

EMBULBUL CATHOLIC DISPENSARY

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EVALUATIONS . STRATEGIES . POLICIES . TRAINING . MENTORSHIP

Towards Strengthening Hospital Health Systems in Africa

ACRONYMS & ABBREVIATIONS

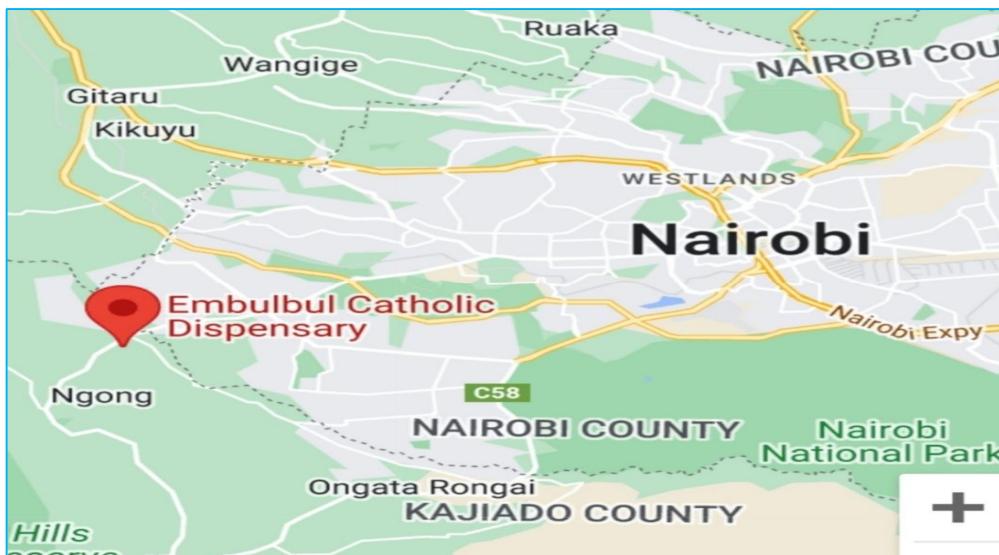
A&E	Accident & Emergency
AOP	Annual Operation Plan
BSC	Balanced Scorecard
CCC	Comprehensive care centre ((for HIV/AIDS)
CCTV	Closed circuit television
CDoN	Catholic Diocese of Ngong
Church, the	The Catholic Church or the Catholic Diocese of Ngong
CPD	Continuous professional development
CSR	Community social responsibility
CSS	Customer satisfaction survey
DMC	Dispensary Management Committee
EDC	Embulbul Catholic Dispensary
FBO	Faith-based organization
HA	Hospital Administrator
HAC	Health Africa Connections
HHA	Health Heart Africa
HIMS	Health information management system (operations level)
HIV/AIDS	Human immunodeficiency virus/ Acquired immunodeficiency syndrome
HOD	Head of Department
HOD-CS	Head of Department Clinical Services
HOD-FA	Head of Department Finance & Administration
HOU	Head of Unit
HR	Human resource
ICT	Information communication technology
KMLTTB	Kenya Medical Laboratory Technologists & Technicians Board
M&E	Monitoring and evaluation
MCH	Maternal & Child Health
MEDS	Mission for Essential Drugs & Supplies
NASCOP	National AIDS & STD Control Programme
NCD	Non-communicable diseases
NEMA	National Environment Management Authority (Kenya)
NGO	Non-government organization
NHIF	National Health Insurance Fund
PESTEL	Political Economic Sociocultural Technological environmental & legal analysis
PPM	Planned preventive maintenance
QIT	Quality Improvement Team
QMS	Quality management systems
SCR	Systematic cost reduction
SOP	Standard operating procedures
SP	Strategic Plan
SWOT	Strengths Weaknesses Opportunities & Threats (analysis)
UHC	Universal Health Coverage (a government health initiative)
VCT	Voluntary Counseling & Testing
WHO	World Health Organization

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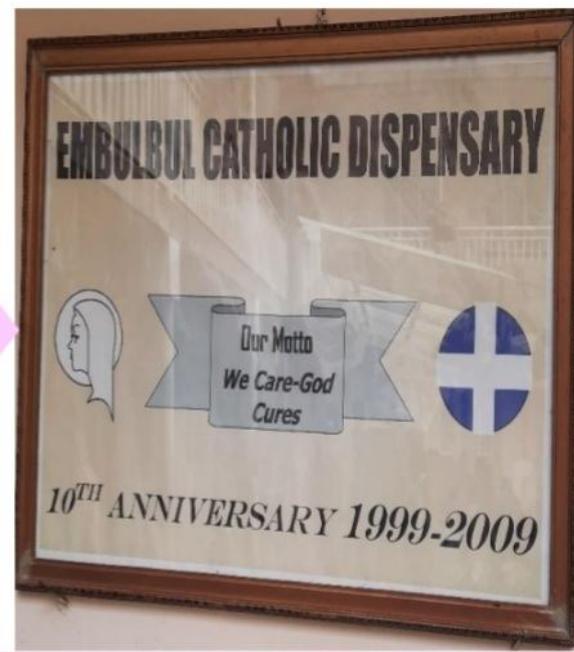
ABOUT US



EMBULBUL CATHOLIC DISPENSARY: We Are Here (Source: Google Maps)



We celebrate recognition as the BEST RUN institution in the Diocese. Glory Be to God!



We start the 3rd decade with confidence upon charting our development path

'Commit your work to the Lord, and your plans will be established'
(Proverbs 16:3 KJV)



EMBULBUL CATHOLIC DISPENSARY

Catholic Diocese of Ngong

Our Vision

A Christian health facility of distinction in the provision of quality services in Kajiado County

Mission

To provide accessible quality and holistic medical care and health education to the community in the love of Jesus Christ

Core values

*Integrity
Professionalism
Confidentiality
Compassion*

*Teamwork
Diversity
Innovation*

Motto

We care, God Heals

Our Charism

Sharing in the Healing Ministry of Jesus Christ



**The Right Reverend John Oballa Owaa
BISHOP OF THE CATHOLIC DIOCESE OF NGONG**

EMBULBUL DISPENSARY MANAGEMENT COMMITTEE & LEADERSHIP



Mr Simon Gichuki
Chairman



Ms Jane Munyugi
Member



Fr Thaddeus Mokaya
Member



Mr Sylvester Butoi
Member



Mr Patrick Maina
Secretary



Chief Mohammed Dida
Member



Mr John C Barusei
CDoN Health Coordinator



Sr Luel Teklay
Superior Capuchin Sisters

DISPENSARY MANAGEMENT TEAM



Sr Miletetsegia Andemariam
Hospital Administrator



Mr Dominic Waweru
HOD Finance & Admin



Ms Vinic Mora
HOD Clinical Services

FOREWORD

Telling the story of the Embulbul Catholic Dispensary is a humbling experience considering that we are now over twenty years old. How confident we feel to pronounce the love of God that has seen us this far. When we set out to extend the healing work of Our Lord Jesus Christ way back in 1999, little did we know that the mobile clinics we took to underserved areas of Ngong would translate to a solidly founded and government-approved Level 2 health facility. As a growing institution, we see it as our duty to prepare for change that is expected in the coming few years. All along, the Dispensary Management Committee (DMC) has been cognizant of the fact that change must be initiated, maintained and managed. Formulating a development blueprint in form of a strategic plan is the best legacy our successors can inherit from us.



