Case Study

Bwindi Community Hospital (BCH)

A deep dive into the journey, organisational structure, service model, and population supported by Bwindi Hospital, with reflections on its impact and key lessons learnt



Bwindi Community Hospital



District	Kanungu District
Country	Uganda
Region	Africa

> **BCH is giving holistic health care and life in all its fullness to the staff, patients, clients and visitors in the hospital and community.**



Organisational profile

Team size	Very small (1-10people)
Age of organisation	10+ years

Key aspects of our work

Primary contextual issue	People with MNS conditions
Life stage	All
Gender focus	All
Level of intervention	Continuum of care
Annual Reach	690+ people

Contextual issue

Bwindi Community Hospital (BCH) is a lifeline for mental health care in one of Uganda's most under-served rural regions, where the nearest specialized mental health facility is 95 km away. Poverty, poor road networks, limited transport, stigma, and harmful cultural beliefs continue to prevent many people from accessing essential care. For over 12 years, BCH has provided mental health and epilepsy services, yet many patients—especially those living with chronic mental illness and epilepsy—remain untreated, stigmatized, and vulnerable to abuse due to widespread misconceptions about mental health.

Without accessible services and community awareness, families often rely on ineffective traditional practices such as consultation with faith and traditional healers, delaying proper treatment and recovery. The World Health Organization predicts that by 2030, 1 in 4 people will experience a mental health condition,highlighting the urgent need for scalable community-based interventions.

BCH is addressing this challenge by partnering with local community members to reduce stigma, promote inclusion, and expand access to care through the WHO mhGAP approach, which trains non-specialists to provide basic mental health services. However, only 39% of the population currently accesses these services, leaving a critical 61% without support.

Objectives

BCH's Mental Health Program combines hospital and community care to reach underserved rural populations—mostly poor subsistence farmers—near the DRC border with an aim of treating 80% of patients with mental illness and epilepsy within its catchment area from their communities and 20% from the hospital. Objectives are to: **provide quality mental health services to all patients who come to BCH, and scale up mental health support to 16 Diocese of Kinkiizi Health Centers using e-health supported interventions.**

These have been achieved through providing counselling, medication, occupational therapy, peer-support, and referrals. In the community, WHO mhGAP-trained staff run clinics at 12 centres, supported by parish mental health committees, medicine banks, and awareness workshops—ensuring early diagnosis, ongoing support, and better access to treatment for those living with mental illness. BCH envisage a healthy and productive community free from mental illness, with excellent mental health services accessible to all.

Journey



WHEN?

When was the organisation established?
BCH started in 2003 as an outreach clinic in Bwindi, a hospital status was achieved in 2008. Mental health (MH) component was launched in 2013 and outreach activities began in 2018.



WHERE?

Where did the organisation start implementing its activities?
BCH in 2013, Mukono Parish in 2015, 16 other parishes in greater sub counties of Kayonza, Mpungu and Kanyantorogo in 2018.



WHY?

Why did the organisation start its activities?
The program was started to deal with the growing need for mental health and to help in alcohol rehabilitation of the pygmies (Batwa) and other community members.



WHAT?

What did the organisation do in its initial stages?
Initially, an epilepsy clinic was established, and a year later, services expanded through home visits to nearby villages, conducted on foot, for mental health case identification, follow-up and support.



WHO?

Who started the organisation?
This MH program was started by the hospital management under the leadership of Dr Birungi and spearheaded by Yusufu Kuule (Community Psychology Graduate) and Edwin Agaba (Mental Health Nurse).



HOW?

How was the organisation's work started?
BCH initiated mental health activities by hiring a mental health nurse and psychology graduate, integrating services hospital- and community-wide, and securing successful funding in 2017 to expand community-based MH interventions.

Governance & finance

Organisational structure

BCH's MH program is led by a Community Health Coordinator with a background in community mental health and Clinical Psychiatry. It is formed by two core areas:

- Hospital-based MH (inpatient and outpatient services)
- Community-based services (outreach for medicine refills and psychoeducation, home visits, peer support, youth friendly services, alcohol rehabilitation and support supervision).

Decision-making on the strategic direction of thr organisation is made by:

- MH staff
- Executive management Committee
- Board of Directors of the hospital

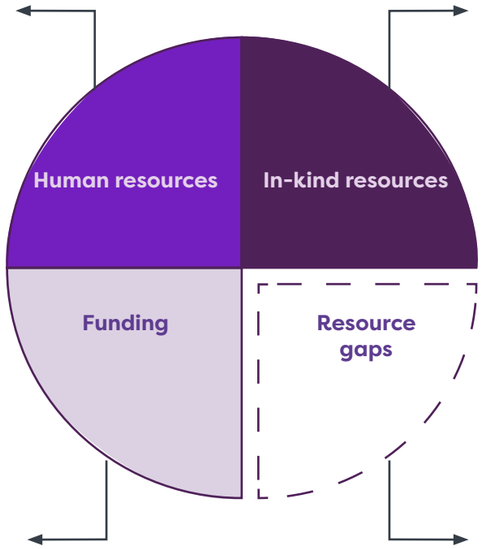
Financial management

Hospital financial management begins with collaboratively developed program budgets that are reviewed quarterly to support adaptive planning and efficient resource allocation. All funds are managed through a centralized digital financial system overseen by the Internal Auditor, who prepares monthly and quarterly financial reports, while external auditors provide annual audit reports. These reports are reviewed by the hospital Executive Management Committee and the Board of Directors (BOD) to ensure accountability and sound financial oversight. The BOD also ensures timely tax compliance, transparent financial record-keeping, and adherence to donor requirements.

Procurement is handled through a procurement committee to guarantee value for money and transparency. The committee requires at least three quotations from potential suppliers before approving purchases, ensuring fairness in procurement decisions. Financial accountability is strengthened by requiring hospital staff to provide proof of expenditure, such as receipts or signed acknowledgement forms, and other supporting accountability documents for all expenditures incurred.

Resources

The Mental Health department has 5 paid staff: 3 clinical and 2 non-clinical. Additionally, the program works with 11 non specialized lower health unit staff and 16 peer supporters.



BCH's MH program benefits from in-kind contributions including community spaces for community outreaches, technical support from partner organisations, and volunteer time from local professionals and peer supporters.

The amount of funding available is around USD 12,000. This is from a UK Charity called REACH Bwindi. Our desired annual budget is around USD 198,000 to enable us to extend our interventions to the whole district, improve on means of transport and scale up our e-health interventions.

Key gaps include limited long-term funding, insufficient clinical staff, restricted access to transportation, and digital tools for rural outreach and limited space for psycho social interventions. These constraints limit the program's ability to scale up activities, sustain consistent support in remote communities and provide holistic MH care.

Model & activities

Target population

Our target population comprises **all people in our catchment area irrespective of age and gender. We also attend to all mental health conditions (or psychosocial conditions) and people with epilepsy.**

BCH's mental health activities also target specific vulnerable populations, including **Batwa communities requiring alcohol and substance use rehabilitation**; **women and men experiencing gender-based violence**, who receive psychosocial support and referrals to additional services; and **young people aged 15–35 years**, who are reached through community youth-friendly services and provided with psychosocial support.

In addition, psychosocial support is offered to **family members and caregivers of individuals experiencing these challenges.**



Services or interventions



BCH provides community mental health services that are integrated with other services at the hospital and in the community. Hospital based services are run everyday from Monday to Sunday, and these account for 20% of the work done. In-patient activities include diagnosis clarification, medication administration and management of side effects, close monitoring of signs and symptoms of illnesses, administration of psychosocial interventions, and supporting staff on other wards with patients having psychosocial challenges. Major activities during out-patient clinics include diagnosis clarification, offering drug refills, administration of psychosocial interventions and peer support activities.

Outreach clinics
Outreach clinics, which account for 80% of the work, are decentralized to a parish/ward level, and are conducted once every month at each clinic's meeting point.

Support supervision
Support supervision activities are sometimes combined with outreach days: the team from the hospital arrives at a meeting point by 9:00 am, and they will first have an interaction with the staff for about one hour. These are usually staff that got basic training in providing mental health care either in 2019 or 2021. Activities done in one hour include monitoring and evaluating the use of tools provided during the training, reviewing difficult cases encountered by staff during the course of the month and collecting data captured by the staff during the same period.

Home visits
In addition to outreach clinic meeting points our team also conducts home visits during which they review progression of patient symptoms, compliance to medical guidance and collect data on livelihood projects (where applicable).

Messaging system
In both hospital-based and community-based arms of the program our MH team engages clients on phone either as a form of follow up or reminder about the services provided under this program through either sms or phone calls. The hospital has a digital platform locally known as Mobile Community Health Information System (MCHIS) which enables the MH team to send sms messages to all clients with phone numbers at the same time.

Digital community mental health program
Overall BCH is operating a digital-backed community mental health program that offers the following interventions: 1] Physical therapy for those with moderate and severe illness, 2] Psycho education, 3] Reducing stress and promoting social support, 4] Psychotherapy especially counseling and guidance, 5] Activities of daily living, and 6] Referral services which also includes internal consultations at the hospital.

Impact

Key desired outcomes



Improved psycho social well-being -Majority (73%) of clients accessing our services have improved on the interventions provided under this program.



Increased task sharing- an evaluation done in 2023 indicated that more patients were served by staff in community clinics, freeing workload from the hospital-based staff.



Strengthened peer-support networks- Each of the 8 subcounties has 2 peer supporters that provide psycho-education, psychological first aid, referral services and conduct other peer support activities for this purpose.

