

vihiga county referral hospital

STRATEGIC PLAN 2018-2022

[Date]

26-decEMBER 2017

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# MESSAGE FROM THE CHAIR OF HOSPITAL MANAGEMENT COMMITTEE

This strategic plan covering the period 2018-2022 will provide a roadmap to guide the Vihiga County Referral Hospital towards meeting the healthcare needs of the community in the region and beyond. The hospital strategic planis intended to accelerate the achievements of health-related development goals and align the hospital to the vision 2030 framework.

The strategic plan provides a roadmap to achieve our vision to be a facility of choice in health care provision through the implementation of the 8 strategic priority areas addressed. Through monitoring and evaluation, the progress towards achievement of the strategic objectives set will be assessed from time to time. I call upon all stakeholders to partner with us in achieving our strategic goals.

It is my belief that all stakeholders will find this plan a useful tool for consolidation and implementation of their goals and respective strategies as outlined herein. This will enable the hospital to allocate and utilize the limited available resources more efficiently and increase accountability.

I urge the hospital management and staff to work towards the full realization of this strategic plan. I hope going forward, the hospital annual work plans will draw reference from this strategic plan. As can be seen from the budget estimate, this plan requires enormous resources to make it a success. I therefore, call upon the department of health and the entire County government of Vihigaunder the leadership of His Excellency the governor to support the hospital in the implementation of this plan.

Finally I wish to thank the members of the Hospital Management Committee, the hospital management team and the entire hospital staff for their hard work and dedication in preparation of this document. I look forward to the fruits of your labour.

Thank you.

Rev. Linus Iposhe Simwa

Chairman of the Hospital Management Committee

**Members of the VCRH Management Committee:**

Rev. Linus Iposhe Simwa – Chairman

Mr. Elias Isigi – Member

Madam Fanice Etenyi – Member

Mr. Sebastian Amoyi – Member

Mr. Andrew Makachia – Member

Mr. Hastings Abala – Member

Mr. Isaiah Kipsang – Member

Dr. Emmanuel Ayodi – Secretary (Med Sup)

Mr. Polycarp Opiyo – County Health Administrator

Dr. Quido Ahindukha – County Director of Health

# **FOREWORD**

The Constitution of Kenya 2010 grants Kenyans several rights among them being the right to health. Article 43 (1) (a)guarantees every person the right to the highest attainable standards of health care services. This hospital strategic plan is aligned to the Health strategic and Investment Plan, the County Integrated Development Plan (CIDP), the National Health Strategic Plan(NHSP), the Medium Term Expenditure Framework (MTEF)Budgetary System and the Vision 2030.

This is the first hospital strategic plan for Vihiga County Referral Hospital since its inception in 2002 then known as Vihiga District Hospital. The formulation of this strategic plan has been an elaborate and consultative process involving the hospital staff, the Hospital Management Team (HMT), the Hospital Management Committee (HMC) and the leadership of the department of health VihigaCounty. The GIZ has been an instrumental partner in making the planning process a success.

The Strategic Planning Committee (SPC) carried out a situational analysis and subsequently developed strategic objectives in line with the Ministry of Health policies and guidelines. The plan is to be implemented over a five year period (2018 – 2022) with monitoring and evaluation at certain points of the duration. The focus of the strategic plan is to enable the hospital to operate effectively as a level 5 referral health institution in VihigaCounty and its environs.

The hospital management is keen to work with staff and stakeholders to make the plan a reality and to fulfill the goal of making the institution a health facility of choice in the region at large.

Dr. AyodiLusigi

Medical Superintendent

Vihiga County and Referral Hospital

# **ACKNOWLEDGEMENTS**

This strategic plan has been developed through contributions from the staff of Vihiga County Referral Hospital, the hospital management committee, the county health management team and the department of health as a whole. The Strategic Planning Committee (SPC) appreciates the input from the hospital staff under the leadership of various hospital departmental and sectional heads who made this process a success. The SPC also acknowledges the Vihiga county department of lands, housing and physical planning and urban development; and the department of finance and planning that offered guidance on various aspects of the strategic plan formulation.

The hospital would like to sincerely thank the GIZ for the technical and financial support given at all levels of development of this plan. Special honour to Dr. Nyamongo of GIS for his agile support during the review stage.

The SPC acknowledges the Ministry of Health, Kenya that has provided policies and guidelines on the various pillars of health in the country.

The Strategic Planning Committee members include:

Dr.AyodiLusigi

Dr. Julius Kavuludi

Dr. Geoffrey Koba

Dr. Samuel Ng’arng’ar

Dr.Joel Marwa

Dr. Betty Shiruli

Dr. Steve Wandei

Dr. Collins Masika

Dr.VitalisJuma

Dr.JerusaOluhano

Mr.Nyota Francis

Mr. Sammy Chelule

Mr. Josiah Omutoko

Mr.AggreyEmemwa

Mr. Moses Mugambi

Mrs. Marietta Omega

Ms. Caroline Muhati

Mr.SamitaKalakate

Ms. Priscilla Oweso

Mr. James Kimuma

Mrs. Mary Alitsi

# **ACRONYMS**

ACC – Anti Corruption Committee

AMREF – African Medical and Research Foundation

APHIA Plus – Aids Population and Health Integrated Assistance Plus

AWP – Annual Work Plan

CBO – Community Based Organization

CCTV – Closed-Circuit Television

CEC – County Executive Committee

CIDP – County Integrated Development Plan

CT-Scan – Computerized Tomography Scan

DHIS – District Health Information System

DSA – Daily Subsistence Allowance

EEC – Executive Expenditure Committee

EHPT – Essential Health Products Technology

FIF – Facility Improvement Fund

GIZ – DeuetscheGesellshaft fȕrInternationaleZusammenarbeit

GIS – Global Implementation Solutions

HCW – Health Care Workers

HMC – Health Management Committee

HMIS – Health Management Information Systems

HMT – Health Management Team

HOD – Head of Department

HPT – Health Products and Technologies

ICT – Information Communication and Technology

IEC – Information Education Communication

IFMIS – Integrated Financial Management Information System

IPC – Infection Prevention Control

IQC – In-process Quality Control

KEMRI – Kenya Medical Research Institute

KEMSA – Kenya Medical Supplies Authority

KMTC – Kenya Medical Training College

LMIS – Logistics Management Information System

LoK – Laws of Kenya

M & E – Monitoring and Evaluation

MEDS – Mission for Essential Drugs and Supplies

MOU – Memorandum of Understanding

MTEF - Medium Term Expenditure Framework

NHIF - National Health Insurance Fund

NHSP – National Health Sector Policy

OJT – On Job Training

OPG – Orthopantogram

PEW –Paediatric Emergency Ward

QIT – Quality Improvement Team

SOPs – Standard Operating Procedures

SPC - Strategic Planning Committee

TWG – Technical Working Group

VCRH – Vihiga County Referral Hospital

# **EXECUTIVE SUMMARY**

The public health sector in Kenya is currently affected by a myriad of factors including the devolved system of governance, economic and political realities, and industrial crises among other issues. Despite existing challenges, the Kenyan constitution stipulates that its citizens have the right to the highest attainable standard of health and therefore mandates every county and health facility to plan to meet the needs of the community it serves.

Vihiga County Referral Hospital (VCRH) has offered services to the people of Vihiga and its environs for the last 16years. At inception it was referred to as the Vihiga District Hospital and later renamed following devolution of health services in Kenya. In August 2017, the facility was gazetted to be a level 5 referral hospital. With this new status came the need to upgrade the quality and scope of service offered to clients at the facility and region as a whole.

VCRH undertook the process to develop a strategic plan for the years 2018 – 2022. The entire hospital staff participated in carrying out of a situational analysis that set up the basis for the development of this strategic plan.

The VCRH 2018-2022 strategic plan entails objectives to improve service delivery to a status commensurate with a level 5 referral hospital. They are drawn from the WHO pillars of strengthening health systems. Consequently the strategic objectives of thisstrategic plan are:

* To have an effective and efficient hospital management, leadership and governance system.
* To broaden the scope and enhance the quality of clinical services.
* To optimize health workforce size, skills, motivation and distribution.
* To have an efficient health management and information system.
* To modernize and revolutionize health infrastructure.
* To increase resource mobilization, streamline budgeting and expenditure processes and strengthen accountability systems.
* To ensure availability and rational use of effective, safe and affordable health products and technologies.

The implementation arrangements will be as per Kenya Essential Package for Health (KEPH) for a level5 facility. The coordination framework, management structure, monitoring and evaluation system and information flow is outlined.Resource requirements to implement this plan are enormous and great effort is to be put into mobilization, management and sustainability.

The hospital intends to achieve the established objectives through set strategies and activities spelt out under each objective. The facility intends that the strategic plan will guide investments in health by the Vihiga County and facilitate engagement with stakeholders and partners to support various activities and priorities. The plan will be referred to during the formulation of annual work plans as a framework for growth of the institution.

The strategic plan is inclusive of a monitoring and evaluation process that will review the implementation of the established goals at its different phases. Implementation of the strategic plan will require financial investment of 2.2 billion Kenya shillings.

# **SECTION 1:**

# INTRODUCTION AND BACKGROUND

Kenya vision 2030 stipulates that the health sector is to provide efficient and quality healthcare meeting expected international standards.This entails increasing accessto healthcare and strengthening the poorly performing divisions such as Maternal and Child Health. The sector through the Ministry of Health aims toachievethese goals through a three tier approach namely;improving health infrastructure, accessible quality clinical care and increasing partnership within the sector.

Kenya’s life expectancy is at 62.6 years at birth (Kenya DHS 2014). The country has had to contend with communicable diseases and an upsurge of non-communicable diseases like cancer. Access to healthcare has improved over the years. However, these gains are not commensurate with population and economic growth both locally and nationally, due to poor investment in healthcare. Most of healthcare expenditure by Kenyan citizens is out of pocket.

**Vihiga County Health Goals**

Vihiga county department of health envisions a county that is healthy and nationally competitive. It is mandated with prioritizing county level health investments, setting and reporting on relevant targets; and coordination of actors in the county health system, planning, development and monitoring of county health services. This is to ensure compliance with national health standards, providing guidance to health facilities within the county in implementing health service tariffs and benefits, developing and managing referral services within the county health system and other referral health facilities. Its strategic goal is to accelerate attainment of universal health care.

Delivering high quality health care to the community is a core function of VihigaCounty Referral Hospital (VCRH). It is among the referral hospitals in Kenyapreviously owned by the Ministry of Medical Services recently transferred to the county governments and serves a large and diverse population of 662,596 persons in Vihiga County.

VCRH plays its role in the county by providing a wide range of health services in partnership with the greater community and other institutions. Some of the roles played by the hospital in the county include;

* Acting as a county referral hospitals for the 3 sub county hospitals and as an intermediary to the National and Teaching referral hospitals.
* The implementation of health policy at facilitylevel and maintaining quality standards.
* Serving as a county center for provision of specialized health care.
* Offering teaching and training for health care personnel such as nurses, medical interns, pharmacist interns, pharmaceutical technologist interns,laboratory technologists, health records and information officers and nutritionists.
* Providing technical support to sub-county hospitals and health centers.

The hospital has specialized personnel including generalsurgeons, physicians, a pediatrician, obstetrician & gynecologist, ophthalmologist, nurses, clinical officers, laboratory technologists, rehabilitativestaff and public health staff.

