

BUTABIKA NATIONAL REFERRAL MENTAL HOSPITAL

SERVICE DELIVERY STANDARDS

FOR FY 2025/2026 - 2029/2030

FOREWORD

It is my pleasure to present the Service Delivery Standards for Mental Health Services at Butabika Hospital for the financial years 2025/26 – 2029/30.

These standards have been developed as part of our continued commitment to enhance transparency, accountability, and professionalism in the delivery of hospital services to our patients, families, and stakeholders.

As a trusted health service institution, Butabika National Referral Mental Hospital plays a central role in delivering quality specialized mental healthcare, overseeing patient safety and clinical standards, and implementing practices that reflect quality of care and respond to the community's needs and expectations. It is, therefore, imperative that our service delivery standards reflect benchmarks that foster efficiency and responsiveness of the hospital.

This document provides a structured framework to guide the performance of departments, units, clinical teams, and hospital management within Butabika National Referral Mental Hospital, ensuring consistency in meeting the expectations of patients, families, caregivers, and other stakeholders. It represents a significant milestone in strengthening institutional systems and upholding excellence in the delivery of mental health services.

I commend the Hospital Executive Director of Butabika National Referral Mental Hospital, all technical teams, and the team from the Ministry of Public Service, who diligently contributed to the development of these Service Delivery Standards. I urge all stakeholders to embrace and implement them faithfully as we collectively strive to build a National Referral Mental Hospital that is patient-centred, inclusive, and results-oriented.



Proffesor.EugeneKinyanda

CHAIRMAN, HOSPITAL MANAGEMENT BOARD

PREAMBLE

Butabika National Referral Mental Hospital Service Delivery Standards (SDS)-FY2025/26–2029/30 outline our commitment to expected minimum levels of service delivery in terms of quality, quantity, time, cost-effectiveness, and coverage.

The primary objectives of the Service Delivery Standards are to:

i. Define service expectations for our service recipients.

ii. Ensure consistency in service provision across the Hospital.

iii. Use service delivery standards to inform budget allocation for the different Health service areas within BNMRH.

iv. Empower stake holders to demand for services offered by Butabika Hospital.

v. Enforce compliance and assure service quality.

vi. Measure the performance of Butabika Hospital.

vii. Build the civic competence of the stake holders

The Service Delivery Standards provide a basis for developing institutional plans, budgets, employee performance plans, and a framework for monitoring and evaluation of Butabika Hospital.

At Butabika Hospital, we are committed to implementing and complying with these standards as we deliver services to our service recipients. I call upon all service beneficiaries to utilize Service Delivery Standards to provide feedback on their levels of satisfaction with the services we provide. I believe that if these Service Delivery Standards are complied with, they will facilitate attainment of our vision to be a Centre of excellence in the delivery of specialised and super specialised mental health services to the people of Uganda and beyond.



Dr. Juliet Nakku

EXECUTIVE DIRECTOR

CHAPTER 1

INTRODUCTION

Butabika Butabika Hospital has developed comprehensive Service Delivery Standards for the financial years 2025/26 – 2029/30.

Service Delivery Standards refer to the minimum level of expected services in terms of quality, quantity, processes, time, cost, and coverage that a programme or an institution commits to deliver to its clients (patients, families, and caregivers).

These standards aim to guide the performance, accountability, and quality assurance of the hospital's core functions—mental healthcare delivery, patient rehabilitation, community mental health outreach, and institutional development. They provide clarity on what stakeholders should expect in terms of service timelines, quality, accessibility, and responsible persons.

This initiative aligns with the broader health programme reform agenda, aimed at ensuring efficiency, transparency, and responsiveness in government health operations.

DEFINITION OF SERVICE DELIVERY STANDARDS

Service Delivery Standards are:-

i. The minimum level of expected services in terms of quality, quantity, processes, time, costs, and coverage that a sector, an institution, or an individual commit to deliver to their clients or those that the client should expect to receive, or

ii. An evidence-based, nationally accepted benchmark that specifies the minimum requirements for quality, safety, and accessibility of blood transfusion services, or

iii. The norms, Standard Operating Procedures, Protocols, Baselines, or Charters, which are the minimum requirements the blood safety program must adhere to.

OVERALL AIM OF SERVICE DELIVERY STANDARDS

To provide a common framework for all departments and units in the Hospital in order to promote responsiveness, quality, transparency and accountability for service delivery.

