



EMBU COUNTY REFERRAL HOSPITAL

STRATEGIC PLAN (2014–2018)

Foreword

This strategic plan captures the desires of stakeholders of Embu County Referral hospital guided by Kenya National Health Policy, and the Embu County Health Sectoral Plan. It enlivens the county leadership's strategic desire to transform the hospital, as the highest referral facility in the county, into a quality referral and teaching hospital. The strategy has been developed after carrying out a comprehensive analysis of the environment in which the hospital is operating. One fundamental change in this environment is the shift to devolved governance and the assignment of the management of the hospital to the county government while ensuring that the policies standards and regulations set by the national government are adhered to. Further, the immense gap in resource requirements to match the projected demand for services has also been identified. These are the challenges that have inspired the clarification of the hospital's future direction.

The strategic direction is hinged on four strategic objectives namely; revitalization of physical infrastructure, human resources for health development, resource mobilization and sustainable financing, institutional development that are geared to meeting the projected service requirements in patient care, teaching and research. The implementation of this strategic plan will be made possible through annual operational plans and attendant annual budgets.

It is envisaged that this document will truly serve as the guiding document for defining and deliberating the growth and development of Embu County Referral hospital. Stakeholders at all levels including Embu County Executive, County Assembly, County Health Management Team, Hospital Management Team, Private Sector for profit and non for profit collaborators will be mobilized to support its implementation.

Ms. Pauline Njagi

County Executive Committee Member for Health Services
County Government of Embu
September, 2014

Statement by Chairman, Hospital Management Board

The leadership of Embu County Referral Hospital reiterates its commitment to transforming the hospital in order to make it deliver secondary referral hospital and teaching services to the expectations of the people of Embu County. The development of this five year strategic plan is a demonstration of commitment. In developing this plan we revisited our rich history and examined how capacity, both current and projected, prepares us to align our expectations to the changes we are experiencing in our environment. Identification of our strengths and weaknesses accorded us a great opportunity to chart a solid response to the opportunities and threats that exist in our context.

We have formulated four strategic objectives that will help us move towards achievement of our vision of a regional teaching referral hospital of excellence in health care delivery and training of healthcare professionals. The objectives are revitalization of physical infrastructure, human resources for health development, resource mobilization and sustainable financing, institutional development, and are anchored on a set of core values of excellence, transparency, teamwork, courtesy, integrity and partnerships.

We will support the hospital management in building a team that will support and closely monitor the implementation of these objectives. We are delighted to spearheading this process and do pledge our continuous support through provision of revitalized oversight.

I wish to express my gratitude to all those who supported us both through technical and financial support towards the development of this strategic plan. I call upon their continued support in implementation.

Chairman, Embu County Referral Hospital Management Board

October, 2014

Acknowledgement

The hospital management wishes to appreciate all the stakeholders who made contributions at various stages of development of this strategic plan. Firstly, the clients of the hospital through their continuous feedback and utilization of our services giving us the impetus to seek service improvements, the staff of the hospital whose contribution through interviews and focused group discussions ensured the plan was tempered to reality, the management team and hospital management committee for inspiring the much needed commitment during the entire process; the county government of Embu through the Governor, the County Executive Committee member for health, Chief Officer for Health and director for health services for their valuable insights and feedback.

The hospital is also grateful to USAID, who through the Leadership Management Sustainability Program implemented by Management Sciences for Health (MSH) provided financial and technical support in the development of this Strategic Plan. Finally, we appreciate the support of all other stakeholders, who provided valuable insights and suggestions.

Dr G. Ndiritu
Medical Superintendent

October, 2014

List of Acronyms and Abbreviations

APDK	Association of Physically Disabled of Kenya
CCC	Comprehensive Care Clinic
CDC	Centre for Disease Control
CEC	County Executive Committee
COH	Chief Officer for Health
EEC	Executive Expenditure Committee
ENT	Ear Nose and Throat
GOPC	Gynecological Outpatient Clinic
HIV	Human Immunodeficiency Virus
HMT	Hospital Management Team
ICU	Intensive care Unit
KHP	Kenya Health Policy
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MOH	Ministry Of Health
MOPC	Medical Outpatient Clinic
NGO	Non- Governmental Organization
PMTC	Prevention of Mother to Child Transmission
POPC	Pediatric Outpatient Clinic
PPP	Public-private partnerships
QA	Quality Assurance
SOPC	Surgical Outpatient Clinic
STD	Sexually Transmitted Disease
SWAp	Sector-Wide Approach
TB	Tuberculosis
UNICEF	The United Nations Children's Fund
WHO	World Health Organization

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Executive Summary

This strategic plan for Embu County Referral Hospital seeks to align the strategic direction of the hospital for five year period 2014-2018 to the dynamic health sector environment. Towards this end, the development of this strategic plan has taken into cognizance the national health sector policy, county of Embu's health sectoral plan and integrated development plan.

This Strategic Plan has been developed through an inclusive approach and participatory approach. This process began with a detailed review of the current context in which the hospital is operating and then followed by identification of key strategic issues. The review revealed that there is increasing demand of clinical and teaching services at the hospital, and that the hospital capacity should be scaled up in order to respond effectively to the demand. With regards to the external environment, the review acknowledged shift in focus from service to right based hospital offerings; increased pressure for public participation in development of the hospital, increased demand for accountability on the use of hospital resources as well as a call for clarification of norms and standards for services. Finally, the need to mobilize resources to ensure financial sustainability was underpinned.

The transformation of Embu County Referral Hospital is one of the strategies identified in the county health sectoral plan. This desire is captured in the mission statement of the hospital comprising the vision, mission and core values. The mission is to provide quality, affordable and accessible specialized curative and rehabilitative healthcare, and training of healthcare workers and the vision is a regional teaching referral hospital of excellence in health care delivery and training of healthcare professionals. Core values identified are teamwork, transparency, partnerships, integrity and courtesy.

The strategic objectives identified towards achievement of the above strategic direction are: revitalization of hospital physical infrastructure and equipment; scaling up the capacity of the hospital workforce; mobilization of financial resources towards sustainability; and strengthening institutional capacity. It is envisaged that these will facilitate achievement of the service delivery projections for the five year period.

This strategic plan will require approximately Kshs 4 Billion to implement over the five year period (2013-2018). The strategy is anchored on the premise that the resources will be mobilized from government (county and national government) as well as non-governmental entities and individuals.

Introduction

1.1 Embu County Referral Hospital


Embu County Referral Hospital is situated in Manyatta sub-County of Embu County along Nairobi-Meru road approximately one Kilometer from Embu Town. Manyatta sub-County has 8 community units, 62 primary care facilities and 1 hospital. About thirty per cent of the health facilities are public owned while the rest are private and faith-based organizations owned. The hospital occupies twenty two acres of land, and serves as a referral hospital for facilities in Embu, Kirinyaga, and Tharaka Nithi counties, part of Machakos and Kitui counties. Embu county referral hospital has a 618 bed hospital capacity with an average out-patient attendance of 11,000 patients and inpatient admissions of 1,200 patients per month. The current catchment population of the hospital is estimated at 538,355 and it is projected to grow by 2.6% to 577,390 in 2017.

The leadership of Embu county referral hospital, with the support of the county of Embu health leadership team, acknowledges that it is timely to prepare a strategic plan to guide the transformation of the hospital in the face of dynamic environment that calls for proactive responses and closer engagement with stakeholders. The development of this strategic plan is therefore an expression of the hospital's leadership and management commitment to respond to the changes in the operating environment while seeking growth and learning from its rich heritage.

1.2 The Process of Developing the Strategic Plan

The strategic plan has been formulated through a very inclusive and consultative process. The initial ideas were captured in the county health sectoral plan that was steered by the County Executive Committee member for health and County Chief Officer for Health. In order to ensure that the knowledge, ideas and opinions of hospital management committee, hospital management team, staff and key stakeholders were captured appropriately, the hospital constituted a steering committee that coordinated information gathering through interviews and strategy development and validation workshops and meetings.

A desk review of critical documents including but not limited to hospital reports, county health sectoral plans and reports, national health sector policies and guidelines, was undertaken with a view to generating data to establish the current situation and identify strategic issues. The desk review data was elaborated through interviews with key stakeholders and focused group discussions. Further analysis and consensus building was carried out during a face to face planning workshop that brought together hospital stakeholders, that culminated with the formulation of a draft hospital's strategic plan. The draft plan was validated in a second workshop that once again brought together key stakeholders.