The clinical services provided include:

* Internal Medicine
* General surgery and anesthesia
* Pediatrics
* Obstetrics and gynecology
* Dental services
* Psychiatry
* Ophthalmology
* Pharmaceutical services
* Ambulatory and emergency services
* Laboratory services
* Rehabilitative care
* Counseling
* Physiotherapy
* Nutritional services
* Radiological Imaging services

VCRH first opened its doors to the public in the year 2001 under the thenMinistry of Health to serve the population of the former Vihiga District.It has a 164 bed capacity with 108% bed occupancy in 4 wards which include general male and female wards, maternity and pediatricwards. The hospital maternity section has 47 beds and 10 incubators.

Like many county hospitals, VCRH faces significant challenges such asa growing and diverse population with corresponding increase in the disease burden, lack of sufficient funding and a deficit in human resources for health.

## 1.1 POPULATION

Since the introduction of healthcare reforms in Kenya,the Vihiga county referral hospital has experienced significant changes. In addition to challenging economic times, Vihiga county region has a population growth rate of 1.1%.The hospital catchment population extends to the neighboring counties such as Kisumu County to the south, KakamegaCounty to the north,SiayaCounty to the east and Nandi County to the west. See figure 1

|  |  |  |
| --- | --- | --- |
| **VIHIGA COUNTY POPULATION ESTIMATES** | |  |
| STATISTIC | PERCENT (%) | ABSOLUTE VALUE |
| Population Growth Rate | 1.1 |  |
| Population total | 100 | 662596 |
| Population Female | 52.8 | 349897 |
| Population Male | 47.2 | 312699 |
| Households | 20 | 33129 |
| Population under 1 year | 3.2 | 21203 |
| Population under 5 years | 15.6 | 103366 |
| Population under 15 years | 15.6 | 103366 |
| Population 15-24 years | 24.7 | 163661 |
| Women of childbearing age (15-49yrs) | 24.6 | 162999 |
| Estimated Number of Pregnant Women | 3.7 | 24516 |
| Estimated Deliveries | 3.7 | 24516 |
| Estimated live births | 3.7 | 24516 |
| Neonates 0- 28 days | 0.8 | 4969 |
| Population 25-59 years | 32.8 | 217331 |
| Population over 60 years | 4.1 | 27166 |
| Estimated Emergency obstetric complications | 20.3 | 4969 |
| Estimatedpost abortion cases | 20.3 |  |
| Population 6-11 Months | 50 | 10601.5 |
| Population 12-59 Months | 80 | 82692.8 |
| Population 6-59 Months | 90 | 93029.4 |

**VIHIGA COUNTY POPULATION PROJECTION 2017-2021**

Figure1: Vihiga County Population projection

## 1.2 FINANCIAL LANDSCAPE

Despite the sustained increase in demand for health care services, there has been a significant decrease in funding by the County Government of Vihiga over the past few years. Competing demands on the health department has transcended to insufficient funding at the hospital. There has been a gradual increment in user fee collection at VCRH. In 2015, the average monthly user fee collection stood at about Ksh 2,300,000. Following introduction of HMIS, the facility has witnessed an increase in user fee collection averaging Ksh 4,000,000 monthly in the year 2017.

Figure 3 shows the sources of funding and income levels for the financial year 2016/17. Out of an annual budget of Ksh 156 000 000 the hospital received only Ksh 33 137 021 which constituted 21% of budgeted funds.

Figure 3: Sources of hospital funds for 2016/17

The hospital funding gap, coupled with the population growth and increased catchment coverage, highlights the need to scale up and institutionalize resource mobilization activities.

In this planned period, the hospital will thus seek to ensure financial stability all year round.

## 1.3 HUMAN RESOURCE FOR HEALTH

VCRH has a total of 239 technical and non-technical staff including 6 medical consultants, 31 doctors, 22 clinical officers, 81nurses among other cadres. Staff shortage remains the biggest challenge for thehospital as shown in the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| Cadres | **Norm** | **Available** | **Deficit / surplus** |
| Medical officers | 50 | 30 | 20 |
| Anesthesiologist | 6 | 0 | 6 |
| Oromaxillofacial Anesthesiologist | 1 | 0 | 1 |
| Cardiologist | 2 | 0 | 2 |
| General Surgeon | 4 | 2 | 2 |
| Orthopaedic Surgeon | 2 | 1 | 1 |
| Cardiothoracic Surgeon | 1 | 0 | 1 |
| Critical Care Physician | 1 | 0 | 1 |
| ENT Surgeon | 2 | 0 | 2 |
| Gastroenterologist | 2 | 0 | 2 |
| Obs/Gyn Specialist | 3 | 1 | 2 |
| Palliative Care Specialist | 2 | 0 | 2 |
| Neonatologist | 2 | 0 | 2 |
| Nephrologist | 2 | 0 | 2 |
| Neurologist | 1 | 0 | 1 |
| Plastic Surgeon(Reconstructive Surgeon) | 1 | 0 | 1 |
| Neuro-Surgeons | 1 | 0 | 1 |
| Oncologist | 4 | 0 | 4 |
| Ophthalmologist | 2 | 1 | 1 |
| Optometrist | 1 | 0 | 1 |
| Dermatologist | 1 | 0 | 1 |
| Paediatric Endocrinologist | 1 | 0 | 1 |
| Paediatric Nephrologist | 1 | 0 | 1 |
| Paediatric Neurologist | 1 | 0 | 1 |
| Paediatric Surgeon | 1 | 0 | 1 |
| Paediatrician | 4 | 1 | 3 |
| Pathologist | 2 | 0 | 2 |
| Psychiatrist | 4 | 0 | 4 |
| Radiologist | 4 | 0 | 4 |
| Rheumatologist | 1 | 0 | 1 |
| Specialist physician(Internist) | 4 | 0 | 4 |
| Medical Endocrinologist | 1 | 0 | 1 |
| Public Health Physician | 2 | 0 | 2 |
| Urological Surgeon | 1 | 0 | 1 |
| Child & Adolescent Psychiatrist | 1 | 0 | 1 |
| Community Psychiatrist | 1 | 0 | 1 |
| Forensic Psychiatrist | 1 | 0 | 1 |
| General Clinical Officers (Diploma) | 44 | 14 | 30 |
| Graduate Clinical Officers | 7 | 0 | 7 |
| Specialized Clinical Officers (ENT/Audiology) | 4 | 0 | 4 |
| Clinical Officer Lung & Skin | 2 | 0 | 2 |
| CO Ophthalmology/Cataract Surgery | 2 | 2 | 0 |
| CO Paediatrics | 6 | 1 | 5 |
| CO Reproductive Health | 2 | 0 | 0 |
| CO Dermatology/Venereology | 2 | 0 | 2 |
| CO Orthopaedics | 2 | 1 | 1 |
| CO Anaesthetists | 15 | 6 | 9 |
| CO Psychiatry/Mental Health | 2 | 0 | 2 |
| CO Oncology/ Palliative Care | 2 | 0 | 2 |
| BSN Nurse | 12 | 4 | 8 |
| Cardiology Nurse | 2 | 0 | 2 |
| Critical Care Nurse | 20 | 0 | 20 |
| Dental Nurse | 8 | 0 | 0 |
| Forensic Nurse | 2 | 0 | 2 |
| Kenya Enrolled Community Health Nurse | 250 | 3 | 247 |
| Kenya Registered Community Health Nurse | 260 | 66 | 194 |
| Kenya Registered Nurse | 80 | 0 | 80 |
| Enrolled Nurse | 10 | 3 | 7 |
| Nephrology Nurse | 10 | 1 | 9 |
| Oncology Nurse | 10 | 0 | 10 |
| Ophthalmic Nurse | 6 | 1 | 5 |
| Paediatric Nurse | 10 | 2 | 8 |
| Palliative Care Nurse | 6 | 0 | 6 |
| Psychiatrist Nurse | 20 | 2 | 18 |
| Registered Midwife | 60 | 66 | 6 |
| Sign Language Nurse | 2 | 1 | 1 |
| Theatre Nurse | 60 | 2 | 58 |
| Anaesthetist Nurse | 4 | 1 | 3 |
| Accident & Emergency Nurse | 10 | 1 | 9 |
| Pharmacist | 6 | 5 | 1 |
| Clinical Pharmacist | 4 | 0 | 4 |
| Oncology Pharmacist | 1 | 0 | 1 |
| Pharmaceutical Technologist | 10 | 7 | 3 |
| Plaster Technologist/Technician | 6 | 3 | 3 |
| Orthopaedic Technologist | 6 | 1 | 5 |
| General Physiotherapist | 12 | 4 | 8 |
| BSC Physiotherapist | 2 | 0 | 2 |
| Specialized Physiotherapist | 2 | 0 | 2 |
| Occupational Therapist | 12 | 4 | 8 |
| Clinical Psychologist | 2 | 0 | 2 |
| Dental Officers | 10 | 1 | 9 |
| Oromaxillofacial Surgeon | 2 | 0 | 2 |
| Paediatric Dentist | 6 | 0 | 6 |
| Orthodontist | 2 | 0 | 2 |
| Dental Technologist | 10 | 1 | 9 |
| Community Oral Health Officers | - | 1 |  |
| General Radiographer | 10 | 4 | 6 |
| Dental Radiographer | 2 | 0 | 1 |
| Radiology Assistants | 10 | 0 | 10 |
| Ultra sonographer | 2 | 0 | 2 |
| Mammographer | 1 | 0 | 1 |
| CT Scan/MRI Radiographer | 3 | 0 | 3 |
| Therapy Radiographer | 2 | 0 | 2 |
| Nuclear Medicine Technologist | 2 | 0 | 2 |
| Radiation Monitoring & Safety Officer | 1 | 0 | 1 |
| Health Promotion Officers | 6 | 0 | 6 |
| Medical Social Worker | 8 | 2 | 6 |
| Medical Superintendent | 1 | 1 | 0 |
| Health Administrative Officers | 2 | 2 | 0 |
| Human Resource Management Officer | 2 | 2 | 0 |
| Clerks | 20 | 5 | 15 |
| Secretaries | 2 | 3 | 1 |
| Accountants | 6 | 1 | 5 |
| Supply Chain Assistant | 6 | 4 | 2 |
| Supply Chain Officer | 2 | 2 | 0 |
| Health Records Information Management - HRIMO | 12 | 6 | 6 |
| ICT Officer | 4 | 3 | 1 |
| Medical Engineer | 2 | 0 | 2 |
| Medical Engineering Technologist | 8 | 2 | 6 |
| Medical Engineering Technician | 6 | 2 | 4 |
| Medical Laboratory Technologist | 50 | 16 | 34 |
| Nutrition & Dietetic Officer | 20 | 0 | 20 |
| Nutrition & Dietetic Technologist | 12 | 0 | 12 |
| Nutrition & Dietetic Technician | 1 | 1 | 3 |
| Cateress | 2 | 2 | 0 |
| Public Health Officers | 4 | 1 | 3 |
| Community Health Volunteer (CHV) | - | 4 | - |
| Cooks | 20 | 3 | 17 |
| Drivers | 15 | 6 | 9 |
| Support Staff | 60 | 20 | 40 |
| Mortuary Attendant | 10 | 2 | 8 |
| Security | 16 | 8 | 8 |
| Cleaners | 15 |  |  |

## 1.4 NEIGHBOURING HEALTH FACILITIES

Vihiga County has 4 sub-county hospitals, 18 health centers, 23 dispensaries and a number of private and mission hospitals and clinics. The hospital serves as the county referral hospital and is gazetted as a level 5 health institution thus handling critical cases referred from the above lower level facilities. Cases requiring specialized care are referred from dispensaries/clinics (Level 2), health centers (Level 3), sub county hospitals and mission hospitals (Level 4)either sequentially or directly.