Specifically, the service delivery standards are aimed at achieving the following objectives; -

i. To define the minimum levels of services that the Government should provide and what service recipients should expect in terms of quantity, quality, time, cost, and coverage

ii. To provide uniformity and consistency in the provision of services, both at the national and sector levels

iii. To provide a yardstick for developing Institutional plans & budgets, client charters, man-power forecast, and a framework for monitoring & evaluation, among others.

iv. To determine the minimum budget/cost for providing a service as the specified standard.

v. To empower service recipients and communities to demand services which are due to them at the appropriate standard and provide a basis upon which levels of satisfaction with standards can be evaluated.

vi. To provide a basis for the review of management systems and processes.

vii. To enforce quality assurance and compliance mechanisms for service delivery against local, national, and international standards and best practices.

MANDATE FOR THE DEVELOPMENT OF SERVICE DELIVERY STANDARDS

Pursuant to **Section A-n of the Uganda Public Service Standing Orders, 2021,** and **Regulation 28 of the National Planning Authority (Development Plans) Regulations, 2018**, all Ministries, Departments, Agencies, and Local Governments (MDALGs) are required to develop and publish Service Delivery Standards (SDS) for the services provided by their respective entities. The Service Delivery Standards serve as the principal basis for planning, budgeting, and consistently delivering quality services to the public.

Furthermore, **Section A, Paragraph 30 of the Uganda Public Service Standing Orders, 2021** and **Establishment Notice No. 3 of 2011** provide detailed guidance on the process of developing, documenting, disseminating, and implementing Service Delivery Standards across all Government entities. These regulatory instruments collectively establish a structured framework to ensure that service delivery commitments are clearly articulated, regularly reviewed, and effectively communicated to both service providers and service recipients.

ALIGNMENT WITH KEY POLICY FRAME WORKS.

The Service Delivery Standards (SDS) contributes to National Development Objectives by aligning Butabika National Mental Referral Hospital operations as follows;-

Uganda Vision 2040

i. Butabika National Mental Referral Hospital will focus on improving the quality, accessibility, and efficiency of mental health services in Uganda.
ii. The hospital will also prioritize strengthening efficiency and effectiveness in service delivery. This will involve reducing Mental patient waiting times, shortening the length of stay, and lowering bed occupancy rates.

Fourth National Development Plan (NDP IV)

i. Strengthens Human Capital Development by aiming to achieve a healthy, ethical, and productive population.
ii. To understand and address the individual needs and concerns of our mental patients and provide for their comfort while treating them with honour and dignity.

Status of Mental Health Service Delivery in Uganda

Uganda recognises mental disorders as conditions of public health concern and has a progressive mental health law in form of the Mental Health Act (2019). There has also been decentralisation and regionalisation of mental health services by the construction of 13 mental health units at the Regional Referral Hospitals around the country. Butabika Hospital is the only national mental referral hospital that receives referrals from the rest of the country. Over the last 5 years, the Government of Uganda has developed other policies and laws, including the Narcotics and psychoactive substances law to support the provision of mental health care Ministry of Health works in collaboration with a strong network of Civil society organisations and Non-Government Organisations which provide mental health support and advocacy.

Despite all these positive developments in mental health, there is still limited capacity for and access to mental health care around the country. The commonest conditions include anxiety disorders, depression, psychosis, Bipolar disorder, epilepsy and alcohol and substance use disorders and growing incidence of childhood disorders. These contribute the most to the existing public health and economic burden, yet the hospital has no clearly spelt out compendium of d Standards that guides in the delivery of mental health services. Stigma and low awareness of mental health coupled with weak coordination of services remain key barriers to accessing mental health care for many ordinary Ugandans.

BUTABIKA HOSPITAL MANDATE

Butabika Hospital operates under a mandate to provide specialized and super-specialized mental health care, train mental health professionals, and conduct mental health related research. As the only national referral mental health institution, it advises the Ministry of Health on policy affecting mental health and supervises regional mental health services.

Vision

To be a centre of excellence in the delivery of specialised and Super specialised mental health services to the people of Uganda and beyond.

Mission

To offer specialised and super specialised mental health treatment, conduct mental health training and research and support mental health services in Uganda.

Goal

To reduce the burden of population mental health conditions by half by 2040.

Strategic Objectives of Butabika National Referral Mental Hospital

i. To improve access to quality, specialized, and super specialized mental health care in the country.
ii. To strengthen mental health promotion and prevention of mental illnesses in the population
iii. To strengthen institutional management and governance systems.
iv. To contribute to the availability of knowledgeable and appropriately skilled ethical mental health human resources.
v. To conduct mental health-related research and innovations.

