context. The Leadership School will develop and run the *Online Executive Certificate in Health and Social Service Leadership* that is a viable and sustainable venture.
- **Governance Oversight:** Members of Boards of Directors and Governing Councils play the key role entailing (i) setting strategic direction; (ii) overseeing top leadership; (iii) monitoring of internal controls; (iv) ensuring compliance, accountability and transparency; and (v) guarding stakeholder interests. The Leadership School will develop and run the *Online Certificate in Governance of Health and Social Services* as a viable and sustainable venture responsive to gaps in program oversight in the African health and social care setting.

Initiative 1.6.2: Develop and launch of the Mildmay Uganda Leadership School.

During SP 2023-2028 period, MIHS will work with MUg to complete the development of the Leadership School to the highest standards with capability to annually train 100% of MUg employees online. All Entities, Projects or Directorates across MUg Group will annually schedule 100% of their staff for Online Leadership Development classes targeting their respective level. The completion of the development process will be guided by the MUg *Whitepaper On Institutionalizing Leadership Development*. Evaluation and audit of the Leadership School development and implementation will be informed by the eight pillars of the *Whitepaper* namely (i) responsiveness to marketplace VUCA; (iv) enterprise-wide reach; (v) benchmarking with global best practices; (vi) establishing strong faculty; (vii) customized curricula; and (viii) alignment with HRM cycle. The Leadership School will leverage the MIHS subject matter expertise in workforce development to train leaders across MUg Group. It will also sell leadership development to other organizations. In line with the MUg philosophy, the Leadership School will promote the idea of *Leaders Teaching Leaders* reflected through programs like (i) *Leader in Residence*; (ii) *Leader in Residence on the Road*; and (iii) *Coach in Residence*. These innovative multi-day events will provide opportunity for senior leaders to step out of their regular jobs to (i) conduct classes and coaching sessions with employees; (ii) host networking dinners and fireside chats; and (iii) share leadership advice.

3.3.7 STRATEGIC OBJECTIVE 1.7: Enhance MIHS physical infrastructure to match the growth of the institute and prepare to attain Other Degree Awarding Institution (ODAI) status.

During the SP 2023-2028 period, MIHS will undertake the following enhancements to its physical infrastructure to match the Institute's growth and in preparation for to attaining Other Degree Awarding Institution (ODAI) status.

Initiative 1.7.1: Modify and remodel existing MIHS infrastructure.

Prior to MIHS incorporation, the former Training and Education Directorate co-existed and shared resources with other MUg Directorates and Projects. Upon incorporation and launch of MIHS, MUg designated a number of buildings at its Main Site in Lweza Entebbe Road for use by MIHS

under a 30-year Leasehold Agreement signed in 2017. Because the allocated spaces were initially purpose-built to host a health facility and not an educational institution, MIHS made several adaptations to suit its work. Whereas this helped host MIHS work in the initial setup phases, the Institute's operations and growth are increasingly constrained. Key resources such as student accommodation and other amenities cannot fit on-campus and are rented in the neighborhood. MIHS will develop and implement a *Comprehensive Infrastructure Modification Plan* to guide optimization of the available resources. Key outcomes of the Plan will include (i) space analysis done; (ii) site plan developed; (iii) key facilities allocated [i.e., classrooms, library, computer laboratory, skill laboratories, hostels, recreation grounds, dining space, kitchen, clinic and offices].

Initiative 1.7.2: Construction of the MIHS Main Building

The Mildmay Uganda 30-Year Master Plan allocated 7 acres of land located at Block 269 Plot 454 and 455 (Uphill Section of Mildmay Main Site) for the construction of the new building for the Teaching Hospital. In 2020, Mildmay Uganda donated to MIHS 2 acres of land adjacent to MUG Main Site at Lweza for development of the MIHS Campus. The Institute embarked on construction of the MIHS Main Building. By end of SP 2017-2022 period, Phase 1 and 2 of the Main Building had been complete. The Final Phase will be completed during Yr01 of SP 2023-2028 period. The Main Building will house (i) School of Nursing and Midwifery and (ii) Environmental Health Science programme. Once complete, MIHS Main Building will add to the Institute learning space for 1,000 students. The MIHS Main Building occupies 30% of the 2 acres of land donated to the Institute. A master plan will be made to optimally develop the remaining 70% of the land to add learning space for 4,000 students. MIHS projects to grow to (i) 2000 students by 2023/24; (ii) 3000 students by 2024/25; and (iii) 4000 students by 2025/26. At that student population, the site at Lweza will have reached its maximum capacity. Key projects to be undertaken to support growth up to that level include (i) completion of the MIHS Main Building; (ii) optimization of all space allocated under the 30-year leasehold agreement; (iii) construction of a New Block on the remaining 70% of the donated land to add learning space for 2,000 students; and (iv) building a multi-purpose students' hall for dining and recreation. Additional growth to 5,000 students in 2026/27 and 6,000 students in 2027/28 will be accommodated in a new purpose-built campus in a new location to be acquired and developed.

Initiative 1.7.3: Purchase 30 acres of land within Greater Kampala Metropolitan Area (GKMA) for a purpose-built MIHS Campus.

During SP 2023-2028 period, MIHS will procure 30 acres of land within the Greater Kampala Metropolitan Area for development of *The Modern Purpose-built MIHS Campus*. The new campus will play a dual role comprising (i) hosting the expanded of the Institute's education and training services; and (ii) qualification for the attainment of Other Degree Awarding Institute (ODAI) status [*NCHE requires ODAs located outside the urban areas have acreage of at least 30 acres*]. Preliminary engagement within the property market indicated a cost of UGX 50 million within the 20-30 Km radius of Kampala City. MIHS will undertake a feasibility study to inform acquisition of land viable for setting up a health education and training institution growing into a University.

Initiative 1.7.4: Develop the MIHS framework for attaining ODAI status.

In October 2020, MIHS received the Certificate of Classification and Registration from National Council for Higher Education recognizing it as a Diploma Awarding Institution. During SP 2023-2028 period, MIHS will seek elevation to Other Degree Awarding Institution (ODAI) status as a key step towards becoming a University. The Institute will attain this goal by developing and implementing a Framework guided by the Universities and Other Tertiary Institutions Act of 2001. MIHS will constitute a Committee to manage the process toward attaining ODAI status including (i) preparing and submitting the Application for ODAI Status as stipulated by the Act and Rules; and (ii) management of the Roadmap Toward Attaining ODAI Status as outlined by NCHE.

3.3.8 STRATEGIC OBJECTIVE 1.8: Establish a robust Quality Assurance (QA) system and mainstream it across MIHS operations.

During the SP 2017-2022 period, MIHS established its Quality Assurance (QA) Unit manned by a lean structure. The Unit largely focused its scope on (i) students and faculty attendance; (ii) student satisfaction; (iii) alumni surveys; and (iv) academic performance analyses. The Unit's major focus for the SP 2023-2028 period will be to attain ISO certification of the Institute and to institutionalize ISO standards in MIHS schools, departments and programmes. To ensure the Unit delivers on this mandate effectively, MIHS will evaluate its capacity in Yr01 of the new period.

Initiative 1.8.1: Review of the Quality Assurance Framework and Policy

MIHS will review its existing Quality Assurance Framework and Quality Assurance Policy to identify areas for improvement and to align with (i) Other Degree Awarding Institution status; (ii) National Council for Higher Education (NCHE) Framework; and (iii) Inter-University Council of East Africa (IUCE) Quality Standards and Regulations. MIHS will then establish mechanisms for regular review and update of its Quality Assurance Framework and Quality Assurance Policy.

Initiative 1.8.2: Conduct needs assessment

MIHS will conduct a comprehensive needs assessment within the Quality Assurance Unit to determine the specific roles and responsibilities required to improve the overall functioning of the Unit. The assessment will identify areas with critical need for additional human resources. Additional personnel will be hired to enhance the Unit's capacity to consistently monitor and evaluate internal quality assurance. This is expected to enhance efficiency and effectiveness in identified areas of improvement.

Initiative 1.8.3: Operationalize Enterprise Resource Planning (ERP) system.

MIHS acquired ERP system during SP 2017-2022 to automate business processes and to manage information. The Institute will use the system to revolutionize (i) student admissions management; (ii) student registration; (iii) tracking fees payment; and (iv) managing graduation processes. The academic, administrative and financial management modules will be fully deployed by the end of Yr01 of the SP 2023-2028 period. MIHS will procure and run additional modules for further enhancement of operational efficiency and effectiveness. These additional modules identified include (i) grants management; (ii) monitoring and evaluation; (iii) quality management system; (iv) alumni engagement; and (v) administrative tasks.

Initiative 1.8.4: Establish a staff training and development scheme.

As part of the steps toward attaining ODAI status and to retain and grow staff, MIHS will review its staff development policy. A plan developed will be developed to support staff undertake further studies. By end of SP 2017-2022, MIHS had over 20 staff with Masters Degrees and 3 were pursuing PhD. Whereas these numbers are sufficient for the ODAI application, they are mainly concentrated in the School of Applied Sciences. Staff across MIHS will be encouraged and supported to undertake Masters and PhD studies programmes in line with the staff development policy. Interventions will include (i) sourcing study scholarships; (ii) annual budgeting of resources for staff development; (iii) study leave; and (iv) letters of support. Linked to academic staff growth will be the need to strengthen research skills and the number of publications per staff.

3.3.9 Introduce a Higher Education Access Programme

To increase access to programmes, MIHS will introduce a Higher Education Access Programme (HEAP) in the first year of the 2023/28 plan. The HEAP is intended for students in 3 categories; (i) those who have successfully completed the Uganda Advanced Certificate of Education (UACE) or its equivalent but have not attained sufficient grades to enroll for Diplomas or Degree programmes, (ii) students from countries whose secondary school qualifications are not considered equivalent to UACE but permit admission into Higher Education in those countries, (iii) holders of vocational qualifications which are considered equivalent to UACE to bridge and cross over to higher education programmes. Such students, instead of being required to sit for A-level, they will be offered the HEAP for one year, and after which join degree and diploma programmes.

3.4 Strategic Goal 2 Objectives and Initiatives

Goal Statement: Enhance research capacity of MIHS and increase quantity of research output.

Strategic Goal 2 will be implemented through the following Strategic Objectives: -

- 2.1:** Institutionalize MIHS research framework.
- 2.2:** Disseminate MIHS research findings and monitor impact.
- 2.3:** Functionalize strategic partnership with MRCU to define and grow the MIHS research agenda and engage in joint strategic investments.
- 2.4:** Establish MIHS Centre of Excellence (CoE) for Experiential Learning and Knowledge Transfer.

Overview

Evaluation of the MIHS 2017-2022 Strategic Plan showed that research needed elevated attention. This Goal elevates Research as a core focus area alongside Educating, Training and Community Empowerment. MIHS will enhance its research building on past successes including (i) Research Policy; and (ii) Research Structures and Systems. The core research outcome for 2023-2028 will be to *Increase Quantity of Research* generated by MIHS.

To achieve this Strategic Goal, MIHS will implement four Strategic Objectives focused on (i) institutionalizing the MIHS Research Framework; (ii) disseminating MIHS research findings; (iii) strategic partnership with MRCU; and (iv) establishing the Experiential Learning and Knowledge Transfer Center of Excellence.

3.4.1 STRATEGIC OBJECTIVE 2.1: Institutionalize MIHS research framework.

Initiative 2.1.1: Develop and implement the MIHS research strategy.

MIHS will develop a Research Strategy to guide research work by staff and students. The Strategy will highlight (i) focus areas for MIHS research; (ii) MIH research methodology; (iii) constitution; (iv) research responsibilities; and (v) roles of Research Committees in Schools. Committees will have mandate to review and approve student research proposals. The MIHS Research Forum will serve as a coaching and mentorship platform on research and publication. MRCU will train and mentor Forum members to act as change agents in respective Schools and Departments. The Research Forum will liaise with Grants and Business Development Centre (GBDC) and MRCU to write fundable research grants and effectively manage their implementation.

Initiative 2.1.2: Build capacity of MIHS faculty to conduct quality research.

MIHS will develop a Research Mentorship programme where experienced researchers within and outside MIHS mentor inexperienced staff to conduct research and integrate findings into practice and teaching. MIHS will promote interdisciplinary collaboration across MUg Group to enhance evidence-based teaching and learning. The Institute will regularly allocate resources to facilitate this capacity building process.