## 1.5 THE BURDEN OF DISEASE

Two out of every 10,000 children in Vihiga county die before they reach the age of one (DHIS2, 2015.). The top ten causes of morbidity and mortality for Vihiga County as a whole are as shown below (cases not ranked):

|  |  |  |  |
| --- | --- | --- | --- |
| **TOP MORBIDITY CASES IN OVER 5** | | **TOP MORBIDITY CASES IN UNDER 5** | |
| 1. | Malaria | 1. | Respiratory disease |
| 2. | Respiratory disease | 2. | Malaria |
| 3. | Road traffic injuries | 3. | Disease of the skin |
| 4. | Hypertension | 4. | Diarrhoea |
| 5. | Disease of the skin | 5. | Pneumonia |
| 6. | Urinary tract infections | 6. | Road traffic injuries |
| 7. | Mental illnesses | 7. | Eye infection |
| 8. | Diabetes | 8. | Ear infection |
| 9. | Pneumonia | 9. | Urinary tract infections |
| 10. | Diarrhoea | 10. | Anaemia |

|  |  |  |  |
| --- | --- | --- | --- |
| **OVER 5 TOP MORTALITY CASES** | | **UNDER 5 TOP MORTALITY CASES** | |
| 1. | Severe malaria | 1. | Severe malaria |
| 2. | Severe pneumonia | 2. | Severe pneumonia |
| 3. | Cerebrovascular accidents | 3. | Meningitis |
| 4. | Diabetes related complications | 4. | Sepsis |
| 5. | Cancer | 5. | Gastroenteritis |
| 6. | Sepsis |  |  |

VCRH vital statistics for the year 2016 was as follows:

|  |  |
| --- | --- |
| **Total Outpatient cases** | **68 654** |
| **Total Number of admissions** | **6 752** |
| Doctor to patient ratio | 1:278 |
| Nurse to patient ratio | 1:189 |
| **Maternity** |  |
| Average length of stay | 3 |
| Percentage occupancy | 112% |
| Annual maternal deaths | 7 |
| Maternal death proportion | 1:23286 |
| **Over 5** |  |
| Percentage occupancy | 110% |
| Average length of stay | 8 |
| Annual HTN cases at VCRH | 4334 |
| Annual diabetes cases at VCRH | 2020 |
| **Under 5** |  |
| Percentage occupancy | 101% |
| Average length of stay | 3 |
| Annual neonatal deaths | 97 |

## 

## 1.6 TRAINING AND RESEARCH

The hospital serves as an internship center and a training institution for students from the Kenya Medical Training College (KMTC). The hospital has participated in various health research programs in collaboration with institutions such as KEMRI Wellcome Trust, NASCOP and Malaria Control Program contributing to the body of scientific knowledge.

# **SECTION 2:**

# VISION, MISSION AND CORE VALUES

The vision, mission and core values of VCRH define the purpose of the hospital, what it endeavors to accomplish, and the guiding principles. These three dimensions should drive the hospital and motivate staff in all activities undertaken. The vision also communicates the hospital’s long term aspirations to the community and strategic partners. The priority goal is to transform VCRH to a Level 5 health facility and to develop and strengthen sustainable system for health service delivery.

|  |
| --- |
| **VISION** |
| **A facility of choice in health care provision** |
| **MISSION** |
| **To provide quality preventive, curative and rehabilitative health care services.** |
| **CORE VALUES** |
| * **Accountability** * **Commitment** * **Integrity** * **Teamwork** * **Innovation** * **Professionalism** |

# **SECTION 3:**

# **SITUATIONAL ANALYSIS VIHIGA COUNTY AND REFERRAL SYSTEM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HEALTH PILLAR AREA** | **STRENGTHS** | **WEAKNESSES** | **OPPORTUNITIES** | **THREATS** |
| ***Health Service Delivery*** | 1. Available skills and experience for a wide range of services 2. Services are generally affordable and cost-effective. 3. Services are equitable and compassionate. | 1. Compromise in quality of service due to limited resources and lack of some new technologies.  2. Lack of a structured referral system.  3. Absence of diversified sub-specialty services.  4. Non-structured clinical supervision.  5. Lack of internal guiding standard operating procedures (SOPs) in most clinical areas.  6. Clinical research not given a priority.  7. Poor clinical data capture and record keeping. | 1. Abundance of tertiary facilities that can adequately provide redistributed services  2. Existing centers that can rapidly be turned into centers of excellence  3. Existing pool of generalists and specialists in the county. | 1. Better services offered by some institutions in the county and in neighboring counties  2. Increasing litigation  3.High poverty levels in the catchment area  4. Unpredictable interruption of service due to industrial action. |
| ***Leadership and governance*** | 1. Existence of a hospital management system.  2. Presence of partners.  3. Availability of governance system.  4. Existence of planning and monitoring system.  5. Committed leadership.  6. Presence of hospital committees.  7. Departmental meetings  8. Availability of administrative tools/manuals/protocols | 1.Poor co-ordination between partners and facility  2. Lack of a monitoring and evaluation (M & E) system.  3. Lack of implementation of plans made.  4. Dormant regulatory framework.  5. Misplacement of personnel in terms of skills, experience and scope.  6. Lack of clear criteria for selection of office bearers.  7. Parallel reporting lines for different hospital sections.  8. Poor linkage between committees and HMT  9. Poorly defined committees. | 1. Existing national pool from which certain levels of competence can be drawn.  2. Personnel trained in management.  3. The existing national health act. | 1. Political interference or considerations in appointments.  2. No set criteria for qualifications. |
| ***Health Financing*** | 1. Existing revenue collection system. 2. Existing financial information management system. 3. Decentralized pay points within facility. 4. Robust accounts and procurement departments. 5. Wide range of services and service points. 6. NHIF and free maternity refunds. 7. Automated pay points. | 1. Weak internal audit and accounting systems. 2. Non-prioritized budgeting and expenditure processes. 3. Frequent commodity stock-outs affecting financial collections. 4. Pilferage. 5. Poorly functioning social services. 6. Lack of financial autonomy of the facility. 7. Insufficient and unpredictable funding. 8. Lack of involvement of key personnel in budgetary allocation. 9. Lack of back-up for automated payment system. | 1. Collaboration with NHIF and community based organizations (CBOs). 2. Availability of other health insurers. 3. Availability of cost-sharing funds. | 1. External interference 2. Competition from private sector. 3. Service disruption due to industrial actions. 4. A large non-insured population. 5. Few partners. 6. Late cash remission from county or central government. |
| ***Health Workforce*** | 1. Existing multi-disciplinary health workforce. 2. Annual recognition and reward ceremony. 3. Existence of a staff welfare committee. 4. Existing appraisal system. 5. Existence of human resource advisory committee 6. Annual staff induction. 7. Routine supervision by heads of department. 8. Existence of regulatory bodies for different health cadres. 9. Partners’ support in training of staff on short courses. 10. Existing internship center for most cadres. 11. Partners recruiting /supporting staff working in the facility. 12. A number of staff vaccinated against infectious diseases. | 1. Inadequate staff. 2. Lack of a skills inventory. 3. Lack of an occupational safety and health strategy. 4. Delays in staff promotion 5. Irregular recognition and reward ceremonies. 6. Dormant staff welfare committee with poor inter-cadre cooperation. 7. Lack of a scheme for staff wellness. 8. Lack of appraisal system for most cadres. 9. Lack of enforcement of the code of regulations. 10. Lack of consistent induction of new staff. 11. Lack of a structured system of supportive supervision. 12. Lack of sponsorship from the department of health on scientific courses. 13. Lack of a hospital internship/attachment policy. | 1. Abundance of training opportunities in the country 2. Collaboration with higher learning institutions such as Maseno University and Kenya Medical Training Centre (KMTC). 3. Existing staff with capacity for further training. | 1. Facilities offering better terms of service to healthcare workers.  2. Negative public opinion. |
| ***Health Products and Technologies*** | 1. Qualified personnel trained on commodity management. 2. Air conditioning units for temperature regulation for several stores. 3. Pre-qualified commodity suppliers with fair charges. 4. Availability of blood bank storage; up to 700 units capacity. 5. Availability of an inspection and acceptance committee. 6. An active Medicines and Therapeutics Committee (MTC) for rational medicines and diagnostics utilization. 7. Pharmacovigilance sentinel site (centre of excellence; C.O.E.) and medication error reporting done. 8. Availability of SOPs. 9. Existence of a hospital drug formulary. 10. Procurement system in place. 11. Some supplies reasonably stocked throughout the year. 12. Functional pharmacy and laboratory. 13. Imaging services inclusive of ultrasound machine X-ray, Orthopantogram (OPG) , Mammogram, C-Arm Image Intensifier (CIAM) | 1. Frequent commodity stock outs and erratic procurement processes through the county. 2. Inadequate information, education and communication (IEC) and in-process quality control (IQC) materials. 3. Lack of ability to assure quality at facility level. 4. Inadequate storage space across all departments. 5. Lack of a proper product disposal mechanism – incinerator. 6. Unsatisfactory accountability for commodities. 7. Lack of a screening tool for multiple maladies. 8. Un-serviced air conditioners. 9. Insufficient refresher training opportunities for lab staff. 10. Lack of microbiology culture and sensitivity testing. 11. Lack of piped oxygen at user departments. 12. Poor clinical access to radiological images. 13. Lack of specialized tests such as a CT scan machine. 14. Lack of an infusions unit. | 1. Available space for expansion. 2. An existing plan to establish an infusions unit. 3. Plan to pipe oxygen to all user areas. 4. Existing partners with screening tools for comorbid conditions; responsive scales. 5. Existing plan for capacity building on commodity management. 6. Partnership with Palladium, KEMSA, MEDS, GIS, Malaria Care, APHIA Plus. | 1. Existing chemists around the facility 2. Mushrooming private hospitals that are well stocked. 3. Surrounding health facilities offering free services. 4. Inadequate financing. 5. Minimal involvement of user departments during procurement by the county. 6. Some products and technologies unaffordable to a number of clients. 7. Inflation rate. |
| ***Health Research and ICT*** | 1. Partially implemented HMIS. 2. Availability of information tools and SOPs. 3. 10 Computers available. 4. Existing M&E team. 5. Few dashboards available. 6. Existence of a data center. 7. Presence of partners e.g. KEMRI 8. Presence of surveillance team. 9. Communication channels in place. 10. Partial networking in place. 11. Existing CCTV. 12. Trained records officers. 13. Collaboration of KEMRI Wellcome Trust with the pediatric department. | 1. HMIS not covering all service points 2. Lack of capacity building on HMIS and surveillance. 3. Deficit of 90 computers. 4. M & E team not adequately trained. 5. Key departments lacking dashboards. 6. Inadequate information tools. 7. Lack of back-up for data e.g. Data clouds 8. Lack of a Research and Ethics Training committee with no existing research and training strategy. 9. Inadequate sensitization of HCWs on health surveillance. 10. Inadequate communication system i.e. Switchboard. 11. Inadequate SOPs for reporting and guidelines. 12. Inadequate sensitization of HCWs and clients on health information policy. 13. Inadequate files with poor storage and retrieval. 14. Lack of involvement of users in development of ICT. 15. Poor documentation inclusive of death notices and certificates. | 1. Internet access and upcoming fiber optic connection. 2. Available computers for expansion of ICT. 3. Plan to establish a monitoring and evaluation team. 4. Existing plan to establish data clouds. | 1. Risk of unauthorized access to patient information. 2. Neighboring facilities with established ICT infrastructure. |
| ***Health Infrastructure*** | 1. Hospital structure with existing hospital master plan. 2. Existing IT infrastructure. 3. Availability of some machinery and equipment. 4. Recent upgrade of plant. 5. CCTV in place. 6. 165-bed in-patient capacity. 7. Renal unit with 5 hemodialysis machines. 8. Special outpatient clinics and designated A&E area with a minor theatre. | 1. Inadequate staff houses. 2. Lack of proper training on handling of the machinery and equipment. 3. Lack of a functioning incinerator. 4. Inadequate working space. 5. Lack of important machinery and equipment. 6. Lack of policy framework to guide renovations on the existing physical infrastructure. 7. Lack of policy on purchase/donations of equipment/vehicles and plant machinery including maintenance. 8. Lack of proper signage. 9. Lack of proper inventory systems in place in terms of vehicles, buildings, equipment and machines. 10. Inadequate funding to undertake infrastructural changes. 11. Lack of disability friendly environment. 12. Shared male and female medical and surgical wards. 13. Absence of acute areas, isolation rooms, examination and procedure areas in wards. 14. Insufficient bed capacity. 15. Lack of ICU, paediatric renal unit, newborn ICU (NICU) and pediatric ICU (PICU) and pediatric emergency unit 16. Insufficient newborn unit space and baby cots. | 1. Availability of space for expansion (preferably storey buildings). 2. Availability of partners to train users. 3. County health budget. 4. Proposed new hospital plaza. 5. Partnership with GIZ for newborn unit. | 1. Substandard work by contractors. 2. Inadequate funding from the county. 3. High cost of construction materials. 4. Competitors/ institutions with superior infrastructure. 5. Political interference. |

# **SECTION 4:**

# **THE STRATEGIC OBJECTIVES**

The strategic objectives in this section were developed through a process that included a current state assessment, environmental scan and comprehensive internal engagement. To support Vihiga County Referral Hospital in achieving its mission and long term plans, seven strategic objectives have been identified to enable the hospital to adjust and focus its resources and to mobilize stakeholders in a clearly defined and common direction.