Core values

i. **Professionalism: Butabika Hospital** seeks to carry out its Mandate in a professional manner, with tasks performed according to the laid down professional standards in consultation with the various professional regulatory bodies.
ii. **Teamwork:** In the course of executing its Mandate, the Hospital derives its effectiveness from all its staff acting in tandem, to enable process flows and effectiveness. Tasks are accomplished through teams and via consultations with one another, with emphasis on consensus.
iii. **Integrity**: The Hospital operates with a high sense of Moral and Ethical Standards in all its dealings with its stakeholders, and expects and demands that its entire staff perform their duties while following the established principles and protocols, which must be seen to be fair and just.
iv. **Transparency and Accountability:** Butabika Hospital operates in an open environment, with a zero-tolerance policy towards underhand methods within its own ranks and from stakeholders and partners.
v. **Quality of care:** Butabika Hospital seeks to understand and address the individual needs and concerns of our patients and provide for their comfort while treating them with honour and dignity. We show respect for our patients' privacy and confidentiality in all that we do. We respect human dignity and patient rights irrespective of colour, sex, economic status, religion. Whether it is in matters pertaining to human resource management or to the needs of patients, the Hospital operations will be guided by timely response in a manner that encourages efficiency and meets expectations.

vi. **Innovativeness:** As part of the approach to overcome challenges faced by the institution, research and innovation is encouraged at Butabika Hospital within the confines of approved moral ethics and standards set nationally and internationally.

vii. **Human rights-based care:** The facility builds capacities of duty bearers to meet obligations expected of them by rights holders and empowers people to know and claim their rights. It also focuses on increasing the transparency and accountability of individual staff who are responsible for respecting, protecting and fulfilling human rights.

CHAPTER 2

METHODOLOGY IN DEVELOPING SDS FOR BUTABIKA NATIONAL MENTAL HEALTH REFERRAL HOSPITAL.

The development of the Service Delivery Standards (SDS) followed participatory and evidence-based processes involving:

i. Analysis of the Butabika Hospital mandate, policy, and strategic plan
ii. Integration of strategic plan results frameworks and national policy instruments
iii. Review of good practices from other MDAs and regional benchmarks
iv. Consultative stakeholder workshops.
v. Consolidation and review of the first SDS draft document

The resulting SDS document shall provide a unified and practical tool for internal performance management and client engagement, designed to evolve based on implementation experiences and feedback.

PERFORMANCE MONITORING AND CONTINUOUS IMPROVEMENT.

Butabika National Referral Mental Hospital shall adopt a robust Monitoring and Evaluation (M&E) framework to ensure that Service Delivery Standards are adhered to and continuously improved. This includes:

i. Quarterly and annual performance reviews using the indicators in this document.
ii. Collecting and analyzing data through; Client satisfaction surveys, and mystery client approaches, and community scorecards.
iii. Internal and external audits of service performance, efficiency, and compliance.
iv. Feedback and complaints mechanisms to capture and respond to service-related issues from the public.
v. Continuous improvement cycles informed by stakeholder consultations, innovations, and lessons learned, and updates in policy or operational contexts.
vi. Establishing key performance indicators;

vii. Taking corrective action such as Identifying areas for improvement, develop improvement plans, monitor and evaluate

viii. Update service delivery Standards through regular reviews in line with the strategic Plan.

IMPLEMENTATION OF SERVICE DELIVERY STANDARDS:

The Service Delivery Standards will be implemented by each department and service unit under Butabika Hospital as well as other stakeholders/institution that collaborates with the hospital. Each department and unit will audit its own performance against the standards and ensure corrective action where required in case of variance or inform management about circumstances that limit the attainment of the standards.

Butabika Hospital management shall track and reports on the implementation of service delivery standards on a quarterly and annual basis on departmental basis and through quarterly internal audits. The reports shall be discussed by management and submitted to the hospital management board to ensure compliance and service improvement.

REVIEW OF THE SERVICE DELIVERY STANDARDS:

The Service Delivery Standards shall be reviewed after every five (5) years in line with the National Development Plan and Butabika Hospital Strategic Plan.

CHAPTER 3

PRESENTATION OF THE ABRIDGED VERSION OF THE SERVICE DELIVERY STANDARDS FOR BUTABIKA NATIONAL REFERRAL MENTAL HOSPITAL.