Context Analysis

2.1 Policy setting

The Kenya Health Policy 2012-2030 provides directions to ensure significant improvement in overall status health in Kenya in line with the country's long term development agenda, Vision 2030, the Constitution of Kenya 2010 and global commitments such as the Millennium Development Goals. It demonstrates the health sector's commitment, under government's stewardship, to ensuring that the Country attains the highest possible standards of health, in a manner responsive to the needs of the population. This Policy focuses on two key obligations of health: Contribution to economic development as envisaged in Vision 2030; and Realization of fundamental human rights as enshrined in the Constitution of Kenya 2010. It focuses on ensuring equity, people centeredness and participatory approach, efficiency, multi-sectoral approach and social accountability in delivery of health care services. Fundamentally, the policy takes into account the functions assigned to the two levels of government (county and national) with respective accountability, reporting and management lines.

The county government of Embu developed a ten year sectoral plan for health for the period 2013 -2022 as well a strategic plan for the first five years 2013-2017 to provide direction and focus in the delivery of county health services. This plan envisages that Embu County Hospital will be transformed to a teaching and referral hospital as a key component of program to improve access to health services in Embu County.

2.2 Embu County

Embu County's population is currently estimated to be 538,355. This population, 92% of which is rural based, is projected to grow annually at 2.6 % rising to 577,390 at the end of the plan period in 2017. The county has four sub counties –Manyatta, Runyenjes, Mbeere North and Mbeere South and 20 electoral wards. The county covers an area of 2,818 square kilometers and borders Kirinyaga, Kitui, Machakos and Tharaka Nithi Counties. Embu County Hospital, located in Manyatta sub county is the largest referral hospital in

Embu County. Manyatta sub county has a population of 162,723 and is the density of 605. Agriculture is the mainstay of the county's economy.

A scan of key facts and figures on Embu County reveals some indicators are above while others are below national averages.

Embu County Key Facts and Figures	
Embu County (Population and Demographics)	<ul style="list-style-type: none"> Population: 516,212 (36th most populous county as per KNBS, 2010) Poverty Index: 42% (compared to country average of 47.2%) Fully immunised population < 1 year (2010/2011) : 33.4% (National average of 64%) Malaria (as % of all first outpatient visits): 42.8% (National: 27.7%) TB in every 10,000 people (2009/2010): 62 HIV + antenatal care clients (% 2010): 4.0% (National 5.9%) Population with primary education (%): 71.3% (National 66.6%) Population with secondary education (%): 15.5% (National 12.7%) Improved water (% households 2009) 62.1% (National 66.5%) Improved sanitation (% households 2009) 98.2% (National 87.8%) Good/fair roads (% of total roads) 33.7% (National 43.5%) Deliveries in a healthcare facility 60.4% (National 37.5%) Qualified medical assistant during birth 62.5% (National 37.6%) Had all vaccinations 87.9% (National 75.0%) Literacy – can read and write - 92.7% (National 66.4%)

The major causes of morbidity and mortality in the county are communicable diseases (pneumonia, malaria, HIV/AIDS, pulmonary TB, urinary tract infections, skin infections, ear and eye infections); non-communicable diseases (Cancers, Cardiovascular diseases, hypertension, diabetes, anaemia, rheumatism) and injuries (road traffic accidents, head injuries, suicide, assault). One of the recent challenges facing hospitals across the county is the rising prevalence of chronic diseases.

Hospitals in the country continue to suffer strain arising from increased ambulatory patients who prefer to visit secondary hospitals to primary care facilities propelled by the belief that they offer better healthcare. Although this trend has been sustained in the backdrop of ineffective referral system, the health seeking behavior has led to ineffectiveness and inefficiency of hospitals across the country.

2.3 Health financing

Kenya's budgetary allocation to the health sector has increased from KES 57.6 Billion in FY 2011/12 to KES. 87.8 Billion in FY 2012/13. In FY 2013/14 the budget allocation was KES 100Billion, of which KES 36 Billion was for national and KES 64 was transferred to the counties to cater for the County healthcare functions. The rise in absolute investment in health is also evident from total health expenditure that factors in all sources of funding. According to the National Health Accounts 2009/2010, the Total Health Expenditure in Kenya rose by 49% from KES 82.2 billion in 2001/2002 to KES 122.9 Billion in 2009/2010. Per capita spending on health rose from KES 2,636 in 2001/2002 to KES 3,203 in 2009/2010. However, the proportion of the government expenditure spent on health services declined from 8% in 2001/2002 to 4.6% in 2009/2010. Notably, the proportion of contribution to total health expenditure by donors has been increasing while that of the public sector has remained constant. Public hospitals utilized the largest share of the health expenditures accounting for 36% of the total spend, however, the spending in terms of functions revealed that outpatient care consumed 39% of total expenditures and inpatient curative services accounted for 22% of the spend.

In 2013, the government rolled out the Free Maternity Healthcare programme in all public facilities and abolished user fees at public health centers and dispensaries at a cost of KES 4.5 Billion. For the MTEF period, 2014/15- 2016/17, the national ministry of health has outlined its focus areas as scaling up policy interventions aimed at enhancing the equitability of access to Health care.

These include sustenance of the free maternity program and removal of user fees at public primary health care facilities; equipping all public health facilities and hospitals as well as training and building capacity for its workforce in areas of skill shortage and for efficient and excellent service delivery in the public health sector.

The county of Embu had a budget of KES 3.8 Billion for the year 2013/14, KES 3.36 Billion being transfers from national government while KES 0.44 Billion related to local revenues. The county spent KES 1.68 Billion and KES 1.56 Billion on recurrent and development projects. Embu County Referral Hospital was allocated KES 259 Million as conditional transfer from the national government. The conditional grant is in recognition of the fact that the hospital provides services across several counties. Devolution of health services is expected to improve counties fiscal responsibility capacity but at the same time has faced transitional challenges. County health funding policies are required to guide the management of health finances at the counties including retention of user fees.

2.4 Health Human Resources

Human Resources for Health (HRH) remain the most significant asset in the delivery of health care at hospitals. Indeed, it accounts for the most significant recurring investment at public hospitals and remains key to planning, service delivery and achievement of health outcomes. According to the draft national Human Resources for Health (HRH) plan, the key challenges in the Kenyan health sector include: staff shortages, inequitable distribution, high attrition, brain drain, weak human resource management systems, weak leadership management capacity, weak human resources information systems, poor sectoral coordination, ageing workforce and low compensation and benefits. The issues raised during the recent labor unrests in the health sector are similar. Although, these challenges have been persistent, the sector has been increasing investments towards addressing each of them. Depending on the level of function that the hospital is assigned, the success of the hospital in delivery of services will depend on ability of the national or county government to mobilize necessary human resource to implement the intention.

2.5 Training and Research context

The government of Kenya acknowledges the existing shortage in human resources for health and has been pursuing strategies to address the gap in numbers and skills. The government through universities and tertiary teaching colleges has expanded the enrolment for health workforce trainees and also accelerated the delivery of in-service courses to equip the existing workforce with requisite skills for delivery of health care services. In Embu, the Kenya Medical Training College offers courses in nursing. Embu University College, Kenyatta University and Chuka University also offer undergraduate courses in medicine and nursing. Parallel to the government led initiative, privately owned institutions, both for profit and nonprofit, have also been setting up medical training campuses through partnerships with local hospitals. Such institutions include Kenya Methodist University (KeMU) and the Kyeni Hospital's Fidenza Nursing School.

Embu Hospital has been facilitating research through enabling medical practitioners generate knowledge that is applied at hospitals, lower level facilities or community. Staffs of the hospital, guided by the hospital research and ethics committee, also undertake clinical and operational research thus contributing to the body of knowledge. The repository of health research data generated from research undertaken at the hospital in collaboration with other institutions is crucial in informing health policies in line with the current focus on evidence based health decisions. The hospital's senior management and the county health leadership acknowledge that this practice has not been optimal.

2.6 Hospital Services

Embu County Referral Hospital provides a wide range of clinical and support services to clients. These services, summarized in the table below, are provided at primary, secondary and at times tertiary level.

