

THE ANGLICAN DIOCESE OF UPPER SHIRE
+
ST. LUKE'S HOSPITAL

THE ANGLICAN
ST. LUKE'S

ST LUKES HOSPITAL

and its Eight Health Centers' Strategic Plan
JULY 2018 – JUNE 2022 (SHHSP I)

Expanding, Sustaining and Modernising



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ACKNOWLEDGEMENTS



The process of developing St Luke's and its eight health centers has been challenging and tiresome. It involved the full participation of management members of staff, board members, HAC, MOH, CHAM, local and international partners and all other stakeholders.

It is worth noting that each one participated fully to this process and therefore wish to thank each one

mentioned above and those that have not been mentioned. Since its establishment St Luke's and its nine health centers has worked together with its partners to achieve its mission and vision.

This process was initiated after the expiry of the previous strategic plan 2011- 2016, which mainly focused on structural development. This strategic plan however is developed from the previous strategic plan and aims at sustaining, expanding and modernizing; St Luke's Hospital and its nine health centers.

Special thanks goes to CAPRICON Trust for financing this project, May God Bless You as we work together to improve the health of Malawians.

May God Bless you all as we begin a new journey from 2018 to 2022

Winasi Boma

PRINCIPAL HOSPITAL ADMINISTRATOR

THIS STRATEGIC PLAN HOWEVER IS DEVELOPED FROM THE PREVIOUS STRATEGIC PLAN AND AIMS AT SUSTAINING, EXPANDING AND MODERNIZING; ST LUKE'S HOSPITAL AND ITS NINE HEALTH CENTERS.

ABBREVIATIONS / ACCRONAMES

ADUS	Anglican Diocese of Upper Shire	NGO	Non-Governmental Organization
AIDS	Acquired Immuno-Deficiency Syndrome	NND	Neonatal Death
ANC	Antenatal Care	NRU	Nutrition Rehabilitation Unit
ART	Anti-retroviral therapy	OPD	Out-Patient Department
ARTI	Acute respiratory tract infection	PACAM	Palliative Care Association of Malawi
ARV	Anti-retroviral	PITC	Patient Initiative Opt out Testing and Counselling
BBA	Born Before Arrival	PCU	Palliative Care Unit
CHAM	Christian Health Association of Malawi	PHA	Principal Hospital Administrator
CO	Clinical Officer	PHC	Primary Health Care
CS	Caesarean Section	PLWHA	People Living with HIV and AIDS
DHO	District Health Officer	PMTCT	Prevention of Mother to Child Transmission (of HIV)
DDS	Drug Distribution Service	PNO	Principal Nursing Officer
EID	Early Infant Diagnosis	PPH	Postpartum hemorrhage
EPTB	Extra Pulmonary Tuberculosis	PTB	Pulmonary Tuberculosis
FSB	Fresh Stillbirth	RTA	Road traffic accident
HC	Health Centre	SAO	Senior Administrative Officer
HIV	Human Immunodeficiency Virus	SHHCSP	St Lukes Hospital and Health Centres Strategic Plan
HMIS	Health Management Information System	SLA	Service Level Agreement
HSA	Health Surveillance Assistant	SMO	Senior Medical Officer
HSSP II	Health Sector Strategic Plan II	STI	Sexually Transmitted Infection
HTC	HIV Testing and Counselling	SVD	Spontaneous vaginal delivery
IGA	Income Generating Activities	TB	Tuberculosis
KS	Kaposi Sarcoma	UMCA	University Mission to Central Africa
LBW	Low birth weight	USPG	United Society for the Proclamation of the Gospel
MA	Medical Assistant	VCT	Voluntary Counselling and testing
MACS	Malawi Association for Christian Support (United Kingdom)	VE	Vacuum Extraction
MCH	Mother and Child Health	YFHS	Youth Friendly Health Services
MK	Malawian kwacha	WHO	World Health Organization
MO	Medical Officer		
MoH	Ministry of Health		
MoU	Memorandum of Understanding		
MSB	Macerated Stillbirth		
NCA	Norwegian Church Aid		

FOREWORD

MESSAGE FROM THE BOARD CHAIRPERSON



The Anglican Diocese of Upper Shire has three fold ministries namely; preaching the gospel, education and health, of recent cross cutting issues have been included in the ministry to tackle emerging issues. It is in the pursuit of this ministry that the health department was born for over fifty years the health department continues to offer quality health services to the population of Malawi specifically for St Luke's Hospital and its eight health centres namely Nkasala and Chilipa in Machinga district, Matope in Mneni district and finally Mpondasi, Nkope and Lulanga in Mangochi District.

In SHHSP, the main target is to sustain, expand and modernize the health services. On sustainability, we realize the need for continuity of health services. So, this paper therefore outlines how sustainability issues will be tackled in the next five years. In Modernizing, we realize the need for modern infrastructure equipment technology and knowledge for us to survive the dynamics as we continue to provide the health in the next five years. Growth is essential therefore the facilities intend to expand its services as well as identifying new sites for new health projects.

It is imperative to note that the department works hand in hand with various partners for example; the MoH through SLA, CHAM, MACS, CAPRICON trust, St Luke's Foundation, Anglican Aid Abroad, Global Partner, Diocese of Birmingham, USPG, Norwegian Church Aid and many others. Hope these partnerships to continue in the next five years.

+ Brighton Upper Shire

The Right Reverend Brighton Vita Malasa, OSF

BISHOP OF UPPER SHIRE & CHAIRMAN OF THE BOARD

INTRODUCTION

St Luke's mission hospital and its eight health centres which are both primary and secondary level institutions is a member of the CHAM facilities owned by the Anglican Diocese of Upper Shire and serves as a District Hospital for Zomba. It has 156 beds, an out-patient and inpatient department, theatre, paediatrics, maternity unit, radiology unit, laboratory, pharmacy, numerous clinics, HIV/AIDS and primary health care services.

The primary catchment population is 50,000 persons with a referral population of more than 140,000. The names and location of the eight health centres are Mposa, Gawanani in Machinga district, Nkasala and Chilipa in Zomba district, Matope in Neno district and Lulunga, Nkope, and Mpondasi in Mangochi district. The maternity unit comprises of the antenatal, delivery rooms, post natal and theatre.

Matope HC is one of the oldest facilities which was opened in 1933 by UMCA missionaries. It is found in Neno district along Zalewa road close to Shire river. It serves a catchment population of 11,625 with an under five population of 3,135 under one year population of 938, women of child bearing age 4,292 and 11 health post at the moment. The facility provides free services at the point of delivery courtesy of partners in Health and Neno DHO. It is a localised universal model approach designed by St Luke's Hospital, PiH and Neno DHO. Through this approach St Luke's Hospital maintains administrative support of the facility, PiH provides funding for operations and Neno DHO handles drugs.

Gawanani HC is located in Machinga district, Liwundi village, TA Mkula with a total catchment population of 11,600. It covers 16 villages. The facility offers primary care health services which

include basic OPD, maternal and neonatal health services, currently the facility is under SLA with government in only maternal and neonatal health. Minimal User fees are charged for the other services.

Lulunga HC is the furthest health centre found in Mangochi district 132km from Mangochi ship under tradition authority Makanjira, sub TA Lulunga. It has a total population of 39889, 40 villages, and expected pregnancies 1994. The facility offers primary care health services which include basic OPD, maternal and neonatal health services. The facility currently is under SLA with government in only maternal and neonatal health.

Chilipa HC is found in Zomba district with a total catchment population of 17112, 18 villages and expected pregnancies of 826. The facility offers primary care health services which include basic OPD, maternal and neonatal health services which are offered free due to the SLA signed with government.

Mpondasi HC is located in Mangochi district about 7km from Mangochi. The facility has a catchment population of 13000 with 14 villages and 920 expected pregnancies. The health centre offers basic care health services which include OPD, maternal and neonatal health services.

Nkope HC; the facility is located in Mangochi District at Nkope mission just along the Lake Malawi. It has a total catchment population 29979 with 38 villages and 1499 expected pregnancies. It as well provides basic out patient services as well as maternal and neonatal health services.

Mposa HC; it is found in Machinga district, along the lake Chirwa basin, and serves a catchment population 23785 who are mostly farmers. It has

53 villages and 1189 expected pregnancies. The facility offers primary care health services which include basic OPD, maternal and neonatal health services which are offered free due to the SLA signed with government.