This section outlines the Service Delivery Standards for Butabika National Referral Mental Hospital. It covers all five strategic objectives as articulated in the BNMHRH Strategic Plan, aligned to the National Development Plan IV (NDP IV) and Vision 2040.

These standards define services related to specialized and super specialized Mental Health services, Mental Health Promotion services and Mental Health related Research Services, with associated outputs, indicators, targets and delivery mechanism

ABRIDGED VERSION

A COMPENDIUM OF THE SERVICE DELIVERY STANDARDS FOR BUTABIKA NATIONAL REFERRAL MENTAL HOSPITAL FOR THE PERIOD 2025-26 TO 2029 - 2030.

	Service Delivery Point	Service Description	Service Delivery Standards, in terms of Quantity, Quality,,Time,Process,Accessibility and Coverage
A.	**Strategic Objective: To improve access to quality curative and rehabilitative mental health care services in Butabika Hospital**		
	Executive Director, Deputy Executive Director, Head Clinical Services, & Head Nursing.	Provision of Quality curative mental health care.	i. Patient is seen by a Clinician within two hours of registration. ii. Length of stay: less than 30 days of admission for all patients, and for substance use disorders, less than 90 days iii. 24-hour psychiatric emergency coverage. iv. Psychiatric evaluation completed for all patients within 72 hours.
	Executive Director, Deputy Executive Director & Head CRT.	Enhancement of rehabilitative services.	30% of inpatients receive at least one rehabilitation session in 30 days
	Executive Director, Deputy Executive Director & Head Clinical Services	Conducting Super specialized mental health clinics.	At least one super specialized clinic established and effectively run per year.
	Executive Director,	Strengthening of Medical laboratory and diagnostic imaging services.	i. Guidelines available at all times and in conformity with the current ISO standards .

	Executive Director, Deputy Executive Director, Head clinical services, and Head lab services.	Strengthening of Medical laboratory and diagnostic imaging services.	i. Guidelines available at all times and in conformity with the current ISO standards . ii. Servicing of equipment, done on quarterly basis in conformity with established guidelines iii. Supplies available at all times, Zero stock outs. iv. Accredited Laboratory Quality management system reviewed annually
	Executive Director, Principal Hospital Administrator, & Head Engineering Services.	Maintenance workshop established and functionalized	One equipment maintenance workshop fully functional at all times.
	Executive Director, All Heads of Departments.	Strengthening the Quality management systems of the hospital.	Un pack the above as follows: - i. Intergrate quality management systems into all hospital operating systems ii. Quality management systems undertaken and assessment report produced on quarterly basis.
	Service Delivery Point	**Service Description**	**Service Delivery Standards, in terms of Quantity, Quality, Time, Process, Accessibility and Coverage**
B.	**Strategic Objective: To strengthen mental health promotion and prevention of mental illness in the population**		
	Deputy Executive Director,	Enhancement of Mental health promotion and prevention programs.	i. At least one media mental health awareness campaign conducted every quarter.

	Head Community & Recovery Team, Head Nursing.		ii. World mental health day Commemorated annually iii. World mental health awareness will be conducted every month of May annually.
	Service Delivery Point	**Service Description**	**Service Delivery Standards, in terms of Quantity,Quality, Time,Process,Accessibility and Coverage.**
C.	**Strategic Objective: To strengthen institutional management and governance systems**		
	Executive Director.and Hospital Management Board	Hospital Governance and Accountability systems, strengthened.	i. Timely reporting as per MoH requirement on performance and financial reporting to MOFPED as per PFMA (2015…) and guidelines ii. Timely submission of quarterly internal audit reports to Internal Auditor General in conformity with established guidelines iii. A fully functioning board established in line with MoH guidelines iv. Minimum of four (4) board meetings held per year. v. Risk management registers in place per department and updated quarterly and risks reported and mitigated at the earliest possible vi. Governance documents developed in conformity with established MOH guidelines. vii. Governance documents disseminated and implemented, on quarterly basis. viii. Governance documents reviewed and updated after