All along, our purpose has been to address the health needs of the people, especially underprivileged and vulnerable individuals in the community. With a catchment population that is growing day by day, and a large proportion presenting with both communicable and non-communicable diseases, EDC has realized that expansion and improvement of service delivery are continuous processes. In addition, our attention has not been lost to emerging threats like the recent Covid-19 global pandemic. Such situations have demanded of the hospital to strengthen planning and stay prepared. On the other hand, we believe that making the ECD strategic plan is an initiative that will set precedence for other institutions in the diocese to do the same. All of us must wake up to the fact that faith-based institutions should adopt best practices in modern organizational management, including long-term planning. The decision to make the plan was anchored on the premise that ***if you do not know where you are going, any path will take you there.*** At least for us, we know where we are going.

The Embulbul Catholic Dispensary seeks to strengthen leadership and management as the foundation for delivery of quality care and satisfied customers. This will in turn translate to financial sustainability and institutional growth to accomplish the task the Church assigned us. We have never felt this inspired to make the health mission work for the good of the community. It is therefore my humble duty to undertake that the DMC, with God's guidance, is firmly behind the plan and will support all efforts towards its implementation. We know the Almighty Lord will give us the energy and resources to accomplish what we ***must*** do. I thank all of you who committed efforts and resources to formulate this strategy.

Blessed regards.

Simon Gichuki
Chairman Dispensary Management Committee July 2022

PREFACE

As ECD, we have always intended to make a strategic plan. This is a document that gives a statement of actions the hospital intends to accomplish in a period of five years between 2023 and 2027. In order to formulate the strategies, it was important for us to reflect on our history and pick lessons that have shaped our presence. Reviewing these lessons alongside our present situation enabled the planning team to identify actions that would stimulate growth and determine the position of the dispensary in the near future. All along the exercise, we were keenly aware that the path to a new destination would be easier if we focussed on our distinctive and positive attributes or **strengths**, while acknowledging negative inherent features or **weaknesses** that characterize our internal situation. We also took time to scan for numerous **opportunities** in our surroundings in equal measure as the challenges or **threats** that can derail the realization of our strategic goals. Apart from this SWOT analysis, we studied the broader environment and undertook detailed PESTEL and stakeholder analyses in order to understand its implications on the future. For each situation, the team proposed specific measures that would mitigate adverse effects in unfavourable circumstances.



The ECD strategic planning process has opened our eyes to discover our identity through an introspective process. We re-examined our official **mandate** as assigned by the Diocese and as a Level 2 government-approved facility. We aspire to minister the love of Jesus Christ by providing essential health care and education to the community. We have also revisited the hospital **Vision**, **Mission**, **Core Values**, **Motto** and **Charism**. The vision is the dream of what we aspire to look like in the near future. The Mission speaks of what we do and how we do it, while the **Core Values** represent the culture or common and unifying behaviour within which we deliver the mission. They speak of the moral and professional orientations that each employee is obliged to respect. The Motto

and Charism project the spirit or outer and inner *fires* that stimulate the determination to serve.

The strategy has identified four pillars upon which we shall set the foundation of development: **Leadership & Management; Quality Service & Infrastructure; Financial Performance; and Communication & Market Visibility.** We have translated these focus areas into clear goals, objectives and strategies or activities that will be assigned to various effectors who will provide tangible evidence of achievement. The implementation plan also takes into account certain considerations and factors that will determine success, while accompanying *monitoring and evaluation* framework and a redesigned organizational structure are intended to align authority, duties, responsibilities and accountabilities to various offices.

The ECD family is strong and well devoted to the plan and we shall ensure it is implemented to the best of our ability. The hospital trusts that our stakeholders and friends will stand and support us whenever we will call for help. We want to celebrate visible results in 2027 and proudly rise to glorify the Name of God.

May God Bless you.

Sr Miletetsega Andemariam
HOSPITAL ADMINISTRATOR

ACKNOWLEDGEMENT

ECD stands because we know God is solidly behind our endeavours. Through His infinite grace, we were able maintain the hospital for 23 years and reach a time when we must make a strategic plan. We took quite some time to discuss and agree within ourselves as we sought professional expertise to guide us. It is with great appreciation that we recognize the support and goodwill we received from various quarters. We remain deeply indebted to persons and institutions that helped us do the work. .

- Our Bishop, The Right Reverend John Oballa Owaa, Catholic Diocese of Ngong, for blessings, trust and authority to do the work while he partook in actual interviews as the father-figure behind the health apostolate;
- The leadership of the Mary Mother of God Parish under Fr Thaddeus Mokaya who hosted the expert team and shared critical information;
- The Dispensary Management Committee chaired by Mr Simon Gichuki for envisioning the strategy, advising, guiding and providing wisdom on setting this long-term agenda;
- The Diocesan Health Coordinator, Mr John Barusei for promptly responding to issues, encouragement and tirelessly impressing on the need to do the work.;
- Health Africa Connections (HAC) led by the principal consultant, Dr Mwangi Maina and his team, Ms Awino Oluoch, Mr Mwangi Maina Jr and others who provided expertise and insights into the process.
- Participants of the strategy workshop for enthusiasm, active contribution and working diligently to complete the work;
- The Oloolua area public administration, local business fraternity, offices, patients and over 30 community respondents within and outside Embulbul town who freely discussed the case of ECD;
- All people who, in one way or another, contributed to this initiative.

May God bless you as we continue to count on your presence in realizing the ECD dream.

Dominic Waweru

Head of Department, FINANCE & ADMINISTRATION

EXECUTIVE SUMMARY

The Strategy

The ECD Strategic Plan 2023-2027 is an agenda of managed change for the next five years that considers the dispensary an operating health system. It is founded on the principle that planning is a key component of organizational management and development.

Situation

The opening parts of the document establishes our current status and performance in terms of leadership, service provision and infrastructure, finance, human resource, health commodities and technology, and information management. Having looked at this, we interrogate our past in a historical review that picks critical milestones we have passed as a hospital in order to understand how this has influenced our present situation. Further, we analyse the current internal and external environments by a **SWOT** analysis in order to visualize our strengths and weaknesses, while appreciating opportunities and threats that exist in our surrounding. In order to contextualize the situation of ECD vis-à-vis the wider external environment, we have done exhaustive **PESTEL** and **stakeholder** analyses. For each possible circumstance, positive or negative, we do not want to be caught unprepared. We have therefore identified actions intended to maintain the hospital within the path of the strategic plan.

Direction

For the purpose of crystalizing our identity and redefining our organizational direction and culture, the strategic plan revisits the ECD official mandate. The dispensary is established to provide general medical services, to include maternal and child health, primary health care, and health education to the community. We have also stated our institutional vision, mission and core values.

Vision: *A Christian health care facility of distinction in the provision of quality services in Kajiado County.*

Mission: *To provide accessible, quality and holistic medical care and health education to the community in the love of Jesus Christ.*

Core values: *Integrity, Professionalism, Confidentiality, Compassion, Teamwork, Diversity, and Innovation*

Focus

The ECD strategic plan identifies four key areas of long-term focus as *Leadership & Management; Quality of service delivery & infrastructure; Financial performance; and Communication & Market Visibility.* *Four strategic goals are born out of this development pillars.*

1. To strengthen leadership & management for hospital growth;
2. To enhance quality of service delivery & infrastructure for greater customer satisfaction;
3. To optimize financial performance for stability and sustainability;
4. To improve communication & market visibility for a competitive catchment position.

Implementation

Our strategic goals have been simplified into objectives and specific activities in form of an implementation plan. Apart from providing measures of achievement and timelines, the framework outline offices that will take responsibility and accountability for action and reporting progress and results.