Nkasala HC is found in Zomba district at Chinsewu trading centre. It has a total catchment population 20582, serves 62 villages and has 1029 expected pregnancies. The facility offers primary care health services which include basic OPD, maternal and neonatal health services which are offered free due to the SLA signed with government.

FINANCING ST LUKES HOSPITAL AND HEALTH CENTRES

1. Income

a) User Fees

The hospital charges minimal user fees which are not cost recovery. The charges are made of consultations, drugs, diagnostic services and related services. So payments are made through cash at the point of service or through private medical schemes and insurances.

b) Service Level Agreement

The government pays for maternal and neonatal services that are offered to the community. So beneficially receive free care at the point of service from which invoices are sent to the government for payments.

c) Private Services

The hospital offers private services which are optional to those that are willing and chooses to be treated as private patients. Most

consumers for these services are those under private insurance, employers insurance and very few on cash basis.

d) Partnerships

The hospital has partnerships specifically NGO's that pays for specific interest groups. These allows customer to receive free service at the point of delivery.

e) Donations

These are made as direct budgetary support to cover operational expenses in form of cash. Furthermore, donations in kind in which other partners donate drugs and supplies, equipment, and related supplies.

f) Infrastructure

The organisation receives support from various partners in terms of construction of buildings and maintenances and procurement of large hospital equipment and resources.

g) Salaries and Allowances

The facility receives salary grants from government through CHAM via a memorandum of understanding that has been made by government and CHAM institutions. Other staffs are paid by the hospital itself. The hospital also covers allowances for staff.

2. Financial Sustainability

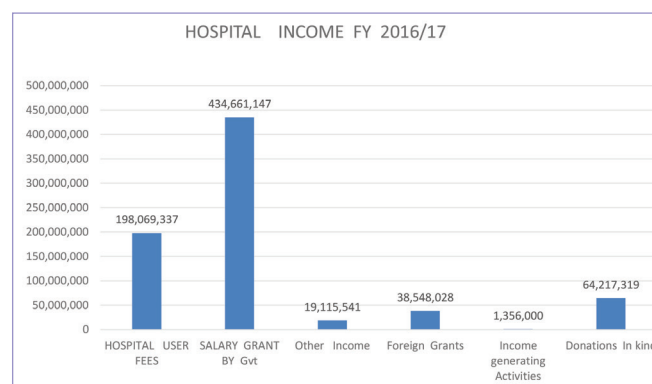
Health service delivery is a cost and the need to sustain the services is paramount and essential. Quality health services only comes from sustainable health services, while maintaining financial prudence as we go into the future, the organisation has to explore other forms of

INTRODUCTION

INTRODUCTION

income generating mechanisms to reduce donor dependence. This will ensure continued delivery of services to the community, the hospital while it is non profit making need to adopt business mindset and marketing so as to offer quality services. This can be achieved by the introduction of IGA's like private clinics but also diversify to other businesses that respond differently to external economic pressures. As stated in health sector strategic plan II (HSSP II, 2017) that health financing in Malawi is not sustainable. The proposed strategies are innovative ways to tackle this ticking bomb.

Below is a sample of annual income for the Hospital



Graph 1: St Luke's Hospital annual report 2016/2017.

3. Human Resources for Health

The hospital realises that human resources are essential for the delivery of quality health services. The facility is facing the same

challenges of understaffing as illustrated in the table underneath. Most vacant positions are technical staff. St Luke's Hospital and its health centres have a total number of 414 filled positions against 529 posts on the establishment. Most of these are Patient Attendants who are doing task shifting with an average of a medical assistant at each health centre and two nurses. There are 3 clinical officers, 13 medical assistants, 2 foreign doctors and 51 nurses, 2 Pharmacy, 4 Laboratory, 2 Radiology and 2 dental. Below is a table of the current status at the facilities.

Facility	Total Allocation of Staff as Per Staff Establishment	Total Number of Staff as Present at the Facility
St Luke's Hospital	225	193
Chilipa HC	38	21
Gawanani HC	38	21
Lulanga HC	38	35
Matope HC	38	25
Mpondasi HC	38	34
Mposa HC	38	20
Nkasala HC	38	21
Nkope HC	38	44
	529	414

Table 1: Human resource statistics

ORGANISATION FRAMEWORK

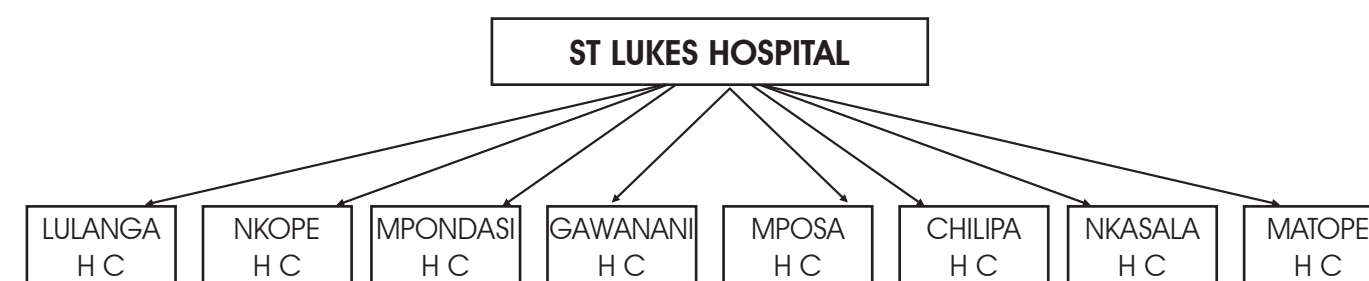
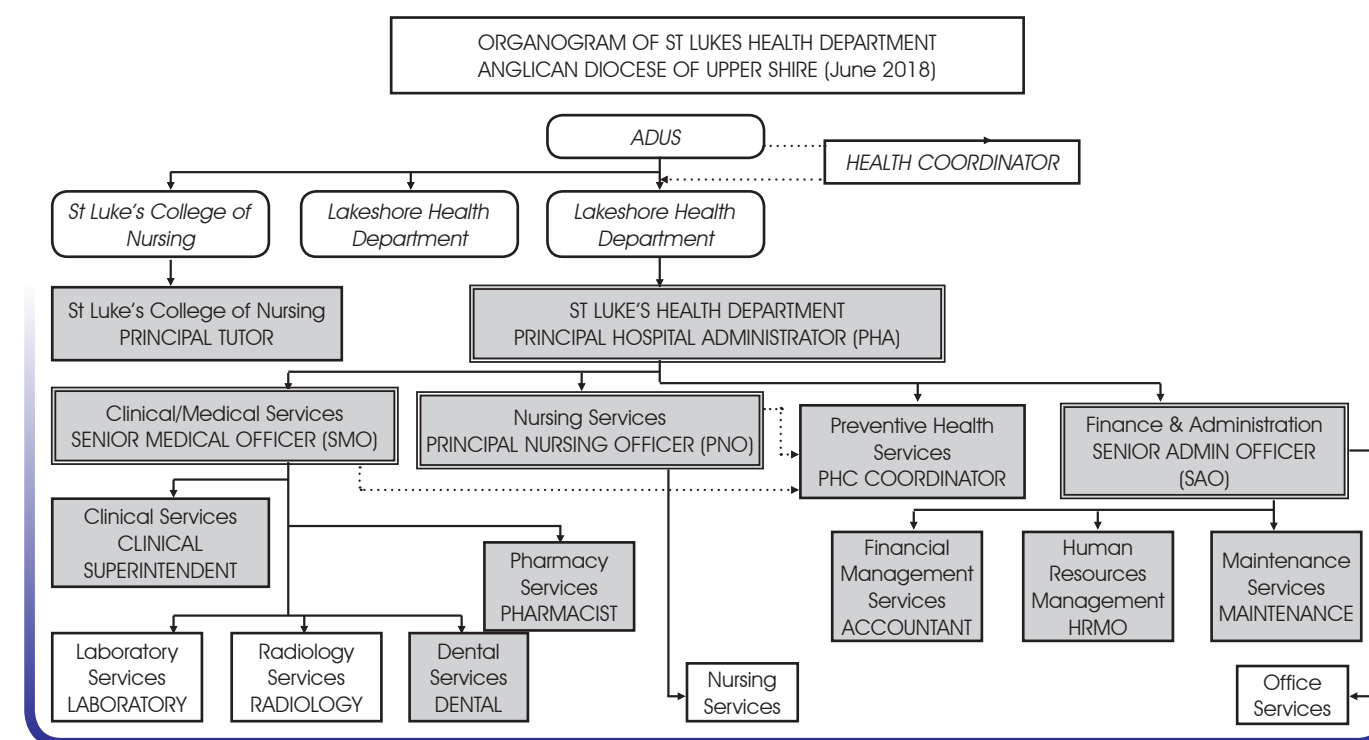


Figure 1

GOVERNANCE AND LEADERSHIP



The organization is managed by a board of governors appointed by the diocese, which serves its two year terms. Below the board of governors is management which is responsible for day to day running of the hospital.