	Head IT, Head medical records		ii. Quarterly audits of existing information systems. With reports produced within two weeks of the end of the quarter. iii. Electronic Medical records system (EAFYA) rolled out to all service delivery points, three (3) months after development. iv. Data Risk management and business continuity plans in place and implemented.
	Executive Director Principal Hospital administrator	Institutional Policies, manuals, Standard operating procedures (SOPs) and protocols developed	Governance Documents developed in conformity with established MOH guidelines - Governance documents disseminated and implemented within one year. - Governance documents reviewed after every ten (10) years.
	Executive Director Principal Hospital administrator	Hospital logistics management established and maintained	i. < 5% of the medical, transport and other equipment down time. ii. a meals menu is in place and implemented. Patient meals served on time at all times i.e **Breakfast**: 6:30 to 730 am **Lunch:** 1:00pm to 2:00pm **Super:** 6:00pm to 7:30pm iii. Internal and External hygiene of the kitchen maintained at all times.
	Service Delivery Point	**Service Description**	**Service Delivery, Standards, in terms of Quantity, Quality, Time, Process, Accessibility and Coverage.**

D.	**Strategic Objective: To contribute to availability of knowledgeable and appropriately skilled ethical mental health human resources in the country**		
	Executive Director & Head of Human Resource Management.	Adequate and well-trained mental health human resources in place	i. Recruitment plan submitted annually, to MOPS for approval and implementation by November of every financial year.. ii. Adherence to minimum qualifications for all staff as per their job scheme of service iii. Annual costed training plan in place. iv. A functional Training committee in place that meets quarterly v. Staff Performance plans done at the beginning of each financial year, monitored quarterly, while final assessment is conducted at the end of the financial year annually on the balance score card and feedback provided to staff.
	Executive Director & Head of Human Resource Management.	Capacity of existing mental health workforce strengthened through CPDs and short trainings.	All staff will attend at least one (1) Continuous Professional Development session every quarter.
	Service Delivery Point	**Service Description**	**Service Delivery Standards, in terms of Quantity, Quality,,Time,Process,Accessibility and Coverage**
E.	**Strategic Objective: To Conduct Mental Health Research and Innovation**		
		Generation of new knowledge and innovations increased.	At least two (2) research and innovations done annually.
		Capacity of the Hospital Research and Ethics Committee (REC) strengthened	i. REC operating in conformity with the Uganda National Council for Science and Technology (UNCST) standards and guidelines

			ii. REC capacity building sessions conducted and reports produced annually. iii. Review of research proposals and feedback to Researchers done within 90 days or 14 days for expedited reviews from the time of receipt.
		Partnerships for mental health research and innovation strengthened.	At least two (2) partnerships for fundable research projects secured within 5 years.
	Service Delivery Point	**Service Description**	**Service Delivery Standards, in terms of Quantity, Quality,Time,Process,Accessibility and Coverage**

LONG VERSION OF SERVICE DELIVERY DOCUMENT FOR BUTABIKA NATIONAL MENTAL REFERRAL HOSPITAL.

Output/Service description	Key Performance Indicator.	Standard in terms of : Quantity,Quality,Cost,time,Process,accessibility & coverage	Target Reciepients/Intended users of the product.	Access criteria to obtain service	Methodology for providing service	Basic Infranstructure for providing service	User fee/Contribution by service provider	Responsibility centre/Service delivery point
Strategic Objective 1. To improve access to quality curative and rehabilitative mental health care services in Butabika Hospital								
Quality curative mental health care provided	Time taken to see a patient Average length of stay	i. Patient is seen by a Clinician within two hours of registration. ii. Length of stay: less than 30 days of admission for all patients, and for substance use disorders, less than 90 days iii. 24-hour psychiatric emergency coverage. iv. Psychiatric evaluation completed for all patients within 72 hours.	All Patients	Physical visitations Admissions	Out-patient clinics Ward rounds Emergency clinics Grand rounds Multidisciplinary approach	Staff Clinical rooms Stationery Medical equipment Computers Utilities Transport Allowances Ward space	Services are free except for private services	Executive Director DED Head Clinical Services Head Nursing
Enhanced	Percentag	100% inpatients receive at least	All patients	Physica	Clinical	Staff	Services are	Executiv

				Community engagements	Peer support. Occupational sessions Multidisciplinary approach	Rehabilitation equipment Computers Utilities Transport Allowances Ward space		
Super specialized mental health clinics conducted	Number of super specialized clinics	At least one super specialized clinic conducted per year	Specific patient categories (Elderly, Children and Adolescents, forensic). Specific disorders (substance abuse etc)	Physical visitations Admissions Referrals (internal &external)	Clinical assessments Individual/group /family sessions Peer support. Occupational sessions Multidisciplinary approach	Staff. Clinical rooms. Assessment tools. Stationery Rehabilitation equipment Computers Utilities Transport Ward space	Services are free except for private services	Executive Director DED Head clinical services

