

# STRATEGIC PLAN HOSPITAALBROEDERS 2020-2022

## 1. INTRODUCTION

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- HospitaalBroeders is a development aid organization working with the very poorest in Africa. We are mental health care specialists and have expertise in managing small-scale and result-oriented projects. Mental health care is underdeveloped in Africa and we are one of the very few organizations in this working field.
- HospitaalBroeders is part of an international organisation running 334 hospitals and clinics in a total of 54 countries. HospitaalBroeders Netherlands focuses entirely on supporting clinics and projects in Africa.
- In 19 hospitals and clinics (in nine countries) throughout Africa, we focus on:
  - mental health care
  - child and maternal care
  - general health care
  - educating health professionals
- One of the distinguishing aspects of our work is the use of Outreach Teams. These are teams of health care workers (nurses, doctors, social welfare workers) that visit far-off villages and give primary health care to the villagers. Health education and awareness building is given to the communities about health care, hygiene, mental health and maternal and child care.

## 2. STRATEGY

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### A. VISION

- We believe in a better future by empowering the most vulnerable groups in society with quality health care and education.

### B. MISSION

- The mission of HospitaalBroeders is to provide care of the highest quality to the most vulnerable groups in Africa regardless of anyone's ethnic background, gender or religion.
- The care we provide focuses on the acceptance of people with a mental or physical disability and on their emancipation. We pursue this objective not only by providing care in our 21 hospitals and clinics, but also by training our own doctors and nurses. We run our own hospitals and clinics. We have been mental health care specialists for over 450 years.

## 3. PROJECTS: HOW WE WORK

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- HospitaalBroeders only supports and finances projects of the own organization's hospitals in Africa.
- We have 19 hospitals and clinics in 9 countries (Senegal, Sierra Leone, Liberia, Ghana, Cameroon, Zambia, Kenya, Malawi, Mozambique).
- The hospitals and clinics are run by African Brothers with their management teams.

- HospitaalBroeders finances projects that come directly from these hospitals.
- The country Director sends his project application to the Project's Office in Accra. When it is up to the generally accepted standards of the African Province, the African Provincial and the Country director sign it off and send the application to HospitaalBroeders.
- The Dutch team decided if it is complete and ready to be sent to the Dutch Board of Directors who ultimately decide which projects will get funding.

#### 4. PROJECTS: WHAT WE EXPECT

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We expect from our partners that our projects are:

- Locally conceptualized
- Professionally and efficiently run
- Focused on vulnerable groups
- Reported thoroughly about

#### 5. 'THREE PILLARS' AND LOCALLY RUN

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- The projects that HospitaalBroeders support are always centered around three pillars: better (health care); smarter (education) and more independent (loans, income generating activities etc.)
- The projects are always locally run and initiated by the local teams.
- The teams in Africa are specialized in Outreach activities. This involves visits of our hospital teams to rural areas and remote villages to provide our health care.
- HospitaalBroeders is also unique as it is one of the very few organizations specialized in mental health care. We run 5 mental health hospitals in Malawi, Senegal and Mozambique.

#### 6. STRATEGIC OBJECTIVES

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- I. Health Care: expanding and improving services in our hospital and clinics.
- II. Health Care: expanding services via Outreach Programmes to extend the reach in peripheral regions.
- III. Education: expanding scholarship programmes in Malawi and Sierra Leone.
- IV. Independence: innovative water systems in clinics.
- V. Independence: supporting income generating programs in care centres.
- VI. Financial Support: Being able to support Objectives I to V effectively.

**I. Health Care: expanding and improving services in our hospital and clinics.**

**Problem:** Mental health care is a niche in African countries and we run some of the few hospitals in Senegal and Malawi that deal with mental health care.

In the other countries we run general hospitals that provide quality health care as government hospitals offer often bad health care.

**Improvement:** Improving quality care for patients.

**Activities:** Education of teams; run outreach teams; construct new facilities like wards and water and sanitation units (watsan); do (mental) health care awareness campaigns through Outreach; run scholarship programs and purchase of new equipment for hospitals and clinics including ambulances.

**Results:**

- Support an increase in out-patient attendance at hospitals from 302,783 (2018) to 310,000 by the end of 2022.
- Support reduction in Maternal Mortality Rates from 423 per 100,000 (2018) to 350 per 100,000 by the end of 2022.
- Support reduction in Still Birth rates from 3.8% in 2018 to 3.5% by the end of 2022.

**II. Health Care: expanding services via Outreach Programs to extend the reach in peripheral regions.**

**Problem:** Many patients can't come to our hospitals due to illness, age or poverty when they need care. We provide health care through our outreach teams in Sierra Leone, Ghana, Cameroon, Malawi, Zambia and Senegal. These are teams of nurses and doctors who visit far away villages and provide health care.

**Improvement:** Make health care accessible for the most vulnerable groups in society.

**Activities:** Finance and initiate outreach teams in 5 African countries.

**Results:** 17 operating small clinics in Lilongwe and 27 small operating clinics in North Malawi have been set up in the last years. In Senegal we run 9 small clinics from our two mental health hospitals. These outreach teams have had a huge impact on mental health education of people in villages. Improved quality of life of 1000's of patients. Reduced stigmatization about mental health issues.