<ul style="list-style-type: none">• General medicine• Surgery• Accidents and Emergency• Obstetrics and Gynecology• Pediatrics• Dermatology• Ear Nose and Throat (ENT) services• Dental Services	<ul style="list-style-type: none">• Pharmacy• Laboratory Services• Blood Transfusion• Health education
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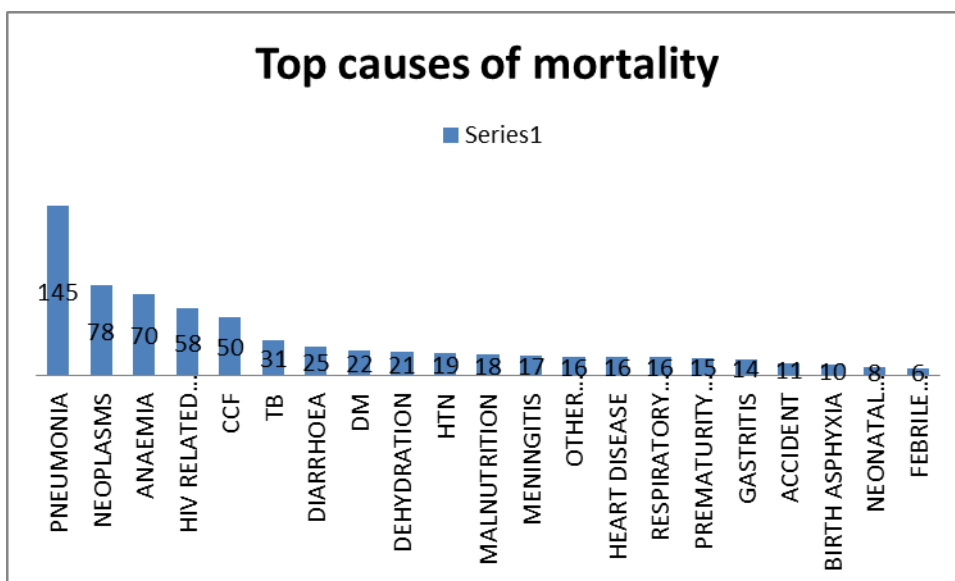
Hospital leadership, management and stakeholders analysis identified several services that the hospital needs to introduce to its existing portfolio of clients as well as new clients that it targets. These include:

- Hormonal tests
- Renal dialysis
- Training of midwives
- MRI and CT Scan services
- Oncology
- Oxygen supply to neighboring facilities
- Intensive Care Unit

2.7 Hospital workload

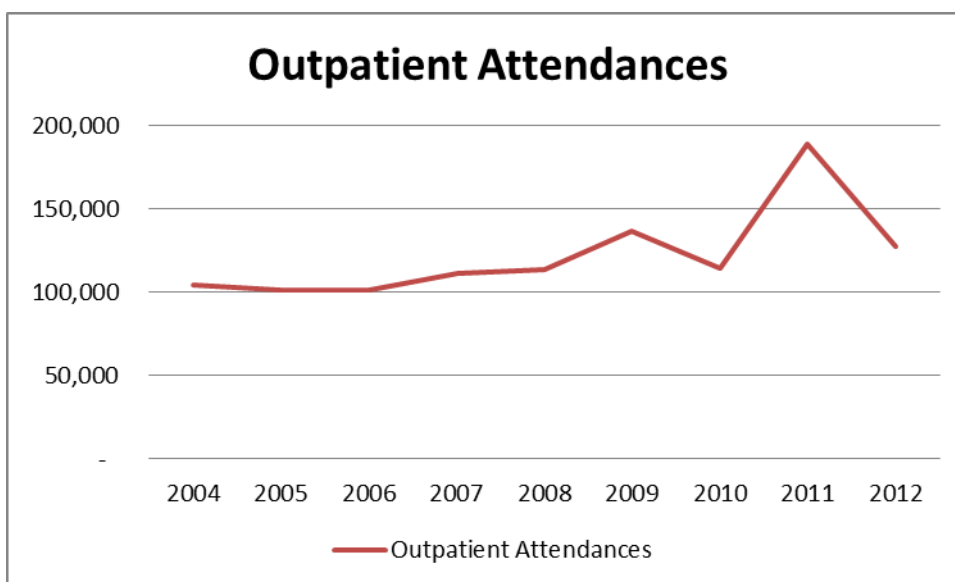
A review of the hospital workload by departments over the last three years reveals that there has been growth in number of outpatient and inpatient attendances. The top ten causes of morbidity and mortality are pneumonia, neoplasms, anemia and HIV related infections. The graph below maps the top conditions of mortality using data for 2013.

Figure 2.1: Top conditions accounting for mortality



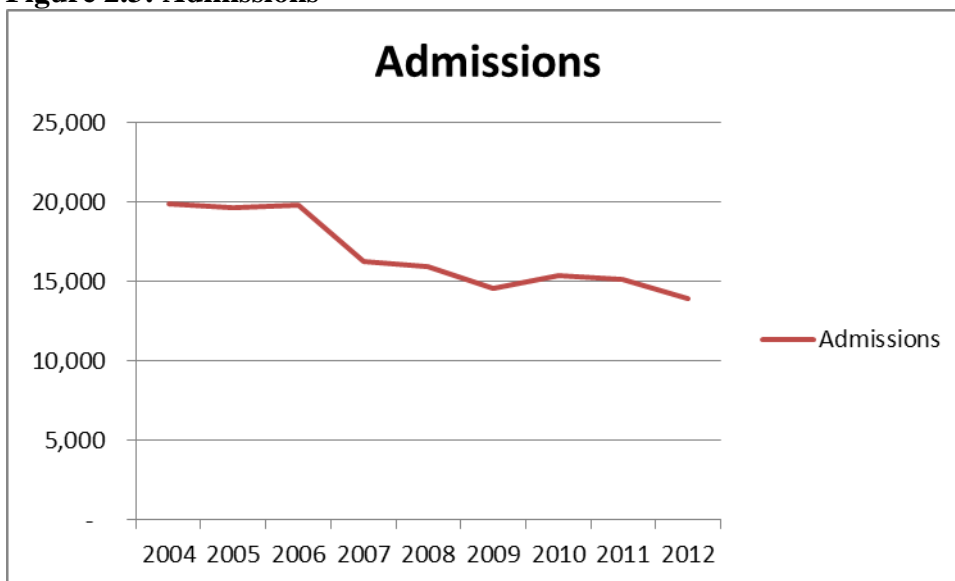
Outpatient attendances at the hospital have been increasing over the last years with a peak experienced in 2011 when many filter clinics were introduced. The average annual outpatient attendance over the last nine years is 122,000. The graph below shows the total outpatient attendances over the period 2002-2012.

Figure 2.2: Total Outpatient Attendances



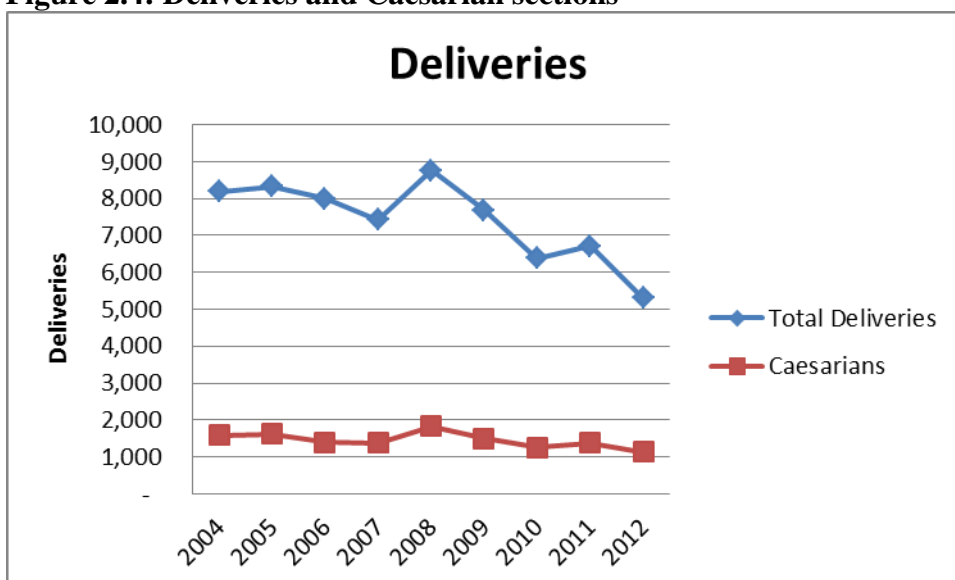
Total admissions at the hospital have experienced a declining trend over the last nine years from over 19,000 in the period 2004-2006 to below 15,000 over the period 2008-2012 and an overall average of 16,753.

Figure 2.3: Admissions



Deliveries undertaken over the period have also shown a declining trend with an annual average at 5967 and 1496(25% of total deliveries) being through caesarian sections (C/S). The figure below summarizes the trend of deliveries and caesarian sections over the past nine years.

Figure 2.4: Deliveries and Caesarian sections



2.8 Leadership and Management Structure

In the past the hospital was led by a hospital management committee of nine members as was required under the then Legal Notice 155 anchored on the Public Financial Management Act 2004. Under the devolved governance structure, the hospital falls under the county government but a legal framework for its governance is yet to be formulated. The delays have been attributable to lags in finalization of the national health policy framework and overarching legal framework for health that the county legal framework needs to be aligned to. The Public Financial Management Act 2012 clarifies the roles of county governments and national government in financial management and is still the key guide as to how funds raised by the hospital are managed.

These issues have made the constitution of the hospital board a challenge. Whereas the ultimate direction may not be clear, the hospital will seek to ensure that the right structures are defined and put in place with regards to selection of members of governing arm, the induction and capacity building of members as well as their operational effectiveness.