Enablers

A section has been provided on how to create an enabling environment for implementation. The making of *annual operation plans*, introducing performance-based management and maintaining our identity as a religious institution are among critical success factors highlighted in the document. In order to track the progress of implementing and measuring results, the strategy has given a monitoring and evaluation (M&E) framework. Further, a redesigned organogram is intended to clarify the lines of authority, supervision and reporting for ease of cascading the strategy from the DMC all the way to the lowest cadres of essential staff. An estimate of costs, and projections of revenue are among other features provided in order to guide progressive budgeting for activities in the plan.

Conclusion

The ECD Strategic Plan 2023-2027 is a statement of our aspiration as a health facility, a development agenda, and a roadmap for growth in the coming five years from 2023. The hospital will undertake a mid-term review in the last half of 2025 in order to establish the level of achievement. We will carry out a summative evaluation mid-2027 to determine whether we have realized intended goals while informing on the way forward. The plan which will cost about KES 10 million to implement outside any capital expenses is expected to change the current status of the dispensary to a new level of performance and sustainability in order to continue our divine mission of giving health and compassion to the community as Jesus did.

1.0 INTRODUCTION

1.1 Background

Embulbul Catholic Dispensary (ECD) is a 23-year-old faith-based health facility that was established dedicatedly to offer affordable services to the community, especially the poor. It is situated in the Oloolua locality in the Ngong area of Kajiado County, some 32 kilometres from Nairobi. For a mission that started as a mobile clinic, the dispensary is now hosted in a modern premise, a few metres from the main road. The Catholic Diocese of Ngong (CDoN) owns the Level 2 facility that serves Embulbul area and the wider catchments spanning as far as Kiserian, Matasia, Ngong, Kibiko, Kerarapon, Karen, Gataka and Ongata Rongai. Management and day-to-day operations are mandated to the congregation of Capuchin Sisters while spiritual stewardship is provided by the resident parish, Mary Mother of God, in Ngong. The institution that started operating in 1999 has since curved an endeared niche in the community in the provision of general outpatient medical care, maternal and child health (MCH), dental, ophthalmology and CCC, among other services. Pharmacy, laboratory and imaging (ultrasound) units provide essential clinical support alongside a complement of nutrition. For a catchment population characterized by rising cases of non-communicable diseases (NCD), the dispensary has partnered with an NGO, Healthy Heart Africa (HHA), to screen for high blood pressure and cardiovascular ailments and counsel accordingly, while operating a scheduled diabetic clinic. Further, ECD conducts periodic community outreach events in association with the neighbourhood church of the mother parish. The central strategic agenda for ECD is to strengthen its health systems management in order to grow and sustain as a solidly-founded health care institution.

1.2 Rationale for Strategy

ECD has registered progressive growth since its inception especially with the expansion of medical support services since 2001. In time, church and hospital leadership has seen the wisdom in mapping a development path as a universal best practice for any organization destined to grow. As it is rightly done, we want to make a road to a desired destination and then plan how to walk there. This is imperative especially with rising and changing health needs in the community. We must change with the times as we continue experiencing challenges occasioned by rising cases of non-communicable and lifestyle-related diseases, while dealing with the danger of novel infections like Covid-19. Furthermore, we must contend with serving a community that is perpetually impoverished by rising cost of living. They look upon us with hope. We must therefore continue to exist to respond to their issues as our Lord Jesus Christ did. Making the strategic plan gives us an opportunity to reflect on our past, analyse our current situation, and exert our identity as a value-driven Christian health organization that is

determined to influence its own future. We would like to align efforts and resources to actions that will assure sustainability and growth in the health apostolate of the Catholic Church. The strategy is an instrument to focus and re-energize our efforts to this end.

1.3 Methodology & Process

The strategy was informed by a review of past and current information gathered from previous reports, historical records, observation and touring the premise on familiarization. The study team interviewed key informants in the diocese. We sought wisdom and insights of the Bishop of the Catholic Diocese of Ngong as the supreme authority in the matter. We spoke to the Superior-General of the Capuchin Sisters to draw her views and experience in running the facility. The diocesan health coordination office lent a valuable hand in gathering information. Further discussions engaged the parish leadership, Dispensary Management Committee (DMC), Dispensary Management Team (DMT), heads of department and units (HOD & HOU) and general staff. Time was dedicated to hear views of government administrators in Oloolua area, patients, guardians, members of the public, and the wider business community around Embulbul. The material gathered informed the agenda for a three-day strategic planning workshop for participants drawn from the hospital and a section of the DMC. The highly participatory exercise set the frame for the strategic plan. Latter phases of formulation involved material consolidation, drafting and continuous background discussions and meetings to validate the contents.

Given that ECD is a health institution, studying and profiling its organizational capacity and performance adopted the 6-pillar model recommended by the World Health Organization (WHO): **Leadership (Stewardship), Service Delivery, Health Financing, Health Workforce, Medical Commodities & Technology, and Information Management.** This approach gave a good glimpse of circumstances prevailing in the hospital, while detailed SWOT, PESTEL and Stakeholder analyses looked at the internal environment, interaction with external settings and how relationships affect the hospital. The strategy formulation exercise discerned the Vision, Mission and Core Values. We used the balanced scorecard (BSC) management tool to identify strategic priorities and goals that were further simplified into objectives and activities.

1.4 Basic Assumptions

The ECD Strategic Plan 2023-2027 is a genuine expression of our faith and conviction that the hospital will achieve intended results. It therefore rests on the premise that the Diocese, the Capuchin Sisters, the parish, the Dispensary Management Committee, the entire ECD fraternity, and all persons

involved with the hospital in one way or another, will own the work and commit to execute it to the best of their ability. On their part, stakeholders are assumed to appreciate their role to partake in the efforts. Our shared conviction is that the results will purposefully determine a strong and positive future for Embulbul Catholic Dispensary.

2.0 ORGANIZATIONAL CAPACITY & PERFORMANCE

Examining the case of ECD borrowed from the six basic pillars of a health system: *Leadership (stewardship); Service Provision; Financing Health; Human Resource; Health Commodities & Technology; and Information Management*. On the overall, the dispensary is relatively well-run on all the six perspectives as to earn an award as the best performing facility among institutions in the diocese. Making the strategic plan is a major step towards crystallizing this winning position.

2.1 Leadership & Management

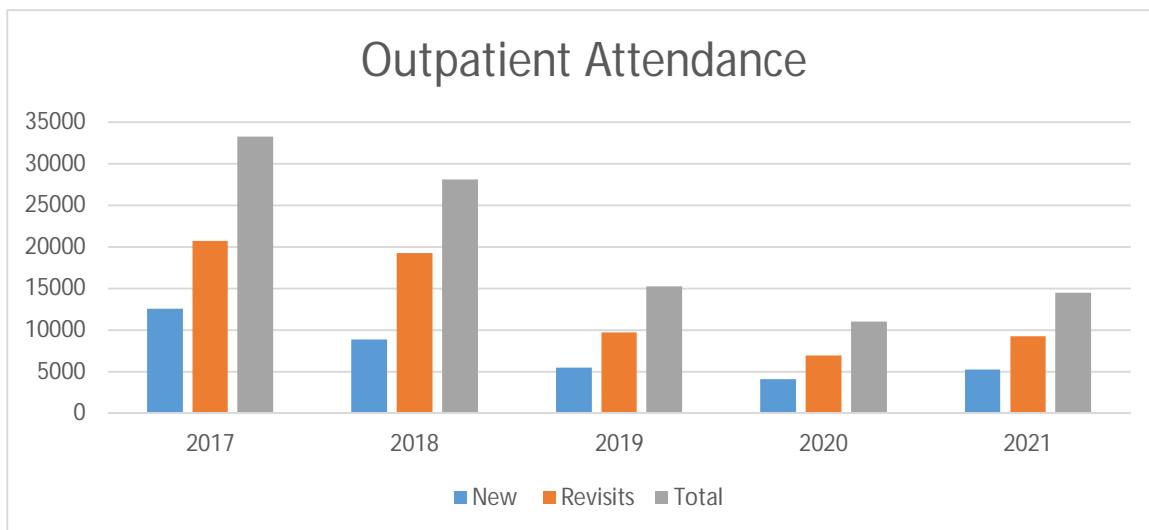
ECD operates within the Parish of Mary Mother of God in the jurisdiction of the Catholic Diocese of Ngong. The Bishop, as the ultimate authority, has entrusted oversight responsibility to the Dispensary Management Committee (DMC) that draws representation from selected stakeholders, including the diocesan health coordinator, the parish priest, technical and lay representatives of the church, government administration and the community. In order to optimize operational efficiency, the diocese has entrusted management responsibility to Capuchin Sisters. The Hospital Administrator (HA) is a nominee of the congregation with a good measure of decisional autonomy. In order to support the lean management team in place, some members of the DMC occasionally partake in critical work decisions and activities where the administrator sees the need for extended guidance. Presently, key actions on leaderships relate to making an inclusive organizational structure and formulating essential hospital policies.