**Enhance optimization of health workforce size, skills, motivation and distribution**.

**Ensure efficient and effective management, leadership and governance system**.

**Efficient information and research system**

**Ensure availability, rational use of effective and affordable health products and technologies**

**Enhance efficiency and effectiveness of clinical services**

**Increase resource mobilization**

**Modernize and revolutionize health infrastructure**

## **LEADERSHIP AND GOVERNANCE**

VCRH is run by the Hospital Management Team under the leadership of the Medical Superintendent and supervision by the Hospital Management Committee. The Hospital Management Committee is appointed by the CEC Health under Act 235 (1) (b) Constitution of Kenya 2010 and Section 67 of the County Governments Act 2012; and represents the interests of the community. The medical superintendent reports to the County Health Management Team through the County Director of Health. The County Director of Health in turn reports to the Chief Officer of Health and gives technical advice to the County Executive Committee member of Health (who heads the Department of Health) and the County Governor.

Vihiga county referral hospital needs to build up capacity required to undertake stewardship functions. The current organogram(See Appendix 3) will berestructured to clearly indicate reporting lines and command structure of the hospital.

Strategies

To attain these the facility will;

1. Establish an effective and efficient hospital management leadership and governance system.
2. Improve health governance system.
3. Improve stewardship on health management agenda.
4. Streamline health partnership arrangements.
5. Enhance stakeholder coordination and participation.

## **4.2 HEALTHWORKFORCE**

Vihiga County Referral hospital’s health workforce is composed of various cadres who are pivotal in healthcare delivery. Utilization of the various cadres is geared towards an efficient healthcare system.The hospital aims at motivating its workforce towards attaining its full potential.

The facility will put in place specific measures and strategies to deal with shortageof workforce and improve staff motivation.

Strategies

To attain the strategic objective the facility will:

1. Ensure appropriate distribution of health work force. The facility will ensure fair distribution of the health workers in accordance to qualifications and cadre.

2. Improve attraction, motivation and retention of healthcare force. The facility will embark on reward systems and recognition of outstanding performance amongst its workforce.

3. Improve staff performance appraisal. Appraisal reports emanating from personal goals aligned to departmental goals to be undertaken quarterly.

4. Enhance training, capacity building and skills.The facility will enhance career growth of its staff by promoting the undertaking of short and long term courses.

## **4.3 HEALTH PRODUCTS AND TECHNOLOGIES**

To deliver on its level 5 status the facility will need an efficient and regular supply of drugs and non-pharmaceuticals.This will be achieved through various strategies.

Strategies

1. Offer stewardship of health products and technologies management.The Medical Therapeutics Committee (MTC) to appoint a subcommittee that will oversee this function.
2. Monitor & evaluate the commodity management cycle. The MTC to set up a subcommittee to undertake M and E function.
3. To ensure the availability and rational use of effective, safe and affordable health products and technologies. This to be undertaken in conjunction with supply agencies like KEMSA and MEDS for commodity availability.

## **4.4 HEALTH FINANCING**

Whereas the facility will continue to depend much on external financing from the county, national mechanisms and other agencies, formulation of policies geared towards financial semi-autonomy of the institution is paramount to enhance service delivery. With this in mind, the facility will adopt the following strategies:

Strategies

1. Lobby for retention of FIF and subsequently set departmental collection targets.
2. Increase resource mobilization. This will be done through identification of potential donors to fund various programs in the facility.
3. Streamline the budgeting process. The facility to hold quarterly HMTs budget review meetings.
4. Streamline expenditure process.
5. Strengthen accountability system.HMT to set up a strong audit and monitoring system to oversee accountability.

## **4.5 HEALTH SERVICE DELIVERY**

Client satisfaction through quality health care service provision is a core mandate of the hospital. This will be achieved through various departments working together.Being a newly gazetted Level Five hospital, this will call for improvement in the scope and upgrade of services through the following strategies:

Strategies:

1. Scale up the scope of clinical services.This is to be done through expansion of hospital infrastructure and sourcing for more workforceamong the various cadres.
2. Improve the quality of clinical care.
3. Enhance efficiency and effectiveness of clinical services.

## **4.6 HEALTH INFORMATION & ICT**

Hospital operationsrequire a well-functioningHMIS that is supported by a robust ICT systemto facilitate the management of the institution and service delivery.

Strategies

1. Upgrade the existing HMIS in the facility. Sourcing of potential partners to assist in upgrading of the HMIS.
2. Strengthen the hospital security surveillance through an efficient CCTV surveillance.
3. Improve the internal communication system in the facility.Upgrading of the hospital telephone network by acquisition of more telephones to be distributed departmentally.
4. Ensure accessibility, availability and accuracy of hospital data. Regular sensitization meetings by ICT staff to enable accessibility of data.

## **4.7 HEALTH INFRASTRUCTURE**

The hospital needs well-established infrastructure fordelivery of quality services. The infrastructure is to be maintained regularly.

Strategies:

1. Modernize and upgrade health infrastructure.
2. Adopt evidence based health infrastructure investments. Ensure maintenance and replacement of the existing physical infrastructure as perexisting norms, standards and policies.
3. Optimize utilization of existing physical space.
4. Expand the scope of medical equipment and vehicles by acquiring new ones and maintaining existing ones

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# **SECTION 5:**

# **IMPLEMENTATION PLAN**

Successful implementation of this strategic plan will call for significant coordination of many activities geared to the same goal. This requires effective projectmanagement, change management and well planned timelines. This 5 year plan will be implemented through the AWPs which will need therefore to be aligned to this Strategic Plan. All hospital and staff functions/duties/activities are to implement the plan and will be derived from herein.

It will therefore be vital to ensure that activities captured in the AWPs are specific to prioritize the needs of the hospital which should also be reflected in the quarterly improvement report plans.

In areas where VCRH depends on partnerships for implementation, it will also be essential that assumptions and risks are identified and mitigation strategies applied. A great amount of effort, communication and engagement with staff, the community and partners will be required to successfully implement the strategic objectives.

The senior management is committed to effective communication and transparency in decision making.

With acquisition of the Level 5 status, the staff are willing to implement proposed changes which have been considered during the strategic planning process. Any emerging issues will be captured in the midterm evaluation of this plan.

Each of the seven strategic objectives will have specific approaches and activities to be covered within a given timeline. Several priority implementation approaches have been identified throughout the strategic planning process and are described in the subsections of Table….