2.9 Human Capital

The hospital has a complement of 481 medical and non-medical staff working across several departments. Although the hospital has yet to undertake a workload based staff needs assessment, evidence points to the fact that the staff is overstretched with inadequacies in the specialized staff cadres. For instance, the nursing leadership has recently carried out a staffing gap analysis based on the following established norms/standards for nurse to patient (1:1, 1:7, 1:6, 1:30, 1:3, and 1:1 for labour wards, medical wards, surgical wards, outpatient, new born unit and intensive care unit respectively) and the forecasted needs for hospital services, and established the gaps tabulated as follows :

Category	Current state	Possible retirement	Requirements	Gap
BSN	6	0	36	30
KRCHN, KRN/M	138	10	199	71
ECHN, EN/M	98	15	137	54
	242	25	372	155

Considering that nurses account for over 50% of the hospital staff, the need to fill in the required gap is dire. The hospital provides internship support to an average of 100 recent graduates in various fields. Currently the pool of interns includes 14 graduate nurses, 16 medical officers and 40 clinical officers. Additionally, the institution also supports numerous students during their practicum sessions.

Regarding strengthening of capacity in leadership and management, the hospital has received support from both ministry of health and development partners in training of staff in health systems management and leadership development training, based on the acknowledgment that management and leadership capabilities development are instrumental in transforming the hospital through optimal utilization of resources.

At the time of preparing this strategic plan, the hospital senior management was participating in a USAID funded program for Leading High Performing Organizations while several teams from various hospital departments were participating in a Leadership Development Program. Although staffing functions have been devolved to the County Public Service Boards filling of critical gaps still remains a challenge owing to funding constraint. Other challenges that the hospital faces in the realm of human resources for health include inadequate work safety equipment, inadequate orientation and induction procedures, weak performance management system and inadequate human resource management information system.

2.10 Hospital Management Information Systems

Strengthening of hospital management information systems to support evidence based decision making and operational effectiveness has been an area of focus to the hospital management over the last few years. Towards this goal, the hospital established an Information Technology Committee to provide overall guidance. The current ICT initiatives spearheaded by the hospital leadership include: introduction of a financial information system with revenue module already activated and linked to cash collection points, adoption of electronic medical records (EMR) for outpatient services, linkage to the District Health Information System(DHIS) and introduction of electronic mail system.

While appreciating the improvements that have resulted from these initiatives, there are imminent challenges that the hospital is experiencing in optimizing the ICT investments it has made. For instance, the active modules of the current system are not fully meeting the users' requirements, backups are inadequate, controls in and around the system are inadequate, network connections are slow, many department still need to be networked, computer literacy level amongst staff is still low thus there is fear of technology; and support from the system providers is inadequate.

The hospital leadership recognizes the need to structure investments in ICT for maximum benefits and as such the rationale for an integrated system with wide hospital coverage backed up by building staff skills and competences to utilize the system. With such investments, the hospital will be able to generate accurate and timely information and improve information sharing and communication.

2.11 Hospital Facilities and Equipment

Embu County Referral Hospital having been established in 1924 occupies 10.5 hectares and has many buildings that are over 50 years. Before 1984 the hospital had a capacity of 166 beds. Expansion in capacity after 1984 comprised, among others, construction of Nyayo Wards 9 144 beds) and outpatient theatre and 22 beds ward as well as children 's ward (84 cots), psychiatry ward 9 20 beds) constructed in 1993, maternity unit (148 beds and 40 cots) and operations theatre completed in 1996.

Plan International provided significant support towards the infrastructural expansion projects. The current hospital bed capacity is 571 comprising 474 adult beds and 97 cots. One of expansion projects (the BADEA project) that commenced in 1988 targeting wards, theatre, doctors flats, boiler house, CSSD, firewood kitchen and procurement offices and stores stalled owing to persistent disputes with contractors.

Notably the hospital has also invested its facility improvement funds towards improving the equipment capacity through procurement of ambulances, standby generator, hospital motor vehicle, laundry machines and diagnostic equipment. Nevertheless, the investments are not commensurate with the demands at the hospital and the hospital leadership and management is committed to ensuring that the infrastructure and equipment standards established by the Ministry of Health and the County Department of Health. Some of the gaps identified in infrastructure, in addition to those under stalled projects, that are of high priority include- hostel for new staff, doctors plaza, perimeter fence, drilling borehole, body shelves for storing embalmed bodies in the mortuary, oxygen generation plant and oxygen concentrators.

In order to solidify improvements in hospital medical care, the hospital appreciates the need to invest in specialized equipment for diagnostics, pharmaceutical care, renal unit, maternity unit, biomedical engineering unit, laundry unit and theatre. A significant proportion of old hospital equipment remains nonfunctional and the functional ones cost the hospital heavily on non-productive maintenance.

2.12 Financial Landscape

Funding for hospital activities comes from various sources including: recurrent and development budget support from the national and county governments; levying of user charges under the cost share mechanism; rebates from the National Hospital Insurance Fund (NHIF); and donations in cash and in kind from development partners. The largest contribution to the hospital budget comes from the county and national government through paying of personnel costs and support in provision of health commodities (more than 70% of the hospital annual operational budget).

The user fees meant for Facility Improvement Fund (FIF) account for the largest proportion of discretionary budget raised and spent at the facility level. The average annual collection currently stands at KES 84 million. Computerization of the outpatient department and cash collection points has contributed to improvements in FIF collection efficiency. The requirement that county funds be deposited in the county revenue fund (single treasury account) may present a challenge in terms of efficiency in accessing the much needed FIF funds that have been retained in the hospital accounts. This matter is still under discussion.

Support from development partners and their implementation partners, both in kind and cash, has also aided the hospital in bridging its funding deficit. Amongst the key agencies supporting the hospital are USAID funded programs – APHIA Plus Kamili, Capacity Program, LMS Kenya Program, HCSM; CDC, IMPACT Kenya and Smile Train. The main challenge with development support has been lack of coordinated planning and unpredictability and thus presenting a great challenge of sustaining the activities that are funded under such support.

2.13 Teaching Services

In terms of its teaching role, the hospital is collaborating with several institutions as a practicum site for students of various medical courses- medicine, dentistry, nursing, pharmacy, health information, physiotherapy, and laboratory technology, public health, clinical medicine and occupational therapy.

The trend of institutions seeking collaboration in training has been growing owing to the fact that the hospital is assumed to have that role as part of its mandate. Embu hospital has therefore been entering into memoranda of understanding with the institutions seeking collaboration but the extent to which the memoranda benefit the institution has not been interrogated adequately. The table that follows lists teaching collaborating institutions and estimates of the numbers handled.

Institution	Students in FY 14	Courses
KMTC Embu	>40	Nursing
Embu University	8	Nursing
Chuka University	12	Nursing
Kenyatta University	10	Nursing
University of Nairobi	3	Nursing
Kyeni Hospital School of Nursing	13	Nursing
Nkubu Hospital	10	Nursing Psychiatry
Mathari Hospital	2	Nursing Psychiatry
Professional Counselling Institute	6	Professional counseling

2.14 Stakeholders Landscape

Embu continues to undertake partnerships in various aspects of its mandate of delivering health care services. In the table below, we summarize the hospital's current key stakeholders and interests.

Stakeholder	Stakeholder's Expectations	Hospital Expectations
National Ministry of Health	<ul style="list-style-type: none"> • Compliance with policies, guidelines and regulations • Information sharing 	<ul style="list-style-type: none"> • Provide policy direction • Support with resources (financial, Human Resources and others)
Hospital Management Board	<ul style="list-style-type: none"> • Compliance with policies, guidance and regulations • Fulfillment of hospital mandate 	<ul style="list-style-type: none"> • Provide governance oversight in plan implementation in all areas including , financial management, resource mobilization , quality care provision • Linkage to community
Development partners (funding and implementing partners) <ul style="list-style-type: none"> • USAID • CDC • JICA • AMREF 	<ul style="list-style-type: none"> • Efficient and effective utilization of resources provided • Accountability • Good governance • Timely reporting 	<ul style="list-style-type: none"> • Financial and technical support • Mutual accountability

Stakeholder	Stakeholder's Expectations	Hospital Expectations
<ul style="list-style-type: none"> • Association of Physically Disabled of Kenya (APDK) • Smile International • APHIA Plus Kamili • MSH • IMPACT Kenya • AIC Cure International • African Society for Blood Transfusion Kenya 		
Staff	<ul style="list-style-type: none"> • Job satisfaction • Conducive working environment • Growth and Development opportunities 	<ul style="list-style-type: none"> • Satisfactory performance based on agreed plans • Compliance to policies, regulations and code of conduct • Embracing hospital values
Training and Research Partner Institutions <ul style="list-style-type: none"> • Embu University • Chuka University • KEMU • KMTC • Kenyatta University 	Adherence to agreements and fulfillment of commitments with regards to training and research	<ul style="list-style-type: none"> • Adherence to agreements and fulfillment of commitments with regards to training and research
The Public	<ul style="list-style-type: none"> • Quality health care and other services • Good institutional citizenship 	<ul style="list-style-type: none"> • Respect and adherence to hospital policies, procedures and guidelines • Provision of constructive feedback
County Government of Embu	<ul style="list-style-type: none"> • Compliance with policies, guidelines and 	<ul style="list-style-type: none"> • Provide policy direction • Support with resources (