2.2 Service Delivery & Infrastructure

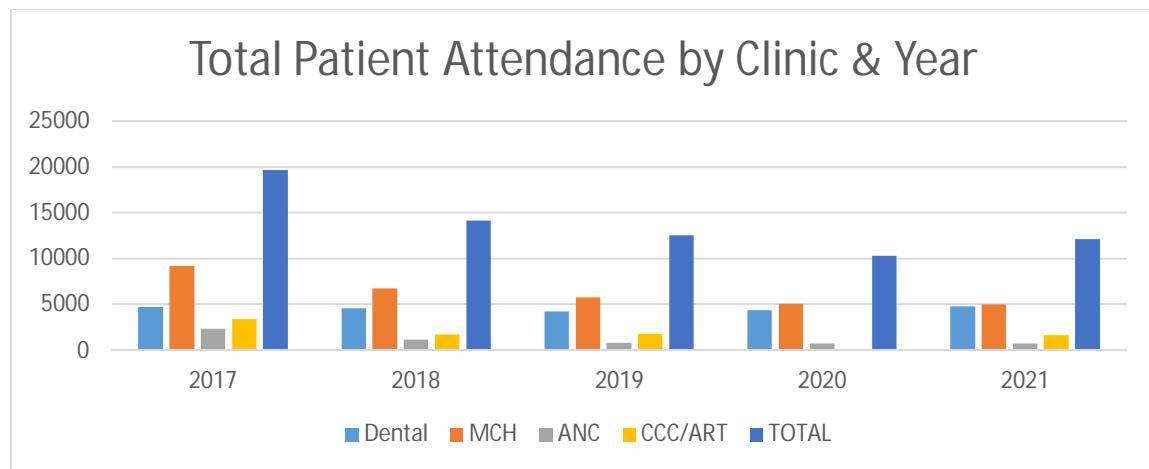
ECD is a well-established outpatient care facility that runs twelve hours in a day. A few clinical specialties, including dental and ophthalmology are in place while pharmacy and diagnostic complements (laboratory and imaging) provide requisite support. While this number is expected to grow as the resident town expands, repeated requests call for introduction of maternity services and an accident and emergency (A&E) unit.

Table 2.1: Aggregated Patient Attendance

YEAR	2017	2018	2019	2020	2021
Outpatient attendance (New)	12546	8834	5494	4096	5267
Outpatient attendance (Revisits)	20744	19290	9725	6966	9224
Totals	33290	28124	15219	11062	14491

**Figure 2.1: Patient Attendance Aggregated****Table 2.2: Total Patient Attendance by Clinic & Year**

	2017	2018	2019	2020	2021
Dental	4724	4568	4236	4392	4787
MCH	9209	6715	5743	5084	4963
ANC	2323	1140	840	753	723
CCC/ART	3389	1733	1751	39	1631
Total	19645	14156	12570	10268	12104

**Figure 2.2: Total Patient Attendance by Clinic & Year**

Although effective customer feedback mechanism is yet to be well established, no major cases of customer-related issues have been recorded. Nevertheless, there is growing need to formulate critical hospital and departmental work instructions or standard operating procedures (SOP). Thus, investing in these and other quality management initiatives is a priority action for the hospital Quality Improvement Team (QIT).

On equipment, planned preventive maintenance (PPM) is already in place. Extending coverage to all technological appliances will enhance delivery of quality care. Increasing the scope of specialized services may call for expansion of the physical infrastructure while the hospital contends with limited space. This is also justified if we consider addressing incidental rise in patient numbers as seen in 2017 following an industrial action by government health workers. While looking at the recurrent demand to start A&E and maternity units with a resident ambulance to complement the services, ECD takes the entire issue of infrastructure and expansion as a salient agenda among all stakeholders in order to come up with a lasting solution.



Figure 2.3: A Heavily Populated Market Catchment: We seek customer feedback

2.3 Finance

A progressive culture of year-by-year budgeting is a notable strength at ECD. A four-year analysis of variance in expenditure between projection and actual performance averages at $\pm 6.8\%$ against a threshold of $\pm 10\%$. This is evidence of compliance and prudence in financial management that portend good stewardship. Although no annual performance targets for revenue were set, progressive budgets provided for projected income and actual performance was indicative of a healthy financial profile. A notable challenge is the reliance on *out-of-pocket* payments, mainly using cash and mobile money platforms, as the only option available to clients. The hospital has an opportunity to explore insurance-based financing, much as it has hesitated to engage the National Hospital Insurance Fund (NHIF) in consideration of delays in settling claims. All in all, exploiting insurance-provided options may open a gate to loop in more potential customers and improve the current financial standing. On reviewing prices of products and services, a good benchmarking and market survey are required in order to avoid a decline in patient numbers that happened in 2018. A big potential exists to enhance financial performance if other key strategies like introducing revenue generation as a performance target are introduced.

Table 2.3: Financial Performance

Figures in Million Kenya Shillings (KES)

YEAR ASPECT	2018		2019		2020		2021	
	BUDGET	ACTUALS	BUDGET	ACTUALS	BUDGET	ACTUALS	BUDGET	ACTUALS
REVENUE	18.5	19.5	19.7	22.2	21.7	18.9	19.9	24.4
EXPENDITURE	15.8	17.8	18.0	18.9	19.5	18.4	18.9	19.6
SURPLUS	2.7	1.7	1.7	3.3	2.3	0.6	1.1	4.7

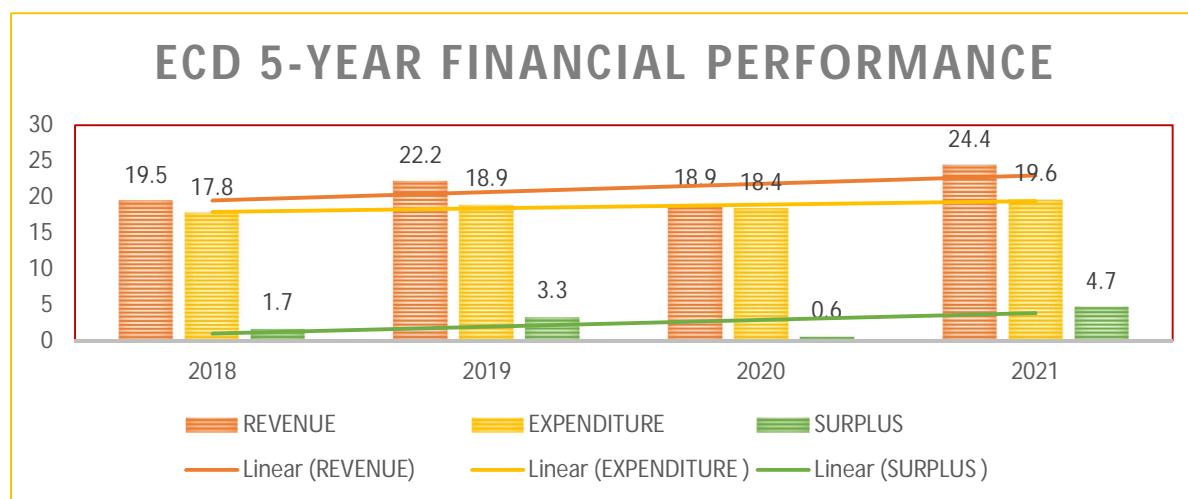


Figure 2.4: Five-Year Financial Performance

The major strategic issue is to optimize revenue generation and diversify payment options as we maintain good financial stewardship.