Initiative 2.1.3: Publish research conducted by MIHS staff and students.

During SP 2017-2022 period, MIHS partnered with Students Journal of Health Research Africa to build capacity of staff in research and publication. This led to publication of 20 articles by students and staff. During SP 2023-2028 period, MIHS will build five partnerships [one per year] to enable publication of its research. It will work with MRCU and partner research journals to support staff and students (i) conduct research; (ii) write manuscripts; and (iii) publish. Research Committees at School level will support students to research, publish and disseminate. The Research Forum will work with MRCU to support individual and joint research staff aimed at generating findings for publication and enriching health education and training. Key results of intensified faculty and student research will include (i) increased research among MIHS faculty; (ii) growing research publication among MIHS students; (iii) growing cadre of researchers in MIHS; (iv) increased funded research among MIHS faculty; and (v) quality research support for MIHS faculty.

3.4.2 STRATEGIC OBJECTIVE 2.2: Disseminate MIHS research findings and monitor impact.

Initiative 2.2.1: Establish a research repository for access to student and faculty research.

MIHS will establish a virtual space where published work by staff and students will be stored. The virtual research repository will increase citation of the Institute's research work. This will form a key area for joint strategic investment between MIHS and MRCU.

Initiative 2.2.2: Institutionalize research monitoring in the MIHS M&E mechanism.

The Institute will institutionalize research monitoring in its M&E mechanism. This will enable MIHS to (i) monitor integration of research findings in teaching and learning; (ii) evaluate the impact of that integration; and (iii) track the citation of MIHS research in scholarly publications, on Internet and social media. MIHS will conduct surveys to gather feedback from students and faculty through sharing forums and accountability clubs.

Initiative 2.2.3: Present MIHS research at local and international conferences.

MIHS faculty will participate in local and global conferences to stay updated with new knowledge in their specialties and to integrate it in their teaching and practice. The Institute will develop a Research Dissemination Incentive Package to encourage faculty and students to share research and best practices in conferences. This will also grow MIHS visibility and attract partnerships.

3.4.3 STRATEGIC OBJECTIVE 2.3: Functionalize strategic partnership with MRCU to define and grow the MIHS research agenda and engage in joint strategic investments.

During the MUg SP 2018-2023 period, Mildmay Uganda enacted the *Group Inter-Company Policy* that mandated the Entities under MUg Group to provide leadership and technical assistance to the rest of the Group in their area of expertise. Based on that policy provision, MIHS will elevate its MOU with Mildmay Research Centre Uganda (MRCU) to functionalize strategic partnership of the two entities. The partnership will deliver three outcomes namely (i) define MIHS Research Agenda; (ii) institutionalize the Research Agenda; and (iii) enable joint strategic investments.

Initiative 2.3.1: Define and grow MIHS Research Agenda.

Through the Research Strategic Partnership, MRCU will use its expertise to support MIHS define and grow a Research Agenda that meets the Institute's current and emerging research needs. MRCU will work with MIHS to ensure the resultant Research Agenda is tailored to the Institute's current context and is elastic to align with the growth direction toward ODAI and University status.

Initiative 2.3.2: Institutionalize research across MIHS.

MRCU will work with MIHS to develop and implement a Framework for nurturing and growing research across MIHS. The Framework will ingrain research in the education and training fabric of all Schools under the current context of MIHS. It will also guide how to ingrain research in the faculties as part of the Framework and Roadmap to attain ODAI and University status.

Initiative 2.3.3: Engage in strategic research investments.

The MRCU 2023-2028 Strategic Plan presents research-related strategic investments that form a key resource for all research-related priorities across MUG Group regardless of the Entity. Such investments include (i) Research Data Repository; and (ii) Research Administration Function. Joint investment will (i) elevate the Group's bargaining power for quality research inputs; (ii) avoid waste through duplication; (iii) increase economies of scale; and (iv) enhance Group cohesion.

3.4.4 STRATEGIC OBJECTIVE 2.4: Establish MIHS Centre of Excellence (CoE) for Experiential Learning and Knowledge Transfer.

During the SP 2017-2022 period, MIHS implemented three major community capacity building projects focused on safe motherhood and disability prevention. MIHS engaged neighbouring communities through campaigns focused on (i) sanitation and hygiene; (ii) reproductive health; and (iii) blood donation. While the campaigns contributed to community well-being, there is need for a Comprehensive Community Engagement Framework for sustainable outcomes and impact.

Initiative 2.4.1: Comprehensive community engagement framework.

- **Community Framework:** The School will develop a Comprehensive Community Engagement Framework and its corresponding Guidelines and Standard Operating Procedures (SOPs) in Yr01 of the SP 2023-2028 period. Key interventions associated with the Framework will include (i) capacity building for MIHS and other stakeholders; (ii) roll out of the Framework; (iii) implementation and facilitation; and (iv) monitoring and evaluating its implementation.
- **Community Empowerment:** MIHS will source for capacity building grants that empower communities to effectively address their health challenges. The projects will have a research element to generate evidence for (i) enhancing follow-on programming; (ii) informing future project design; (iii) improving teaching and learning; and (iv) informing policy. The School will partner with other MUG entities for synergy and cross-learning.
- **Internal Capacity Building:** MIHS will build capacity of staff and students to translate results from community programming and research into teaching and learning. Key interventions will comprise (i) integration of research methodologies into curricula; (ii) designing the Unique Graduate Programme interwoven with community engagement and grants management; and (iii) conducting workshops and seminars to promote innovations and best practices.
- **Mainstreaming:** Whereas MIHS uses participatory learner-centered teaching to nurture life-long learners and enhance critical reasoning, this approach has not been mainstreamed across its programmes. MIHS will design a Framework to promote experiential learning through (i) community-based experiential learning; (ii) research-based experiential learning; (iii) work-based projects; (iv) project-based assessments; (v) internship; (vi) innovation challenges; (vii) student exchange programmes; and (viii) cross-cultural learning.

3.5 Strategic Goal 3 Objectives and Initiatives

Goal Statement: Strengthen MIHS capacity to deliver its mandate efficiently and sustainably.

Goal 3 will be realized through implementing six Strategic Objectives outlined below.

- 3.1:** Strengthen corporate governance for effective MIHS oversight.
- 3.2:** Run an effective and efficient student life programme and a proactive alumni engagement mechanism.
- 3.3:** Ensure adequate MIHS resourcing through a dual-track mechanism built on 60% tuition income from health education and training services and 40% non-tuition income from grants mobilization.
- 3.4:** Attract productive inspired human resources with the right skills, attitude and commitment, place them in a progressive MIHS culture and support them excel.
- 3.5:** Provide effective and efficient finance, administration and support.
- 3.6:** Leverage centrally shared services and resources.
- 3.7:** Undertake joint Group-level strategic investments.

Overview

Strategic Goal 3 is the powerhouse of the MIHS 2023-2028 Strategic Plan. The Goal articulates how MIHS will mobilize, manage and deploy its institutional capacity to achieve its 2023-2028 strategic priorities. To achieve this Goal, MIHS will implement 8 Strategic Objectives focused on (i) corporate governance; (ii) student life and alumni engagement; (iii) sustainable resourcing; (iv) 60% tuition versus 40% non-tuition; (v) human resource productivity; (vi) stewardship of resources; (vii) communication and branding; and (viii) strategy implementation monitoring.

3.5.1 STRATEGIC OBJECTIVE 3.1: Strengthen corporate governance for effective MIHS oversight.

Effective corporate governance, leadership and policy framework is central to MIHS growth and sustainability. In the SP 2017-2022 period, MIHS built a strong Governing Council and developed and implemented several policies. This governance framework was at the helm of its achievements in (i) establishing programmes; (ii) developing infrastructure; (iii) building collaborations; and (iv) earning recognition of the Institute as a key player in the health education and training sub-sector. To achieve this Objective, MIHS will implement five initiatives comprising (i) strengthening the MIHS Governing Council; (ii) aligning MIHS policy framework; (iii) strengthening MIHS internal audit; and (iv) institutionalizing QMS and risk management.

Initiative 3.1.1: Strengthen the MIHS corporate governance structures.

To sustain its growth trajectory toward viability and sustainability, MIHS will strengthen its corporate governance structure. The MIHS Governing Council will continue steering MIHS as its highest decision-making body. The Council will continue to constitute itself into Committees focused on key issues in the Institute's growth and operation. The Council will examine and update its strategy focus to align it with the MIHS growth trajectory toward attaining ODAI status and

eventual growth into a University. The Institute's other oversight structures—i.e., Academic Board, School Boards, Management Teams—will be reviewed and aligned with the growth direction of the Institute. MIHS will leverage Group-wide internal governance structures at MUg HQ as a support mechanism to its growth. Key HQ structures and platforms that will support MIHS include (i) Group Leadership Team (GLT); (ii) Senior Administration Team (SAT); (iii) Group Leadership Dialogue; (iv) Management Reflection; and (v) Group Central Business Forum (GCBF). MIHS will liaise with HQ for inclusion on the HQ calendar.

Initiative 3.1.2: Align MIHS policy framework.

MIHS will align its policy framework with the evolving Group context as outlined below.

- **Group Inter-Company Policy:** MUg HQ will implement this policy to ensure that MIHS and other MUg Entities preserve their corporate unity in perpetuity regardless of changes caused by their (i) growth or (ii) change of focus or (iii) change of location. As per this policy, MIHS will remain aligned with the essence for creating the MUg Entities as means of supporting sustainability of the NGO. Secondly, the policy requires MIHS to maintain alignment with the MUg ethos and values when making its strategic choices and decisions. The Policy will form part of the orientation pack at governance, executive leadership and senior managerial levels.
- **Transfer Pricing Policy:** MUg HQ will implement the Transfer Pricing Policy (TPP) to regulate related party transactions among MUg Entities including MIHS and ensure such transaction comply with legal and tax provisions. MIHS will ensure its transactions with other Entities in the MUg Group comply with the TPP.
- **Policy Development:** Existing policies will be reviewed and aligned with the strategy direction for the 2023-2028 period and beyond. MIHS will develop new policies that are essential to achieve its goals for the new period. Management will support the Board to ensure harmony among all MIHS policies. To ensure policy institutionalization, MUg HQ will liaise with MIHS to assess adherence to policy and policy harmonization.

Initiative 3.1.3: Strengthen MIHS audit and risk management frameworks.

During SP 2017-2022 period, MIHS established an audit unit that is supported by the Internal Audit Department at MUg HQ. During the SP 2023-2028, the Institute will enhance its Audit Unit to increase its audit scope to include school-level processes and procedures and support functions such as hostels and canteens. In the previous period, MIHS developed and implemented a Risk Management Framework that is still in its infancy. In the new period, it will institutionalize the Risk Management framework through staff training and roll out to School and Department level. Support by the MUg HQ Internal Audit Department will seek to grow MIHS Audit along the five Audit Focal Area comprising (i) independent objective assurance; (ii) capacity building; (iii) fraud prevention; (iv) integrated assurance and collaboration; and (v) and alignment with Group context.

3.5.2 STRATEGIC OBJECTIVE 3.2: Run an effective and efficient student life programme and a proactive alumni engagement mechanism.

MIHS has significantly invested in creating a conducive environment for students. It has (i) rented and refurbished hostels; (ii) furnished reading areas; (iii) provided Internet across the campus; (iv) installed digital satellite TV in all hostels; and (v) set up spaces for outdoor sports. The 2022 alumni survey highlighted areas for improvement in student amenities. MIHS assessed student amenities

and the interventions outlined below address the gaps and challenges with priority given to areas that impact student life such as accommodation, dining, wellness, healthcare and recreation. The interventions promote (i) a thriving campus environment that nurtures talented and creative health professionals; (ii) a vibrant and engaged students body; and (iii) an empowered student leadership.

Initiative 3.2.1: Enhance student life.