Stakeholder	Stakeholder's Expectations	Hospital Expectations
	<ul style="list-style-type: none"> regulations • Delivery on Performance contract • Information sharing • Complementarily with other facilities 	financial, Human Resources and others)
Suppliers (include KEMSA, Kenya Power, Embu Water and Sewerage Company)	<ul style="list-style-type: none"> • Full implementation of the public procurement policy guidelines 	<ul style="list-style-type: none"> • Competitive pricing • Product and service quality assurance • Timely delivery of goods and services
Health insurance providers including NHIF	<ul style="list-style-type: none"> • quality healthcare services • Access to accurate and timely information 	<ul style="list-style-type: none"> • Prompt reimbursements • Responsiveness to feedback

2.15 Summary SWOT Analysis

In an attempt to identify the strategies to focus on, the hospital undertook a thorough and realistic analysis of both the internal and external environment that generated a set of strengths, weaknesses; opportunities and threats (SWOT) of the hospital summarized in the table that follows

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> ■ Committed management team and staff ■ Established hospital management structures ■ Existence of quality assurance system ■ Available skilled workforce ■ Established collaborations with teaching institutions ■ Improved staff development opportunities ■ Improved infrastructure over time ■ Continuous expansion and upgrading of existing facilities ■ Adequate space for expansion 	<ul style="list-style-type: none"> ■ Long patient waiting times ■ Inadequate staffing and skills mix ■ Weakness in information and communication systems ■ Weak performance management system ■ Non availability of clinical protocols in some areas ■ Inadequate specialist services ■ Poor state of theatre and ward equipment ■ Negative culture – apathy and indiscipline ■ Poor equipment maintenance practices
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> ■ Strategic location ■ Stable political environment ■ Informed clients base ■ Good transport network ■ Many willing partners/collaborators ■ Increased demand for specialist services ■ Establishment of medical schools within the region 	<ul style="list-style-type: none"> ■ Competition from other secondary referral hospitals – both private and public ■ Interventions by political leadership ■ Delays in funds flow from government ■ Pressure for quality improvements ■ Increasing intake of training institutions compared to expenditure burden of trainees on the hospital ■ Delays in procurement process especially for medicines

Strategic Direction

Vision

A regional teaching referral hospital of excellence in health care delivery and training of healthcare professionals

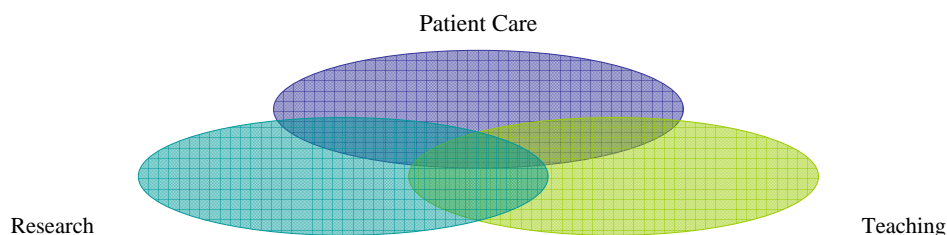
Guided by our

Mission : To provide quality, affordable and accessible specialized curative and rehabilitative healthcare, and training of healthcare workers

Core Values

Excellence We value quality in care, work life, and education	Teamwork We promote team spirit and at the same time seek to reward individual effort	Transparency We are open to all our stakeholders in carrying out our activities	Courtesy We mind the wellbeing of our clients and treat them with utmost care, respect and sensitivity	Integrity: We uphold the highest standards of professional ethics and integrity in assuring our clients quality services	Partnership: We strengthen internal collaboration, and community , county and national partnerships
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Core Services



STRATEGIC ENABLERS

<i>Human Resource</i>	<i>Infrastructure and Equipment</i>	<i>Fundraising</i>	<i>Institutional Development</i>
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3.1 Delivery of patient care services

As a county referral hospital, the hospital is expected to provide quality and efficient specialized services to its clients. At the same time, the hospital will continue providing primary health care services to its neighborhood community. In support of primary health care, the hospital will also continue undertaking outreaches. The hospital commits to:

- Continue providing existing specialized clinical services
- Expansion of existing sub-specialist services
 - i. Expansion of anesthesia clinic
 - ii. Introduce sports orthopedics and traumatology services
 - iii. Scale up theatre services
 - iv. Scale up diagnostic services (laboratory and radiology)
- Increase specialist services menu to increase access and quality to advanced healthcare. The services to be introduced during the plan period are:
 - v. Hormonal testing services
 - vi. Renal dialysis
 - vii. MRI and CT Scan services
 - viii. Oncology
 - ix. Oxygen supply to neighboring facilities
 - x. Intensive Care Unit
 - xi. Provide subspecialized physiotherapy services
 - xii. Establish occupational and speech therapy services
 - xiii. Introduce therapeutic drug monitoring services
- Embed quality improvement across all hospital activities by meeting or exceeding metrics set by the county government and national government and implementing initiatives aimed at improving patient safety and overall experience
- Developing partnerships with other health care institutions to improve patients transition

3.2 Supporting research into emerging health problems

Embu Hospital will leverage on existing links with teaching and research institutions to reinforce research activity undertaken at the hospital. The focus will be on supporting ethical research and the use of knowledge for the benefits of patients and community at large, with a particular focus on the clinical priorities of the hospital. The hospital will continue to strengthen academic partnerships with local universities and other national research institution- KEMRI. Over the next five years, the hospital commits to:

- Influencing health policy at county and national level through epidemiological and other studies in collaboration with teaching institutions
- Proactively participating in identification/selection of research activity undertaken at the hospital and initiating projects that impact patient care in the hospital
- Reconstituting and building capacity of research and ethics committee of the hospital
- Creating a central repository of research studies undertaken at the hospital
- Sharing research results through hospital continuous medical education forums

3.3 Supporting training of undergraduate and postgraduate healthcare professionals

Embu hospital holds tremendous promise for fostering and supporting the best practice and scholarship in healthcare. The hospital's linkage with multiple institutions of training is a demonstration of the importance in bridging the gap between teaching health care workers and patient care. The hospital will seek to ensure that it is recognized as the best institution to undertake practicum in the region. Partnerships will be strengthened with existing training institutions and new partnerships will be developed for mutual benefit. The teaching experience at Embu hospital will support the student and the trainers by consistently improving the student experience, trainers' effectiveness and institutional learning opportunities with the overall goal of improving patient care. The hospital commits to:

- Streamline the registration, orientation and placement process for students and interns
- Proactively participate in review of course curriculum with partner training institutions
- Establish infrastructure to support and improve student engagement and evaluation of progress
- Support continuing education and professional development programs aligned to hospital priorities to enhance clinical and non-clinical practice
- Improve access to evidence informed education tools and resources
- Foster collaboration among hospital departments and health professions in knowledge sharing
- Strengthen existing partnerships with local teaching institutions and build new partnerships with local and international institutions
- Introduce a midwifery course

3.4 Service statistics projections

To deliver on its mission of “providing quality, affordable and accessible specialized curative and rehabilitative healthcare, and training of healthcare workers”, the hospital has developed forecast for vital statistics based on past experiences as well as projected growth in capacity detailed in table 3.1. The projections are based on the following assumptions that

- Service utilization indicators increase progressively by up to 10% annually over the five year period. Outpatients’ attendances to decrease marginally as a whole but with increase expected on special clinics attendances.
- Mortality figures will reduce progressively by more than 25% over the period of the plan

Table 3.1: Service projections: 2014-2018

Service Indicator	2014	2015	2016	2017	2018
Bed Complement	571	580	590	610	630
Outpatient attendances	126,113	124,852	123,603	122,367	121,144
General OPD	78,821	74,880	71,136	67,579	64,200
Specialist OPD	47,292	49,972	52,468	54,789	56,944
Admissions	14,229	14,940	15,687	16,472	17,295
Surgical Operations	1,475	1,519	1,565	1,612	1,660
Total Deaths	743	668	601	541	487
Deliveries	4,578	5,036	5,540	6,094	6,703
Caesarian Sections	1,145	1,259	1,385	1,523	1,676
Live births	4,578	5,036	5,540	6,094	6,703
Neonatal Deaths	70	63	57	51	46
Maternal Deaths	5	4	3	2	0
Radiology investigations	17,071	18,778	20,655	22,721	24,993
Laboratory investigations	60,098	63,103	66,258	69,571	73,049
Physiotherapy	25,196	26,455	27,778	29,167	30,625
Occupational therapy	27,312	28,678	30,111	31,617	33,198
Students in Practicum	300	330	360	390	400
Interns trained	120	132	145	160	176