2.4 Human Resource

ECD has 27 employees of which 19 are in the clinical department and eight in administration complement. This number is slightly above double in almost two decades, having grown from 12 before 2005. The increase is well controlled and dependent on necessity especially during isolated occasions in the past when a high turnover of qualified staff was experienced. It serves the hospital adequately while a provision exists to hire clinical staff on temporary basis if a need arises. Of importance to note is that staff in the comprehensive care centre (CCC) for HIV/AIDS do not draw from the hospital wage budget as they are paid by the ART partnership project. Security service is outsourced and the bill is apportioned between the parish and the hospital. On systems, a human resource policy exists, albeit a challenge in defining clear schemes of services. Strengthening the HR component will involve formulating schemes of service to enable employees map their career progression. On the other hand, the coming of a strategic plan is an opportunity to introduce a culture of productivity through performance-based management. Achievement of targets will determine the score an employee attains during staff appraisal. This approach is expected to change the game in the way we run the institution.



Figure 2.5: Employees as a valuable resource - Team bonding & capacity building as we showcase biometric staff clocking system

2.5 Health Commodities & Technology

Purchasing medicines from Mission for Essential Drugs and Supplies (MEDS) as a WHO-certified source stands out as a best practice in ECD. There are minor challenges in selecting commodities according to clinical need and in controlling medical sales representatives who visit to promote use of proprietary products while accessing consultation areas without authorization. In order to strengthen existing procurement as drawn from the diocesan guidelines, it is important to formulate a hospital formulary and medicine policy in order to minimize incidences of irrational use of medical supplies. Planned preventive maintenance on equipment is envisage to reduce the burden or breakdowns, quality failure and other errors associated with medical technology.

2.6 Information & Relationship Management

Most operational processes in the hospital are automated and carried by serviceable computer hardware. Registration, billing and services are well integrated to provide real-time interaction, and the system is able to generate data for reporting. On the side of relationship and interaction with the public, the major concern is to make a marketing plan to reach potential customers within and outside the catchment. Specific actions will involve improving hospital visibility through more conspicuous signage, and maintaining active social media presence and communication. We have considered a budget line for an expanded scope of activities to reach and engage the community that will include sharing information about the hospital.

3.0 ANALYSING THE SITUATION

4.1 Historical Analysis

YEAR	KEY EVENT	LESSON LEARNT
2001-2005	– Present dispensary structure constructed	A long journey starts with one step
2006-2010	<ul style="list-style-type: none"> – Hospital employees contend with uncertainties of post-election violence – Number of employees increased while medical & other staff benefit schemes introduced – Awarded for good VCT services by NASCOP – Computerized information system installed & updated in 2015 – Some staffs trained in diploma & certificate in psychological counselling 	<p>As we grow & expand, we must anticipate & prepare for unexpected</p> <p>We recognize our staff as a valuable resource</p>

	<ul style="list-style-type: none"> – CCC unit introduced & we roll out HIV/AIDS awareness program to secondary schools – Dental unit expanded & we acquire dental x-ray 	
2011-2015	<ul style="list-style-type: none"> – We formulate original <i>vision, mission & core values</i> (reviewed in 2012 & 2022) – First-ever HR policy launched – Dispensary becomes NEMA-certified as fire safety compliance is improved & protection protocols are developed – Client service delivery charter is reviewed – Launch of mobile phone money payment option – KMLTTB accredits ECD laboratory 	<p>Self-identity is the foundation of growth & good change</p> <p>We are here because of the customer</p>
2016-2022	<ul style="list-style-type: none"> – Major equipment & systems upgrade undertaken – Introduction of ultrasound services – Payroll system operationalized as salaries are reviewed – Renovation of the facility while waste combustion chamber & CCTV are installed – ECD website is created – Covid-19 pandemic adversely affect hospital operations – Working shift extended & biometric clocking system initiated as industrial action by government health workers creates heavy workload – All-staff customer care training done – ECD develops its first-ever strategic plan 	<p>We grow day by day, one step at a time</p> <p>The external environment impacts on us & we must plan & stay prepared</p>

3.2 SWOT Analysis

Planning the future has no value if we do not examine situations prevailing on inside and on the outside. To this end, we undertook a critical appraisal of our current situation in terms of inherent positive and negative attributes (strengths and weaknesses) and also scanned the external environment for openings and risks (opportunities and threats) that could impact on the dispensary. This SWOT analysis helped us propose actions and mitigations for each circumstance in order to maintain an uninterrupted development path.

3.2.1 Strengths

ASPECT	IMPLICATION	STRATEGIC ACTION
ECD is a faith-based organization (FBO)	Public trust & added value of spiritual health	Strengthen religious programmes in the hospital schedule of events
Modern dental unit & equipment	Advantage over competition	Ensure good maintenance through PPM & create public awareness
Skilled personnel	Quality services	Strengthen further through training & development
Robust HIMS	Efficiency in service delivery & accountability	Maintain & ensure system security
Well-equipped diagnostic units	Reliable service	Maintain & create public awareness
Cleanliness	Attracts client	Develop cleanliness SOPs & train staff to maintain
Largest health facility in Embulbul town	Opportunity to grow	Plan to expand to loop customer needs
Devoted employees	Enhanced staff productivity	Empower through a comprehensive HR policy & other instrument
Teamwork	Synergy at work & job satisfaction	Budget for motivation as in excellence program & team bonding

3.2.2 Weaknesses

ASPECT	IMPLICATION	STRATEGIC ACTION
Limited space	Restricts physical expansion	Seek expertise for infrastructure masterplan
Absence of highly demanded maternity and A&E services	Opportunity in unfulfilled community need	Explore partnership for referrals & ability to expand
Demand for unavailable specialists	Loss of client niche	Consider partnering with visiting practitioners
Only out-of-pocket payment option available	Narrow client coverage	Introduce payments through health insurance & other modes
No marketing function	Customers unaware of ECD & its services	Make a marketing plan with a budget line
No own ambulance	Inability to refer critical care & needy cases	Procure an ambulance
Pending certification of hospital by PPB	Regulatory non-compliance	Pursue premise registration

3.2.3 Opportunities

ASPECT	IMPLICATION	STRATEGIC ACTION
Near a main road awaiting major upgrade	Good accessibility & anticipated higher demand for services	Diversify services to include A&E
Large catchment population with few health facilities	Potential demand	Create more public awareness in the marketing plan
Located in a growing market town	Increasing demand for health services	Invest in visibility & diversity of services
Proximity to an informal settlement	Varied customer needs	Introduce varied service packages
Increase in non-communicable diseases	Demand for specialized services	Explore partnership with non-resident specialists
Support from diocese & health coordination office	Facilitates decision & action	Use opportunity to further hospital development agenda