In addition to the fore mentioned, the hospital realize the need for the contribution of the community, therefore all the facilities have HAC

which act as a link with the facilities.

The hospital realizes the need for good governance and leadership as it has been stated to be a core element in the WHO health systems frame work (2007).

Therefore it will continue to work on its leadership and governance structures to strengthen health delivery.

THE HOSPITAL MISSION, VISION AND CORE VALUE

VISION

To create communities of healthy people where no one dies from preventable and curable diseases.

MISSION

We exist to promote the physical and spiritual well being of all people in our catchment area and beyond through preventive and curative health services that are accessible and of high quality.

CORE VALUE

In line with the healing ministry of our Lord Jesus we exist to show love by:

- Team work
- Good governance and stewardship
- Customer care
- Effective communication
- Strategic management of human resource
- Order and discipline
- Self sustainability

DOCUMENTS REVIEWED

- I. Heath Sector Strategic Plan II
- II. Anglican Diocese of Upper Shire Strategic Plan (2016-2020)
- III. ADUS Health Department Strategic Plan (2011-2016)
- IV. Sustainable Development Goals (2030)

The process utilized a highly participatory approach (Appendix 1) and the following:

METHODOLOGY

1. ENVIRONMENTAL ANALYSIS PESTEL

a. Political

- Service Level Agreement
- MoU between government and CHAM
- Programs like Malaria and HIV
- Inadequate incentives in rural institution (Lulanga)
- Shortage of technical staff in villages

b. Economic

- It's a mixture of working class, small scale business people and farmers for St Luke's Hospital.
- Inflation
- Source of income for the community at Gawanani HC, Nkasala HC and Chilipa HC is mostly farming.
- Matope catchment area, source of income is mostly small scale farming and small scale businesses

- Externally funding for salaries for all institutions
- Major source of income for Lulanga community is farming and some find small scale jobs in the republic of South Africa.
- Long distances to banking institutions
- The community for Mposa HC mostly relies on rice farming.

c. Social

- Early marriages
- Teenage pregnancies
- Strong cultural beliefs
- High illiteracy levels along surrounded villages of Gawanani HC, Nkasala HC and Lulanga HC, as most of the people end up in primary schools (STD 8).
- Sexually active community at risk of STI's due to fishing business at Nkope HC.
- Most people believe traditional medicine and they delay in seeking health care medicine at Nkope.
- Drunkenness and delinquency for Matope community

d. Technological

- Change in technology and coming up of digital medical equipment.
- Unavailability of wireless message in Lulanga.
- Lack of electricity in Lulanga.
- Insufficient of mobile networks in Lulanga, Nkasala and Chilipa.

DOCUMENTS REVIEWED

- Lack of computerized systems in all health centres
- Lack of solar backup systems in Mpondasi, Nkope, Chilipa and Matope health centers.

e. Environmental

- Deforestation along Malosa Mountain.
- Decrease in water levels at likwenu dam, shire river (Matope HC), and Chilipa.
- Mposa community is at risk of diarrheria diseases as they are located at the lake Chirwa basin.
- Environmental degradation
- High malaria cases due to bases and Mashas.

f. Legal

- Regulatory institution act as watch dogs and do not carry supervisory visits.
- Regulatory bodies restrict some services in rural areas i.e. dental services
- Offices of regulatory bodies are far away.
- High cost of registration fee at CHAM.
- Delayed payments of SLA's

2. POTTERS FIVE FORCES

a. Bargaining power of Customers

- Customers are represented by HAC, Zone, regulatory bodies, DHO and Ministry of Health in all the facilities.
- They can easily switch to other hospitals due to a number of private clinics. (St

Luke's Hospital)

- Switching cost is low (St Luke's)

b. Bargaining power of Suppliers

- Suppliers determine the price of their products.
- Switching cost is higher for all facilities.

c. Threat of new entrance

- Only small clinics at St Luke's Hospital.
- Threat is minimal due to high capital of starting a hospital.
- There is limited restriction in the opening of private clinics and drug store in all facilities except for Lulanga HC due to distance from Mangochi township.
- Threat of new entrance is high at Gawanani as other churches and government institutions have constructed clinics nearby.

d. Threat of Substitutes

- Customers may buy medicine in shops (St Luke's Hospital).
- Customers may opt for herbal treatment (Zomba malosa road).
- Vendors selling drugs at the market in Mposa.
- Government clinics offering free services (Mposa)
- Customers may opt for drug store and witch doctors (Nkasala).
- Vendors selling drugs at the market, government facilities and private clinics for Gawanani HC, Nkope HC and NKasala HC.

DOCUMENTS REVIEWED

- The threat of substitute is high at Mpondas' due to a large number of private clinics, government district hospital and private drug stores.
- low for lulanga due to distance from town.
- High in Matope due to private clinics.

e. Competitive rivalry

- No because St Luke hospital is big compared to small clinics.
- Competition is low because government facilities normally run out off drugs (Mposa HC).
- Competition is low due to long distances from other facilities. (Nkasala H C)
- Competition is high due to community outreach clinics (Gawanani HC).
- Competition is high for Mpondas' as it is located in the heart of mangochi town which has many drug stores and private clinics.
- Competition is low for lulanga HC due to location (132 km) from Mangochi town (Boma).
- Competition is high at Nkope.

3. STAKEHOLDER MAPPING AND ANALYSIS

List of stakeholders for St Luke's Hospital and Health centers

- Government of Malawi/ Ministry of Health
- Christian Health Organization
- Patients
- Community
- Chiefs

- Donors
- Partners
- Hospital Advisory Committee
- Anglican Diocese of Uppers Shire
- Suppliers
- Employees
- Non Governmental Organizations
- The Church
- Training Institutions
- District Council
- Political leaders
- Trade Unions
- Regulatory bodies

STAKEHOLDER ANALYSIS (POWER AND INTEREST GRID)

Interest	Power	
	LOW	HIGH
HIGH	<ul style="list-style-type: none"> • Partners • Donors • Church • Chiefs • Community • Health Advisory Committees • Non Governmental organisation 	<ul style="list-style-type: none"> • Anglican Diocese of Uppe Shire • Government • Other Donors • Employees • Patients • Christian Health Association of Malawi
LOW	<ul style="list-style-type: none"> • Suppliers • Training institutions 	<ul style="list-style-type: none"> • Trade Unions • Regulatory bod-ies • Political leaders • District councils

LOW _____ HIGH
Power

Table 2: Adapted from Eden and Ackermann 1998, 122. As cited in Bryson (2003)

DOCUMENTS REVIEWED

4. ORGANISATION ANALYSIS

SUMMARISED SWOT ANALYSIS FOR ST LUKE'S HOSPITAL AND HEALTH CENTERS

STRENGTH	WEAKNESS
<ul style="list-style-type: none"> Basic infrastructure available (St Luke's Hospital) Steady drug availability and supplies for all facilities. Staff motivation eg loan and fertiliser. Various outreach programs like palliative care Specifics clinics available like high risk antenatal. Staff trainings Universal SLA at Matope HC Strong ART at Matope HC Good mobile clinics at Matope HC Skilled human resource Good laboratory Income generating activities like PVT ward Good relationship with donors and partners SLA Good OPD infrastructure at Mpondasi HC Male involvement in marital issues for Gawanani HC. Team work Reliable power source for Mposa, Chilipa and St Luke's Hospital. Good relationship with the community. 	<ul style="list-style-type: none"> Old ambulances High donor dependency Old infrastructure and equipment Old and non refrigerated mortuary. Inadequate knowledge in customer care amongst staff. Shortage of staff Inadequate infection prevention materials. No backup system Matope, Mpondasi, Nkope and Nkasala health centers Lack of laboratory machines in health centres Old maternity building at Mpondasi and Lulanga HC Small NRU for Nkope HC. No guardian shelter for Gawanani HC and Nkasala HC. Insufficient portable water supply and unreliable water supply for Gawanani HC Small maternity wing at Mposa HC Unreliable water source for Mposa HC Inadequate of staff houses Need for dispensary services Delayed referrals for Nkasala, Chilipa and Lulanga HC
OPPORTUNITY	THREAT
<ul style="list-style-type: none"> NGO's active in our programmes like NRU. Demand for specialist services like eye and skin. Many dental patients in all health centres Many NGO's working with health sectors Mpondasi HC is close to which is ideal for private services High catchment population for Lulanga HC 	<ul style="list-style-type: none"> NGO's recruiting our staff Decrease in water levels Opening of big clinics in Zomba Village health clinics and private health clinics. Free mobile clinics Poor road, infrastructure and long distance High donor dependency Delayed referrals for Matope HC Mpondasi is close to the main district hospital. Fence for all health centres Erosion of the lake for Nkope HC. Government and private clinics.