- **Orientation:** MIHS will enhance its orientation package for new students to ensure seamless transition into the Institute's environment. The Student Handbook will be reviewed annually to ensure it addresses current and emerging student orientation needs. The Student Orientation and Welcome Week will be reframed to include talks on (i) Campus Life; and (ii) Responsible Living. These will enable students acclimatize to the *MIHS Way*.
- **Student Financial Aid:** MIHS will explore ways to avail student financial aid to enable students to progress with their educational aspirations. This will involve building partnerships that offer scholarship aid and study loan schemes. This initiative will remove financial barriers that hinder student progress and promote equitable access to health education and training.
- **Students Wellness:** MIHS will develop a holistic student wellness programme with counseling services on key student life issues such as (i) mental health; (ii) spiritual support; (iii) nutrition; and (iv) transition to responsible adulthood. MIHS will (i) avail professional staff; (ii) build a campus-wide peer support mechanism; and (iii) capacity building of peer support teams.
- **Students Clinic:** MIHS will enhance student healthcare by expanding and equipping the current Student Clinic and reviewing the Student Healthcare Scheme. The student contribution to their basic healthcare package will be reviewed and upgraded to match student expectations and guarantee the availability, viability and sustainability of the service.
- **Hostel Services:** During SP 2017-2022 period, MIHS provided safe and comfortable student accommodation by running six student hostels. Five hostels were procured under Memoranda of Understanding (MOU) with their owners, while MIHS owned one hostel under the 30-Year Leasehold Agreement with Mildmay Uganda. MIHS remodeled the hostels to suit student use. However, student feedback continually indicates discomfort about the distance to their hostels. During SP 2023-2028 period, MIHS will develop *Standard Operating Procedures for Hostel Procurement* and re-assess partner hostels using the standards. Analysis involving students and sponsors will be done on feasibility of providing shuttle services between hostels and campus and decisions made based on findings. MIHS will assess feasibility of other modes of student accommodation including complete outsourcing and investment in hostels. Experience shows that growth of an institution tends to attract private hostel investments in its neighbourhood.
- **Student Dining:** To ensure decent dining experience [key to professional development], MIHS will expand and renovate the student dining facilities to ensure adequate space, comfort and ambiance. This will (i) increase the seating capacity; (ii) improve the layout; and (iii) create a pleasant dining environment through improved aesthetics.
- **Sports:** Over the SP 2017-2022 period, students were supported to participate in regional and national sports events where they registered some wins. MIHS will provide an annual sports plan and budget to encourage student participation and involvement in sports on-campus and beyond—including joint sports events with other institutions of higher learning.

Initiative 3.2.2: Enhance student leadership.

MIHS has a Guild Constitution providing for annual election of student leadership. Cabinets have contributed significantly to the smooth running of the Institute. A challenging area has been the management of Guild election. The Constitution stipulates that one wins upon garnering majority votes. Given that some Schools have more students than others, some candidates have won with only the support of their School. MIHS will review and amend this provision. Other improvements will comprise (i) collaboration with other student guilds; (ii) enrolling student leaders in leadership development programmes; (iii) facilitating student cultural organizations; (iv) organizing campus-wide and inter-institutional activities; (v) refurbishing the Student Guild Office; and (vi) reviewing the Guild Fund to support guild activities.

Initiative 3.2.3: Run a proactively engaging MIHS alumni community.

Engaged alumni is critical to the growth and visibility of MIHS. Previous efforts to mobilize the alumni were not structured and consistent and did not succeed. During SP 2023-2028 period, MIHS will build a strong and connected alumni network that is actively engaged in the growth and success of the Institute. Key interventions will include (i) developing the alumni communication plan; (ii) developing and institutionalizing an alumni association; (iii) adding a robust alumni module to the ERP system; (iv) implementing regular alumni feedback surveys; and (v) leveraging digital platforms and communication channels to engage alumni.

3.5.3 STRATEGIC OBJECTIVE 3.3: Ensure adequate MIHS resourcing through a dual-track mechanism built on 60% tuition income from health education and training services and 40% non-tuition income from grants mobilization.

To achieve Objective 3.3, MIHS will implement three initiatives comprising (i) generating 60% of the MIHS resourcing from tuition earned by running health education and training courses viably; (ii) generating 40% of the resourcing from mobilizing grant funding; and (iii) engaging in other initiatives for resourcing MIHS activities.

Initiative 3.3.1: Run the MIHS Schools as viable enterprises growing into first-choice brands of health education and training and generating 60% of the resourcing needed to achieve the Institute's 2023-2028 goals.

MIHS will undertake the actions outlined below to ensure that the Institute and its Schools operate as viable enterprises generating 60% of the resourcing needed to achieve the 2023-2028 goals.

- **Group Central Business Forum:** During SP 2023-2028, MUg will continue to participate in the monthly Group Central Business Forum (GCBF) held to review performance of MUg Entities. GCBF will discuss bottlenecks hindering achievement of revenue targets. MIHS attendees of GCBF will comprise the Principle, the Head of Grants and Business Development Centre and the Bursar. A key outcome of GCBF will be to ensure viability of MIHS and its Schools.
- **Business Model:** To maintain a holistic approach to business design and implementation, GCBF will adherence by MIHS to the nine Business Model Building Blocks presented in **Goal 1 Objective 1.1**. This will minimize business complexity and inefficiency caused by mismatch in business models and how they are interpreted.
- **Customer-First Culture:** MIHS will develop and implement a plan to institutionalize customer-first culture tailored to its context and the unique needs of its students. Tailored customer-first-

culture plans will be aligned with the 11 elements of the MUG Whitepaper On Institutionalizing Customer-First Culture to standardize the Institute's approach to customer care.

- **Marketing:** MIHS will liaise with Business Development Department at MUG HQ to run the MIHS Seven-Prong Marketing Model that (i) makes customers aware of the MIHS health education and training brand; (ii) engages them to personally appreciate the brand; and (iii) helps them to make the buying decision. Planning MIHS Marketing (Prong 1) will create and maintain demand, relevance, reputation and competition for the MIHS brand. Institutionalizing MIHS Marketing (Prong 2) will define target audiences and marketing objectives; determine key messages and branding; and staff the marketing unit. Multi-Channel Marketing (Prong 3) will integrate multiple resources including MIHS traditional channels, digital channels, stories, events, promotions, exhibitions, testimonials and word-of-mouth. Strategic Partnerships (Prong 4) will involve building backward and forward linkages in the health education and training value-chain that promote MIHS. Customer Care (Prong 5) will involve MIHS students in a satisfactory way that results to (i) buy-in; (ii) positive word-of-mouth; (iii) repeat business; and (iv) client-generated referrals of prospective students. Customer Loyalty (Prong 6) will involve rewarding students and other people who become business generating ambassadors of the MIHS brand. Facilitation (Prong 7) will involve budget allocation for key marketing initiatives based on their potential yield and return on investment.

Initiative 3.3.2: Build and run the MIHS Programme Acquisition and Management Steering Committee (PAMSCO) as a robust grants mobilization mechanism generating 35% of the resourcing needed to achieve the Institute's 2023-2028 goals.

The National Council for Higher Education (NCHE) requires that higher institutions of learning diversify their income sources so that they do not rely more than 60% on tuition but generate 40% of their revenue from non-tuition sources. To address this requirement, MIHS set up the Grants and Business Development Centre (GBDC) to lead the revenue diversification agenda. By the end of 2017-2022 period, MIHS had raised its non-tuition income to 16% of the total revenue. A key target for SP 2023-2028 period is to raise it from 16% to 40%.

MIHS will raise 35% of its non-tuition revenue through grants mobilization as outlined below.

- **MIHS PAMSCO:** During the SP 2017-2022 period, MUG HQ supported MIHS to develop its Project Acquisition and Management Steering Committee (PAMSCO) to institutionalize the Mildmay Uganda PAMSCO concept in the Institute. The mandate of PAMSCO in MIHS is to (i) lead grants mobilization in the Institute; (ii) coordinate the Institute PAMSCO with the MUG HQ PAMSCO; (iii) lead implementation of projects arising from grants mobilization; and (iv) monitor and evaluate grant projects. MIHS will invite a cross-section of its staff to constitute its PAMSCO and liaise with MUG HQ for (i) capacity building; (ii) technical assistance; and (iii) development of PAMSCO tools and guidelines.
- **Grant Writing and Management:** Through its PAMSCO, MIHS will deepen and scale-up its grants acquisition and implementation and prioritize grants that (i) give students and faculty opportunity to practice the theory learned or taught; (ii) build MIHS capacity; and (iii) develop infrastructure. Community capacity building projects will include implementation science to inform teaching, learning and programming. To strengthen grant acquisition, MIHS PAMSCO

will liaise with HQ structures including (i) Main PAMSCO; (ii) Programme Oversight Mechanism (POM); and (iii) Programme Oversight Senior Team (POST).

Initiative 3.3.3: Develop and grow other forms of resource mobilization generating 5% of the resources needed to achieve the MIHS 2023-2028 goals

MIHS will raise 5% of the resources needed to achieve its 2023-2028 goals as outlined below.

- **Fundraising:** During the SP 2023-2028 period, all the MUg Entities will have interested in mobilizing resources through Fundraising. Lack of coordination of the Entities risks sending mixed signals to the public. The Fundraising Unit at MUg HQ will coordinate all fundraising efforts across the Group. MIHS, alongside other MUg Entities, will partner in Fundraising coordinated by MUg HQ. This will minimize the *“fatigue from feeling bombarded by Mildmay people on all sides”* arising from encountering multiple MUg groups asking for assistance. Even in cases where assistance is sought for MIHS, it will be centrally coordinated.
- **Consultancy:** MIHS will equip itself to win and execute local and international consultancies in partnership with other MUg Entities, established consultants and consulting organizations. It will review the Consultancy Incentives Policy to make it fair to all parties. Adaptations will include allocating to staff time to engage in consultancy that ensures win-win for all parties.
- **Financial Markets:** MIHS embarked on financial investments in money markets in 2017-2022 period and will continue investing during the SP 2023-2028 period.
- **Pharmaceutical Products:** MIHS will partner with the MHUg Pharmacy to produce medical products to subsidize MIHS and MHUg operations while addressing community health needs.
- **Laboratory Courses:** MIHS will partner with MHUg Laboratory to run laboratory management courses for the local and global market based on findings of feasibility analyses of the idea.

3.5.4 STRATEGIC OBJECTIVE 3.4: Attract productive inspired human resources with the right skills, attitude and commitment, place them in a progressive MIHS organizational culture and support them excel.

MIHS staff will be its prime input for the 2023-2028 period and the only resource that optimizes other resources. To achieve its 2023-2028 goals, MIHS will focus on (i) cultivating a progressive organizational culture that helps people thrive; (ii) attracting the right people and placing them in the right positions; (iii) building the leadership spirit in all MIHS employees; and (iv) running a bold and candid performance management system. MIHS will implement this approach as its way of developing and celebrating its teachers and non-teaching staff—the crown of all its resources.

“Many people think the power of Coca-Cola is the strength of the brand. Yet it’s the route salesman who is the unsung hero, the one who does the real heavy lifting, literally and figuratively. Those were the people we tried to motivate. And quickly, we saw the difference in the marketplace.”¹³

Neville Isdell and David Beasley
Co-Authors of *“Inside Coca-Cola”*.

¹³ Neville Isdell and David Beasley, *Inside Coca-Cola: A CEO’s Life Story of Building the World’s Most Popular Brand*
Page 43 of 83

Initiative 3.4.1: Cultivate a progressive organizational culture that helps people thrive.

MIHS will consciously design and cultivate an environment that excites staff as the place where they work with the very best and become part of an elite class.