3.2.4 Threats

IMPLICATION	IMPLICATION	STRATEGIC ACTION
Increasing number of clinics/competitors in the catchment	Loss of market share	Invest in customer care & skilled staff
Emerging new diseases & epidemics like Covid-19	Strains hospital resources	Invest in disaster preparedness & partnerships
Heightened societal awareness on medical rights	Risk of litigations & medico-legal liability	Develop standards of practice, SOPs & emphasize <i>ethical</i> conduct as a value
Activities of unethical medical vendors &	Undermine rational & professional practice	Develop a medicine & formulary policy

3.3 PESTEL Analysis

POLITICAL		
ASPECT	IMPLICATION	STRATEGIC ACTION
Change in government policies & regulations	Obligation to comply	Invest in compliance & seek opportunities in the changes
Church & diocesan regulations & leadership decisions to observe	Obligations to implement	Continually assimilate Church interests in decisions & maintain direct reporting
ECONOMIC		
High cost of living & increasing prices of commodities	Undermines client affordability & hospital purchasing power	Invest in cost-cutting policies like <i>medicine formulary</i> & sensitize staff on cost-saving

Poverty in the population & informal settlement	Inability to pay for services	Diversify payment & financing options & prepare to partner in the government UHC program
Many medical insurance schemes exist	Alternative to out-of-pocket payments	Engage health insurers
High taxation regimes	Strains hospital budget	Review the pricing of products and services after local price surveys
Modernization of local infrastructure	Improved physical access	Improve hospital visibility in the catchment
Rising competition	Declining number of clients	Invest in customer care & improved quality of service delivery
Industrial action by public health sector employees	Increased workload	Plan for expanded capacity in event of urgent need to exploit opportunity
SOCIO-CULTURAL		
Rising local population	Potential customers	Expand & diversify services
Cosmopolitan & multicultural community	Varied demand for services	Identify priority health needs to address
Existing traditional beliefs & use of unconventional therapies	Undermines positive health-seeking behaviour	Establish health-talk program for waiting customers
Many educational institutions in the catchment	Opportunity to serve	Negotiate for service packages
TECHNOLOGICAL		
Widespread use of Internet & multimedia phone technology	Available platforms for communication & sharing Portends risk of cyber crime & undermines staff productivity	Exploit in marketing & formulate ICT policy
Fast change in technology & computerized systems	Costly upgrades & maintenance	Explore placement partnerships & use planned preventive maintenance
ECOLOGICAL		
Stringent NEMA & waste management regulations	Obligation to comply	Plan for cost-effective waste approaches
Environmental littering by local market vendors	Unsightly hospital premises	Engage local administration for solution
Highly salinated local water	Dental & skeletal health risk in the community	Introduce services that address the hazard
LEGAL		

Increased awareness on customers rights	High chances of medico-legal litigation	Ensure strict practitioner licensure & formulate SOPs
Prevalence of contract-based employment & procurement	Need for legal guidance	Consult the diocese on legal responsibility in contracts

3.4 Stakeholder Analysis

STAKEHOLDER	STAKEHOLDER EXPECTATION	ECD EXPECTATION	COMMON GOOD REALIZED
Patients	Get well	Payment & respect for hospital staff & rules	A healthy & productive population
Staff	Wage & good working environment	Productivity at work	Good working relationships.
Government & Ministry of Health	Comply with policies & laws	Favourable regulations & partnership	Positive health impact in the county
Church, Diocese & Capuchin Sisters	Successful health apostolate	Support & spiritual nurturing	Effective Christian health mission
Local community	Affordable & quality health services	Utilization of services & cooperation	A healthy community
Health insurance firms	Service to their beneficiaries as agreed	Favourable terms & prompt payments	Reduced financial burden of ill-health in the society
Suppliers	Opportunities for trade	Timely supply of quality products	Good business relationships
Donors & benefactors	Continuous service the needy & accountability	Respect for our values & favourable conditions	An empowered population

4.0 STRATEGIC DIRECTION

4.1 Our Mandate

Embulbul Catholic Dispensary is a health facility authorized by the Ministry of Health (MoH) in Kenya to provide general medical services, to include maternal and child health, primary health care and health education to the community.

4.2 Vision

A Christian health care facility of distinction in the provision of quality services in Kajiado County.

4.3 Mission

To provide accessible quality and holistic medical care and health education to the community in the love of Jesus Christ.

4.4 Core values

VALUE	DESCRIPTION
1. <i>Integrity</i>	We believe in strong moral principles, uprightness, honesty & non-tolerance to corruption in any form.
2. <i>Professionalism</i>	We seek to use only qualified practitioners, provide services to the best of our ability, continue learning & developing our skills & apply only recommended standards of professional practice.
3. <i>Confidentiality</i>	We recognize the right of every individual to privacy, and client information in our custody shall not be disclosed or divulged in any way without express consent from the client or recognized guardian.
4. <i>Compassion</i>	We shall empathize with our patients & teammates in times of need as our Lord Jesus Christ did. Thus, we shall endeavour to provide professional support with understanding, sensitivity & love within the limits of our religious and professional calling.
5. <i>Teamwork</i>	We believe that hard work, collective duty, synergy of efforts and encouraging each other is the only way to achieve the best results.
6. <i>Diversity</i>	We seek to understand & treat each person & situation as unique as to require different interventional approaches as we venture into innovative ways of dealing with diverse situations.
7. <i>Innovation</i>	A new approach in doing things is the sure way to success of any mission and we shall maintain the tradition of creativity in executing work.

4.5 Motto

We care, God Heals

4.6 Our Charism

Sharing in the Healing Ministry of Jesus Christ



Figure 4.1: Our Value System & Culture

5.0 STRATEGIC FOCUS

Going by wide discussion and consultations, the ECD strategy identifies four key priority areas and goals on which we shall leverage efforts and resources to realize our development agenda for the period 2023 to 2027. We used the **balance scorecard** (BSC) to select areas of greatest attention as *internal processes, focus on the customer, financial stability, and sustainability and growth*.

5.1 Hospital Priorities & Goals

PRIORITY AREA	STRATEGIC GOAL
A. Leadership & Management	GOAL 1: To strengthen leadership & management for hospital growth
Objectives	
1. Strengthen leadership & management systems 2. Improve human resource capacity & performance 3. Formulate essential hospital policies	
B. Quality Service & Infrastructure	GOAL 2: To enhance quality of service delivery & infrastructure for greater customer satisfaction
Objectives	
4. Activate hospital quality management systems 5. Expand scope of specialized services & infrastructure	

C. Financial Performance	GOAL 3: To optimize financial performance for stability and sustainability
Objectives	
6. Increase hospital annual revenue by 5%	
7. Institute cost-saving measures	
D. Communication & Market visibility	Goal 4: To improve communication & market visibility for a competitive catchment position
Objectives	
8. Improve hospital visibility	
9. Strengthen hospital communication systems	
10. Revitalize community reach programs	

5.2 ECD Strategy Conception



Figure 5.1: A Leadership as a Foundation of Organizational Success

6.0 IMPLEMENTATION

6.1 Implementation Plan

In order to achieve desired results, we have prepared a 5-year implementation plan that identifies activities to be undertaken under each objective in the strategy. The frame spells out SMART indicators or time-bound and measurable evidence that we have achieved intended results. It further provides positions in the organogram that bears the greatest responsibility and accountability for these results.