Methods

Quantitative data is collected by both clinical and non-clinical staff into excel spread sheets that are stored into computers using a system called “Seafile”.

- **Data is collected on activities of the main sections of our work:** hospital-based services (in-patient and out-patient) and community-based services (outreach clinics, support supervision, home visits, community youth friendly services and livelihood projects).
- This data is analyzed using excel formulae and reports are produced monthly, quarterly and annually.

Information systems

- **Computers are used to manage digital data through Excel spreadsheets stored on Seafile,** with reports submitted to the hospital server for secure storage and future use. Department staff, supported by IT personnel, manage and back up the data monthly to prevent loss.
- **The system’s strengths** include secure data custody, easy accessibility, simplified analysis, user-friendly operation, compatibility with other hospital systems, and regular backups.
- However, **limitations exis**t, including generation of conflicted files on Seafile, inability to analyze qualitative data, restricted concurrent file usage, and challenges faced by some staff, particularly new employees, in managing digital data effectively and accurately within the system.

Reflections on impact so far

Our mental health services have created significant impact in the community. Before the intervention, people with mental illness traveled about 95 km to access services at the regional hospital, but they can now receive care within a 5 km radius. **Awareness about mental illness and treatment has greatly improved**, as more patients now seek modern healthcare shortly after symptoms appear instead of waiting for many years.

This increased awareness has also raised demand for mental health services at both BCH and other health facilities in the district. The absence of expired psychotropic medicines in district health units over the past six years reflects this increased utilization. Overall, **these services have improved mental healthcare for over 6,000 clients and strengthened holistic patient care through increased collaboration between general medical and mental health teams at BCH.**

Learnings

Strengths or drivers

BCH’s mental health department is strengthened by committed staff, teamwork, and administrative support. Collaboration with community leaders, health workers, patients, and partners has created a positive therapeutic environment.

Empowering staff has increased motivation, contributing to growth and service expansion. Integration of mental health services into existing programs reduces costs, while digital data management improves monitoring and evaluation. The program is guided by WHO’s mhGAP principles.

Challenges

Major challenges include failure to retain staff in the department due to better opportunities in local government and other organizations offering similar services, insufficient funding to implement prescribed activities, poor roads that make catchment areas difficult to access, negative cultural and religious beliefs, poor economic status in the community, stigma attached to mental illness, and lack of prioritization by resource controllers.

Limitations

Limitations of the program include: limited staff numbers, limited working space and inadequate equipment such as data collection tools and transport means required for effective service delivery, and limited psycho therapeutic interventions.

The program only serves 39% of the population in our catchment area.

Opportunities

Due to the remote and challenging terrain of the catchment areas, continuous community-based mental health service delivery would improve accessibility and impact. Use of radio airtime and digital platforms from the hospital and district could strengthen community sensitization and mental health awareness. Existing tourism activities around the hospital also provide opportunities for awareness and community engagement. Additionally, the presence of public health facilities makes integration of mental health services into Primary Health Care easier.



Partnership Journey with Ember

Initial assessment

Bwindi's main strength lies in its comprehensive and integrated mental health model, which combines clinical and community-based care to ensure continuity of support through inpatient and outpatient services, counselling, medication, occupational therapy, home visits, psychoeducation, and outreach.

- Strong collaboration with local health centres extends access to remote communities, transforming mental health care in a district where services were previously scarce. The programme is grounded in community participation, with regular consultation ensuring services remain responsive to local needs. The organisation benefits from a clear governance structure, strong national and local partnerships, and a committed multidisciplinary team that works collaboratively despite limited resources. The impact of its work is measured through research, with an emphasis on quantitative evidence.
- The organisation's ability to realise its vision is constrained by limited funding and staffing capacity. The mental health team remains significantly understaffed, with staff balancing multiple responsibilities across the hospital, while insufficient core funding limits programme delivery and expansion. Communications are primarily focused on donor and government reporting, with limited capacity to share learning and impact with broader audiences. Fundraising systems, including budget planning and resource mobilisation strategies, are still under development. Although staff wellbeing is recognised as a priority, limited time and resources constrain the organisation's ability to invest further in this area.
- Key areas where support was going to be provided was the model mapping; the development of communication materials including a photography piece; and the development of a fundraising pitch, including new funding streams. Wellbeing support was also identified as an important area for Ember´s support.

Key achievements

The Ember team has supported the wellbeing of the Bwindi team by enabling them to hold a team offsite.

- We further explored their model of mental health care, gaining a deeper understanding of how care is delivered within communities and their emphasis on healing in community settings rather than in hospital wards.
- In addition, we´ve supported the Bwindi team to attend the World Health Summit in Nairobi which led to the recognition of their work by an international audience and helped increase their visibility. We've also worked with the team on their case study which can be helpful when communicating their model and impact.
- The main achievement was for Ember to get a deep understanding of the Bwindi's community based model of mental health care and enabling them to showcase their work at an international event.