**Results:**

- Support the increase of the number of outreach clinics to rural areas of Malawi from 44 (2018) to 50 by the end of 2020.
- Support the increase of the Increase the number of outreach clinics to rural areas of Senegal from 9 (2018) to 12 by the end of 2020.

**III. Education: expanding scholarship programs in Malawi and Sierra Leone.**

**Problem:** Many talented students can't study due to poverty. In Malawi and Sierra Leone, we provide scholarships for students to become a trained nurse (3 year program) or a nurse in mental health care or psychosocial counseling.

**Improvement:** Actively develop higher standard courses in nursing at our own institutions and schools and give talented, poor children a chance to become a nurse and get (financially) more independent. Support vocational training programs in Malawi.

**Activities:** Finance scholarships in two African countries and support Nursing schools.

**Results:**

- Support increase enrolments in nursing schools from 38 per year (2018) to 45 per year by the end of 2022.

**IV. Independence: innovative water systems in clinics.**

**Problem:** Clean water is a huge problem in African hospitals. We try to expand water and sanitation facilities in our clinics and hospitals.

**Improvement:** Improve quality of water and sanitation (watsan) facilities in hospitals

**Activities:** Construction of new watsan facilities

**Results:** Separately and independently running water plant in hospital Sierra Leone.

**V. Independence: developing income generating programs.**

**Problem:** Maintenance of our hospital is always under pressure; funds are not readily available.

**Improvement:** Make hospitals and clinics more financially independent.

**Activities:** Support income generating activities of hospitals and clinics through loans.

**Results:** Support the introduction of three income generating programmes that are operating at the end of 2022.

**VI. Financial Support: Being able to support Objectives I to V effectively.**

HB intends to steadily grow its income and maintain ratios acceptable for the maintenance of the CBF mark. The following are the objectives to be achieved by the end of 2022:

- Name: Implement a new name that reflects the health based nature of the charity.
- Income: Progress to delivering €1m in annual income in 2022.
- Expenditure: Increase expenditure on strategic objectives to at least €0.7m by the end of 2022.

## 7. OWN ORGANISATION

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- In many ways HospitaalBroeders is at a crossroads. In a very short time, we have shaped the organization in such a way that governance, financial results and have led to CBF-recognition.
- 2018 and 2019 have been a transitional phase towards a more balanced Board of Directors from all walks of life (Philips, KPMG, Jesuit Order) and extended Articles of Association.
- In 2020 and beyond we will focus on a more diversified mix of financial resources. HospitaalBroeders has traditionally leaned on individual giving. More focus will be given to corporate funding and institutional giving.
- HospitaalBroeders will also reposition and reinvent itself in order to stay relevant in the next ten years. HospitaalBroeders proposition is quite unique in the Netherlands,

in the niche market of mental health care: rebranding and a higher name recognition will be prioritized.

## 8. STATUTORY OBJECTIVE

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The objective of the foundation is to organize and manage fundraising activities, to receive charitable gifts, to raise and manage entrusted funds and to acquire, manage and maintain moveable and immovable property and manage such investments, and, from time to time, to use and allocate all income, including any assets the foundation shall receive, to ensure that this is used in accordance with current legislation to benefit the Hospitaller Order of St. John of God in relation to its various charitable activities.

A further objective is to provide information and education relating to the charitable projects of the Order's Mission worldwide.

It is the express intention that no part of net income or assets will go to private individuals.

## 9. ORGANISATION, STAFF AND BOARD

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### **Staff is put to use to achieve the statutory and strategic objectives.**

- A highly flexible and motivated team.
- Effectiveness ensured through well-structured and lean organization.
- Core tasks done in-house; other tasks are outsourced.
- Cooperating with suppliers and third parties who are committed to transparency like us and of irreproachable repute.
- Learning trajectories offered to staff through special facilities.

### **Board of Directors**

- The board meets at least four times per year.
- Board members do not receive any type of pay for their work.

## 10. FINANCE

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### **The financial policy is designed to help achieve the statutory objective.**

- Annual audit drawn up by a well-established accountancy firm.
- Annual report published before 1 July.
- Making efforts to reduce costs.
- Limited financial reserves on balance sheet; funds are to be invested in projects as much as possible.
- Monthly financial statements drawn up by independent accounting firm.
- The foundation holds four bank accounts. Two of those accounts are held at Rabobank and used to receive the donations from our donors and to lay aside earmarked funds (for scholarships and other educational purposes). The two other accounts are held at ABN AMRO; one account is used for the allocation

of project funds, while the other is used for small payments (amounts may not exceed a particular maximum value).

## 11. ASSET MANAGEMENT

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- The assets are managed by the treasurer of the board.
- The managing director sends a proposal to the board for the allocation of funds to projects.
- The board finalizes the decisions on the allocation of funds to projects. The board meets four times per year.
- There is no investment charter as the foundation does not invest funds in any type of financial products.