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Priority Area | Priority Strategy | Strategic Objectives | Specific Objectives | KEY ACTIVITIES | | TARGETS | TIMELINES | | | | |
| 18 | 19 | 20 | 21 | 22 |
| Health Financing | To become a financially self-sustaining referral facility by 2022 | Increase Resource mobilization |  | Networking all revenue generating departments | To network 32 depts. | | X | X | X | X | X |
|  |  | Setting departmental financial targets | To set targets by 32 depts. | | X |  |  |  |  |
|  |  | Reviewing departmental service charges | To review charges for 32 depts. | | X |  |  |  |  |
|  |  | Establishing a facility NHIF committee | To establish an NHIF committee | | X |  |  |  |  |
|  |  | Collecting and banking cash | To bank collections daily | | X | X | X | X | X |
| Streamline the Budgeting process |  | Establishing a budget committee | To establish a budget committee | | X |  |  |  |  |
|  |  | Prepare a facility budget guideline | To prepare a budget guideline | | X |  |  |  |  |
|  |  | Sensitizing HODs on budgeting | To Sensitize 32 HODs on budgeting | | X | X | X | X | X |
| Lobby retention of FIF |  | Conducting EEC meetings | To conduct 4 meetings per year | | X | X | X | X | X |
|  |  | Conducting ad hoc I&A committee meetings | To conduct ad hoc I&A meetings | | X | X | X | X | X |
|  |  | Lobbying the County Executive and Assembly on retention of FIF | To Lobby the County Executive and Assembly | | X |  |  |  |  |
|  |  | Sensitizing HODs on expenditure | To Sensitize 32 HODs on expenditure | | X | X | X | X | X |
| Strengthen Accountability systems |  | Setting up suggestion boxes | To fix 6 suggestion boxes | | X |  |  |  |  |
|  |  | Formation of a facility AC committee | To constitute an ACC | |  |  |  |  |  |
|  |  | Procurement and installation of FMIS software | To procure and install IFMIS software | |  |  |  |  |  |
|  |  | Conducting internal financial audits | To conduct 4 audit meetings per year | |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Priority Area | Priority Strategy | Strategic objectives | Specific objectives | Key Activities | Targets | Timelines | | | | |
|  |  |  |  |  |
| Leadership and Governance | To have an effective and efficient hospital management leadership and governance system | To improve health governance system | To ensure regular scheduled meetings | Monthly HMT meetings | 60 meetings | X | X | X | X | X |
| Quarterly HMC meetings | 20 meetings | X | X | X | X | X |
| Train hospital committees | 2 Trainings | X |  | X |  |  |
| To restructure existing organogram | Restructure existing organogram | 5 times | X | X | X | X | X |
| To ensure a structured health management according to existing policies according to existing policies | Recommend the structuring of hospital management according to existing policies | 2 recommendations | X |  | X |  |  |
| To improve stewardship on health management agenda | To empower hospital leadership on management skills | Sponsor the hospital managers on leadership courses | 20 trained managers | X | X | X | X | X |
| To have transparency and accountability in resource utilization | Involve all the departments in budgeting process | 5 budgets | X | X | X | X | X |
| Present hospital financial report to the staff | 5 reports | X | X | X | X | X |
| To ensure the development of an annual work plan | Develop AWP | 5 Plans | X | X | X | X | X |
| Implement AWP | 5 | X | X | X | X | X |
| Sensitize all the stakeholders  in AWP development process | 5 sensitization meetings | X | X | X | X | X |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Priority Area | Priority Strategy | Strategic Objectives | Specific Objectives | Key Activities | Targets | Timelines | | | | |
| 18 | 19 | 20 | 21 | 22 |
| Healthcare workforce | Optimization of health workforce size, skills,  Motivation and distribution | To ensure appropriate distribution of health work force | To ensure adequate staff as per norms and standards | Place a request for more staff | 5 (as annexed in figure x) | X | X | X | X | X |
| Deployment of recruited staff | 10 Deployments | X | X | X | X | X |
| To improve attraction, motivation and retention of healthcare force | To achieve a highly motivated work force | Conduct annual staff award | 5 award ceremonies | X | X | X | X | X |
| To strengthen the staff welfare | Hold hospital staff welfare committee meetings | 20 meetings | X | X | X | X | X |
| Recruitment of staff to the welfare | 20 recruitment drives | X | X | X | X | X |
| To improve staff performance appraisal | To strengthen staff appraisal management system | Capacity build HODs on appraisal system | 5 HOD trainings | X | X | X | X | X |
| Conduct quarterly staff appraisal | 20 | X | X | X | X | X |
| To enhance training, capacity building and skills | To ensure that staff are highly trained | Conduct staff induction on code of regulations | 10 Trainings | X | X | X | X | X |
| To strengthen continuous professional development | Conduct internal and external CMEs | 200 CMEs | X | X | X | X | X |
| Sponsor staff for scientific conferences and higher training | 250 staff sponsored  50 staff released | X | X | X | X | X |
| *Recommend staff for upgrading* | 40 staff recommended | X | X | X | X | X |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Priority area | Priority Strategy | Strategic Objectives | Specific Objectives | Key Activities | Key Inputs | Targets | Timelines | | | | |
| 18 | 19 | 20 | 21 | 22 |
| Health Products and Technologies | To ensure the availability and rational use of effective, safe and affordable health products and technologies | To offer stewardship of health products and technologies management | To establish and operationalize a HPT committee | Setting and orientation of a committee | Personnel, stationery, reference materials, Logistics | 1committe | X |  |  |  |  |
| Prepare and implement AWPs | Stationery, TWG computer, money, venue | 5 AWPs | X | X | X | X | X |
| Prepare and ensure use SOPs | Stationery, personnel, computer, money, venue, airtime | 7 SOPs | X |  | X |  | X |
| Strengthen and broaden product vigilance for quality, safety and efficacy | Reporting tools, personnel, meetings, benchmarking | 20 reports | X | X | X | X | X |
| To establish effective and reliable procurement and supply management system | Quantification and forecasting of commodities | Pricelists, budget, personnel, stationery, computer, internet, consumption & morbidity data, venue, allowances | 5 procurement plans | X | X | X | X | X |
| Capacity building of staff | Personnel, stationery, venue, allowances, computer, projector, job aids, training materials | 70 trained commodity manager | X |  |  |  |  |
| To define and apply an evidence-based package of essential health products and technologies | To develop an essential list and specifications HPT | Consolidation of standard and current EHPT | Lists from departments, computer, venue, allowances, stationery | 1 master commodity list | X | X | X | X | X |
| To review and update EHPT lists | Carry out consultative fora | Master commodity list, updates from various sectors, venue, computer, allowances, stationery | 4 updated commodity lists |  | X | X | X | X |
| To foster evidence based practice of commodity management | Carry out  Culture and sensitivity | Culture plates, media, sensitivity discs, personnel, autoclave, working space, equipment | 1 microbiology unit | X | X | X | X | X |
| Carry out rapid chemical testing | Rapid scan machine, personnel, printer, commodities, quarantine space | 20 cycles of testing | X | X | X | X | X |
| Carry out infusion production for general purpose | Infusions unit, equipment, ingredients, personnel, storage space, stationery, packaging materials | 1 infusion unit |  |  | X | X | X |
| To monitor & Evaluate commodity management cycle | To establish a supply chain audit mechanism | Carry out stock audits | Personnel, checklist, training, stationery, allowances, stock cards | 10 audit reports | X | X | X | X | X |
| Carry out targeted supportive supervision | Personnel, checklist, stationery | 20 reports | X | X | X | X | X |
| To institute systematic monitoring of HPT utilization | Systematic training of users | Personnel, computer, projector, venue, stationery, allowances, HMIS tool | 50 | X |  |  |  |  |
| upgrade IT systems and link with LMIS | IT expert, money, internet, networking, commodity dispensing system | 1 linked system | X | X | X | X | X |
| Carry out periodic commodity use evaluation (CUEs) | Checklist, personnel, stationery, | 5 reports | X | X | X | X | X |
| Strengthen therapeutics committee meetings | Stationery, refreshments, allowances, staff, venue | 60 meetings | X | X | X | X | X |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Priority Area | Priority Strategy | Strategic Objectives | Specific Objectives | Key activities | Targets | Timelines | | | | |
| 18 | 19 | 20 | 21 | 22 |
| Health information and ICT | Health information and ICT | To have an efficient information system. | To upgrade the existing HMIS in the facility. | Monitoring and evaluation of the system | Full completion and active HMIS | X | X | X | X | X |
| Benchmarking with facilities with HMIS on maintenance and sustainability of the system | Full completion and active HMIS |  | X | X | X |  |
| To strengthen the hospital security surveillance | To upgrade the existing CCTV system | Active CCTV surveillance |  |  | X |  |  |
| To improve the internal communication system in the facility. | To upgrade the telecommunication system to a modern software | 2 modern software and 2 switchboard | X |  |  |  |  |
| To have an accessible, available and accurate data | To partner with networking technological bodies for stable internet in the facility. | Stable internet access | X |  |  |  |  |
| To develop a hospital cloud and data center | 1 data centre |  | X |  |  |  |
| To train HCW on the information system and management | 200 HCWs trained | X | X | X | X | X |
|  |  |  |  | To develop SOPs for dissemination of data for research purpose | All departments with SOPs for research | X |  |  |  |  |
|  |  |  |  | To conduct a facility monthly data review meeting | 12 meetings | X | X | X | X | X |
|  |  |  |  | To constant supply of patient files and cards | 20 | X | X | X | X | X |
|  |  |  |  | To have a printing unit | 2 | X | X |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Priority Area | Priority Strategy | Strategic Objectives | Specific Objectives | Activities | Targets | Timelines Year 20… | | | | |
| 18 | 19 | 20 | 21 | 22 |
| Health Infrastructure | Infrastructure | Modernize and revolutionize health infrastructure. | Develop norms and standards to guide planning, development and maintenance of health infrastructure. | Formation of a committee | 1 committee | X |  |  |  |  |
| Monthly meetings of the committee | 60 meetings | X |  |  |  |  |
| To draw a master plan of the facility | 1 master plan | X |  |  |  |  |
| Adopting evidence based health infrastructure investments, maintenance and replacement of the existing physical through utilization of the available norms and standard initialize with existing policies | Develop planned preventive schedule for the equipment and buildings. | 5 schedules | X | X | X | X | X |
| To expand physical space | benchmarking with facilities on utilization of physical space | 2 benchmarking sessions |  | X |  |  |  |
| To expand the scope of medical equipment and vehicles | Acquiring of the CT scan machine | 1 |  |  | X |  |  |
| To equip all the service point with modern equipment. | All service points | X | X | X | X | X |
| To have a modern equipped ambulance and supportive vehicles | 3 ambulances and 2 utility vehicles and welfare bus |  | X | X | X | X |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PRIORITYAREA | PRIORITYSTRATEGY | STRATEGICOBJECTIVES | SPECIFICOBJECTIVES | KEYACTIVITIES | TARGETS | Timelines Year 20… | | | | |
| 18 | 19 | 20 | 21 | 22 |
| Service Delivery | Broaden the scope and enhance the quality of clinical services to meet set standards for a level 5 facility, | To scale up the scope of clinical services | To roll out additional services |  |  |  |  |  |  |  |
| Appendix1  A:ENT  B:Pathology  C:ICU/HDU  D:Palliative Care  E:PEW  F-Psychiatry  G-Oncology  H-Youth and Adolescent Clinic  I-Upgrade A&E  J-Cardiac Unit  K-Blood Bank Satellite Unit | Set up new services as outlined in appendix 1 | 11 new unit set up |  | B  I  K | D  F  G  H | A  C  E  J |  |
| To modernize and/or upgrade existing health services |  |  |  |  |  |  |  |
| Appendix 2 Bed spaces  A:male medical 32  B-male surgical 32  C:female medical 32  D:Female surgicals-32  E: Gyn-20  F: Newborn20  G: Ophthalmology 15  -F ENT -15  G:Pych 32 | Create separate wards for each clinical discipline with capacity as outlined in appendix | 230 Additional bed space |  |  | ABCDE  F | GH |  |
| Appendix 3   1. NCD clinics   B- Endoscopic services  B1- GI endoscopy  B2- Laparoscopy  B3- Bronchoscopy  C - CT scan  D – MRI | 2.1.2 Advance some of the existing services as in appendix 3 | 3 New advanced services introduced |  |  | AB3 | B1  C | B2  D |
| To improve the quality of Clinical care | To Promote Safe Clinical Practice | Hold scheduled CMEs( hospital and departmental) | 40 CMEs each year |  | X | x | x | X |
| Hold scheduled departmental clinical audits | -12 per year per department |  | X | x | x | X |
| To develop, adapt or adopt clinical care SOPs appendix 4 | 10 Written SOPs as in appendix 3 |  | ABC | DEF |  |  |
| To hold scheduled teaching ward rounds/procedures in all admitting departments | 2 Major ward rounds per week  30 major procedures per week in each surgical discipline |  | x | x | x | X |
| Develop internal consultation and referral protocols | Protocol document produced by 2018 |  | x | x |  |  |
| * To increase food supply in the entire facility | Improve patient diet. | Constant supply of food | X | X | X | X | X |
| To expedite the provision of health services | Restructure patient flow | 2 Counter machines  1 Cue management equipment |  | x | x | x | X |
| Improve hospital/departmental signage | All departments with proper signage |  | x | x | x | X |
| Establish client feedback/complaint mechanism | 2 Hotlines  6 suggestion boxes in strategic places |  | x | x | x | X |
| To promote clinical research | Establishment hospital Ethics and Research Committee | 12 proposals reviewed per year |  | X |  |  |  |
| Staff training and sensitization on research | Train 20 clinical staff Per year |  | X | X | X | X |
| Establish written research guidelines | Manual produced by 2020 |  | X | X | X |  |
| To enhance efficiency and effectiveness of clinical service | To promote real-time electronic clinical data capture, storage and use at all service points | Complete the establishment and integration of the HMIS | Complete networking by 2018 |  | X |  |  |  |
| Train staff on The system (HMIS) | Continuous training of clinical staff |  | X | X | X | X |
| Establish and link system for telemedicine | Link to 5 centers of excellence | X | X | X | X | X |
| To establish an efficient client triage system |  | X |  |  |  |  |
| Establish, equip and operationalize a triage centre | One triage center | X |  |  |  |  |

# **SECTION 6:**

# **MONITORING AND EVALUATION**

This section presents how the strategic objectives will be monitored and evaluated. It outlines the performance indicators and timelines anticipated. Routine monitoring shall be scheduled yearly based on the annual work plans. The mid-term evaluation shall be carried out in 2020 and the summative evaluation at the end of the period. The Hospital Management Team shall hold quarterly and annual performance review with all health stakeholders on activities carried out in the facility within that period to document achievements/constraints and challenges.