- **Inspirational Culture:** MIHS will cultivate and propagate a culture that inspires enthusiasm in its staff giving them a sense of pride from associating with something special. It will set itself apart by defining, codifying and inculcating a culture to distinguish it as a haven of opportunity to whoever satisfies the stringent selection process and is willing to prove themselves through elite performance. This cultural revolution will be a key process in MIHS because it concerns the prime resource available to the Institute—PEOPLE. Over the next years up to 2030 and beyond, MIHS will work in a faster, more complex and more disrupted environment and risks getting irrelevant or extinct unless it revolutionizes itself. MIHS will rise above a short-term outlook to growing its staff as a strategic resource that yields competitive advantage for MIHS. This thinking will be translated into staff training, coaching and mentorship programmes.
- **Challenge and Reward:** The sectors and markets where MIHS operates continually become more challenging and complex. The Institute will cultivate an environment that rewards people who work hard and deliver quality results despite the pressure. It will guarantee success for whoever has the drive, initiative and the ability to produce value by serving students. On the contrary, it will eject those who lack the drive to thrive amidst challenge and complexity.
- **Culture Doctrine:** MIHS will consciously design and comprehensively codify its culture. Staff will be immersed in the culture code through (i) onboarding; (ii) orientation; (iii) support groups; (iv) heroic stories of MIHS values; and (v) coaching and mentorship on succeeding in MIHS. According to James C. Collins and Jerry I. Porras, “... you don’t need to create a “soft” or “comfortable” environment to build a visionary company. We found that the visionary companies tend to be more demanding of their people than other companies, both in terms of performance and congruence with the ideology ... “Visionary,” we learned, does not mean soft and undisciplined. Quite the contrary. Because the visionary companies have such clarity about who they are, what they’re all about, and what they’re trying to achieve, they tend to not have much room for people unwilling or unsuited to their demanding standards.”¹⁴ MIHS will build in its culture the common traits of visionary companies namely (i) fervent performance ideology; (ii) strong indoctrination into core success ideology; (iii) tightness of fit—you either fit in the culture or it ejects you; and (iv) elitism—a sense of belonging to something superior.
- **Follow-Through:** MIHS will focus its culture on follow-through of agreed actions. It will standardize timeframes for follow-through of agreed actions at all decision-making levels. Monitoring timely and conclusive follow-through will form part of staff performance rating. MIHS will interpret lack of follow-through, indecision and procrastination as career-limiting knowing that every indecision and procrastination costs the Institute money.
- **Completed Staff Work:** MIHS will recognize and reward ability to deliver completed work by (i) investing time and effort in in-depth background work; (ii) cultivating personal ability for deep concentration on important tasks; (iii) ability to subject oneself to growth and progress by delivering results; and (iv) upholding trust and winning trust with people.

¹⁴ James C. Collins and Jerry I. Porras, *Built to Last: Successful Habits of Visionary Companies*

- **Christian Example:** MIHS is a Christian environment that employs, serves and transacts with people regardless of their religious or other social orientation. It defines “*Christian*” as a choice to benchmark the example of Jesus Christ in the performance of its work. Christ’s example is the guiding star of the MIHS Way of life and business. That’s why MIHS response to challenge and difficulty includes Christ’s examples of prayer, inquiry, listening, reflection and gratitude. During the SP 2023-2028 period, MIHS will enhance its Christian ethos by (i) revitalizing the Chaplaincy Unit; (ii) designating volunteer Assistant Chaplains for all MIHS locations; (iii) running a devotional calendar and prayer diary; (iv) attending to staff spiritual wellbeing; (v) conducting regular worship at all sites; (vi) confidential counseling services; (vii) building MIHS reputation as the reliable and accountable partner for integrity in health education and training; and (viii) monitoring growth in its Christian ethos.

Initiative 3.4.2: Attract the right people into the organization and place them in the right positions to optimize benefit for MIHS.

In accordance with Good-to-Great philosophy, MIHS will ensure its HR management achieves three outcomes namely (i) attracting the right people with the right character, talent and attitudes; (ii) placing those right people in the right places across MIHS; and (iii) redirecting the people lacking the requisite competence out to thrive where they are more suited. The mechanisms below will equip MIHS to achieve its talent aspirations.

- **Digitalization:** MIHS will adapt and leverage digital tools and platforms for talent acquisition including AI-powered recruitment systems, Analytics and automated onboarding processes.
- **Partnerships:** MIHS will proactively source for talent including partnering with professional bodies and academic institutions to access great talent.
- **Succession Planning:** MIHS will build a strong talent pipeline for continuity and sustainability of its work. This will be attained by building strong bench strength for all key positions that influence the Institute’s effectiveness, competitiveness and sustainability.
- **Competitive Remuneration:** MIHS will implement a remuneration and rewards system that is benchmarked against leading brands in the health education and training sub-sector.
- **People-Centricity:** MIHS will place concern for people at the center of realizing its vision and execution of its mission. This will be achieved by setting people up for success with the tools they need and a favorable work environment. MIHS will document people strategies as a way of codifying the organization’s pledge to its employees and demonstrating how they benefit.

Initiative 3.4.3: Build the leadership spirit in every MIHS employee in line with the organization’s leadership philosophy.

MIHS will enroll 100% of its staff for the level of the Online Leadership programme appropriate for their level of assignment. The courses targeting each level of MIHS staff are outlined under ***Strategic Goal 1: Strategic Objective 1.6.***

Initiative 3.4.4: Run a bold and candid performance management system.

The current performance management system appraises performance (i) post-probation; (ii) semi-annually; and (iii) annually. It cannot flexibly assess performance weekly, monthly and quarterly which is essential in the increasingly complex workplace. The system does not address problems of performance problems with consistent boldness and candor.

- **SMART Targets:** MIHS will equip managers to set specific, measurable, attainable, realistic and time-bound targets that can be digitalized and minimize bias in performance appraisal.
- **Performance Portal:** MIHS will develop a digital Performance Reporting Portal that staff will use to report against SMART targets on a weekly basis. The Portal will close off every week's reporting screen upon expiry of the weekly reporting deadline. The Portal will provide access to cumulative annual performance data. Digitalization will enable rapid performance analysis. Quantitative data on the Portal will corroborate with qualitative data from other sources to inform staff where they stand in terms of performance. The Portal will equip managers to act.
- **Candid Feedback:** The Leadership School will equip supervisors to give performance feedback in a frank and straightforward manner that stimulates real debate about performance issues. MIHS will consider it career-limiting for supervisors to portray behavior that (i) withholds comments or constructive criticism; (ii) passes performance issues up the chain of command instead of addressing them; (iii) keeps quiet over performance issues to make people feel better or avoid conflict; (iv) sugarcoats performance feedback; (v) keeps performance issues to self never letting supervisors know; and (vi) behaves in other ways that suffocate candor. MIHS will celebrate a candid approach to under-performance that (i) gets more people involved; (ii) surfaces, discusses and improves ideas; (iii) generates speed by rapid discussion, enhancement and execution of ideas; and (iv) cuts costs by avoiding needless processes caused by hesitating to address performance problems frankly and boldly. These will be Key Result Areas (KRAs) for supervisors across MIHS since its growth trajectory demands courageous leadership.

3.5.5 STRATEGIC OBJECTIVE 3.5: Provide effective and efficient finance, administration and support services to MIHS.

During SP 2023-2028 period, MIHS will ensure stewardship of MIHS resources through effective and efficient finance, administration and support services using the initiatives outlined below.

Initiative 3.5.1: Provide financial management services.

During a significant part of SP 2017-2022 period, MIHS leveraged the MUg HQ structure for (i) finance; (ii) administration; and (iii) support services. With growth in number of students, MIHS hired key staff in finance, ICT, procurement, stores and estates. However, these work with support of the MUg HQ management and staff. The Finance Department of MIHS has grown faster to six staff and a Manager. The other units have lean staffing supported by MUg HQ. Given the centrality of the finance function, MIHS will review its structure and adapt it to current and emerging needs. For efficiency, the other functions will stay lean and adjust based on growth. MIHS will develop, implement and monitor its own policies, SOPs and controls and only depend on MUg HQ for technical support. MIHS will have its financial management framework and prepare its own management and audited accounts to be consolidated at Group level. HQ will liaise with MIHS to enable the Institute leverage on system enhancements comprising (i) cloud-based ERP; (ii) finance analytics; (iii) tax integration; (iv) digitalization; (v) cyber security; and (vi) fraud prevention.

Initiative 3.5.2: Run effective and efficient supply chain management.

By end of SP 2018-2023 period, MIHS had begun to build a supply chain mechanism while still leveraging the MUg HQ mechanism. Since HQ intends to decentralize supply chain in the SP 2023-2028 period, MIHS will enhance its mechanism to suit the Institute's needs. It will access

support from the MUg HQ technical assistance mechanism. MIHS will develop the Supply Chain Policy and Procedures Manual to guide its supply chain mechanism.

Initiative 3.5.3: Effective and efficient support services to MIHS.

In SP 2023-2028 period, MIHS will effectively manage usage of its properties, infrastructure, utilities and facilities and maintain the registry and records of both landed property and facilities.

- **Estate Management:** MIHS will liaise with MUg HQ to maintain its properties and keep them legally, economically, socially and technologically viable [*by establishing real-time asset reporting systems*]. These will cover properties including land; buildings; physical and digital security and safety systems; accessibility; and surface water drainage systems.
- **Fleet Management:** By close of SP 2018-2023 period, MIHS had 4 vehicles comprising (i) 3 vehicles that are aged but still in use; and (ii) 1 vehicle still in good state. To have an efficient and safe fleet, MIHS will procure 1 new vehicle.
- **Domestic Services:** MIHS will partner with MUg HQ to jointly outsource services for cleaning offices, compound and linen. MIHS will also partner with HQ and other Entities to (i) procure robust heavy duty laundry equipment; and (ii) install a new incinerator [the old incinerator reached decommissioning during the SP 2018-2023 period].

3.5.6 STRATEGIC OBJECTIVE 3.6: Leverage centrally shared services and resources.

During SP 2023-2028 period, MIHS will leverage the centrally shared services and resources outlined below to run its activities effectively and efficiently.

Initiative 3.6.1: Enhance MIHS projects and business operations through ICT optimization.

The MUg ICT Department will lead the process of ICT Optimization to accelerate MIHS business through a tailored strategy woven out of the concepts outlined below.

- **Cloud First:** During SP 2018-2023 period, MUg started to use the cloud to tune information delivery to improve its value. However, like most enterprises that use cloud, MUg did not move everything to the cloud. Through a Cloud-First Strategy, ICT Department will carefully consider moving all or most of MIHS computing to the cloud. This will aim to reap cloud-first benefits including (i) access to powerful computing resources on demand; (ii) quick access to servers, databases and other services by leveraging the cloud; (iii) eliminating the capital cost of setting up physical data centers and servers in MIHS; (iv) efficiency by paying only for the used resources; (v) avoiding cost of obsolescence; and (vi) ICT sustainability in MIHS.
- **Digital by Design:** MIHS appreciates that rapid digital transformation will continue to change its business landscape. During SP 2023-2028, MIHS will provide to its stakeholders services that deliver on the promises of the digital age. It will take a strategic approach to using digital tools and data to become digitally competent in an increasingly digital era. Through digital-by-design, MUg will exploit full potential of digital technologies in designing its services.
- **Data-driven Culture:** Massive collection of data across MIHS demands adoption of a strategic approach to data and technology to enhance business intelligence. MIHS considers data a strategic asset and will liaise with HQ ICT Department to elevate its capacity to produce, store, process and share data. It will use data to enhance business intelligence to support decision-making, service design, service delivery and creation of a data-driven organizational culture.

- **Regulatory Framework:** Given that ICT will remain a centrally shared service across the MUg Group, regulation will be crucial to its success. The *ICT Steering Committee* will serve as the MUg ICT Regulatory Framework. The Committee will (i) monitor and review ICT roles; (ii) align ICT execution with Group context; (iii) support ICT project execution; (iv) adapt ICT to business shifts; (v) streamline procedures; and (vi) facilitate sharing data and resources.
- **Caution About Technology:** Jim Collins' Good to Great research showed that great companies avoid technology bandwagons, yet they pioneer in carefully selected technologies.¹⁵ The key question for MIHS about technology adoption will be whether the technology fits directly with the *Hedgehog Concept* of the Institute's business. If yes, MIHS will deploy that technology. If no, MIHS will delay or ignore it. In line with good-to-great thinking, MIHS will use technology as an *accelerator of business momentum*, not a creator of it. Great companies do not trigger their transformation using technology but apply technology that fits with their business to *accelerate the business*. MIHS will respond to technology *thoughtfully* and *creatively*, driven by a compulsion to *turn unrealized potential into results* [indicator of inner drive for greatness]. It will avoid the tendency of mediocre companies to react and lurch about, driven by fear of being left behind. It will appreciate that, in a technology era, it cannot be a laggard and hope to be enduringly great. However, it will remind itself that technology by itself is never a primary cause of greatness. In Jim Collins' research, technology never surfaced among top five drivers of greatness even in companies famous for technology use.

Initiative 3.6.2: Communications and branding support to MIHS [as a shared service].