GOAL 1: GOAL 1: To strengthen Leadership & Management for Hospital Growth								
STRATEGIES	EVIDENCE	TIMELINES 2023-2027					ACTION BY	BUDGET (KES)
		Y1	Y2	Y3	Y4	Y5		
Objective 1: Strengthen leadership & management systems								
1. Create hospital organogram	Approved structure						DMC/DMT	0.00
2. Constitute an internal Dispensary Management Team (DMT)	Appointment letter						DMC	0.00
3. Secure hospital premise registration with PPB	Certificate						DMT	100,000
4. Prepare annual operation plans (AOP) aligned to strategic goals	Approved plan						DMT	20,000
5. Introduce annual performance contracting based on hospital AOP	Report						DHT	20,000
Objective 2: Improve human resource capacity & performance								
1. Set individual employee targets based departmental performance contracts	Report						HOD-CS /HOD-FA	20,000

2. Review staff appraisal instruments to align performance contracts	Approved documents						HA/ HOD-FA	20,000
3. Conduct biannual staff appraisal	Report						HOD-FA	0.00
4. Re-launch annual Excellence Award program based on appraisals	Report						DMT	50,000
5. Develop employee schemes of service for employees	Document						HA/DMC	20,000
6. Review staff salaries & benefits	Report						DMT	500,000
7. Introduce annual program for staff training & development	Approved budget item						DMT	500,000
8. Institute practitioner compliance with regulatory licensure	Report						HOD-CS /HOD-FA	0.00
9. Conduct annual staff team-building & bonding events	Event report						HOD-FA	150,000
10. Implement gender mainstreaming & ethnic parity	Circular/Report						DMC/DMT	0.00
Objective 3: Develop essential hospital policies								
1. Formulate hospital formulary & medicines policy	Document						HA/HOD-CS	300,000
2. Prepare procurement, asset & waste disposal guidelines	Document						HA/ HOD-FA	150,000

GOAL 2: To enhance Quality of Service Delivery & Infrastructure for Greater Customer Satisfaction								
STRATEGIES	EVIDENCE	TIMELINES 2023-2027					ACTION BY	BUDGET (KES)
		Y1	Y2	Y3	Y4	Y5		
Objective 4: Activate hospital quality management systems								
1. Reconstitute hospital QIT	Nomination circular						HA	0.00
2. Train QIT & HOU in quality management & Gemba Kaizen	Report						HA/ HOD-FA	50,000
3. Establish customer care & feedback platform	Report						HA/QIT	20,000
4. Formulate critical hospital & departmental SOPs	Progress report						HOD-CS/HOD- FA/QIT	30,000
5. Identify centres of clinical excellence & undertake benchmarking	Report						HMT/QIT	50,000
6. Conduct biannual customer satisfaction survey (CSS) & implement recommendations	Report						QIT/ HOD-FA	10,000
Objective 5: Expand specialized services & infrastructure								
1. Introduce specialized medical clinics by visiting practitioners	Report						HA/HMT	1,050,000
2. Procure a standard ambulance	Registration document						HA/HMC	4,500,000
3. Implement planned preventive maintenance (PPM) for equipment & technology	Report						HOD-FA	250,000
4. Solicit designs for construction of A&E & maternity units	Expert report						HA/DMC	150,000

GOAL 3: To Optimize Financial Performance For Stability & Sustainability								
STRATEGIES	EVIDENCE	TIMELINES 2023-2027					ACTION BY	BUDGET (KES)
		Y1	Y2	Y3	Y4	Y5		
Objective 6: Increase hospital annual revenue by 5%								
1. Review prices of products & services	Approved schedule						HMT/ HOD-FA	0.00
2. Seek corporate clients within the catchment	Report						HA/ HOD-FA	6,000
3. Identify & engage NHIF & other health insurance providers	Report						HOD-FA	6,000
4. Introduce express services for corporate	Report						HA/DMT	200,000
5. Introduce insurance-based payment options	Report						HOD-FA	0.00
Objective 7: Institute cost-saving measures								
6. Introduce & implement guidelines for saving on utilities	Report						HOD-FA	0.00
7. Incorporate priority-setting & systematic cost reduction (SCR) techniques in procurement lists	SCR schemes in hospital formulary						HOD-CS/ HOD-FA	15,000

GOAL 4: To improve communication & market visibility for a competitive catchment position								
STRATEGIES	EVIDENCE	TIMELINES 2023-2027					ACTION BY	BUDGET (KES)
		Y1	Y2	Y3	Y4	Y5		
Objective 8: Improve hospital visibility								
1. Make & implement marketing plan	Document						HMT	200,000
2. Refurbish signage & branding at vantage points	Report						HOD-FA	100,000

Objective 9: Strengthen hospital communication systems						
1. Maintain hospital social media platforms	Report					HOD-FA 0.00
2. Introduce hospital hotline contacts	Commissioning reports					HOD-FA 20,000
Objective 10: Revitalize community reach programs						
1. Introduce & implement scheduled health-talks for waiting customers	Schedule					HOD-CS 0.00
2. Participate in CSR activities	Calendar of events					HOD-CS /HOD-FA 500,000

7.0 THE CONTEXT OF IMPLEMENTATION

As ECD, we are keenly aware that implementing the strategy requires a supportive environment to actualize. It is in this respect that we have designed a context that will enable us cascade the plan from the DMC to operational level as well as translate the plan to actions and achievement.

7.1 Cascading the Strategy

The hospital will break the strategic plan into progressive annual plans. These plans will in turn inform departmental plans from which broad and individual performance contracts and targets will be drawn. Target-setting will help us assess employee performance using an appraisal system purposely designed to remove any subjective and extraneous considerations in measuring staff performance.



Figure 7.1: Strategy Cascade

7.2 Annual Operation Plans

From the foregoing, it is evident that annual operation plans constitute a key link between the strategy and performance. The hospital will entrench a culture of annual planning at both senior management and operational levels.

7.3 Budgets

The hospital will cost and commit a budget to carry out activities in the strategy. Departments will identify activities assigned to them by the strategic plan and provide estimates of budgets on yearly basis for consolidation into the main budget.

7.4 Key Policies

Some activities in the strategy are only implementable with support from essential policies. The strategy has already prioritized on re-examining key policies to accommodate aspects like employee schemes of service and medicines and formulary management.

7.5 Training and Induction

Training and continuous education, creating awareness and sensitization as critical elements of introducing change to employees in order to familiarize new ideas, learn and accept the plan. A budgetary provision will be committed for this purpose.

7.6 Resources Mobilization

For capital projects like restructuring the premise to accommodate maternity unit, Accident & Emergency and car park, ECD will work with the diocese to identify and reach out to benefactors to finance the initiatives on project basis.

7.7 Critical Success Factors

Perspective	Implications
Prayer	We must continue to pray and seek divine guidance as inculcated into us by Christian values of our mother Church
Cooperation	Cooperation from the dioceses, coordination office, the Dispensary Management Committee and the Dispensary Management Team is of critical importance for success of the plan
Leadership Commitment	Leaders in the diocese, parish and the hospital will nurture & inspire performance through leading by example, enhanced independence of decision & servant leadership as key drivers of change and behaviour at work
Employee preparation	Employees shall be made aware of the plan and get involved in the changes that will be gradual while assuring their job security if they play their roles accordingly.

Teamwork	The hospital shall purposefully foster teamwork among employees in order to harness individual energies and synergize our efforts
External expertise	The introduction of new thinking where the hospital may not have internal capacity will necessitate consultation with external professional expertise as the need arises, consistent with the quality principle of <i>doing things right the first time</i> .

7.8 Risk Management

ECD has purposefully resolved to minimize risks that threaten implementation of strategy. As a hospital, we shall

- Hire only duly qualified persons for technical work;
- Ensure our practitioners meet required standards of regulatory compliance
- Maintain a trained team to address quality issues
- Formulate hospital and work-specific departmental SOPs;
- Orientate all new employees or persons attached for practice;
- Engage and consult external expert resource to guide us.