Table 3: Summarised SWOT ANALYSIS

DOCUMENTS REVIEWED

5. RESOURCE AUDIT FOR ST LUKES HOSPITAL AND HEALTH CENTERS

This process was basically done to identify what we have and what shall be needed for the facilities in the next five years. This process was further implemented using a standard check list provided by MOH through JICA. A separate list was used for the health centers and the hospital (2009).

The summary is that the facility has most basic equipment. However, most of them are insufficient and old.

Amongst the equipment, the priority list is described below:

NO	EQUIPMENT	QUANTITIES NEEDED	REMARKS	LOCATION
1	Desktop steriliser	5	For health centres that use charcoal to sterilise equipment	Health centres
2	Gas cylinders	5	For health centres that use charcoal to sterilise equipment	Health centres
3	Hemacues	4	To improve HB checks	Hospital and health centres
4	Nebulisers	5		Hospital and health centres
5		15	To replace and insufficient concentrators especially at the hospital	Hospital and health centres
6		1	To replace the old and worn out steriliser.	Hospital
7		1	To support the over burdened existing one	Hospital
8			Broken and damaged furniture	Hospital and Health centres
9		1	Opening of the new eye clinic by the clinician trained equipment like snail charts, ophthalmoscope, pen torch, slit lamp, gonioscope are needed	Hospital
10	MVA sets	7	Improve post abortion care	Health centres
11	Assorted theatre instruments	assorted	To promote surgical care and introduction of new procedures	Hospital
12	Angle pole light	10	To be used in gynaecological care	Hospital and Health centres

DOCUMENTS REVIEWED

NO	EQUIPMENT	QUANTITIES NEEDED	REMARKS	LOCATION
13	Heavy duty waste bins	20	To promote waste management	Hospital and health centres
14	Trolleys	15	Patient transport	Hospital and health centres
15	Wheel chairs	15	Patient transport	Hospital and health centres
16	Delivery beds	10	Ordinary beds are used as deliveries in most facilities which is not ideal	Hospital and health centres
17	Examination couches	10	For consultation rooms in both maternity and OPD	Hospital and health centres
18	Delivery sets	90	To improve maternal health	Hospital and health centres
19	Heavy duty X- ray machine	1	The current one not working and un repairable.	Hospital and health centres
20	Laboratory fridge	1		Hospital
21	Pressing machine	1	Not in condition	Hospital

Table 4: Resources needed

6. POTTERS VALUE CHAIN

The hospital provides essential health package as prescribed by government of Malawi as well as private services, which are preventive, curative, rehabilitative and curative.

Health centers only provide essential health package at primary level without private services.

SIMPLIFIED VALUE CHAIN FOR ST LUKES HOSPITAL

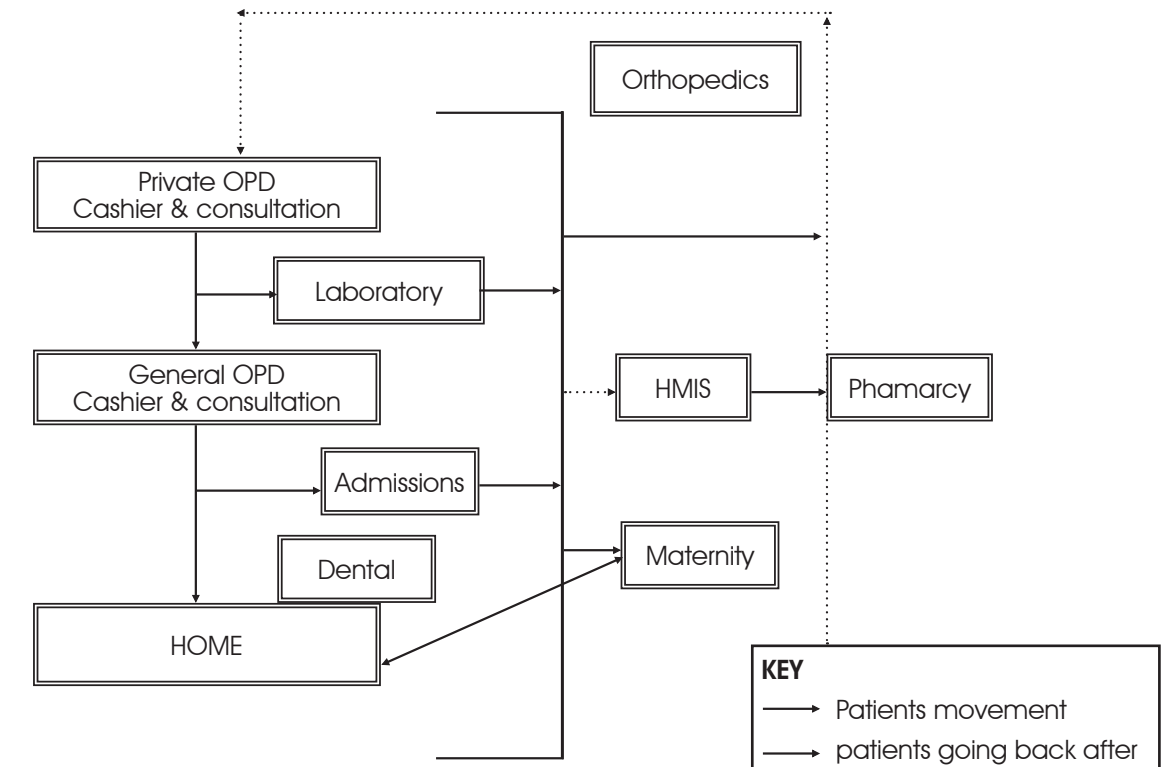


Figure 4

SIMPLIFIED VALUE CHAIN FOR HEALTH CENTERS

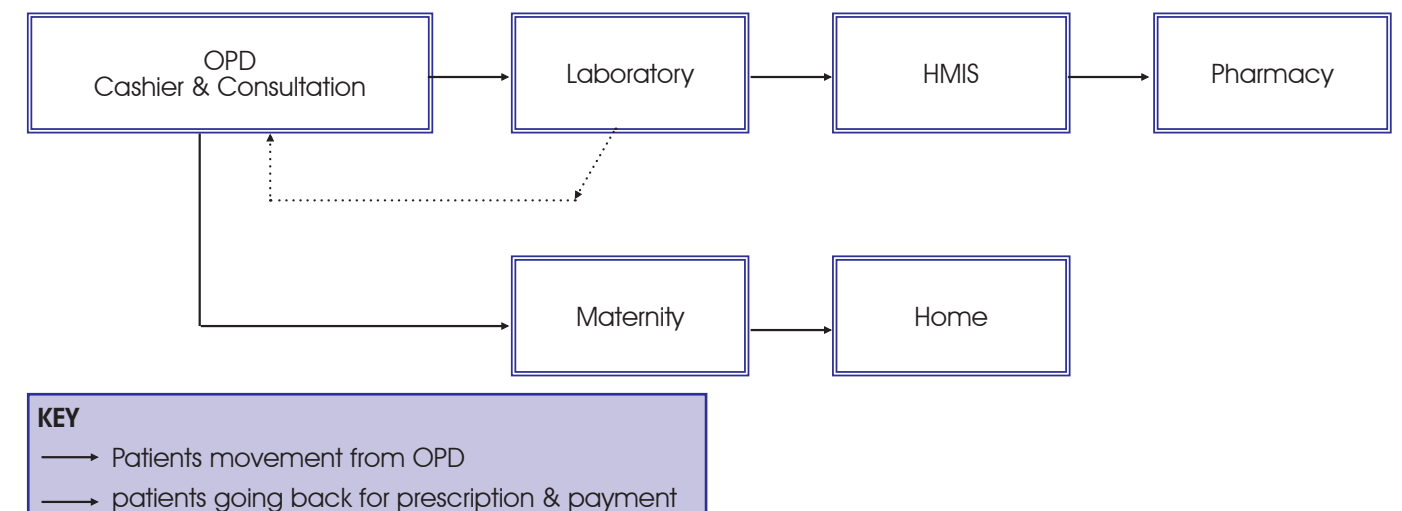


Figure 5

KEY DRIVER FOR CHANGE FOR ST LUKE'S HOSPITAL AND HEALTH CENTRES

After utilizing the above methodologies, the below listed five items were categorized as priorities for each facility;