In SP 2023-2028 period, Communications Department at MUg HQ will support MIHS to inspire priority publics to own, build, promote and defend its brand. MIHS will build its Communication Office by setting up a Communication Desk to serve as its Communications Focal Point. MUg HQ will support with (i) capacity building; (ii) quality control; (iii) audit; (iv) coordination; and (v) channel building. To shed off the legacy of "brand obscurity" that characterized MUg, MIHS will take a bold branding stand as per the *Whitepaper on Standardizing Corporate Communication, Branding and Marking Across MUg*. The Whitepaper will guide the priorities set by annual planning of communication, branding and marking. The *Whitepaper* will also guide the SOPs for monitoring, evaluating and auditing communication efforts. HQ will support managing of MIHS corporate partnerships as per Guidelines on Corporate Partnerships, Alliance and Networking. The Guidelines will standardize management of corporate partnerships.

Initiative 3.6.3: Impact Monitoring support to MIHS [as a shared service].

Impact Monitoring Unit at HQ will support MIHS to institutionalize rigorous questioning in its programme and business design. It will ensure that MIHS planners integrate Outcome and Impact measures in project and business designs. MIHS will liaise with HQ to evaluate impact generated by MIHS projects and businesses guided by the *Impact Evaluation Policy and Standard Operating Procedures*. MIHS will liaise with Impact Monitoring Unit to (i) assess strategy implementation; (ii) disseminate MIHS Strategic Plan; (iii) assess alignment of staff onboarding and orientation with the new Plan; and (iv) institutionalize the aligned staff orientation in the M&E mechanism.

¹⁵ Jim Collins, *Good to Great: Why Some Companies Make the Leap ... and Others Don't*

3.5.7 STRATEGIC OBJECTIVE 3.7: Undertake joint Group-level strategic investments.

MIHS will undertake the outlined Group-wide joint strategic investments involving all the Entities.

Initiative 3.7.1: Estate Maintenance Fund

During the SP 2013-2018 and 2018-2023 periods, MUg HQ experienced continual reduction in the funds it accesses for maintaining its estate. During SP 2023-2028, HQ will rally Entities to start developing the Estate Maintenance Fund. Urgent needs are (i) erecting a security wall; (ii) repair of buildings; (iii) CCTV coverage; (iv) fire safety equipment; and (v) pavement repair. The Fund will be a joint strategic investment by MUg Entities and initially requires US\$ 440,000.

Initiative 3.7.2: Solar Energy

During SP 2018-2023 period, hydroelectricity accounted for 94% of MUg power use with stand-by generator accounting for 6%. Given a monthly power bill of UGX 20 million, MUg spends UGX 1.2 billion on power every 5-year period. MUg has observed steady rise in its electricity cost besides rising electricity tariff. Given anticipated increase in operations across the Group, cost of electricity will become unsustainable. During SP 2023-2028, MUg will generate solar energy and make it the dominant source of electricity. MUg will get an upgrade to the existing solar system. The upgraded system will generate 1.664 MWh daily [607.5 MWh annually]. The upgrade will cost US\$ 328,540 [equivalent of a 5-year power bill at current consumption and tariff] and will generate enough power to run MUg Main Site throughout 2023-2028 with a lifespan of 25 years and payback period of 4-5 years. Project benefits are (i) access to power at zero cost from Yr6 to Yr25 after payback period; (ii) lower operational cost after payback; (iii) energy independence and efficiency; and (iv) contribution to a green world. To reap these benefits, MUg Entities will jointly invest upfront the equivalent of the 5-year power bill [2023 to 2028].

Initiative 3.7.3: Water Harvesting

During the SP 2018-2023 period, MUg purchased 90% of its water from National Water and Sewerage Corporation (NWSC) and 10% from private sector dealers. Given a monthly water bill of UGX 22 million, MUg spends UGX 1.32 billion on water every 5-Year Strategic Plan period. MUg has observed steady rise in its water bill and rising water tariff. With anticipated increase in operations across the Group, the water cost will rise to unsustainable levels. During 2023-2028, MUg will invest in a rainwater harvesting system and motorized boreholes as alternative water supply systems. MUg will procure 2 motorized boreholes and a water harvesting storage capacity of 100M³ that is expandable. That capacity will meet current MUg consumption of 100,000 liters per day. It will also cater for the rising water demand over the 5-year period when the traffic on site grows from the current 1,600 people to about 4,000 people. The combined system will cost US\$ 119,465 with a payback period of 2-3 years. Benefits of installing the combined water harvesting system are (i) year-round availability of water with minimal disruption; (ii) sustainable operation across MUg; (iii) increased water independence; (iv) cost saving; and (v) operational efficiency. To gain these benefits, MUg will invest 40% of the 5-Year water bill.

Initiative 3.7.4: Biogas Production

During the SP 2018-2023 period, MIHS relied on charcoal and wood fuel to prepare meals for its 1,700 students. Its monthly expenditure on charcoal and wood fuel was UGX 21 million, besides the cost of environment degradation and pollution. The cost in 5 years at the same consumption level translates to UGX 1.26 billion. Given a projected MIHS growth to 5,000 students in the next

5-10 years, this method of cooking is unsustainable. Besides, the SP 2023-2028 period comes on the backdrop of a presidential ban on charcoal burning and a paradigm shift to seek cleaner and sustainable cooking options. During 2023-2028, MUg will develop a biogas production system as a shift to a cleaner, sustainable and environmentally-friendly cooking option. MUg Main Site raises 400 Kg of waste daily with potential to generate 35m³ of gas per day. The current MIHS population uses approximately 20-25m³ energy equivalent of gas daily. The projected population of up to 5,000 students can generate 60m³ in the long run. Given the expected gas of 35,000 liters, production will be sufficient for use by the kitchen, laboratory and other uses. The biogas system with capacity to generate 35m³ of gas will cost US\$ 59,000 with a payback period of 1-2 years. Since the current drainage system combines wastewater from handwash basins, MUg will redesign it to separate solid waste for biogas production from other waste. This investment will cost 17% of the total 5-year cost on charcoal and wood fuel. Benefits of biogas generation will be (i) clean smokefree gas for cooking and laboratory use; (ii) stopping use of wood fuel; (iii) disposal of bio-effluent as organic fertilizer for farming systems; (iv) probable income from sales of bio-slurry; (v) greater sustainability and energy independence; (vi) environment protection and preservation; and (vii) cost savings and operational efficiency for MUg.

Initiative 3.7.5: Responsiveness to Climate Change

MIHS relies on using traditional fuels like petrol and diesel to run its automobiles and wood and charcoal for cooking. Emissions from these fuels harm the environment and human health. Global energy demand is projected to grow by over 50% by 2035 hence the need to invest in renewable energy. MIHS will contribute to reducing carbon emissions by partnering in joint projects to (i) use solar energy; (ii) use biogas; (iii) retrofit buildings with LED appliances; (iv) adopt designs that environmentally-friendly for its new buildings; and (v) use available land efficiently.

4 Budget Projections

This section presents the budget projections for the MIHS 2023/24 – 2027/28 Strategic Plan.

4.1 Budgeting Assumptions

Below are the key assumptions underlying the SP 2023/24 – 2027/28 MIHS budget projections.

4.1.1 General Group Budget Assumptions for 2023/24 – 2027/28

1	SP 2023-2028 projections was based on Incremental Budgeting and Zero-Based Budgeting to cater for the lack of core PEPFAR funding in the next 5 years.
2	Baseline Year FY 2022/2023 shows actual performance.
3	Projection considered Board feedback to revise targets given lack of core CDC funding.
4	Projected increments take into consideration movements in inflation.
5	SP 2023-2028 financial targets reduced by over 200% compared to SP 2018-2023 five-year targets because of transition of Mubende Region CDC Project to Baylor and end of the Wakiso CDC Project under which MUG received sub-grants from IDI.
6	All MUG Entities will operate as Going Concerns in line with the MUG transitional principles of (i) Portfolio Stabilization; (ii) Business Continuity; and (iii) Bounce Forward.
7	Group Core Reserve to grow to a net balance of US\$ 500,000 by Yr05.

4.1.2 MIHS Budget Assumptions for 2023/24 – 2027/28

1	MIHS unrestricted income will increase on average of 20% per annum.
2	MIHS grant acquisition targets will increase by 20% per annum.
3	MIHS will use a hybrid model to finance capital assets using varying mixes of (i) loans; (ii) grants; and (iii) retained earnings. No capital assets are projected during Yr01.
4	Phase 3 of the construction of MIHS Main Building will start at end of Yr02.
5	Operating expenditures is based on current stability and continuity and incremental budgeting models.
6	MIHS unrestricted income will contribute on average 25% per annum to Group incomes.
7	MIHS consultancy revenue will increase by 30% per annum.
8	50% of the projected Net Profit will be transferred to the Group Core Reserve.

4.2 Projected Income and Expenditure for 2023/24 – 2027/28

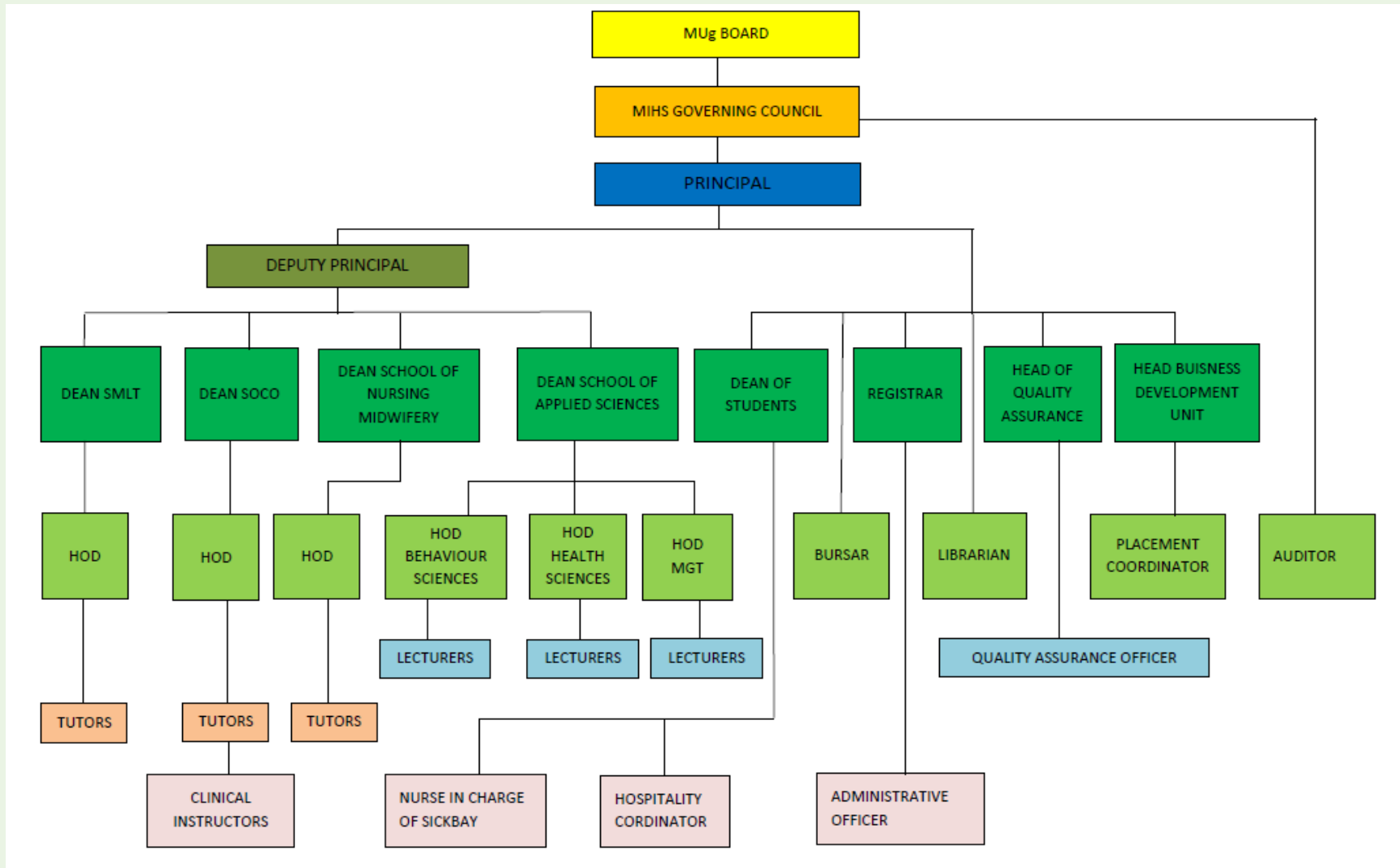
	FY 2023 (Actual)	FY 2024 (Projected)	FY 2025 (Projected)	FY 2026 (Projected)	FY 2027 (Projected)	FY 2028 (Projected)
A: PROJECTED INCOME	UGX	UGX	UGX	UGX	UGX	UGX
Private Income						
School of Medical Laboratory Technology	858,887,660	1,035,343,333	1,190,644,833	1,369,241,558	1,574,627,792	1,810,821,960
School of Nursing & Midwifery	1,658,951,400	2,323,851,454	2,672,429,172	3,073,293,548	3,534,287,580	4,064,430,717
School of Clinical Officers and Comm Health	1,123,381,936	1,154,910,000	1,328,146,500	1,527,368,475	1,756,473,746	2,019,944,808
School of Applied Science & Research	1,049,465,144	1,054,062,778	1,212,172,195	1,393,998,024	1,603,097,727	1,843,562,387
Hostels (Hospitality and Customer Care)	613,268,800	615,375,000	707,681,250	813,833,438	935,908,453	1,076,294,721
Short courses and Placement	123,200,029	348,750,000	558,000,000	892,800,000	1,428,480,000	2,285,568,000
Consultancy		225,000,000	303,750,000	410,062,500	512,578,125	640,722,656
Private Income-TOTAL	5,427,154,969	6,757,292,565	7,972,823,950	9,480,597,542	11,345,453,424	13,741,345,249
Grant Income (Operating)		0%	35%	35%	25%	25%
MIHS Grants	1,028,360,650	1,025,000,000	1,230,000,000	1,476,000,000	1,771,200,000	2,125,440,000
Sub-Total: Grant Income	1,028,360,650	1,025,000,000	1,230,000,000	1,476,000,000	1,771,200,000	2,125,440,000
TOTAL INCOME	6,455,515,619	7,782,292,565	9,202,823,950	10,956,597,542	13,116,653,424	15,866,785,249
B: PROJECTED EXPENDITURE	UGX	UGX	UGX	UGX	UGX	UGX
Personnel Costs	3,343,811,000	3,158,693,481	4,141,270,777	4,930,468,894	5,902,494,041	7,140,053,362
Contractual & Direct Business Costs	3,183,839,954	3,627,254,885	3,773,157,819	4,492,204,992	5,377,827,904	6,505,381,952
Travel Costs	355,332,000	390,865,200	460,141,197	547,829,877	655,832,671	793,339,262
Consultancy	265,678,000	310,000,000	92,028,239	109,565,975	131,166,534	158,667,852
General Operational Expenses (Others)	53,018,619	60,971,412	92,028,239	109,565,975	131,166,534	158,667,852
Finance Costs	94,549,714	108,732,171	28,528,754	57,057,508	59,910,384	60,509,488
Non Cash Transactions	-	45,300,000	110,433,887	131,479,171	157,399,841	190,401,423
TOTAL EXPENDITURE	7,296,229,287	7,701,817,148	8,697,588,915	10,378,172,393	12,415,797,909	15,007,021,193
Projected Surplus/(Deficit)	(840,713,668)	80,475,417	505,235,035	578,425,149	700,855,515	859,764,057