Output/Service description	Key Performance Indicator.	Standard in terms of: Quantity,Quality,Cost,time,Process,accessibility & coverage	Target Reciepients/Intended users of the product.	Access criteria to obtain service	Methodology for providing service	Basic Infranstructure for providing service	User fee/Contribution by service provider	Responsibility centre/Service delivery point
Medical laboratory and diagnostic imaging services strengthened	Conformity with the established guidelines and standards. -Stock out days for Lab supplies .	i. Guidelines available at all times and in conformity with the current ISO standards. ii. Servicing of equipment, done on quarterly basis in conformity with established guidelines iii. Supplies available at all times. iv. Accredited Quality management system reviewed annually	All referred patients	Referrals (internal &external)	Sample collection, internal and external validation, sample management, management review and report writing	Staff. Stationery Lab equipment Computers Utilities Transport	Services are free except for private services	Executive Director DED Head clinical services and head lab services
Maintenance workshop established and functionalized	Functionality of the equipment. -	one equipment maintenance workshop fully functional at all times	All service units in the hospital	-complaints forms and service requests	Functional assessments , repairs , preventive maintenance , disposal	Staff Workshop tools Computers and ICT Stationary Utilities	No. user fee.	Executive Director Principal Hospital Administrator, and head Engineering

Quality management systems of the hospital strengthened	Conformity with the established guidelines. Time and frequency of the quality assessment reports.	i. Intergrate quality management systems into all hospital operating systems ii. Quality management systems undertaken and assessment report produced on quarterly basis.	All clients (internal & external)	MOH QR code	Quality improvement initiatives at all service delivery points	Staff Stationary ICT Funds	No user fee	Executive Director All heads of departmentss
Strategic Objective 2. To strengthen mental health promotion and prevention of mental illness in the population								
Mental health promotion and prevention programs enhanced	Number of mental health awareness campaigns	i. At least one mental health awareness campaign conducted every quarter. ii. World mental health day Commemorated annually iii. World mental health awareness will be conducted every month of May annually.	The general population, school going children, out of school youth	Media Schools Outreaches	Distribution of IEC materials -Medical camps -Conferences -Media engagements -School visits -Outreaches	Staff IEC materials Transport Allowances Stationary Computers	No user fee	Deputy Executive Director Head Community & Recovery Team, Head Nursing.

Output/Service description	Key Performance Indicator.	Standard in terms of: Quantity,Quality,Cost,time,Process,accessibility & coverage	Target Reciepients/Intended users of the product.	Access criteria to obtain service	Methodology for providing service	Basic Infranstructure for providing service	User fee/Contribution by service provider	Responsibility centre/Service delivery point
Strategic Objective 3. To strengthen institutional management and governance systems								
Hospital Governance and Accountability systems strengthened	- conformity with established reporting guidelines and timelines. -Time taken to submit performance and financial reports to MoH and m MOFPED -Time taken to submit internal Audit reports -Existence of a management board -Frequency of board meetings	i. Timely reporting as per MoH requirement on performance and financial reporting to MOFPED as per PFMA (2015…) and guidelines ii. Timely submission of quarterly internal audit reports to Internal Auditor General in conformity with established guidelines iii. A fully functioning board established in line with MoH guidelines iv. Minimum of four (4) board meetings held per year. v. Risk management registers in place per department and updated quarterly and risks reported and mitigated at the earliest possible	i. Parliament ii. MOH iii. MOFPED iv. Public v.Hospital staff vi.Development partners	-Website -Reports -Media	Regular meetings -Submission of reports -Internal Audits -Benchmarking	Staff -IEC materials -Transport -Allowances -Stationary -Computers	No user fee	Executive Director

		vi. Governance documents developed in conformity with established MOH guidelines. vi. -Governance documents disseminated and implemented on quarterly basis. vii. Governance documents reviewed and updated after every five (5) years.						
Hospital information systems strengthened	Number of information systems digitized. -Frequency of information system audits -Reliability and coverage -Safety and security	All information systems digitized. -Quarterly audits of existing information systems with reports produced within two (2) weeks to the end of the quarter. -Electronic Medical Records system (EAFYA) rolled out to all service delivery points,three (3) months after development.	All authorized users of the information systems	system passwords -system audits	User training -Installation of ICT infrastructure -Periodic maintenance	Staff ICT equipment Stationary Allowances Internet Transport Conference rooms	No user fee	Executive Director Principal Hospital Administrator Head IT.