The M&E framework shall be the basis for:

* Guiding decision making in the facility,
* Guide implementation of services by providing information on investment outputs and outcomes.
* Guiding information dissemination and use amongst its stakeholders and with the public
* Providing a unified approach to monitoring progress by all hospital stakeholders
* Formulation of hospital annual work plans

## 6.1 M&E FRAMEWORK

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Strategic Objective and indicators | Targets | | | | |
| 2018 | 2019 | 2020 | 2021 | 2022 |
| **SO 1: Enhance financial viability and sustainability** | | | | | |
| % increase in annual hospital income | 25 | 25 | 25 | 25 | 25 |
| % increase in annual hospital income from partners | 10 | 10 | 10 | 10 | 10 |
| % increase in user fee collection | 30 | 30 | 30 | 30 | 30 |
| % increase in NHIF reimbursements | 10 | 10 | 10 | 10 | 10 |
| **SO 2: To strengthen hospital management and governance** | | | | | |
| No. of HMT members trained on leadership and management | 4 | 4 | 4 | 4 | 4 |
| Restructured hospital organogram | 1 | - | - | - | - |
| No. of HMT meetings held | 12 | 12 | 12 | 12 | 12 |
| % of hospital sub-committee meeting as scheduled | 100 | 100 | 100 | 100 | 100 |
| No. of HMC meetings held | 4 | 4 | 4 | 4 | 4 |
| % of Annual Work Plan activities implemented | 80 | 80 | 80 | 80 | 80 |
| No. of hospital financial reports shared with staff | 4 | 4 | 4 | 4 | 4 |
| **SO 3: To optimize health workforce size, skills, motivation and distribution** | | | | | |
| % increase in technical staff recruited | 50 | 50 | 50 | 50 | 50 |
| No. of staff released for higher level training | 10 | 10 | 10 | 10 | 10 |
| No of staff sponsored for conferences | 50 | 50 | 50 | 50 | 50 |
| No. of staff awarded for excellence/merit | 35 | 35 | 35 | 35 | 35 |
| % of staff appraised | 100 | 100 | 100 | 100 | 100 |
| No. of reports submitted to HMT by welfare committee | 12 | 12 | 12 | 12 | 12 |
| **SO 4: To strengthen supply chain management of health products and technologies** | | | | | |
| No. of stock audit reports | 2 | 2 | 2 | 2 | 2 |
| % reduction in stock outs of vital commodities | 80 | 50 | 50 | 50 | 50 |
| % fill rate by item and value | 95 | 95 | 95 | 95 | 100 |
| No. of staff trained on commodity management | 15 | 15 | 15 | 15 | 15 |
| Presence of a procurement plan | 1 | 1 | 1 | 1 | 1 |
| No of CUEs carried out | 1 | 1 | 1 | 1 | 1 |
| % of processes with SOPs | 100 | 100 | 100 | 100 | 100 |
| **SO 5: To improve hospital communication and technology** | | | | | |
| No. of service areas networked | 30 | 30 | 30 | 30 | 30 |
| % of staff trained on relevant ICT programs | 100 | 100 | 100 | 100 | 100 |
| % of staff accessing hospital internet | 80 | 80 | 80 | 100 | 100 |
| No. of data review meetings held | 12 | 12 | 12 | 12 | 12 |
| % of service points connected by hospital phone | 100 | 100 | 100 | 100 | 100 |
| No. of days of stationery out-stocks | 0 | 0 | 0 | 0 | 0 |
| **SO 6: To modernize and upgrade hospital infrastructure and equipment** | | | | | |
| No. of new bed spaces created | - | - | 150 | 80 | - |
| Presence of a hospital master plan | 1 | - | - | - | - |
| Acquired CT scan and MRI equipment | 1 (CT) | - | 1 (MRI) | - | - |
| % of departments with equipment SOPs | 100 | 100 | 100 | 100 | 100 |
| % of hospital equipment in functional state | 100 | 100 | 100 | 100 | 100 |
| % of service points with piped oxygen | 100 | 100 | 100 | 100 | 100 |
| No. of functional ambulances | - | 1 | 2 | 1 | - |
| No. of functional utility vehicles | - | 1 | - | 1 | - |
| **SO 7: To broaden scope and improve quality of service delivery** | | | | | |
| No. of additional services rolled out | - | 2 | 4 | 3 | 2 |
| No. of specialized clinics set up | - | 1 | 2 | 2 | 1 |
| No. of specialized/advanced services introduced | - | 1 | 2 | 1 | - |
| No. of hospital CMEs conducted | 48 | 48 | 48 | 48 | 48 |
| Presence of a referral protocol | 1 | - | - | - | - |
| Developed medical consultation policy | 1 | - | - | - | - |
| No. of client feedback review meetings held | 24 | 24 | 24 | 24 | 24 |
| No. of client satisfaction surveys done | 2 | 2 | 2 | 2 | 2 |
| % of departments holding weekly CMEs and audit meetings | 100 | 100 | 100 | 100 | 100 |
| Established Ethics and Research Committee | 1 | - | - | - | - |
| No. of centers linked by telemedicine | - | 2 | 1 | 1 | 1 |
| Presence of a functional triage centre |  |  |  |  |  |

# **SECTION 7:**

# **ASSUMPTIONS**

The strategic objectives and the corresponding activities and implementation plan were developed with full consideration of the following assumptions:

1. Continued political stability in the country and county;
2. The County Government of Vihiga will continue to employ and pay salaries for healthcare workers;
3. Timely and constant support from the County Health Management Team;
4. Increased demand for hospital services;
5. Timely settling of claims by NHIF;
6. Continued support from stakeholders and partners including Red Cross, AMREF, GIZ, GIS;
7. Teamwork and commitment among members of the HMT and HMC;
8. There will be legislation to enhance financial semi-autonomy of the revenue collected at the facility in terms of FIF.

# **SECTION 8:**

# **FINANCIAL IMPLICATIONS**

Several inputs will be required to fulfill this strategic plan. Total financial investment of 2.2 billion will be needed for implementation of the plan over a five year duration. Table…. highlights thefunding requirements for implementation in the key areas over this period.

The projected financial requirements will cover costs related to implementation of activities within the strategic plan. These costs exclude hiring of permanent staff, staff salaries and construction of premises. It is assumed that these costs will be borne by the county government of Vihiga. The plan includes consultancy fees for technical expertise that is not available at the hospital.

Detailed costing for activities is included in the strategic plan appendix. Further details will be included in annual work plans over the five year period.

Table…..

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Strategic Area** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **TOTAL** |
| 1. | Administrative, Planning and Supportive Service | 178,432,877 | 236,787,077 | 298,887,077 | 221,272,077 | 155,872,077 | 1,091,251,185 |
| 2. | Curative Services | 133,545,000 | 145,024,500 | 214,070,200 | 309,551,840 | 321,137,100 | 1,123,328,640 |
| 3. | Promotive and Preventive Services | 944,000 | 8,991,200 | 6,040,760 | 1,092,799 | 1,147,440 | **18,216,199** |
|  | **TOTALS** | 312,921,877 | 390,802,777 | 518,998,037 | 531,916,716 | 478,156,617 | **2,232,796,024** |

**PROPOSED FUNDING SOURCES**

|  |  |  |  |
| --- | --- | --- | --- |
| NO | SOURCE | COST PER ANNUM | 5 YEAR COST |
| 1 | NHIF | 45,000,000 | 225,000,000 |
| **2** | VCG | 264,000,000 | 1,320,000,000 |
| **3** | FIF | 60,000,000 | 300,000,000 |
| **4** | PARTNERS | 20, 000,000 | 100,000,000 |
| **5** | BUDGET DEFICIT | 57,559,205 | 287,796,024 |
|  | TOTAL | 446,559,205 | 2,232,796,024 |