I. St Luke's Hospital

- Timely Salaries
- Customer care
- Theatre
- Mortuary
- Staff houses

II. Lulanga HC

- Ambulance
- Maternity wing
- Outreach and private clinic
- Timely Salaries
- Communication

III. Nkope HC

- Ambulance
- Timely salaries
- Fence
- Dental Outreach clinic
- Customer care

IV. Mpondasi HC

- Maternity
- Fence
- Hospital Equipment
- Timely Salaries
- Staff houses

V. Mposa HC

- Become Rural hospital
- Maternity and postnatal Rooms
- New observation room

- Timely salaries
- Staffing

VI. Gawanani HC

- Water Supply
- Reliable Electricity
- Staffing
- Timely Salaries
- Hospital equipment

VII. Nkasala HC

- Ambulance
- Timely salaries
- Dental outreach clinic
- Guardian shelter
- Staffing

VIII. Chilipa HC

- Ambulance
- New OPD
- Timely salaries
- Fence
- Staff houses

IX. Matope HC

- Water Supply
- Ambulance
- Solar backup system
- Timely salaries
- equipment

STRATEGIC GOALS

FIVE STRATEGIC GOALS

1. Strengthening accessible and quality health care
2. Sustaining Hospital Buildings and infrastructure
3. Developing financially viable institution
4. Contribute to the reduction of environmental degradation, pollution and water conservation
5. Promoting Good Governance And Stewardship

SPECIFIC OBJECTIVES

1. STRENGTHENING ACCESSIBLE AND QUALITY HEALTH CARE

1.1. Improving Human resource performance

- ✓ Training (short i.e In house,
- ✓ upgrading

Targets

- ✓ One ophthalmologist to be trained by 2019.
- ✓ One surgeon to be trained by 2020.
- ✓ One clinician to be trained in pediatrics by 2022.
- ✓ 90% nurses to be trained in CPAP by 2019.
- ✓ 90% of nurses and clinicians to be trained in ETAT and CEMOC.
- ✓ 75% of health care workers in customer care 2022.
- ✓ Retaining /maintaining staff establishment by 2020.
- ✓ 95% of health workers to be trained in infection prevention by 2020
- ✓ Employing qualified personnel

1.2. Strengthening, monitoring and evaluating of clinical performance

- ✓ CPDs
- ✓ Standard and supportive supervision
- ✓ In house training
- ✓ Research
- ✓ Data analysis
- ✓ Sustain timely health centre supervision

Targets

- ✓ Maintain quarterly standard and supportive supervision in health centre.
- ✓ Utilize health statistical reports monthly.
- ✓ 100% data complete and timely going to the DHO 2018 by June 2018.
- ✓ Perform scheduled death audit on weekly basis.
- ✓ Achieve zero percent maternal mortality rate by 2020
- ✓ Improve Neonatal death rate Below national in comparison with CHAM hospital average by 2020
- ✓ Improve CPD uptake by 100% of clinical staff

1.3. Enhancing Regulation And Good Governance

- ✓ HAC
- ✓ DHO
- ✓ Board of Governors
- ✓ Ombudspersons

Target

- ✓ Ensure the organization pay registration fees and all necessary required

STRATEGIC GOALS

payments to all regulatory bodies annually.

- ✓ Training healthy advisory committee members on their roles and responsibilities by 2020.
- ✓ Maintaining managerial meeting and financial performance reviews monthly

1.4 Developing good customer and supplier relation

- ✓ Flow of patients
- ✓ Reduce waiting time

Target

- ✓ Conduct annual patient satisfactory survey.
- ✓ Improve patient feedback system
- ✓ Improve patient curing system
- ✓ Improve patient waiting time
- ✓ Patient should not stay more than one hour in the hospital
- ✓ Adopt a philosophy of customer orientation by July 2018

1.5. Improving access, affordability and effective use of health services

- ✓ Procurement of Ambulances
- ✓ Increasing drug supplies and related services
- ✓ Availability of resources
- ✓ Partnerships i.e. SLA, PIH
- ✓ Strengthening and opening of Outreach clinics

Targets

- ✓ To procure three (Lulanga, Chilipa and Nkasala) new ambulances by 2022.
- ✓ Create a buffer of drugs and supplies for at least a month by July 2018
- ✓ Lobbying for the revision of staff establishment to meet current needs starting December by 2018.
- ✓ Increase number of partnerships from two to at least four by 2020.
- ✓ Lobby for sustainable service level agreement partnerships through payments once in three months.
- ✓ Opening three outreach clinics and strengthening the already existing ones by 2020.
- ✓ Strengthening already existing outreach clinics

1.6. Ensuring quality and sufficient equipment

- ✓ Awards
- ✓ Property insurance
- ✓ Dryers
- ✓ Sterilizer
- ✓ Enhancing preventive maintenance
- ✓ Assess and reclaim missing and damaged equipment from users.

Targets

- ✓ Assess and reclaim missing and damaged equipment from users.
- ✓ Reinforce awards to be giving health care workers beginning 2018 and at least once annually.
- ✓ Procure one dryer by 2021.

STRATEGIC GOALS

- ✓ Procure a sterilizer and five desktop sterilizers by 2022.
- ✓ Signing contract with relevant engineers concerning repair of equipment.
- ✓ Investigating insurance options for hospital equipment by 2021

1.7. Strengthening preventable, curable and rehabilitative health services.

- ✓ Strengthening information education and communication in schools and surrounding community
- ✓ Water inspection
- ✓ Commencing school health activities
- ✓ Procuring of Public Address system
- ✓ Doctors visit
- ✓ Training of health care workers on new guidelines.
- ✓ Adding new services to the system
- ✓ Reinforce critical evaluation of patient care and Incorporating data in patient care decision
- ✓ Promoting research
- ✓ Initiate monthly departmental and section meetings
- ✓ Strengthen supervision feedback and actions.
- ✓ To start problem solving Approach
- ✓ Introduce a problem solving approach during standard and supportive supervisions.
- ✓ Improve efficiency of doctor's visit by planning a head at least a day before and follow up on requests and leaving on time.

Targets

- ✓ Commencing school health beginning 2019
- ✓ Introduction of Performance quality improvement by July 2018
- ✓ Initiate monthly departmental meetings by March 2018
- ✓ Procurement of PA system by 2020
- ✓ Introduction of occupation health services by December 2019.
- ✓ Improving ophthalmology by 2019
- ✓ Introduction of dermatology services by 2020
- ✓ To investigate options of visiting a specialist by 2021
- ✓ Have presentations on proposal and researched paper by at least once annually.
- ✓ Collaborate locally and internationally with researchers annually.
- ✓ Dissemination of information of communicable and non communicable through awareness campaigns by annually.
- ✓ Liaising with ADUS water committee to enhance water inspection.

1.8. Attain an award in infection prevention

- ✓ Trainings for every cadre
- ✓ Placenta pits and Toilets
- ✓ Increase IP equipment
- ✓ Maintain and sustain high standards of infection prevention
- ✓ Construction of fence

STRATEGIC GOALS

Targets

- ✓ Train all health workers in infection prevention IP by 2019
- ✓ Construction of wall fence at Nkope and Mpondasi by 2022
- ✓ Score above 80% in both internal and external infection prevention assessment.
- ✓ Construction of placenta pitandincinerator for gawanani health centre by 2022.