4.3 Capital Assets Budgeting for 2023/24 – 2027/28

	FY 2023 (Actual)	FY 2024 (Projected)	FY 2025 (Projected)	FY 2026 (Projected)	FY 2027 (Projected)	FY 2028 (Projected)
Non Current Assets	UGX	UGX	UGX	UGX	UGX	UGX
MIHS						
Buildings	582,320,000	-	650,000,000	-	-	-
Land	-	-	-	550,000,000	-	550,000,000
Library books	81,873,570	-	18,000,000	19,890,000	21,978,450	24,286,187
Motorcycle	10,700,000	-	-	-	-	-
Furniture	61,845,419	-	-	-	-	-
Biogas Installation	-	-	-	-	218,300,000	-
Solar Installation	-	20,000,000	-	-	-	-
Borehole	-	25,000,000	25,000,000	-	-	-
Computers	90,225,899	-	46,741,667	51,649,542	57,072,744	63,065,382
Other ICT Equipment	73,423,395	-	92,775,000	102,516,375	113,280,594	125,175,057
Students Information system	15,907,000	-	16,600,000	-	-	-
Course Development	-	-	15,000,000	-	15,000,000	-
Subtotal	916,295,283	45,000,000	864,116,667	724,055,917	425,631,788	762,526,626
Total Non-Current Assets	916,295,283	45,000,000	864,116,667	724,055,917	425,631,788	762,526,626
Capital Financing Mechanism						
Grant Income (Capital)	41,010,600	-	-	-	-	-
Reserves	875,284,683	45,000,000	-	-	-	-
Retained earnings in current year	-	-	214,116,667	424,055,917	425,631,788	762,526,626
Debt financing (Loan)	-	-	650,000,000	300,000,000	-	-
Total finance	916,295,283	45,000,000	864,116,667	724,055,917	425,631,788	762,526,626

5 Organization Structure

MHIS will adopt the organizational structure shown below.



6 M&E Framework

6.1 Log frame

Strategic Initiatives	Objectively Verifiable Indicators (OVIs)	Means of Verification	Key Assumptions and Risks
Strategic Goal 1: Strategic Goal 1: Consolidate MIHS positioning as a lead brand in quality health professionals education and training. Goal Level Outcomes <ol style="list-style-type: none"> 1. Employability rate of MIHS alumni 2. MIHS referral rate (Net promoter score of MIHS) 3. Satisfaction rate of MIHS Students 4. Student Enrollment and completion rates 5. MIHS Visibility score 6. Score on the sustainability index of MIHS 7. Entities' Profitability ratios 			
Strategic Objective 1.1: Standardize the business model underlying all the health education and training products in the MIHS portfolio.			
Initiative 1.1.1: Standardize <u>customer segmentation</u> for MIHS products.	MIHS customer segmentation report with reach plan in place	<ul style="list-style-type: none"> • Customer planning reports • Market analysis reports 	<ul style="list-style-type: none"> • Buy-in at the Governing Council, Leadership and Management levels to cultivating the business mindset at all levels across MIHS. • Commitment to support, resource, monitor, evaluate and audit the uptake and mainstreaming of the business mindset at all levels across MIHS. • Alignment of MIHS policies, standards, processes and systems
Initiative 1.1.2: Standardize <u>value proposition design</u> for MIHS products.	Integrated value proposition in the customer segmentation report	Customer segmentation report	
Initiative 1.1.3: Standardize <u>channels design</u> for MIHS products.	MIHS channels catalogue integrated in the marketing plan	Marketing records	
Initiative 1.1.4: Standardize <u>customer relationships framework</u> for MIHS products.	Customer relationship Management framework (CRM) in place	CRM system (Manual or Auto)	
Initiative 1.1.5: Standardize <u>revenue streams definition</u> for MIHS products.	MIHS Revenue charter in place	Financial records	
Initiative 1.1.6: Standardize <u>key resources definition</u> for MIHS products.	Documentation of key resources used across the institution.	Financial records	
Initiative 1.1.7: Standardize <u>key activities definition</u> for MIHS products.	Integrated Marketing plan with Key activities definitions for MIHS products	Marketing databases	

Strategic Initiatives	Objectively Verifiable Indicators (OVIs)	Means of Verification	Key Assumptions and Risks
<i>Initiative 1.1.8: Standardize <u>key partnerships</u> definition for MIHS products.</i>	Partnership matrix in place	Partnership database	with the business mindset
<i>Initiative 1.1.9: Standardize the <u>cost structure</u> for MIHS products.</i>	Product cost catalogue	Marketing database	
Strategic Objective 1.2: Run the School of Nursing and Midwifery as a viable brand that meets student expectations and responds to current and emerging health needs.			
<i>Initiative 1.2.1: Increase the viability and sustainability of programmes run by the MIHS School of Nursing and Midwifery and their responsiveness to emerging health needs.</i>	<ul style="list-style-type: none"> • School Profitability ratio • Percentage increase in student enrollment • Percentage increase in retention/ completion of students 	<ul style="list-style-type: none"> • Student information management system • Financial reports 	<ul style="list-style-type: none"> • Reliable data • Availability of resources • Effective Management systems
<i>Initiative 1.2.2: Develop and run the Diploma in Midwifery Online programme as a viable and sustainable business venture responsive to current and emerging health needs.</i>	<ul style="list-style-type: none"> • Program Profitability ratio • Percentage increase in student enrollment on the program • Percentage increase in retention/ completion of students on the program • Program 1 year employability rate 	<ul style="list-style-type: none"> • Student information management system • Financial reports • Surveys 	
<i>Initiative 1.2.3: Develop and run the Bachelor of Science in Nursing programme as a viable and sustainable business venture responsive to current and emerging health needs.</i>	<ul style="list-style-type: none"> • Program Profitability ratio • Percentage increase in student enrollment on the program • Percentage increase in retention/ completion of students on the program • Program 1 year employability rate 	<ul style="list-style-type: none"> • Student information management system • Financial reports 	
Strategic Objective 1.3: Run the School of Clinical Officers as a viable brand that satisfies student expectations and is responsive to community health needs.			
<i>Initiative 1.3.1: Increase the viability and sustainability of the current programmes run by the MIHS School of Clinical Officers and their responsiveness to emerging health needs.</i>	<ul style="list-style-type: none"> • Program Profitability ratio • Percentage increase in student enrollment on the program • Percentage increase in retention/ completion of students on the program • Program 1 year employability rate 	<ul style="list-style-type: none"> • Student information management system • Financial reports 	<ul style="list-style-type: none"> • Reliable data • Availability of resources for expansion • Effective Mgt systems

Strategic Initiatives	Objectively Verifiable Indicators (OVIs)	Means of Verification	Key Assumptions and Risks
Strategic Objective 1.4: Run the School of Medical Laboratory Technology as a viable brand that satisfies student expectations and addresses current and emerging diagnostics needs in healthcare.			
Initiative 1.4.1: Increase the viability and sustainability of the current programmes run by the School of Medical Laboratory Technology and their responsiveness to emerging health needs.	<ul style="list-style-type: none"> • Program Profitability ratio • Percentage increase in student enrollment on the program • Percentage increase in retention/ completion of students on the program • Program 1 year employability rate 	<ul style="list-style-type: none"> • Student information management system • Financial reports 	<ul style="list-style-type: none"> • Reliable data • Availability of resources for expansion • Effective Mgt systems
Initiative 1.4.2: Develop and run the Bachelor of Science in Medical Laboratory Technology programme as a viable and sustainable business venture responsive to emerging health needs.	<ul style="list-style-type: none"> • Program Profitability ratio • Percentage increase in student enrollment on the program • Percentage increase in retention/ completion of students on the program • Program 1 year employability rate 	<ul style="list-style-type: none"> • Student information management system • Financial reports 	
Initiative 1.4.3: Develop and run the Certificate in Pharmacy and Diploma in Pharmacy programmes as viable and sustainable business ventures responsive to emerging health needs.	<ul style="list-style-type: none"> • Program Profitability ratio • Percentage increase in student enrollment on the program • Percentage increase in retention/ completion of students on the program • Program 1 year employability rate 	<ul style="list-style-type: none"> • Student information management system • Financial reports 	
Strategic Objective 1.5: Run the School of Applied Sciences as a portfolio of viable programmes that meet student expectations and address needs in delivery of health and social services.			
Initiative 1.5.1: Increase the viability and sustainability of programmes run by the MIHS School of Applied Sciences and their responsiveness to emerging health needs.	<ul style="list-style-type: none"> • Programs' Profitability ratio • Percentage increase in student enrollment on the programs • Percentage increase in retention/ completion of students on the program • Programs' 1 year employability rate 	<ul style="list-style-type: none"> • Student information management system • Financial reports 	<ul style="list-style-type: none"> • Reliable data • Availability of resources • Effective Mgt systems • Reliable data
Initiative 1.5.2: Develop and run new programmes in School of Applied Sciences as viable and sustainable business ventures responsive to current and emerging health needs.	<ul style="list-style-type: none"> • Program Profitability ratio • Percentage increase in student enrollment on the program 	<ul style="list-style-type: none"> • Student information management system 	