**Medical Superintendent**

**Head of Clinical services**

**Hospital Administrator**

**Hospital Nursing Office**

**Hospital Pharmacist**

**Head of Diagnostic Services**

**Hospital HRIO**

**Paediatrics**

**Surgical**

**Medical**

**Gynaecology**

**MCH/FP**

**CCC/TB**

**Dental**

**OPD**

**Rehabilitative Services**

**Casualty**

**Deputy NO**

**Female Ward**

**Paediatrics Ward**

**Amenity ward**

**Male Ward**

**MCH/FP**

**CCC**

**Casualty**

**Catering**

**Maternity/New-born**

**Deputy HDS**

**Social Work**

**Laboratory Services**

**X-Ray Services**

**Deputy HRIO**

**Medical Records**

**IT Services**

**Pharmaceutical**

**Human Resource**

**Maintenance**

**Support Staff**

**Public Health/Housing**

**Accounts**

**Transport**

**Procurement**

**Laundry**

**Non Pharmaceutical**

**Security**

# APPENDIX 1: SECTIONAL BUDGET

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SPECIFIC OBJECTIVES** | **KEY ACTIVITIES** | **INPUT UNIT** | **COSTING** | **FRQ** | **ANNUAL COST** | **5 YEAR** | **TIMELINES** | | | | |
| 2018 | 2019 | 2020 | 2021 | 2022 |
| **PROGRAM 1: ADMINISTRATIVE PLANNING AND SUPPORTIVE SERVICES** | | | | | | |  |  |  |  |  |
| **Create additional space** | Construct a hospital plaza | **Materials and labour** | **250,000,000** | **1** | **-** | 250,000,000 | **80,000,000** | **80,000,000** | **90,000,000** | **-** | **-** |
| **Improve and expand scope of laboratoryservices** | Establish a modern laboratory | **Materials and labour** | **60,000,000** | **1** | **30,000,000** | 60,000,000 | **-** | **-** | **30,000,000** | **30,000,000** | **-** |
| **Promote Real-Time Electronic Clinical Data Capture, Storage And Use At All Service POINTS** | Establish Client Feedback/Complaint Mechanism | **number of hotlines and suggestion boxes** | **130,000** | **1** | **130,000** | 130,000 | **130,000** | **-** | **-** | **-** | **-** |
| **Establish And Link System For Telemedicine** | number of system linked | 50,000 | 1 | 50,000 | 250,000 | 50,000 | 50,000 | 50,000 | 50,000 | 50,000 |
|  | Improve Hospital/Departmental Signage | No Of Departments With Proper Signage | - | 1 | - | 500000 | 200,000 | - | - | 300,000 | - |
|  | Emergency preparedness funds | - | 2,500,000 | 1 | 2,500,000 | 12,500,000 | 2,500,000 | 2,500,000 | 2,500,000 | 2,500,000 | 2,500,000 |
| Achieve a highly motivated work force | Conduct annual staff award | 10 pax committee | 1,000 | 4 | 40,000 | 200,000 | 40,000 | 40,000 | 40,000 | 40,000 | 40,000 |
| 30 certificates | 300 | 1 | 9000 | 45000 | 9000 | 9000 | 9000 | 9000 | 9000 |
| 25 trophies | 3,500 | 1 | 87,500 | 437,500 | 87,500 | 87,500 | 87,500 | 87,500 | 87,500 |
| 500 participant | 700 | 1 | 350,000 | 1,750,000 | 350,000 | 350,000 | 350,000 | 350,000 | 350,000 |
| 6 tents | 2,500 | 1 | 15,000 | 75,000 | 15,000 | 15,000 | 15,000 | 15000 | 15,000 |
| 1 entertainment group | 7,000 | 1 | 7,000 | 35,000 | 7,000 | 7,000 | 7,000 | 7,000 | 7,000 |
| 1 public address system | 5,000 | 1 | 5,000 | 25,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 |
| 500 chairs | 10 | 1 | 5,0000 | 25,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 |
| Token appreciation | 3,000 | 50 | 150,000 | 750,000 | 150,000 | 150,000 | 150,000 | 150,000 | 150,000 |
| Procure a staff welfare bus | Cost | 10,000,000 | 1 | 10,000,000 | 10,000,000 | 10,000,000 | - | - | - | - |
| Strengthen staff appraisal management system | Capacity build HODs on appraisal system | 20 Conference packages | 2,500 | 1 | 50,000 | 250,000 | 50,000 | 50,000 | 50,000 | 50,000 | 50,000 |
|  | 20 staff transport | 2,000 | 1 | 40,000 | 200,000 | 40,000 | 40,000 | 40,000 | 40,000 | 40,000 |
|  | Conduct quarterly staff appraisal | Venue | - | 4 | - | - | - | - | - | - | - |
|  | 300Appraisal forms | 100 | 1 | 30,000 | 150,000 | 30,000 | 30,000 | 30,000 | 30,000 | 30,000 |
| ensure that staff are trained on code of regulations | Conduct staff induction on code of regulations | Conference package 25pax | 2,500 | 2 | 62,500 | 625,000 | 125,000 | 125,000 | 125,000 | 125,000 | 125,000 |
| 5 facilitators | 2,000 | 2 | 20,000 | 100,000 | 20,000 | 20,000 | 20,000 | 20,000 | 20,000 |
| strengthen continuous professional development | Conduct internal and external CMEs | Venue | 0 | 40 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 Internal facilitators | 0 | 30 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 External facilitators | 5,000 | 10 | 50,000 | 250,000 | 50,000 | 50,000 | 50,000 | 50,000 | 50,000 |
| Sponsor staff for scientific conferences | 50 staff | 100,000 | 1 | 1,000,000 | 25,000,000 | 5,000,000 | 5,000,000 | 5,000,000 | 5,000,000 | 5,000,000 |
|  | Monthly HMT meetings | Venue | - | 12 | - | - | - | - | - | - | - |
| ensure regular scheduled meetings | 20 pax catering | 700 | 12 | 168,000 | 840,000 | 168,000 | 168,000 | 168,000 | 168,000 | 168,000 |
| Daily Subsistence Allowance 20 pax | 1,000 | 12 | 240,000 | 1,200,000 | 240,000 | 240,000 | 240,000 | 240,000 | 240,000 |
| Refreshments 20 pax | 250 | 12 | 3,000 | 15,000 | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 |
| Stationery | 600 | 12 | 7,200 | 36,000 | 7,200 | 7,200 | 7,200 | 7,200 | 7,200 |
| HMC meetings | Venue | - | 4 | - | - | - | - | - | - | - |
| 12 pax Lunch | 700 | 4 | 33,600 | 168,000 | 168,000 | 168,000 | 168,000 | 168,000 | 168,000 |
| 12 pax DSA | 10,000 | 4 | 480,000 | 2,400,000 | 480,000 | 480,000 | 480,000 | 480,000 | 480,000 |
| Stationery | 70 | 4 | 3,360 | 16,800 | 3,360 | 3,360 | 3,360 | 3,360 | 3,360 |
| 12Files | 100 | 1 | 1,200 | 6,000 | 1,200 | 1,200 | 1,200 | 1,200 | 1,200 |
| Refreshments | 250 | 12 | 3,000 | 15,000 | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 |
| Train hospital committees | Venue | - | 1 | - | - | - | - | - | - | - |
| 100 pax Lunch | 700 | 1 | 70,000 | 350,000 | 70,000 | 70,000 | 70,000 | 70,000 | 70,000 |
| Stationery | 100 | 1 | 10,000 | 50,000 | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 |
| Refreshments | 100 | 1 | 10,000 | 50,000 | 10,000 | 10,000 | 10,000 | 10,000 | 10,000 |
| Monthly committee meetings | Venue | - | 12 | - | - | - | - | - | - | - |
| 100 pax Lunch | 700 | 12 | 840,000 | 4,200,000 | 840,000 | 840,000 | 840,000 | 840,000 | 840,000 |
| Stationery | 100 | 12 | 120,000 | 600,000 | 120,000 | 120,000 | 120,000 | 120,000 | 120,000 |
| Refreshments | 100 | 12 | 120,000 | 600,000 | 120,000 | 120,000 | 120,000 | 120,000 | 120,000 |
| Empower hospital leadership on management skills | Preparation of annual work plan and budget | 10 day Conference package 20 pax | 2,500 | 1 | 500,000 | 2,500,000 | 500,000 | 500,000 | 500,000 | 500,000 | 500,000 |
| DSA 20 pax | 2,000 | 1 | 400,000 | 2,000,000 | 40,0,000 | 400,000 | 400,000 | 400,000 | 400,000 |
| Train HODs on Health system management | 5 pax conference package and transport reimbursement | 120,000 | 1 | 600,000 | 3,000,000 | 600,000 | 600,000 | 600,000 | 600,000 | 600,000 |
| Benchmarking | 10 pax DSA | 12,000 | 4 | 480,000 | 2,400,000 | 480,000 | 480,000 | 480,000 | 480,000 | 480,000 |
| Fuel | 6,000 | 4 | 24,000 | 120,000 | 24,000 | 24,000 | 24,000 | 24,000 | 24,000 |
| Sponsor the hospital managers on leadership courses | 4pax | 200,000 | 4 | 3,200,000 | 16,000,000 | 3,200,000 | 3,200,000 | 3,200,000 | 3,200,000 | 3,200,000 |
| Ensure regular stakeholder engagement | Stakeholder meetings | Conference package 100 pax | 2,500 | 2 | 500,000 | 2,500,000 | 500,000 | 500,000 | 500,000 | 500,000 | 500,000 |
| 100 pax DSA | 3,000 | 2 | 600,000 | 3,000,000 | 600,000 | 600,000 | 600,000 | 600,000 | 600,000 |
| To have an efficient health information system | To upgrade the existing HMIS in the facility. | Number of service points networked | 50,000 | 30 | 1,500,000 | 7,500,00 | 1,500,000 | 1,500,000 | 1,500,000 | 1,500,000 | 1,500,000 |
|  |  | System software installation and maintenance | - | 1 | - | 5,600,000 | 4,000,000 | 400,000 | 400,000 | 400,000 | 400,000 |
|  | Training of HCW on HMIS | 200pax conference package | 2,500 | - | 500,000 | 1,000,000 | 500,000 | - | 500,000 | - | - |
|  | Systematic training of users (Dispensing tracking tool) | Number of trainings | 43,500 | - | 43,500 | 43,500 | 43,500 | - | - | - | - |
| To strengthen the hospital security surveillance | Upgrading of CCTV | - | 1,500,000 | - | - | 1,500,000 | - | - | 1,500,000 | - | - |
|  | Maintenance of CCTV system | - | 50,000 | 4 | 200,000 | 1,000,000 | 200,000 | 200,000 | 200,000 | 200,000 | 200,000 |
| To improve the internal communication system in the facility | To upgrade the existing telecommunication system | 2 Software | 1,000,000 | 1 | 1,000,000 | 1,000,000 | - | - | - | - | - |
|  | 2 Switchboard | 1,000,000 | 1 | 1,000,000 | 1,000,000 | - | - | - | - | - |
|  | Maintenance of communication software | 100,000 | 1 | 100,000 | 500,000 | - | - | - | - | - |
|  | Number of months subscribed to network provider | 100,000 | 12 | 1,200,000 | 6,000,000 | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 |
|  | number of projectors | 150,000 | 3 | - | 450,000 | 450,000 | - | - | - | - |
| To have an accessible, available and accurate data | Upgrade IT systems and link with LMIS | Number of system upgrades | 20,000 | 1 | 20,000 | 100,000 | 20,000 | 20,000 | 20,000 | 20,000 | 20,000 |
|  |  | Number of external back up | 500,000 | 2 | - | 1,000,000 | 1,000,000 | - | - | - | - |
|  |  | Number of patient files | 13,450 | 120 | 1,614,000 | 8,070,000 | 1,614,000 | 1,614,000 | 1,614,000 | 1,614,000 | 1,614,000 |
|  |  | 6,000 | 120 | 720,000 | 3,600,000 | 720,000 | 720,000 | 720,000 | 720,000 | 720,000 |
|  |  | number of cards | 16,800 | 10 | 168,000 | 840,000 | 168,000 | 168,000 | 168,000 | 168,000 | 168,000 |
|  |  | installed printing unit | 200,000 | 1 | 200,000 | 200,000 | 200,000 | - | - | - | - |
|  |  | number of accessories | 840,000 | 1 | 840,000 | 4,200,000 | 840,000 | 840,000 | 840,000 | 840,000 | 840,000 |
|  | To develop SOPs for dissemination of data for research purpose | number of SOPs | 5,000 | 1 | 5,000 | 25,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 |
|  | 5,,000 | 1 | 5,000 | 25,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 |
|  | to draw a master plan of the facility | Master plan drawn | 200,000 | 1 | 200,000 | 200000 | 200,000 | - | - | - | - |
| Adopting evidence based health infrastructure investments, maintenance and replacement of the existing physical through utilization of the available norms and standard initialize with existing policies | Develop planned preventive schedule for the equipment and buildings. | number of maintained building and equipment | 8,000,000 | 1 | 8,000,000 | 40,000,000 | 8,000,000 | 8,000,000 | 8,000,000 | 8,000,000 | 8,000,000 |
| To expand the scope of medical equipment and vehicles | Acquire CT scan machine | number of CT scan | 50,000,000 | 1 | 50,000,000 | 50,000,000 | - | 25,000,000 | - | 25,000,000 | - |