		-Daily verification of unauthorized access to all information systems						
Institutional Policies, manuals, Standard operating procedures (SOPs) and protocols developed	Conformity with guidelines. Governance documents approved and disseminated Frequency of the review.	- Governance Documents developed in conformity with established MOH guidelines. - Governance documents disseminated and implemented within one year. - Governance documents reviewed after every ten (10) years.	Board -Hospital staff -Auditors -Development Partners -Public	Library Institutional website Dissemination meetings	Regulatory Impact Assessment Consultancy Stakeholder engagements	Staff -ICT materials -Stationary -Computers -Consultancy fees Meals Venue	No user fee	Management Board Executive Director
Hospital Logistics Management established and managed.	Medical, transport and other Equipment down time Time taken /frequency of patient's meals served	i. < 5% of the time. ii. a meals menu is in place and implemented. iii. patient meals served on time at all times i.e	All staff	Physical visitations	Procurement method	Staff ICT equipment Stationary Allowances Internet& Transport.	No user fee required	Executive Director and Principal Hospital Administration.

	Hygiene of the Hospital kitchen.	**Breakfast**: 6:30 to 730 am **Lunch:** 1:00pm to 2:00pm **Super:** 6:00pm to 7:30pm iv. Internal and External hygiene of the kitchen maintained at all times.						
Strategic Objective 4: To contribute to availability of knowledgeable and appropriately skilled ethical mental health human resources in the country								
Adequate and well-trained mental health human resources in place	Recruitment submissions Well trained mental health human resources Number of mental health human resources trained Training plan	i. Or recruitment plan submitted annually, to MOPS for approval and implementation by November of every financial year.. ii. Adherence to minimum qualifications for all staff as per their job scheme of service iii. Annual costed training plan in place. iv. A functional Training committee in	Staff University /college students	By Application By Placement Performance review meetings	Conferences -Tutorials -Didactic (classroom) teaching -Mentorships -Fellowships	-Staff -ICT equipment -IEC materials -Conference halls -	No user fee	Executive Director Head Human Resources

	Functional training committee meetings	place that meets quarterly v. Staff Performance plans done at the beginning of each financial year, monitored quarterly, while final assessment is conducted at the end of the financial year annually on the balance score card and feedback provided to staff.						
Capacity of existing mental health workforce strengthened through CPDs	Number of staff attending CPDs.	All staff will attend one (1) Continuous Professional Development session every quarter.	All Staff	Online -Conferences -Attendance to lectures	Online courses -Lectures/ presentations -Conferences	Staff -ICT equipment -IEC materials -Conference halls -Internet	Some CPDs are paid for such as conferences	Executive Director Head Human Resources
Strategic Objective 5. To conduct mental health research and innovation								
Generation of new knowledge and innovations increased	Number of new research and innovations	At least two (2) research and innovations done annually.	General public -Policy makers -Staff -Funding and Implementing Partners	Journals -Online reports -News bulletins -Policy briefs	-Proposal writing -Data collection and analysis -Data dissemination	Staff -ICT equipment -IEC materials -Conference halls	Some research is paid for	Executive Director DED Head

			-International Community		-Experiments	-Internet -Research funds		Research and innovation
Capacity of the Hospital Research and Ethics Committee (REC) strengthened	REC compliance with UNCST Frequency of capacity building sessions Time taken for review and feedback to researchers	REC operating in conformity with the Uganda National Council for Science and Technology (UNCST) standards and guidelines REC capacity building sessions conducted annually, reports produced annually. Review of research proposals and feedback to Researchers done within 90 days or 14 days for expedited reviews from the time of receipt.	REC members Researchers	By appointment By submission	Review meetings Workshops Review reports Physical and online submission	-Staff -ICT equipment -IEC materials -Conference halls -Internet -REC fees	Paid for by researchers	Executive Director Chairperson REC Head Research and Innovation
Partnerships for mental health research and innovation strengthened	Number of signed MOUs	At least two (2) partnerships for fundable research projects secured within 5 years	Partners/ Funders. -Staff -General public -GOU	Calls for proposals	Submission	Staff -ICT equipment -Internet -Stationary -Venue -Transport	No user fee	Executive Director Head Research and Innovation.