2. SUSTAINING HOSPITAL BUILDINGS AND INFRASTRUCTURE

2.1. Constructing new building in area where the current systems are old and congested

- ✓ New Mortuary
- ✓ New Maternity Wings
- ✓ Fence
- ✓ New OPD
- ✓ Theatre
- ✓ Postnatal
- ✓ Staff houses
- ✓ Incinerators and toilets
- ✓ Guardian Shelter

Targets

- ✓ Construction of new mortuary for St Luke's by 2020
- ✓ Build new maternity wing for Lulanga, Mposa, Mpondasi and Matope by 2022
- ✓ Construct a fence for Nkope by 2021
- ✓ Build a new OPD for Chillipa by 2021

- ✓ Construct a New theatre by 2019
- ✓ Maintain the postnatal ward for St Luke's by 2020.
- ✓ Utilize the housing policy fully to effectively maintain houses by 2018.
- ✓ Assessing the need for maintenance of staff houses and come up with a list of priority buildings and annual maintenance plan.
- ✓ Construct at least two toilets per facility by the 2021
- ✓ Construct new incinerators for Gawanani, Mpondasi and Mposa by 2021.
- ✓ Build guardian shelter at St Luke's by 2019
- ✓ Construct new private admission building at Mpondasi health center by 2022
- ✓ Liaise with the Anglican Diocese of Upper Shire on leasing land in Lilongwe by 2021.
- ✓ Construct dental clinic in Ntcheu by 2021.

2.2. Maintenance and face lifting of infrastructures

- ✓ OPD
- ✓ Health center dispensary
- ✓ Staff houses
- ✓ Corridors
- ✓ Postnatal Building
- ✓ Extension of the private wing
- ✓ Extension of postnatal ward
- ✓ Extension of radiology department

STRATEGIC GOALS

- ✓ Construction of a dispensary at St Lukes

Target

- ✓ Rehabilitate St Lukes Hospital OPD by December 2018
- ✓ Extend private facilities including private kitchen by 2021
- ✓ Extend postnatal ward by 2020
- ✓ Rehabilitate dispensaries of Mposa, Nkasala, Gawanani and Chillipa dispensary by 2022.
- ✓ Extend the radiology department by 2022.
- ✓ Construction of a dispensary at St Luke's by 2020.

3. DEVELOPING FINANCIALLY VIABLE HEALTH SYSTEM

3.1. Investments

- ✓ Opening of Clinics and three drug stores.
(Ntcheu, Mneni and Balaka)
- ✓ Rearing of Chickens
- ✓ Filling Station
- ✓ Building to rent out in Zomba
- ✓ Explore for visit Surgeons
- ✓ Having activity based budgets
- ✓ To become a Kaizen institution

Target

- ✓ Opening of three pharmacy/drug store in Ntcheu, Mneni and Balaka by 2021
- ✓ Opening of outreach clinic in Lulanga by 2021
- ✓ Opening of filling station by 2022

- ✓ Start chicken production by 2018
- ✓ Become a Kaizen facility by 2019.
- ✓ Construct building for rent in Zomba by 2022.
- ✓ Introduce visiting surgeon specialist by 2022

3.2. Strengthen internal controls

- ✓ Stock taking
- ✓ Internal and external audit
- ✓ Reports
- ✓ GPS tracking of vehicles
- ✓ Inventory management

Targets

- ✓ Conduct stock taking quarterly.
- ✓ To conduct external audits annually by 2018
- ✓ Strengthen reporting systems by 2018
- ✓ Installation of GPS tracking system by 2022
- ✓ Strengthen inventory management by December 2018

3.3. Ensure salary funding independent from the partner

- ✓ Opening of Clinics and three drug stores.
(Ntcheu, Mneni and Balaka)
- ✓ Rearing of Chickens
- ✓ Filling Station
- ✓ Building to rent out in Zomba
- ✓ Explore for visit Surgeons
- ✓ Having activity based budgets

STRATEGIC GOALS

- ✓ To become a Kaizen institution

Target

- ✓ Opening of three pharmacy/drug store in Ntcheu, Mneni and Balaka by 2021
- ✓ Opening of outreach clinic in Lulunga by 2021
- ✓ Opening of filling station by 2022
- ✓ Start chicken production by 2018
- ✓ Become a Kaizen facility by 2019.
- ✓ Construct building for rent in Zomba by 2022.
- ✓ Introduce visiting surgeon specialist by 2022

4. CONTRIBUTE TO THE REDUCTION OF ENVIRONMENTAL DEGRADATION, POLLUTION AND WATER CONSERVATION

4.1. Reduce Environmental Degradation

- ✓ Planting trees
- ✓ Sensitization campaigns

Targets

- ✓ Plant 500 trees each year at Malosa Mountain.
- ✓ Carry out on going sensitization campaign on importance of tree through the water committee.

4.2. Preserve water resources

- ✓ Formulate water committees
- ✓ Procure and use ozone layer friendly equipment
- ✓ Ensure proper disposal of waste
- ✓ Plant trees

Targets

- ✓ Formulate water committees in all facilities by 2019
- ✓ Ensure proper disposal of waste in all facilities by digging rubbish pit and procure heavy duty bins by 2020
- ✓ Plant 200 trees each year at each health centers through HAC

5. PROMOTING GOOD GOVERNANCE AND STEWARDSHIP

5.1. Enhance transparency and accountability

- ✓ Timely submission of reports
- ✓ Updating and communicating clear governing procedures
- ✓ Reinforcing adherence to rules and regulations
- ✓ Initiate annual external audits

Targets

- ✓ 100% of the reports have to be submitted timely i.e monthly, quarterly and annually.
- ✓ Updating and communicating clear governing procedures quarterly by December 2019.
- ✓ To reinforce adherence to rules and regulation on quarterly basis starting July 2018
- ✓ Engage an auditor for the next three years by June 2018.

5.2. Encourage stakeholders' participation in decision making and running of the organization

STRATEGIC GOALS

- ✓ Promote activities of HAC, customers, DHO, staff, etc...
- ✓ Production of annual financial reports
- ✓ Involving stakeholders' in activities such as open days

Targets

- ✓ Conduct quarterly engagement HAC, DHO, staff and customer meetings.
- ✓ Continue producing financial reports and sharing it to both local and international stakeholders annually.
- ✓ Organise St Luke Hospital open day on annual basis.

5.3. Ensure delegation and segregation of duties among bodies of institution.

- ✓ Participate in quarterly board meetings
- ✓ Ensure monthly management and financial meetings
- ✓ Encourage monthly departmental meetings
- ✓ Reinforce quarterly general staff meetings
- ✓ Communicate job descriptions
- ✓ Sensitize the community and employees on their rights and responsibilities

Targets

- ✓ Participate in board of governors meetings quarterly.
- ✓ Conduct monthly management and financial meetings
- ✓ Conduct departmental meeting monthly.
- ✓ Organize quarterly general staff meetings.

- ✓ Communicate job descriptions bi-annually during performance appraisals
- ✓ Ongoing sensitization to the community and employees on their rights and responsibilities.

5.4. Incorporate the Rule of Law in the management of the organization

- ✓ Ensure the organization is registered with necessary regulatory bodies
- ✓ Recruiting qualified and registered employees with their registered bodies
- ✓ Ensure the organization is registered as a legal entity

Targets

- ✓ Renew annual registrations with necessary relevant bodies.
- ✓ Reinforce the recruitment of qualified and registered employees annually.

5.5. Introduce risk management activities

- ✓ Initiate property and life insurance
- ✓ Initiate formulation of risk management policy
- ✓ Maintain active emergency response committee
- ✓ Ensure occupation safety and health guidelines

Targets

- ✓ To initiate property and life insurance by 2022.
- ✓ To formulate risk management policy by 2021.
- ✓ Ongoing active emergency committee.
- ✓ Develop occupation, safety and health guidelines by 2021.