| To equip all the service point with modern equipment and furniture | Identify key equipment and machines. | Surgical equipment | 9,618,000 | 1 | 9,618,000 | 9,618,000 | - | - | - | - | - |
|  | 4 dental Chairs | 6,000,000 | 1 | - | 6,000,000 | 2,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 |
|  | Laboratory equipment | 15,400,000 | 1 | 15,400,000 | 15,400,000 | - | 15,400,000 | - | - | - |
|  |  | Electricity | 500,000 | 12 | 6,000,000 | 30,000,000 | 6,000,000 | 6,000,000 | 6,000,000 | 6,000,000 | 6,000,000 |
|  |  | Water | 100,000 | 12 | 1,200,000 | 6,000,000 | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 |
|  |  | Daily Subsistence | 100,000 | 12 | 120,000 | 600,000 | 120,000 | 120,000 | 120,000 | 120,000 | 120,000 |
|  |  | Office Stationery | 100,000 | 12 | 1,200,000 | 6,000,000 | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 |
|  |  | Fuel | 200,000 | 12 | 2,400,000 | 12,000,000 | 2,400,000 | 2,400,000 | 2,400,000 | 2,400,000 | 2,400,000 |
|  |  | Other fuel (Charcoal, Firewood) | 100,000 | 12 | 1,200,000 | 6,000,000 | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 |
|  |  | General maintenance of vehicles and insurance | 80,000 | 12 | 960,000 | 4,800,000 | 960,000 | 960,000 | 960,000 | 960,000 | 960,000 |
|  |  | General maintenance of machinery | 400,000 | 12 | 4,800,000 | 24,000,000 | 4,800,000 | 4,800,000 | 4,800,000 | 4,800,000 | 4,800,000 |
|  |  | Salary for casuals | 100,000 | 12 | 1,200,000 | 6,000,000 | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 | 1,200,000 |
|  |  | Cleaning services | 450,000 | 12 | 5,400,000 | 27,000,000 | 5,400,000 | 5,400,000 | 5,400,000 | 5,400,000 | 5,400,000 |
|  |  | Contracted security | 300,000 | 12 | 3,600,000 | 18,000,000 | 3,600,000 | 3,600,000 | 3,600,000 | 3,600,000 | 3,600,000 |
|  |  | Airtime and hospital phone | 25,000 | 12 | 300,000 | 1,500,000 | 300,000 | 300,000 | 300,000 | 300,000 | 300,000 |
|  |  | Servicing of HMIS | 50,000 | 12 | 600,000 | 3,000,000 | 600,000 | 600,000 | 600,000 | 600,000 | 600,000 |
|  |  | Disposal of idle assets | 30,000 | 1 | 30,000 | 150,000 | 30,000 | 30,000 | 30,000 | 30,000 | 30,000 |
|  |  | Modern incinerator | 20,000,000 | 1 | 20,000,000 | 20,000,000 | - | 10,000,000 | 10,000,000 | - | - |
|  |  | Autoclave | 2,500,000 | 1 | 2,500,000 | 2,500,000 | - | 1,250,000 | 1,250,000 | - | - |
|  |  | Mattresses | 6,000 | 400 | 2,400,000 | 2,400,000 | - | 600,000 | 600,000 | 600,000 | - |
|  |  | Mortuary equipment/machines | 400,000 | 4 | 1,600,000 | 1,600,000 | - | 800,000 | 800,000 | - | - |
| To equip all the service point with modern equipment. |  | Assorted NBU equipment | 14,800,000 | 1 | 14,800,000 | 14,800,000 | - | 7,400,000 | 7,400,000 | - | - |
|  |  | number of inpatient equipment | 6,930,000 | 1 | 6,930,000 | 6,930,000 | - | 3,465,000 | 3,465,000 | - | - |
|  |  | Laundry equipment | 2,4,050,000 | 1 | 24,050,000 | 24,050,000 | - | 6,012,500 | 6,012,500 | 6,012,500 | 6,012,500 |
|  |  | Office furniture | 2,400,000 | 1 | 2,400,000 | 2,400,000 | - | 600,000 | 600,000 | 600,000 | 600,000 |
|  |  | ENT equipment | 6,000,000 | 1 | 6,000,000 | 6,000,000 | - | 2,000,000 | 2,000,000 | 2,000,000 | - |
|  |  | ECT machine | 3,000,000 | 1 | 3,000,000 | 3,000,000 | - | - | 1,000,000 | 1,000,000 | 1,000,000 |
|  | Wards For Each Clinical Discipline With Capacity As Outlined | 300 additional beds | 12,000,000 | 1 | 12,000,000 | 12,000,000 | - | - | 4,000,000 | 4,000,000 | 4,000,000 |
|  |  | MRI machine | 120,000,000 | 1 | 120,000,000 | 120,000,000 | - | - | 40,000,000 | 40,000,000 | 40,000,000 |
|  |  | Endoscopy Machine | 10,000,000 | 1 | 10,000,000 | 10,000,000 | - | - | - | 5,000,000 | 5,000,000 |
| Public health equipment | assorted ground tools | number of ground tools | 30,750 | 1 | 30,750 | 153,750 | 30,750 | 30,750 | 30,750 | 30,750 | 30,750 |
| PPEs for support staff | number of PPEs procured | 163,000 | 1 | 163,000 | 815,000 | 163,000 | 163,000 | 163,000 | 163,000 | 163,000 |
| Cleaning materials | Number of cleaning items procured. | 510,367 | 1 | 510,367 | 2,551,835 | 510,367 | 510,367 | 510,367 | 510,367 | 510,367 |
| Assorted chemicals for fumigation |  | number of chemicals purchased | 50,000 | 1 | 50,000 | 250,000 | 50,000 | 50,000 | 50,000 | 50,000 | 50,000 |
| Budget for ash pit | Constructed ash pit | constructed ash pit | 200,000 | 1 | 200,000 | 200,000 | 200,000 | - | - | - | - |
| Constant supply of food |  | constant supply of food | 19,492,200 | 1 | 19,492,200 | 19,492,200 | 19,492,200 | 19,492,200 | 19,492,200 | 19,492,200 | 19,492,200 |
| Completion of the pit latrines | completed pit latrines | number of completed pit latrines | 250,000 | 1 | 250,000 | 250,000 | 250,000 | - | - | - | - |
|  | autoclave machine | number of autoclave | 15,000,000 | 1 | 15,000,000 | 15,000,000 | - | - | 7,500,000 | 7,500,000 | - |
|  | IPC |  | 10,000,000 | 1 | 10,000,000 | 10,000,000 | 2,000,000 | 2,000,000 | 2,000,000 | 2,000,000 | 2,000,000 |
|  | Advertisement of tenders | number of tender advertisements | 100,000 | 4 | 250,000 | 1,250,000 | 250,000 | 250,000 | 250,000 | 250,000 | 250,000 |
| To have a modern equipped ambulance and utility vehicles | procuring ambulances and utility vehicles | number of ambulances procured | 8,000,000 | 3 | 24,000,000 | 24,000,000 | - | - | 8,000,000 | 8,000,000 | 8,000,000 |
| number of utility vehicles | 7,000,000 | 2 | 14,000,000 | 14,000,000 | - | - | - | 7,000,000 | 7,000,000 |
| **TOTALS** | | | | | | **781,251,185** | **178,432,877** | **236,787,077** | **298,887,077** | **221,272,077** | **155,872,077** |
| **PROGRAM 2: CURATIVE SERVICES** | | | | | |  |  |  |  |  |  |
| 7.1.1.1Set Up new services as outlined in the implementation (Service delivery section) | Set up new functional units | Ear, Nose & Throat (ENT) Unit | 16,000,000 | 1 | 16,000,000 | 16,000,000 | - | - | 6,000,000 | 5,000,000 | 5,000,000 |
|  | Pathology Department | 1,000,000 | 1 | 1,000,000 | 1,000,000 | - | - | - | 5,000,000 | 5,000,000 |
|  | ICU/HDU | 46,500,000 | 1 | 46,500,000 | 46,500,000 | - | - | - | 40,000,000 | 6,500,000 |
|  | Palliative Care Unit | 30,000,000 | 1 | 30,000,000 | 30,000,000 | - | - | 10,000,000 | 10,000,000 | 10,000,000 |
|  | Paediatric Emergency Unit | 10,000,000 | 1 | 10,000,000 | 10,000,000 | - | - | - | 5,000,000 | 5000000 |
|  | Psychiatry and Mental Unit | 15,000,000 | 1 | 15,000,000 | 15,000,000 | - | - | 5,000,000 | 5,000,000 | 5,000,000 |
|  | Oncology (Cancer) | 30,000,000 | 1 | 30,000,000 | 30,000,000 | - | - | 10,000,000 | 10,000,000 | 10,000,000 |
|  | Youth and Adolescent Unit | 3,000,000 | 1 | 3,000,000 | 3,000,000 | - | - | 1,000,000 | 1,000,000 | 1,000,000 |
|  | Upgrade Accident & Emergency | 17,000,000 | 1 | 17,000,000 | 17,000,000 | - | - | 7,000,000 | 5,000,000 | 5,000,000 |
|  | Cardiac Unit | 100,000,000 | 1 | 100,000,000 | 100,000,000 | - | - | - | 50,000,000 | 50,000,000 |
|  |  | Blood Bank Satellite Unit | 10,000,000 | 1 | 10,000,000 | 10,000,000 | - | 10,000,000 | - | - | - |
| **Promote clinical research** | **Staff Training And Sensitization On Research** | No of Staff Trained | 240,000 | 1 | 240,000 | 1,200,000 | 240,000 | 240,000 | 240,000 | 240,000 | 240,000 |
| **Establish Written Research Guidelines** | 3 day Conference package and DSA for 12 Pax | 15,000 | 1 | - | 180,000 | 150,000 | - | - | - | - |
| Improve quality of service delivery | Establish, Equip And Operationalize A Triage Centre | Queue management System and 2 automated counter machines | 600,000 | - | - | 600,000 | 600,000 | - | - | - | - |
| Purchase of health commodities | number of supplies | 35,634,482 | 20 | - | 712,689,640 | 122,700,000 | 131,902,500 | 141,795,200 | 152,429,840 | 163,862,100 |
| Consolidation of standard and current EHPT | number of master commodities | 98,000 | 1 | 98,000 | 98,000 | 98,000 | - | - | - | - |
| Carry out rapid chemical testing |  | 1,215,000 | 1 | 1,215,000 | 1,215,000 | 1,055,000 | 40,000 | 40,000 | 40,000 | 40,000 |
| Carry out periodic commodity use evaluation (CUEs |  | 150,000 | 1 | 150,000 | 150,000 | 30,000 | 30,000 | 30,000 | 30,000 | 30,000 |
| Infusion production for general purpose |  | 7,500,000 | 1 | 7,500,000 | 37,500,000 | - | - | 22,500,000 | 7,500,000 | 7,500,000 |
| carry out Culture and sensitivity results |  | 3,600,000 | 1 | - | 18,000,000 | 8,000,000 | 2,500,000 | 2,500,000 | 2,500,000 | 2,500,000 |
| Hold consultative fora |  | 120,000 | 1 | 120,000 | 120,000 | - | 30,000 | 30,000 | 30,000 | 30,000 |
| Capacity building of staff |  | 237,000 | 1 | 237,000 | 237,000 | 237,000 | - | - | - | - |
| prepare and ensure use of SOPS |  | 51,000 | 3 | 153,000 | 459,000 | 153,000 | - | 153,000 | - | 153,000 |
| conduct targeted supportive supervision |  | 16,000 | 10 | 160,000 | 160,000 | 32,000 | 32,000 | 32,000 | 32,000 | 32,000 |
| procure renal machine |  | 1,500,000 | 15 | 22,500,000 | 22,500,000 | - | - | 7,500,000 | 7,500,000 | 7,500,000 |
| advertisement and tendering of suppliers |  | 250,000 | 5 | 1,250,000 | 1,250,000 | 250,000 | 250,000 | 250,000 | 250,000 | 250,000 |
| **TOTALS** | | | | | | **1,013,328,640** | **133,545,000** | **145,024,500** | **214,070,200** | **309,551,840** | **321,137,100** |
|  |  |  |  |  |  |  |  |  |  |  |  |
| PROGRAM 3:  **PREVENTIVE AND PROMOTIVE SERVICES** | | | | | |  |  |  |  |  |  |
| **To Modernize And/or Upgrade Existing Health Services** |  | number of rehabilitation equipment | 3,000,000 | 1 | 3,000,000 | 3,000,000 | - | 3,000,000 | - | - | - |
|  |  | World Mental Health Day |  | 1 | 552,564 | 2762,817 | 500,000 | 525,000 | 551,250 | 578,813 | 607,754 |
| fully equipped SGBV | To fully equip the SGBV department | SGBV department and equipment | 10,000,000 | 1 | 10,000,000 | 10,000,000 | - | 5,000,000 | 5,000,000 | - | - |
|  |  | Medical camps on Non-Communicable Diseases (NCDs) |  |  | 331,539 | 1,657,691 | 300,000 | 315,000 | 330,750 | 347,288 | 364,653 |
|  |  | number of outreaches |  | 5 | 159,138 | 795,691 | 144,000 | 151,200 | 158,760 | 166,698 | 175,033 |
| **TOTALS** | | | | | | **18,216,199** | **944,000** | **8,991,200** | **6,040,760** | **1,092,799** | **1,147,440** |
| **GRAND TOTAL** | | | | | | **2,232,796,024** | **312,921,877** | **390,802,777** | **518,998,037** | **531,916,716** | **478,156,617** |
|  |  |  |  |  |  |  |  |  |  |  |  |

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# **APPENDIX 2: MAP OF VIHIGA COUNTY**

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# REFERENCES

1. Kenya Health Policy 2014 - 2030
2. Kenya Health Sector Strategic and Investment Plan (KHSSIP) July 2013 – June 2017
3. Kenya Health Sector Referral Strategy (2014 – 2018)
4. DHIS2 2015
5. Vihiga County Integrated Development Plan 2013 – 2017
6. Vihiga County Health Strategic & Investment Plan 2013/14 – 2017/18
7. Garissa County Referral Hospital Strategic Plan
8. Cap 253 (LoK) Kenya Gazette Supplement No.6 25th January 2017 – Special Issue Legislative Supplement No. 2