3.5 Strategic Enablers

Embu Hospital has identified the following four strategic enablers to focus on over the planned period (2013 – 2018):

- Infrastructure and Equipment
- Finances for sustainability
- Human resource development
- Institutional capacity development

3.5.1. Physical Infrastructure and equipment

Modernization of our facilities, equipment and technology will continue to be a major initiative in improving the delivery of care and the overall patient experience. Embu hospital requires major investments in buildings, equipment and technology to meet the projected service demand. However, the current state of physical infrastructure at the hospital is not satisfactory, hence renovation and expansion of existing facilities as well as construction of new facilities is required. In this regard, this strategic plan will generally focus on;

- Improving the general ambience and security in the hospital
- Face lifting/repair of buildings
- Procurement of essential equipment and machines
- Expansion of existing hospital structures

3.5.2. Financial Sustainability

In addition to securing appropriate levels of government funding and taking advantage of opportunities under new funding programs, initiatives will be undertaken by the hospital to mobilize resources for financial sustainability. The financial health of the hospital will closely monitored to ensure that resource mobilization efforts are scaled up and that mobilized resources are effectively and efficiently utilized and accounted for. The major strategies in this area will include;

- Computerization of all departments and cash points

- Training of personnel on the use of the new computerized system.
- Identification and mobilization of alternative income generating activities
- Sustaining transparency and accountability
- External resource mobilization focusing on both government and non-government partners

3.5.3. Human Resource Development

The development of the human capital remains central and key to the achievement of the goals of Embu county referral hospital. Improvement of efficiency and effectiveness in service delivery is highly dependent on the availability of adequate, competent and motivated workforce. Strategies will include the following:

- Education and training of staff to enable them improve service delivery
- Strengthening the existing workforce by hiring more personnel so as to ensure efficiency in service delivery.
- Motivation through recognition of good performance, promotions and improved remuneration.
- Improvement of staff welfare through provision of housing and medical care

3.5.4. Institutional capacity development

The hospital is dedicated to strengthening its capacity in stewardship to ensure that there is inspired commitment to the overall mission and vision. Through strengthening governance, leadership and management the hospital envisages that the spectrum of relationships with key stakeholders will be improved and that staff of the hospital will align their objectives to the overall hospital strategies. Specifically, the hospital will undertake the following:

- Lobby for clarification of hospital's mandate through an appropriate legal framework
- Redesign the hospital management structure to create effective linkages and improve communication

- Reorganization of hospital service delivery committees for efficient and effective delivery
- Establish and strengthen a hospital quality assurance unit
- Develop focused capacity building program for both the hospital management committee and hospital management team

Implementation and Monitoring Framework

4.1 Strategy Implementation Matrix

In support of the service projections, we outline the strategies implementation matrix to be utilized by the hospital management as a guide for implementation of each of the strategic objectives mapped to strategy enablers. The matrix details the activities to be undertaken, the timing (year of implementation), the results to be monitored as well as the estimated cost of implementation and responsibility assignment. The matrix is presented by strategic objectives.

4.1.1 Revitalization of hospital physical infrastructure and equipment

Improvements in infrastructure and equipment are expected to lead to *adequate hospital infrastructure and equipment available and functional in support of hospital services delivery*. Towards this end the infrastructural and equipment needs were classified into three broad categories

- Category A comprising those that are absolutely essential for patient safety or are necessary to eliminate an absolutely unacceptable risk management issue ;
- Category B comprising those that will provide operating efficiencies or will be used to generate revenue with a reasonable payback period; and
- Category C comprising all other that is required for new programs, changes in practice/technology; that increases patient/staff comfort or increase customer satisfaction or those that need replacement owing to age

	Infrastructure and Equipment	Category	Timeline					Cost (in KES Million)
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	
1	Develop a hospital master plan	A						0.2
2	Formulate a preventive maintenance schedule for hospital assets and infrastructure	A						0.1
3	Repaint and repair old hospital buildings	B						10.0
4	Extension of pediatric unit	B						15.0
5	Expansion of the physiotherapy department	B						2.0
6	Extension of the emergency theatre room	A						1.5
7	Completion of the BADEA project (medical and surgical wards)	A						100.0
8	Renovation of amenity female/male ward.	A						3.0
9	Renovate hospital pathways/pavement.	B						2.0
10	Construct a new library and resource center	B						100.0
11	Construction of two extra surgical theatres	A						40.0
12	Construction of a male and female orthopedic ward.	B						30.0
13	Construction of an Intensive Care Unit (ICU) unit	A						100.0
14	Construction of an outpatient/casualty , laboratory and administration block	B						250.0
15	Build a new records department and archiving facilities	B						15.0
16	Build additional staff houses	B						100.0

	Infrastructure and Equipment	Categ	Timeline					Cost (in KES)
17	Build a staff cafeteria	B						5.0
18	Build spacious stores	B						100.0
19	Build an ultra-modern workshop for biomedical engineering	B						100.0
20	Build a center for counseling and support of elderly	C						5.0
21	Construction of a car park	C						0.5
22	Construct an incinerator	A						0.8
23	Construction of a new occupational therapy department	B						5.0
24	Construction of a new renal unit	A						100.0
25	Construction of a labor ward	A						4.0
26	Construct a welfare clinic for nutritional screening	B						5.0
27	Set up a decent customer care desk	B						0.2
28	Build a new imaging center - ECG,	A						500.0
29	Improve landscaping at the hospital	C						2.0
30	Set up an oxygen plant in the hospital	B						200.0
31	Install internal emergency communication and closed circuit surveillance security system	B						7.0
32	Complete construction of hospital perimeter fence and enhanced gate	C						10.0
33	Purchase of two extra ambulances	B						10.0
34	Purchase of hospital hearse	C						2.0

	Infrastructure and Equipment	Categ	Timeline					Cost (in KES)
35	Systematically scale up computerization of hospital services	B						60.0
36	Procure essential hospital medical imaging equipment - MRI and CT Scan	B						120.0
37	Procure essential laboratory equipment - Liver Function Testing Machine, Electrolytes Machine, Hot Air Oven	A						3.0
38	Procure essential obstetric equipment - ultra sound machine	A						2.0
39	Procure essential equipment for the eye department (YAG laser, GA machine, auto retractor, visual analyzer)	B						8.0
40	Procure essential orthopedic equipment	B						100.0
41	Procure baby and adult scales for the nutrition department	B						1.0
42	Procure essential theatre equipment - Anesthetic machine,	A						2.0
43	Procure essential physiotherapy equipment (2 treadmills, intermittent traction equipment, 2 ultrasonic equipment)	B						3.0
44	Procure essential occupational therapy equipment- electrical easy stands, FEP machine	B						1.0
45	Procure essential ward equipment (monitor, ECG machine, Echo machine, quality machines, mother beds, cots & mattresses)	A						500.0
46	Procure essential equipment for the pediatric services (10 fire extinguishers, oxygen distributors/ splitters, monitors, solusets)	A						2.0
								2,627.3

4.1.2 Financial sustainability for optimum service provision

This strategic goal will seek to achieve the following

- Sustained transparency and accountability
- Computerization of all departments and cash points
- All hospital staff trained on the use of the computerized hospital system.
- Alternative income generating activities identified and mobilized to yield revenue growth of 25% annually
- Increased partnerships evidenced by growth in revenue from non-government sources by 100% annually

Strategic Objective	Initiatives	YEAR					Output	Responsibility	Budget Estimate
		1	2	3	4	5			
Sustaining transparency and accountability across the hospital	Restructure the committees responsible for monitoring resource utilization (including EEC, FIF, Waiver, Procurement and HMC Finance subcommittee)	X					Improved transparency and accountability	Medical superintendent	100,000
	Train departmental heads in financial management	X					Improved departmental financial management	Medical superintendent	500,000
Scale up resource mobilization program (Fee	Develop a resource mobilization strategy	X					Resource mobilization program in place	Board Chair	50,000
	Review the master list of charges for hospital services and align to strategy	X					Increased revenue	Hospital Administrator	50,000