GHANTT CHART FOR ST LUKE'S HOSPITAL AND HEALTH CENTERS

NO	Activities	Responsible person	2018	2019	2020	2021	2022
1	3 Ambulances	PHA					
2	Create a buffer of drugs and supplies	SMO/SAO					
3	Lobbying staff establishment	HRMO					
4	Partnerships	PHA					
5	Service Level Agreement	PHA					
6	Out reach clinics	EHO					
7	Health care awards	Management					
8	Washing machine and dryer	PHA					
9	Steriliser and Desktop steriliser	PHA/SAO					
10	Insurance options	Accountant					
11	School health	EHO					
12	Initiate performance quality improvement	Management					
13	Initiate monthly departmental meetings	Management					
14	Public Address system	EHO/SAO					
15	Occupation health	EHO					
16	Ophthalmology	SMO					
17	Dermatology	SMO					
18	Specialist services	SMO					
19	Research presentations	Management					
20	Disease awareness campaigns	EHO					
21	Infection prevention training	PNO					
22	Wall fence for Nkope HC	PHA/EHO					
23	Wall fence Mpondasi HC	PHA/EHO					
24	Attain IP award	Management					
25	Placenta pit and incinerator Gawanani HC	EHO/SAO					
26	Mortuary st Luke's	PHA					
27	Martenity wing Lulanga HC	PHA					
28	Marteninty wing Mposa HC	PHA					
29	Martenity wing Mpondasi HC	PHA					
30	Martenity wing Matope HC	PHA					
31	OPD Chilipa HC	PHA					
32	Maintenance St Luke's postnatal	SAO					

GHANTT CHART FOR ST LUKE'S HOSPITAL AND HEALTH CENTERS

NO	Activities	Responsible person	2018	2019	2020	2021	2022
33	Enhance housing policy	HRMO					
34	Preventive housing maintenance plan	Maintenance supervisor					
35	Two toilets each facility	SAO/ EHO					
36	Incinerator and placenta pit for mpondasi HC	EHO/SAO					
37	Incinerator and placenta pit for mposa HC	EHO/SAO					
38	St Luke's guardian shelter	PHA/MO					
39	St Luke theatre	PHA					
40	Rehabilitation of St Lukes OPD	PHA & Maintenance supervisor					
41	Extend private facilities at St Luke's	PNO& SAO					
42	Rehabilitate despensaries Mposa HC	SMO & SAO					
43	Rehabilitate despensaries Nkasala HC	SMO & SAO					
44	Rehabilitate despensaries Chilipa HC	SMO & SAO					
45	Rehabilitate despensaries Gawanani	SMO & SAO					
46	Extend radiology department	PHA, SMO & Radiology in charge					
47	Construction of dispensary at St Luke's	PHA & SMO					
48	Private pharmacies Ntcheu	Accountant					
49	Private pharmaciesBalaka	Accountant					
50	Private pharmaciesMneno	Accountant					
51	Out reach clinic Lulanga HC	EHO, Incharge, & SMO					
52	Filling station	Board Chair-person & PHA					
53	Chicken production	EHO					
54	Become Kaizen facility	Management & Staff					
55	Construction of building for rent in Zomba city	Board Chair-person & PHA					
56	Stock taking	Accountant					
57	External audit	Accountant					

GHANTT CHART FOR ST LUKE'S HOSPITAL AND HEALTH CENTERS

NO	Activities	Responsible person	2018	2019	2020	2021	2022
58	Reports	HMIS Coordinator					
59	GPS tracking systems	SAO					
60	Inventory Management	Accountant & Asset officer					
61	Training of an ophthalmologist	HRMO					
62	Training of a Surgeon	HRMO					
63	Paediatrics specialist	HRMO					
64	Nurses CPAP training	HRMO & PNO					
65	Nurses and clinicians ETA training	Coordinator of Coordinators					
66	Customer care training	Management					
67	Staff retention	HRMO					
68	Infection Prevention training	EHO & PNO					
69	CPD uptake	HRMO, PNO & SMO					
70	Improved neonatal death rate	PNO & SMO					
71	Decrease in Maternal health	Management					
72	Weekly death audits	PNO & SMO					
73	Health statistics utilisation	Management					
74	HAC Training	EHO					
75	Monthly management and financial meetings	PHA					
76	Fridge Laboratory	SAO & Laboratory In charge					
77	Hospital equipment	SMO, SAO, PNO & Accountant					
78	Customer care orientation	Management					
79	Planting of tree at St Luke's Hospital	EHO & Management					
80	Planting trees in health centres	EHO & HAC					
81	Staff Houses	PHA & SMO					
82	Construction of private admission building at Mpondasi HC	PHA					
83	Leasing land in Lilongwe	PHA & Board Chaiperson					
84	Construction of dental clinic in Ntcheu	PHA & SMO					

HEALTH FINANCING

2018-22 ACCOUNTING CALENDARS FINANCING DECISIONS

Projected Income

All figures are to the nearest MK'000million

Income Projected	2018	2019	2020	2021	2022
Medical User Fees	227,771,584	415,704,673	452,044,879	487,168,766	514,791,235
Service Level Agreement	75,932,517	85,095,611	94,516,348	105,090,892	115,580,016
Private Services	39,074,718	48,843,398	61,054,247	76,317,809	95,397,261
Donations	97,620,900	248,600,143	159,761,276	49,179,628	45,579,628
Salaries	632,702,616	727,608,008	836,749,209	962,261,591	1,106,600,829
Grand Total	1,073,102,335	1,525,851,833	1,604,125,959	1,680,018,686	1,877,948,969

Estimated Cash Outflow

All figures are to the nearest MK'000million

Cash Outflow	2018	2019	2020	2021	2022
Salaries	632,702,616	727,608,008	836,749,209	962,261,591	1,156,600,829
Investments	113,300,000	330,200,000	441,500,000	644,700,000	732,900,000
Human Capital Investments	7,400,000	9,170,000	12,710,000	12,710,000	10,940,000
Non-Current Assets	9,248,620	284,693,517	284,222,620	109,243,620	19,093,620
Grand Total	762,651,236	1,351,671,525	1,575,181,829	1,728,915,211	1,919,534,449

HEALTH FINANCING

BUDGET NOTES

Financing Decisions:-

i. Salary Grants:

In the next five accounting calendars or financial years, salary grants from the Ministry of Health through CHAM secretariat have been pegged at Mwk 4.3 billion.

ii. Hospital Fees:

a). Medical User Fees:

User Fees for 2018-22 financial years have been estimated at Mwk 2.1 billion.

b). Service Level Agreement:

The Hospital is anticipating to generate Mwk 0.4 billion from its Service Level Agreement with the Malawian Government through MoH in the next five years.

c). Private Services:

Private Service sales from Bishop Malasa private wing has been budgeted at Mwk 0.3 billion for the period of 2018-22 accounting calendars.

iii. Donations:

In the next five years, the Hospital is anticipating to receive donations worthy Mwk 0.6 billion from its partners for various projects and activities.

Investing Decisions:

iv. Non-Current Assets:

a). Real Estate:

The Hospital is anticipating to spend Mwk 0.4 billion on real estate in the next five years.

b). Motor Vehicles:

In the next five accounting calendars, 0.2 billion has been allocated for the acquisition of three hospital ambulances.

c). Hospital Equipment:

The hospital has allocated Mwk 0.04 billion for the procurement of various hospital equipments in the next five financial years.

v. Investments:

a). Income Generating Activities:

In the next five years, the hospital has planned to spend Mwk 0.1 billion on income generating activities.

b). Insurances:

The hospital has allocated Mwk 2 billion on various insurance options for its assets in the next five accounting calendars.

vi. Human Capital:

a). Salaries:

The hospital is anticipating to spend Mwk 4.3 billion on salaries in the next five years.

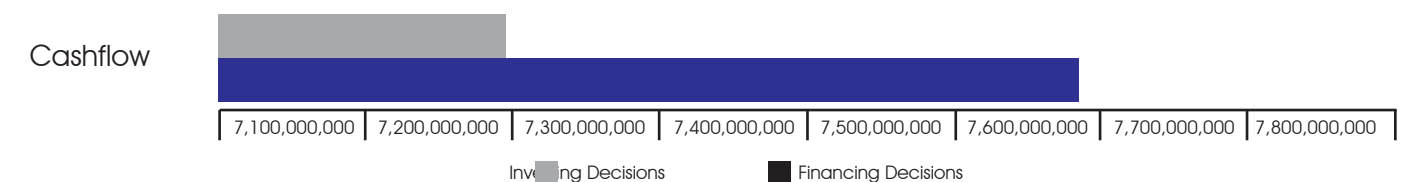
b). Trainings and Seminars:

In the next five financial years, the hospital has allocated Mwk 0.05 billion on intellectual assets.