Strategic Initiatives	Objectively Verifiable Indicators (OVIs)	Means of Verification	Key Assumptions and Risks
	<ul style="list-style-type: none"> Percentage increase in retention/ completion of students on the program Program 1 year employability rate 	<ul style="list-style-type: none"> Financial reports 	
Strategic Objective 1.6: Run MUg Leadership School as a portfolio of viable and sustainable programmes that address current and emerging leadership challenges in health and social services.			
<i>Initiative 1.6.1: Develop and run Online Certificate programmes that are responsive to emerging gaps in leadership of health and social service delivery.</i>	<ul style="list-style-type: none"> Program Profitability ratio Percentage increase in student enrollment on the program Percentage increase in retention/ completion of students on the program Program 1 year employability rate 	<ul style="list-style-type: none"> Student information management system Financial reports 	<ul style="list-style-type: none"> Reliable data Availability of resources for expansion Effective Mgt systems
<i>Initiative 1.6.2: Develop and launch of the Mildmay Uganda Leadership School.</i>	<ul style="list-style-type: none"> Program Profitability ratio Percentage increase in student enrollment Percentage increase in retention/ completion of students on the program Program 1 year employability rate 	<ul style="list-style-type: none"> Student Information Mgt System Financial reports 	
Strategic Objective 1.7: Enhance MIHS physical infrastructure to match the growth of the institute and prepare to attain Other Degree Awarding Institution (ODAI) status.			
<i>Initiative 1.7.1: Modify and remodel existing MIHS infrastructure.</i>	Proportion of MIHS infrastructure space meeting established standards	Infrastructure reports	<ul style="list-style-type: none"> Availability of resources Approved plans
<i>Initiative 1.7.2: Construction of the MIHS Main Building</i>	Proportion of planned structure completed	Infrastructure report	<ul style="list-style-type: none"> Availability of resources Approved plans
<i>Initiative 1.7.3: Purchase 30 acres of land within Greater Kampala Metropolitan Area (GKMA) for a purpose-built MIHS Campus.</i>	Proportion of planned land acquired	Land agreements	
<i>Initiative 1.7.4: Develop the MIHS framework for attaining ODAI status.</i>	ODAI framework in place	Report	
Strategic Objective 1.8: Establish a robust Quality Assurance (QA) system and mainstream it across MIHS operations.			
<i>Initiative 1.8.1: Review of the Quality Assurance Framework and Policy</i>	<ul style="list-style-type: none"> Updated QMS framework in place QMS certification 	QMS Database	Management support

Strategic Initiatives	Objectively Verifiable Indicators (OVIs)	Means of Verification	Key Assumptions and Risks
<i>Initiative 1.8.2: Conduct needs assessment</i>	Needs assessment report in place	QMS Database	
<i>Initiative 1.8.3: Operationalize Enterprise Resource Planning (ERP) system.</i>	Functional ERP/ Proportion of MIHS Business processes executed in the ERP	ERP reports	<ul style="list-style-type: none"> • Availability of resources • Mgt support
<i>Initiative 1.8.4: Establish a staff training and development scheme.</i>	Staff capacity building scheme in place	Capacity building databases/ Reports	
Strategic Goal 2: Strategic Goal 2: Enhance research capacity of MIHS and increase quantity of research output. Goal-level Outcomes: 1. Research Publication index (Publication rates, research capacity, engagements, new research business development, dissemination) 2. Profitability ratios of research grants			
Strategic Objective 2.1: Institutionalize MIHS research framework.			
<i>Initiative 2.1.1: Develop and implement the MIHS research strategy.</i>	<ul style="list-style-type: none"> • Approved MIHS Research Strategy • Proportion of MIHS units doing research • # of external research collaborations secured with an MOU 	Research records	<ul style="list-style-type: none"> • Management support • Availability of resources
<i>Initiative 2.1.2: Build capacity of MIHS faculty to conduct quality research.</i>	<ul style="list-style-type: none"> • Proportion of MIHS staff on a research capacity building program • # of research grants written by staff and students and won 	Research records	
<i>Initiative 2.1.3: Publish research conducted by MIHS staff and students.</i>	# of MIHS research published by both staff and students	Online records	
Strategic Objective 2.2: Disseminate MIHS research findings and monitor impact.			
<i>Initiative 2.2.1: Establish a research repository for access to student and faculty research.</i>	# of research papers accessible on the repository	Research repository	Availability of resources
<i>Initiative 2.2.2: Institutionalize research monitoring in the MIHS M&E mechanism.</i>			
<i>Initiative 2.2.3: Present MIHS research at local and international conferences.</i>	<ul style="list-style-type: none"> • # of presentations made • Proportion of staff participated in conferences 	Research Records	Availability of resources
Strategic Objective 2.3: Functionalize strategic partnership with MRCU to define and grow the MIHS research agenda and engage in joint strategic investments.			

Strategic Initiatives	Objectively Verifiable Indicators (OVIs)	Means of Verification	Key Assumptions and Risks
<i>Initiative 2.3.1: Define and grow MIHS Research Agenda.</i>	<ul style="list-style-type: none"> • # of collaborative research studies/initiatives done in partnership with MRCU • Proportion of MIHS units/staff conducting/active research 	Research Databases/Records	<ul style="list-style-type: none"> • Implementation of inter-company policy • Availability of resources
<i>Initiative 2.3.2: Institutionalize research across MIHS.</i>			
<i>Initiative 2.3.3: Engage in strategic research investments.</i>			
Strategic Objective 2.4: Establish MIHS Centre of Excellence (CoE) for Experiential Learning and Knowledge Transfer.			
<i>Initiative 2.4.1: Comprehensive community engagement framework.</i>	<ul style="list-style-type: none"> • Community engagement framework • # of community initiatives active/done • Proportion of students/staff participating in community initiatives • People served in community initiatives. • Proportion of resources mobilized through community engagement initiatives. • # of Community collaborations secured 	<ul style="list-style-type: none"> • Community engagement reports/records • Surveys 	<ul style="list-style-type: none"> • Availability of resources • Management support
Strategic Goal 3: Strengthen MIHS capacity to deliver its mandate efficiently and sustainably. Goal-level Outcomes: <ol style="list-style-type: none"> 1. MIHS sustainability index score 2. Student/lecturer satisfaction score 3. MIHS Profitability ratios 4. Debt Management Ratios: Debt Service Coverage Ratio and Interest coverage service ratio 			
Strategic Objective 3.1: Strengthen corporate governance for effective MIHS oversight.			
<i>Initiative 3.1.1: Strengthen the MIHS corporate governance structures.</i>	<ul style="list-style-type: none"> • Effective MIHS Governing council. • Approved MIHS policies • Risk management framework in place • Unqualified internal and external audits • Profitability ratios • Reduced rate of Resource wastages 	<ul style="list-style-type: none"> • Governance reports/records • Audit reports • Financial reports 	<ul style="list-style-type: none"> • Stable retention of Governance membership • Effective Management systems
<i>Initiative 3.1.2: Align MIHS policy framework.</i>			
<i>Initiative 3.1.3: Strengthen MIHS audit and risk management frameworks.</i>			
Strategic Objective 3.2: Run an effective and efficient student life programme and a proactive alumni engagement mechanism.			
<i>Initiative 3.2.1: Enhance student life.</i>	<ul style="list-style-type: none"> • # of student life enhancement initiatives • Active student feedback mechanism • Functional Dean of Students Office 	<ul style="list-style-type: none"> • Student management records 	<ul style="list-style-type: none"> • Availability of resources to support student activities.

Strategic Initiatives	Objectively Verifiable Indicators (OVIs)	Means of Verification	Key Assumptions and Risks
	<ul style="list-style-type: none"> • % of student feedback issues addressed • Active Student Life page on website • # of student engagement activities conducted internally and externally • Student satisfaction rate 		<ul style="list-style-type: none"> • Management support
Initiative 3.2.2: Enhance student leadership.	Effective Student leadership in place	Student leadership records	Management support
Initiative 3.2.3: Run a proactively engaging MIHS alumni community.	<ul style="list-style-type: none"> • Alumni framework with funding sources • Alumni Council with a constitution • # of Alumni engagements conducted • # of alumni supported projects/initiatives 	Alumni activity reports/records	<ul style="list-style-type: none"> • Alumni support resources in place • Alumni support / participation
Strategic Objective 3.3: Ensure adequate MIHS resourcing through a dual-track mechanism built on 60% tuition income from health education and training services and 40% non-tuition income from grants mobilization.			
Initiative 3.3.1: Run the MIHS Schools as viable enterprises growing into first-choice brands of health education and training and generating 60% of the resourcing needed to achieve the Institute’s 2023-2028 goals.	<ul style="list-style-type: none"> • % increase: enrollments and completion • Proportion of targeted Revenue realized. • MIHS profitability ratios • MIHS one year alumni employability 	MIHS information management systems	<ul style="list-style-type: none"> • Enabling regulatory environment • Market stability
Initiative 3.3.2: Build and run the MIHS Programme Acquisition and Management Steering Committee (PAMSCO) as a robust grants mobilization mechanism generating 35% of the resourcing needed to achieve the Institute’s 2023-2028 goals.	<ul style="list-style-type: none"> • Proportion of grant resources mobilized. • # of grants written • % of grants successful • % of grants implemented according to set standards—on scope, on time, on Budget • Proportion of targeted beneficiaries supported on MIHS grants (Impact Reach) 	<ul style="list-style-type: none"> • ERP • Grants databases • Project reports 	<ul style="list-style-type: none"> • Stable grants market
Initiative 3.3.3: Develop and grow other forms of resource mobilization generating 5% of the resources needed to achieve the MIHS 2023-2028 goals	<ul style="list-style-type: none"> • Proportion of resources mobilized through other forms other than grants and tuition. • # of value-collaborations secured 	<ul style="list-style-type: none"> • ERP • Grants databases • Project reports 	<ul style="list-style-type: none"> • ERP • Grants databases
Strategic Objective 3.4: Attract productive inspired human resources with the right skills, attitude and commitment, place them in a progressive MIHS organizational culture and support them excel.			

Strategic Initiatives	Objectively Verifiable Indicators (OVIs)	Means of Verification	Key Assumptions and Risks
<i>Initiative 3.4.1: Cultivate a progressive organizational culture that helps people thrive.</i>	<ul style="list-style-type: none"> • % Staff received a comprehensive induction • Staff retention rates/turnover rates • Average Staff appraisal performance score • Average Staff satisfaction score • Proportion of planned staff engagement initiatives conducted 	<ul style="list-style-type: none"> • HR records • Surveys 	Availability of resources
<i>Initiative 3.4.2: Attract the right people into the organization and place them in the right positions to optimize benefit for MIHS.</i>			
<i>Initiative 3.4.3: Build the leadership spirit in every MIHS employee in line with the organization's leadership philosophy.</i>	<ul style="list-style-type: none"> • Proportion of staff completing leadership training • Staff appraisal score on leadership competencies 	HR records	<ul style="list-style-type: none"> • Availability of resources • Staff participation
<i>Initiative 3.4.4: Run a bold and candid performance management system.</i>	<ul style="list-style-type: none"> • Automated engaging appraisal system • % staff scoring above 80% • Functional reward and recognition plan • Staff capacity development plan in place 	HRIMS	<ul style="list-style-type: none"> • Availability of resources • Staff participation • Mgt support
Strategic Objective 3.5: Provide effective and efficient finance, administration and support services to MIHS.			
<i>Initiative 3.5.1: Provide financial management services.</i>	<ul style="list-style-type: none"> • Unqualified statutory audits • Profitability ratios • Favorable Debt Management Ratios • Risk Assessment and Mitigation scores 	<ul style="list-style-type: none"> • Audit reports • Financial reports 	Management support
<i>Initiative 3.5.2: Run effective and efficient supply chain management.</i>	<ul style="list-style-type: none"> • Procurement Cycle Time (% procurement meeting the set PCT target) • Supplier & User Performance and Evaluation score • \$ saved: Cost Savings and Cost Avoidance. 	Procurement reports	
<i>Initiative 3.5.3: Effective and efficient support services to MIHS.</i>	<ul style="list-style-type: none"> • First Response Time (FRT): Proportion of Support requests meeting target FRT • User satisfaction survey score on support services 	Financial Reports	
Strategic Objective 3.6: Leverage centrally shared services and resources.			