Strategic Objective	Initiatives	YEAR					Output	Responsibility	Budget Estimate
		1	2	3	4	5			
collection, partnerships)	Streamline collection of hospital non-operational revenues		X				Increased non-operational revenue	Hospital Accountant	50,000
	Mobilize community for enrollment with National Hospital Insurance Fund		X	X			Improved NHIF revenue by 15%	Medical Superintendent	100,000
	Seek partnerships to raise funds for specific initiatives(for example, the expansion of renal)	X	X	X	X	X	Improved non operating revenue	Medical Superintendent /Board Chair	1000,000
Enhance the financial management system	Implement an integrated hospital financial information system	X	X				Improved revenue and resource allocation	Medical Superintendent	15,000,000
	Train all staff on the integrated hospital financial information system	X	X	X			Increased revenue collection	Medical superintendent	1000,000

4.1.3 Strengthen the hospital human work force capacity

Hospital efforts towards strengthening the human resource capacity is expected to yield the following:

- Well educated and trained staff capable of improving service delivery to expectations
- Adequate staff thus efficiency in service delivery.
- Improved staff motivation through recognition of good performance, promotions and improved remuneration.
- Improved work climate

Strategic Objectives	Major activities	Result	Timeline					Cost (Kshs.)
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	
strengthening continued professional development	Constitute training committee	Training committee established						200,000
	Carry out training needs assessment	Training needs established						100,000
	Develop and implement training program for hospital staff	Training programs developed and staff trained						2,500,000
Strengthening the existing workforce	Recruit additional staff to enhance service delivery capacity (schedule for recruitment in subsequent section)							153,300,000
Enhance customer care	Conducting public relations training for staff	Improved customer satisfaction as						1,500,000

Strategic	Major activities	Result	Timeline					Cost
		evidenced by client satisfaction survey results						
	Establish/strengthen use of suggestion boxes							
	Undertake periodic assessment of customer satisfaction							
	Establish customer care desk							
Strengthening performance management system	Sensitize staff on staff appraisals	Improved satisfaction of staff with performance management system as evidenced by place to work survey results						
	Establish performance targets on an annual basis							400,000
	Strengthen support supervision of departments							
	Setting up performance recognition criteria							500,000
Regularly review staffing allocation versus norms and standards	Review of appropriateness of staff ratios and numbers based on workload							100,000

Schedule of additional staff required

Category	Number	Year 1	Year 2	Year 3	Year 4	Year 5	Estimated Cost in KShs
Radiologist	2						12,000,000
Radiographers	2						8,000,000
Urologist	2						16,000,000
Midwifery Course Tutors	4						6,000,000
Nurses - Renal	6						18,000,000
Nutritionist for Renal Unit	2						8,000,000
Nurses - Intensive Care Unit	4						19,200,000
Nurses- Oncology	3						14,400,000
Oncologist	1						8,000,000
Pharmacist	1						4,500,000
Oxygen Plant Operator	1						2,400,000
Anaethiologist	2						4,800,000
Clinical officers	4						4,800,000
Laboratory technologists	3						7,200,000
orthopedic technologists	3						7,200,000
Occupational therapists	4						9,600,000
Information Technology Officer	1						3,200,000
Total							153,300,000

4.1.4 Institutional capacity development

The hospital is dedicated to strengthening its capacity in stewardship to ensure that there is inspired commitment to the overall mission and vision. Through strengthening governance, leadership and management the hospital envisages that the spectrum of relationships with key stakeholders will be improved and that staff of the hospital will align their objectives to the overall hospital strategies. Specifically, the hospital will undertake the following:

- Lobby for clarification of hospital's mandate through an appropriate legal framework
- Develop focused capacity building program for both the hospital management committee and hospital management team
- Reorganization of hospital service delivery committees for efficient and effective delivery
- Redesign the hospital management structure to create effective linkages and improve communication
- Establish and strengthen a hospital quality assurance unit

Strategic Objective	Initiatives	YEAR					Output	Responsibility	Budget Estimate
		1	2	3	4	5			
Lobby for clarification of hospital's mandate through an appropriate legal framework	Engage the county health leadership towards identification of appropriate legal framework for implementing this strategic plan	X					Desired legal framework for hospital established	Hospital Board Chair/medical superintendent	100,000
	Participate in and support the development of the appropriate legal framework	X	X						500,000

Strategic Objective	Initiatives	YEAR					Output	Responsibility	Budget Estimate
		1	2	3	4	5			
Develop focused capacity building program for both the hospital management committee and hospital management team/ Augment capacity for change and growth	Establish the capacity gaps for HMB and HMT members	X					Capacity gaps identified	Medical Superintendent and HMB Chairperson	100,000
	Developing and run a program to help HMB and HMT members champion change to support their staff	X	X				Empowered HMB and HMT	Medical Superintendent and HMB Chairperson	500,000
	Carry out annual performance assessment of the HMB and HMT teams and members	X	X	X	X	X	Positive HMB and HMT evaluations	Medical Superintendent	500,000
Streamline and strengthen the capacity of hospital service delivery subcommittees	Take stock of all hospital committees, their roles and responsibilities as well as membership	X					List of committees and membership	Medical Superintendent	50,000
	Reorganize the hospital committees for effectiveness and efficiency through clarifying their roles and responsibilities	X	X				Restructured and effective hospital committees	Medical Superintendent	300,000
Redesign the hospital management structure	Review the hospital organization structure aligned to the delivery	X					Reviewed organogram	Medical Superintendent	100,000

Strategic Objective	Initiatives	YEAR					Output	Responsibility	Budget Estimate
		1	2	3	4	5			
to create effective linkages and improve communication	of this strategic plan							nt	
	Sensitize all hospital staff on the revised hospital governance and management structure	X					Improved reporting and communication	Medical Superintendent	150,000
	Develop clear job descriptions for each hospital role						Positive staff evaluations	Medical Superintendent	300,000
Establish and strengthen a hospital quality assurance unit	Establish a hospital quality assurance unit		X				Improved quality of service as per client satisfaction and supervision reports		2,000,000
	Develop and implement a quality assurance program		X	X					

4.2 Performance Management

The hospital management will take the following measures towards assuring effective implementation of this strategic plan

- Approval by the Hospital Management Board
- Endorsement of the strategic plan by the County Health Leadership Team
- Dissemination of the strategic Plan to all hospital staff and key stakeholders
- Monitoring of the implementation of this Strategic Plan will be included in the performance contract of the Medical Superintendent as well as individual hospital management team members performance plans
- Implementation matrix to be cascaded to individual departments targets and individual staff annual appraisals targets
- Resources will be mobilized and committed in line with this plan and all hospital annual work plans will be aligned to this plan
- Hospital performance against this strategic plan will be included as a standing agenda for discussion by the Hospital Management Board

In addition to the service statistics projections highlighted in table 3.1 , this strategy includes in table 4.1, some key performance targets for the strategic enablers that are to be monitored closely during implementation.

Table 4.2.1: Key Performance indicators

Performance Indicator	Year 1	Year 2	Year 3	Year 4	Year 5
Strengthen institutional capacity					
<i>% Hospital management board members improvement performance based on agreed and comprehensive governance scorecard</i>		10	10	10	
<i>Percentage of functional hospital committees after reorganization</i>		60	80	100	
Strengthen hospital work force					
<i>Proportion of approved posts filled</i>	30	40	45	55	60

Performance Indicator	Year 1	Year 2	Year 3	Year 4	Year 5
<i>with trained health personnel</i>					
<i>% increase in staff satisfaction</i>	5%	10	10	10	10
<i>% of hospital staff pursuing training based on training needs assessment</i>		100	100	100	100
Financial sustainability					
<i>% reduction in hospital annual budget deficit</i>	20	20	20	20	20
<i>% growth in revenue/income from non-governmental partners</i>	50	100	100	100	100
<i>Percentage growth in non-operating revenue</i>	15	15	15	15	15
<i>% increase in rebates from NHIF</i>	20	20	20	20	20
<i>% of hospital departments that are computerized</i>	20	50	100		
<i>% of staff trained on hospital information system</i>	20	40	80	100	
Revitalized infrastructure and equipment					
<i>% of equipment needs based on norms and standards filled</i>	20	30	40	60	80
<i>% functional equipment</i>		100	100	100	100
<i>BADEA projects completed</i>				X	

4.2.2 Performance Monitoring and Evaluation of this plan

Ongoing monitoring of the implementation of this strategic plan will be achieved through the application of existing mechanisms to avoid duplications. These include

- Quarterly hospital management board meetings and board subcommittees quarterly meetings
- Monthly hospital management team meetings and reports
- Weekly hospital departmental meetings

- Quarterly hospital progress reporting
- Monthly and quarterly financial reporting

Separate evaluations of the implementation of this plan will be undertaken as follows:

Firstly, an annual hospital performance report will be prepared upon annual review of performance: This report prepared immediately after the financial year end (30 June) will be used to highlight key achievements against set targets in the annual work plan, explanations for performance variations, lessons learned and recommendations on any changes that need to be made to the strategic plan.

Secondly, a mid-term evaluation of this strategic plan will be undertaken at the end of the second year (June 2016) and relevant adjustments proposed.