7.9 Sharing the Plan

The strategy is a document of controlled circulation and we will share different level of detail depending on the stakeholders.

RECIPIENT	INFORMATION NEED	COMMUNICATION CHANNEL	SOURCE
The Church/Diocese	Goals/Implementation plan	Presentations/leadership briefings/individual detailing	Copy of SP
Dispensary Management Committee	Analyses/Goals/Implementation plan/M&E/Budget	Presentations & leadership briefings	Reference copies in HA office
HA/HOD/HOU	Full Content	Presentations & management meetings	Office copies
General staff	Vision, Mission, Core Values, Motto & Charism	Meetings, CPD sessions, internal circulars & documents	Copies in HOD/HOU offices
Government & local administration	Goals	Website, emails & targeted briefing	Copies & briefings on request
Donor/partners	Goals	Website, emails & targeted briefing	Extracts in proposals for support

Clients, customers & general public	Vision, Mission, Core Values & Motto	Audio & visual media	Signboards, posters, client charters & marketing material
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8.0 MONITORING & EVALUATION

The monitoring and evaluation (M&E) framework is intended to track progress of the plan and assess level of achievement in form of qualitative and quantitative measures. It will help to invest resources only on desired activities, while checking that we are within the course of the plan. While the hospital will designs forms convenient for periodic reporting, mid-term and end-term evaluations will use external expertise to ensure an exhaustive and objective process.

PROCESS	M&E GUIDE	
Annual planning	The hospital & Departments shall make annual plans & budgets & implement	
Templates & tools	We shall identify and design forms and other tools for capturing data & reporting, performance assessment	
Performance Reporting	HOD/HOU to DMT	Weekly & Monthly
	DMT to DMC	Monthly, quarterly & Yearly
	DMC to Diocese	Quarterly & yearly
Meetings	HA & HODs/HOU	Weekly
	HA & all staff	Quarterly
	HA/DMC/Diocese/stakeholder	Yearly as annual general meetings (AGM)
Mid-term review	Half-time evaluation of this strategic plan will take place in the last half of 2025 using external expertise. The report shall highlight progress, achievements on objectives, challenges, lessons learnt and way forward into the remaining time.	
End-term evaluation	Summative evaluation will take place mid-2027 to provide score or the level of achievement of the goals and other information. The report will inform priority actions in strategy to follow.	

9.0 ECD ORGANIZATIONAL STRUCTURE

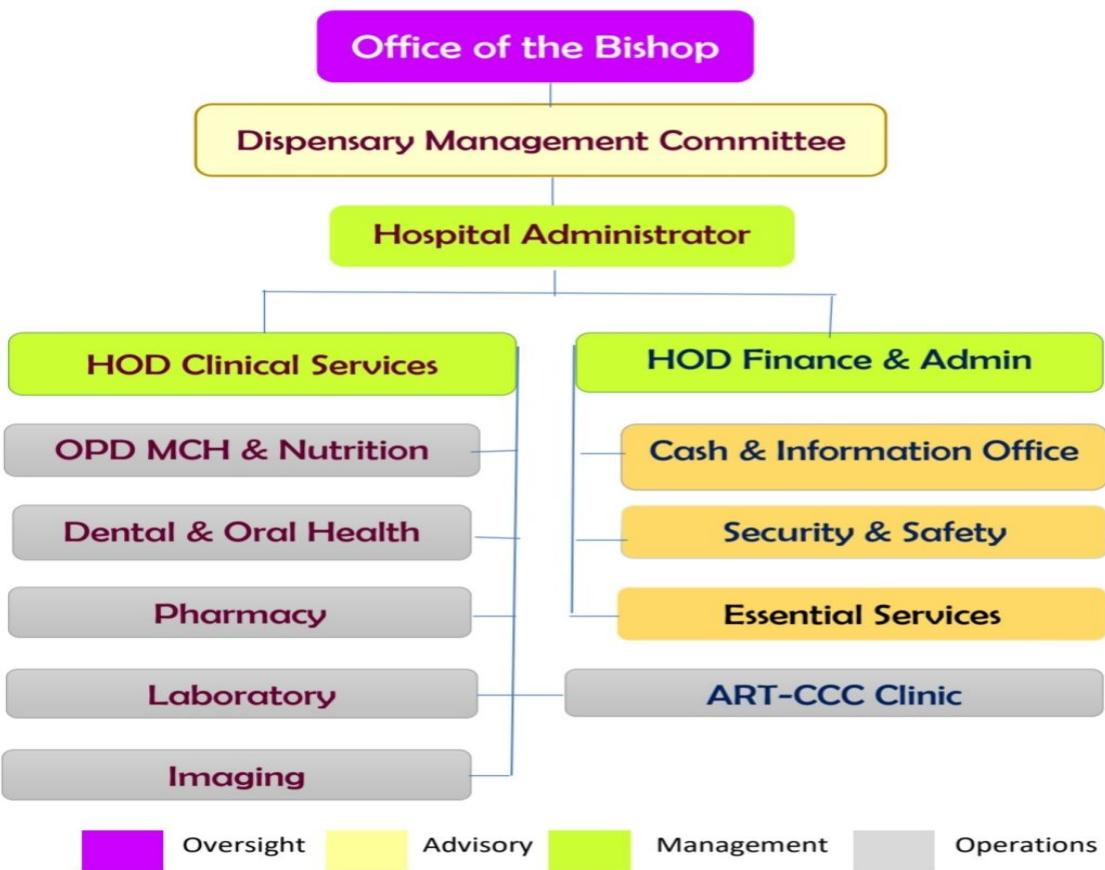


Figure 9.1: ECD Organogram

10.0 FINANCIAL PROJECTIONS & COSTS

10.1 Revenue Projection

The trend of revenue increase from 2018 to 2021 yields an average growth factor of 1.12. The revenue trajectory to 2027 demonstrates a yearly increase that is expected to maintain ECD as an operationally solvent enterprise if prudence in expenditure is maintained.

Table 10.1: Revenue Projection

Figures in Million Kenya Shillings (KES)

YEAR	2018	2019	GF 2019/2018	2020	2021	GF 2021/2019	Mean Growth ratio	2022	2023	2024	2025	2026	2027
REVENUE	19.5	22.2	1.14	18.9	24.4	1.07	1.12	26.8	30.0	33.6	37.6	42.1	47.1

GF = Growth Factor



Figure 10.1: Revenue Projection

10.2 Implementation Costs

Activities in the strategy will cost approximately KES 9.96 million, inclusive of a 10% contingency adjustment, translating to an average of KES 1.99 million per year in the five years of implementation. Initiatives of capital nature will require mobilization of funds for implementation on *project* basis.

APPENDICES

Appendix 1: Strategic Planning Workshop Members

Leadership Support

1. Mr John C Barusei
2. Ms Jane Munyugi

Dispensary Team

3. Sr. Miletetsegwa Andemariam	Hospital Administrator
4. Dominic Waweru	Accounts
5. David Igweta	Dental
6. Vinic Moraa	Clinical Services
7. Sr Prisca Chelangat	Front Office
8. Doris Nyang'ate	Pharmacy
9. Emily Robert	Nursing
10. Lincy Anno	Laboratory
11. Sharon Mbithi	Counselling
12. John Barusei	Diocesan Health Office
13. Jane Munyugi	DMC Member

Enabling Team

14. Mwangi Maina	Principal Consultant HAC
15. Awino Oluoch	Consultant HAC
16. Mwangi Maina Jr	Research Data Assistant, HAC
17. Kimani Njoroge, PhD	Senior Technical Reviewer (Quality & Risk Management)

'I can do all things through Him who strengthens me'
(Philippians 4:3 NIV)