Strategic Initiatives	Objectively Verifiable Indicators (OVIs)	Means of Verification	Key Assumptions and Risks
Initiative 3.6.1: Enhance MIHS projects and business operations through ICT optimization.	<ul style="list-style-type: none"> • % Business processes automated using ICT and effectively serving customers • ICT customer satisfaction score 	<ul style="list-style-type: none"> • IMS • Surveys 	Resources availability
Initiative 3.6.2: Communications and branding support to MIHS [as a shared service].	<ul style="list-style-type: none"> • Brand Awareness rate: • Brand Perception and Equity score • Brand Loyalty and Advocacy score 	Surveys	Management support
Initiative 3.6.3: Impact Monitoring support to MIHS [as a shared service].	<ul style="list-style-type: none"> • Proposals with M&E/Impact plans • % MIHS programs documented • MIHS evaluations conducted 	<ul style="list-style-type: none"> • Databases • Documentations 	Resources
Strategic Objective 3.7: Undertake joint Group-level strategic investments.			
Initiative 3.7.1: Estate Maintenance Fund	Proportion of Estate Management fund contributed by MIHS	Investment records	<ul style="list-style-type: none"> • Stable MIHS market • Availability of resources
Initiative 3.7.2: Solar Energy	Proportion of MIHS contribution to the Solar Project	Investment records	
Initiative 3.7.3: Water Harvesting	Proportion of MIHS contribution to Water sustainability project	Investment records	
Initiative 3.7.4: Biogas Production	Proportion of MIHS contribution to Biogas Project	Investment records	
Initiative 3.7.5: Responsiveness to Climate Change	# of climate-friendly initiatives implemented by MHIS	MIHS records	

6.2 Operational Plan

Strategic Initiatives	Baseline	Target	Annual Targets				
			Yr01	Yr02	Yr03	Yr04	Yr05
Strategic Goal 1: Strategic Goal 1: Consolidate MIHS positioning as a lead brand in quality health professionals education and training.							
Strategic Objective 1.1: Standardize the business model underlying all the health education and training products in the MIHS portfolio.							
<i>Initiative 1.1.1: Standardize <u>customer segmentation</u> for MIHS products.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 1.1.2: Standardize <u>value proposition</u> design for MIHS products.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 1.1.3: Standardize <u>channels</u> design for MIHS products.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 1.1.4: Standardize <u>customer relationships</u> framework for MIHS products.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 1.1.5: Standardize <u>revenue streams</u> definition for MIHS products.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 1.1.6: Standardize <u>key resources</u> definition for MIHS products.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 1.1.7: Standardize <u>key activities</u> definition for MIHS products.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 1.1.8: Standardize <u>key partnerships</u> definition for MIHS products.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 1.1.9: Standardize the <u>cost structure</u> for MIHS products.</i>	TBD	TBD	TBD	-	-	-	-
Strategic Objective 1.2: Run the School of Nursing and Midwifery as a viable brand that meets student expectations and responds to current and emerging health needs.							
<i>Initiative 1.2.1: Increase the viability and sustainability of programmes run by the MIHS School of Nursing and Midwifery and their responsiveness to emerging health needs.</i>	TBD	TBD	TBD	-	-	-	-

Strategic Initiatives	Baseline	Target	Annual Targets				
			Yr01	Yr02	Yr03	Yr04	Yr05
<i>Initiative 1.2.2: Develop and run the Diploma in Midwifery Online programme as a viable and sustainable business venture responsive to current and emerging health needs.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 1.2.3: Develop and run the Bachelor of Science in Nursing programme as a viable and sustainable business venture responsive to current and emerging health needs.</i>	TBD	TBD	TBD	-	-	-	-
Strategic Objective 1.3: Run the School of Clinical Officers as a viable brand that satisfies student expectations and is responsive to community health needs.							
<i>Initiative 1.3.1: Increase the viability and sustainability of the current programmes run by the MIHS School of Clinical Officers and their responsiveness to emerging health needs.</i>	TBD	TBD	TBD	-	-	-	-
Strategic Objective 1.4: Run the School of Medical Laboratory Technology as a viable brand that satisfies student expectations and addresses current and emerging diagnostics needs in healthcare.							
<i>Initiative 1.4.1: Increase the viability and sustainability of the current programmes run by the School of Medical Laboratory Technology and their responsiveness to emerging health needs.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 1.4.2: Develop and run the Bachelor of Science in Medical Laboratory Technology programme as a viable and sustainable business venture responsive to emerging health needs.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 1.4.3: Develop and run the Certificate in Pharmacy and Diploma in Pharmacy programmes as viable and sustainable business ventures responsive to emerging health needs.</i>	TBD	TBD	TBD	-	-	-	-
Strategic Objective 1.5: Run the School of Applied Sciences as a portfolio of viable programmes that meet student expectations and address needs in delivery of health and social services.							

Strategic Initiatives	Baseline	Target	Annual Targets				
			Yr01	Yr02	Yr03	Yr04	Yr05
Initiative 1.5.1: Increase the viability and sustainability of programmes run by the MIHS School of Applied Sciences and their responsiveness to emerging health needs.	TBD	TBD	TBD	-	-	-	-
Initiative 1.5.2: Develop and run new programmes in School of Applied Sciences as viable and sustainable business ventures responsive to current and emerging health needs.	TBD	TBD	TBD	-	-	-	-
Strategic Objective 1.6: Run MUg Leadership School as a portfolio of viable and sustainable programmes that address current and emerging leadership challenges in health and social services.							
Initiative 1.6.1: Develop and run Online Certificate programmes that are responsive to emerging gaps in leadership of health and social service delivery.	TBD	TBD	TBD	-	-	-	-
Initiative 1.6.2: Develop and launch of the Mildmay Uganda Leadership School.	TBD	TBD	TBD	-	-	-	-
Strategic Objective 1.7: Enhance MIHS physical infrastructure to match the growth of the institute and prepare to attain Other Degree Awarding Institution (ODAI) status.							
Initiative 1.7.1: Modify and remodel existing MIHS infrastructure.	TBD	TBD	TBD	-	-	-	-
Initiative 1.7.2: Construction of the MIHS Main Building	TBD	TBD	TBD	-	-	-	-
Initiative 1.7.3: Purchase 30 acres of land within Greater Kampala Metropolitan Area (GKMA) for a purpose-built MIHS Campus.	TBD	TBD	TBD	-	-	-	-
Initiative 1.7.4: Develop the MIHS framework for attaining ODAI status.	TBD	TBD	TBD	-	-	-	-
Strategic Objective 1.8: Establish a robust Quality Assurance (QA) system and mainstream it across MIHS operations.							
Initiative 1.8.1: Review of the Quality Assurance Framework and Policy	TBD	TBD	TBD	-	-	-	-
Initiative 1.8.2: Conduct needs assessment	TBD	TBD	TBD	-	-	-	-

Strategic Initiatives	Baseline	Target	Annual Targets				
			Yr01	Yr02	Yr03	Yr04	Yr05
<i>Initiative 1.8.3: Operationalize Enterprise Resource Planning (ERP) system.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 1.8.4: Establish a staff training and development scheme.</i>	TBD	TBD	TBD	-	-	-	-
Strategic Goal 2: Strategic Goal 2: Enhance research capacity of MIHS and increase quantity of research output.							
Strategic Objective 2.1: Institutionalize MIHS research framework.							
<i>Initiative 2.1.1: Develop and implement the MIHS research strategy.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 2.1.2: Build capacity of MIHS faculty to conduct quality research.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 2.1.3: Publish research conducted by MIHS staff and students.</i>	TBD	TBD	TBD	-	-	-	-
Strategic Objective 2.2: Disseminate MIHS research findings and monitor impact.							
<i>Initiative 2.2.1: Establish a research repository for access to student and faculty research.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 2.2.2: Institutionalize research monitoring in the MIHS M&E mechanism.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 2.2.3: Present MIHS research at local and international conferences.</i>	TBD	TBD	TBD	-	-	-	-
Strategic Objective 2.3: Functionalize strategic partnership with MRCU to define and grow the MIHS research agenda and engage in joint strategic investments.							
<i>Initiative 2.3.1: Define and grow MIHS Research Agenda.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 2.3.2: Institutionalize research across MIHS.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 2.3.3: Engage in strategic research investments.</i>	TBD	TBD	TBD	-	-	-	-
Strategic Objective 2.4: Establish MIHS Centre of Excellence (CoE) for Experiential Learning and Knowledge Transfer.							
<i>Initiative 2.4.1: Comprehensive community engagement framework.</i>	TBD	TBD	TBD	-	-	-	-
Strategic Goal 3: Strengthen MIHS capacity to deliver its mandate efficiently and sustainably.							

Strategic Initiatives	Baseline	Target	Annual Targets				
			Yr01	Yr02	Yr03	Yr04	Yr05
Strategic Objective 3.1: Strengthen corporate governance for effective MIHS oversight.							
<i>Initiative 3.1.1: Strengthen the MIHS corporate governance structures.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 3.1.2: Align MIHS policy framework.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 3.1.3: Strengthen MIHS audit and risk management frameworks.</i>	TBD	TBD	TBD	-	-	-	-
Strategic Objective 3.2: Run an effective and efficient student life programme and a proactive alumni engagement mechanism.							
<i>Initiative 3.2.1: Enhance student life.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 3.2.2: Enhance student leadership.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 3.2.3: Run a proactively engaging MIHS alumni community.</i>	TBD	TBD	TBD	-	-	-	-
Strategic Objective 3.3: Ensure adequate MIHS resourcing through a dual-track mechanism built on 60% tuition income from health education and training services and 40% non-tuition income from grants mobilization.							
<i>Initiative 3.3.1: Run the MIHS Schools as viable enterprises growing into first-choice brands of health education and training and generating 60% of the resourcing needed to achieve the Institute's 2023-2028 goals.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 3.3.2: Build and run the MIHS Programme Acquisition and Management Steering Committee (PAMSCO) as a robust grants mobilization mechanism generating 35% of the resourcing needed to achieve the Institute's 2023-2028 goals.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 3.3.3: Develop and grow other forms of resource mobilization generating 5% of the resources needed to achieve the MIHS 2023-2028 goals</i>	TBD	TBD	TBD	-	-	-	-
Strategic Objective 3.4: Attract productive inspired human resources with the right skills, attitude and commitment, place them in a progressive MIHS organizational culture and support them excel.							
<i>Initiative 3.4.1: Cultivate a progressive organizational culture that helps people thrive.</i>	TBD	TBD	TBD	-	-	-	-

Strategic Initiatives	Baseline	Target	Annual Targets				
			Yr01	Yr02	Yr03	Yr04	Yr05
<i>Initiative 3.4.2: Attract the right people into the organization and place them in the right positions to optimize benefit for MIHS.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 3.4.3: Build the leadership spirit in every MIHS employee in line with the organization's leadership philosophy.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 3.4.4: Run a bold and candid performance management system.</i>	TBD	TBD	TBD	-	-	-	-
Strategic Objective 3.5: Provide effective and efficient finance, administration and support services to MIHS.							
<i>Initiative 3.5.1: Provide financial management services.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 3.5.2: Run effective and efficient supply chain management.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 3.5.3: Effective and efficient support services to MIHS.</i>	TBD	TBD	TBD	-	-	-	-
Strategic Objective 3.6: Leverage centrally shared services and resources.							
<i>Initiative 3.6.1: Enhance MIHS projects and business operations through ICT optimization.</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 3.6.2: Communications and branding support to MIHS [as a shared service].</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 3.6.3: Impact Monitoring support to MIHS [as a shared service].</i>	TBD	TBD	TBD	-	-	-	-
Strategic Objective 3.7: Undertake joint Group-level strategic investments.							
<i>Initiative 3.7.1: Estate Maintenance Fund</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 3.7.2: Solar Energy</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 3.7.3: Water Harvesting</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 3.7.4: Biogas Production</i>	TBD	TBD	TBD	-	-	-	-
<i>Initiative 3.7.5: Responsiveness to Climate Change</i>	TBD	TBD	TBD	-	-	-	-

7 Appendix

7.1 Appendix 1: Acknowledgements

Mildmay Institute of Health Sciences appreciates the individuals outlined below for diverse roles they handled in the process of developing this MIHS 2023-2028 Strategic Plan.

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7.3 Appendix 3: Document Revision History

Chapter & Page of Proposed Review	Summary of Review Action Taken	Name of Reviewer	Revision Date