Finally, an end of term evaluation will be undertaken at the end of the five year plan period (in 2018) to highlight the overall performance on this strategy. All these evaluations will inform the development of subsequent hospital strategic plans.

4.3 Financial projections for this strategic plan

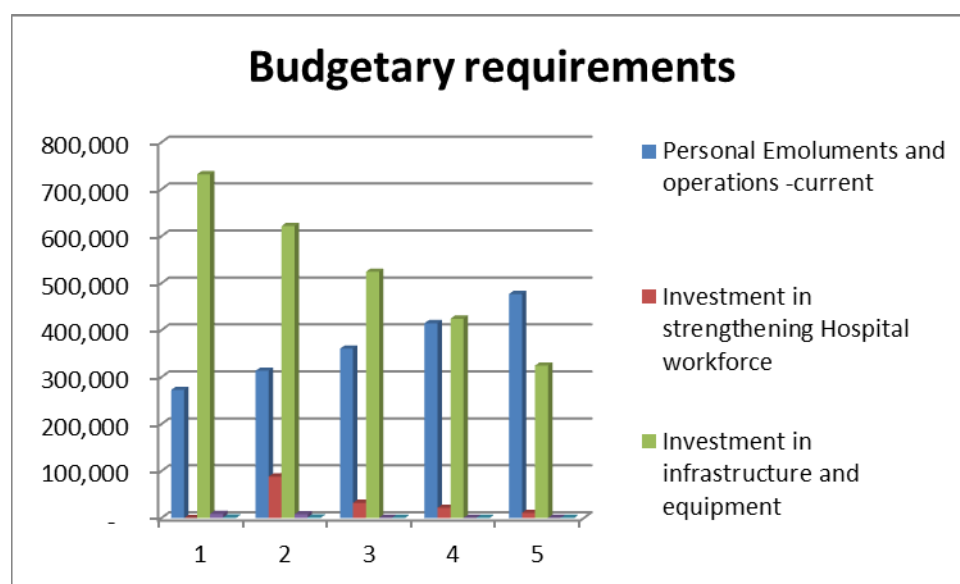
In order to implement this strategic plan, the hospital envisages that it will need to mobilize 4.64 billion shillings over a period of five years. The table below outlines the resource requirements by strategic goal. These estimates are based on current operational expenditures as well as the incremental investments required for transformation as per strategies articulated in this plan. The first two year of investment will account for approximately 44% of the budgetary requirements as significant investment in infrastructure and equipment is required to meet the service delivery demand requirements. Figure 4.3.1 graphically illustrates these investment requirements.

Table 4.3.1: Summary of Resource Requirements

	Category	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
1	Personal Emoluments and operations -current	272,700	313,605	360,646	414,742	476,954	1,838,646
2	Investment in strengthening Hospital workforce		88,250	32,300	21,800	11,000	153,350
3	Investment in	732,000	621,800	524,500	424,500	324,500	2,627,300

	Category	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
	infrastructure and equipment						
4	Investment in hospital financial information system and resource mobilization	8,700	8,100	650	200	200	17,850
5	Investment in other hospital institutional strengthening capacity	1,100	1,300	600	500	500	4,000
	Total	1,014,500	1,033,055	918,696	861,742	813,154	4,641,146
		22%	22%	20%	19%	18%	100%

Figure 4.3.1



The hospital projects to raise 4.49 billion (96%) based on current revenue mobilization capacity and strategies included in this plan. However, the yearly revenue projections do not match the requirements and thus the need for further identification of alternative resources to cover the deficit. The yearly variations in revenue mobilization as per projections is shown in table 4.3.3

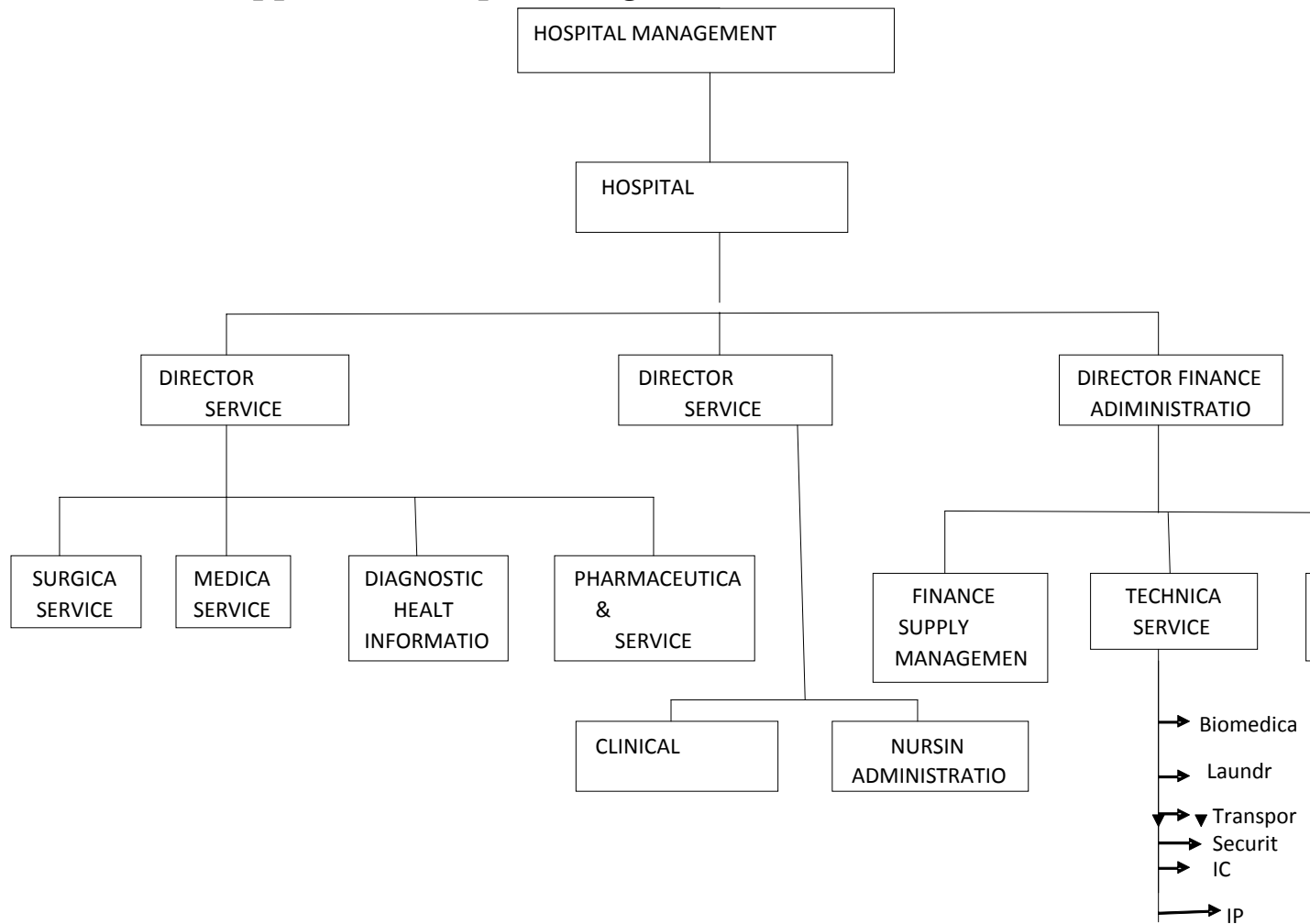
Table 4.3.2 Revenue Projections

<i>Category</i>	<i>Baseline</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
							KShs 000
User fees (FIF funds)	106,438	122,404	140,764	161,879	186,160	214,085	825,291
County Government Allocation (Personnel, O&M)	237,130	272,700	313,605	360,646	414,742	476,954	1,838,646
Conditional transfers - National Government	259,887	272,882	286,526	300,852	315,895	331,690	1,507,844
Free maternity Program	22,891	22,891	24,036	25,237	26,499	27,824	126,487
Development partners	40,000	40,000	40,000	40,000	40,000	40,000	200,000
Total	666,347	730,876	804,930	888,614	983,297	1,090,552	4,498,269

Table 4.3.3. Resource mobilization gaps

	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>TOTAL</i>
Budgetary requirement	1,014,500	1,033,055	918,696	861,742	813,154	4,641,146
Revenue projection	730,876	804,930	888,614	983,297	1,090,552	4,498,269
Difference	283,624	228,124	30,082	(121,554)	(277,398)	142,877

Appendix 1: Proposed Organization Structure



Appendix 2: Hospital Steering committee

<u>Name</u>	<u>Department</u>
1. Patrick Njuki	Laboratory
2. Peter Karuiki	Occupational Therapy
3. Pauline Njeru	Records
4. Dr Jadel Kiria	Pharmacy
5. Felister Muriithi	Maternity