HEALTH FINANCING

2018-22 FINANCING VS INVESTING DECISIONS

Financing vs Investing Decisions



CONCLUSION

A STRATEGIC PLAN is an intangible asset of an organization, This strategic plan will ensure the accomplishment of the organization Mission and Vision over the whole five year period, therefore its expense cannot be attributed to a single year only but rather to the whole five year period. Its participatory approach that stakeholder's demands are met.

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APPENDICES

APPENDIX I

PROPOSAL FOR THE DEVELOPMENT OF A STRATEGIC PLAN FOR ST LUKE'S HOSPITAL AND ITS EIGHT HEALTH CENTRES (2017-2021)

SUBMITTED

BY

WINASI BOMA
PRINCIPAL HOSPITAL ADMINISTRATOR

"EXPANDING, SUSTAINING AND MODERNISING ST LUKES"

APPENDICES

1. INTRODUCTION

This is a proposal developed for the production of St Luke's hospital strategic plan 2017 to 2021, following the expiration of the strategic plan 2011 to 2016. The Strategic plan will act as a guide for the implementation and delivery of services at St Luke's Hospital and the entire Highlands Health services.

2. BRIEF BACKGROUND

St Luke's mission hospital and its five health centres which are both primary and secondary level institutions, is a member of the CHAM facilities owned by the Anglican Diocese of Upper Shire and serves as a District Hospital for Zomba. It has 145 beds, an out-patient and inpatient department, theatre, paediatrics, maternity unit, radiology unit, laboratory, pharmacy, numerous clinics, HIV/AIDS and primary health care services. The primary catchment population is 50,000 persons with a referral population of more than 140,000. The names and location of the five health centres are Mposa, Gawanani in Machinga district, Nkasala and Chilipa in Zomba district, and Matope in Neno district. Beginning 1st July three more health centres will be added to the list of health centres namely Nkope, Mpondasi and Lulanga. The maternity unit comprises of the Antenatal, delivery rooms, post natal and theatre. The hospital beginning 1st July 2017 will add three more health centres to its five health centres, making it a total of eight health centres.

3. OBJECTIVE OF THE TASK

The overall objective of this activity is to

develop a strategic plan for the highlands health services in line with its mission and vision as well as making the organisation adapt to the ever-changing environment

4. SCOPE OF WORK

The following activities will be done

- Conduct an environmental analysis utilizing PESTEL and Porters Five forces
- Conduct stakeholder mapping and analysis
- Conduct an organizational analysis utilizing porters value chain and SWOT analysis
- Identify the Key drivers for Change.
- Develop strategic objectives and outcomes
- Organize and conduct strategy workshops
- Come up with a strategy document and submit it to the Board of Directors.

5. THE STRATEGIC PLANNING PROCESS

Strategy is the "direction and scope of an organization over the long term, which Achieves advantage in a changing environment through its configuration of

Resources and competences with the aim of fulfilling stakeholder expectations." (Johnson, Scholes, and Whittington, R. (2008))

Therefore, Strategic plan is an important management tool for Highlands health services in order to accomplish the mission and vision of the organization. As a Health department of the Anglican Diocese of

APPENDICES

Upper shire and as one of the arms of the three fold ministry of the Anglican Diocese of Upper Shire. The success and sustainability of such services depend upon the organizations ability to sustain its services in the turbulent environment. It is undisputable that the environment is fast changing and such fast changing environment requires flexible planning. The process will therefore incorporate a number of tools to analyze both the organizational and external environment. The approach will be participatory involving all levels of management and staff, community members, all relevant stakeholders and trustees to ensure that the document to be developed meets stakeholders needs.

6. STAKEHOLDERS INVOLVEMENT

As noted above, the development of the document will ensure a participatory approach by all stakeholders to ensure ownership and successful implementation of the plan. The Process will start with the initial assessment and evaluation of the previous strategic plan 2011 to 2016 for continuity. Amongst others the process will include interviews with patients to ensure an incorporation of the ideas of patients in the plan. The strategic workshop will ensure brainstorming of ideas and coming up with strategic objectives. The details are shown below;

APPENDICES

METHODOLOGY

The activity will be carried out in six interrelated process as shown below;

Phase 1: Initial Meeting

To evaluate the previous strategic plan 2011-2016 for continuity

Phase 2: RESOURCE AUDIT

Visiting all facilities under the highlands health services to gain a good understanding of the facilities status and assessment of resources available.

Phase 3: MEETING WITH THE BOARD OF DIRECTORS

Meeting with the Board of directors and Trustees in order to have a full understanding of the Boards and Trustees vision for the facilities

PHASE 4 Literature review of various information relevant to the process.

PHASE 5 Interviewing patients and guardians

Phase 4 STRATEGIC WORKSHOP - A meeting of all stakeholders in order to identify the key drivers for change and development of strategic objectives.

Phase 5: Draft Strategic Plan

Developing a draft plan which will be circulated to management for feedback

Phase 5: Final Strategic Plan

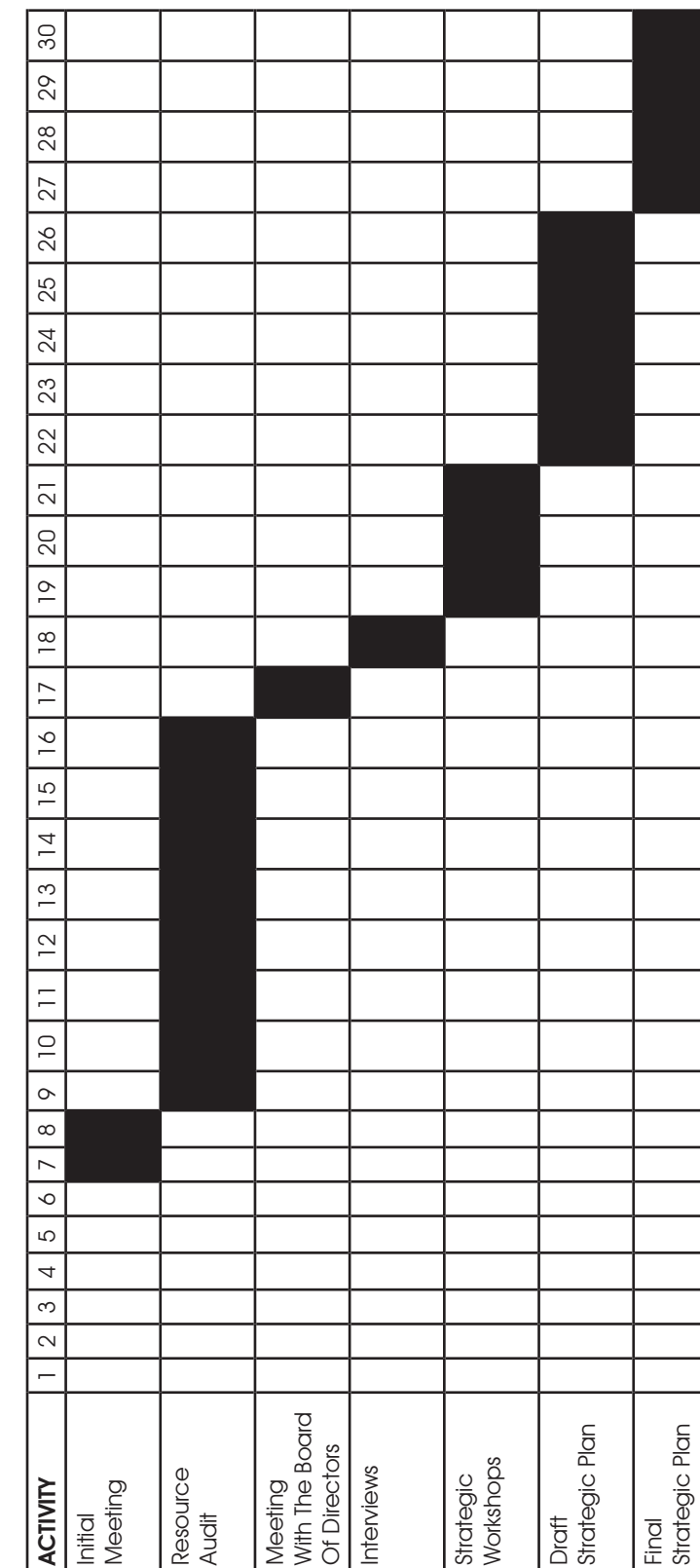
Based on the feedback that will be obtained from management and the board, the consultant will produce the final Strategic Plan, Strategic planning process report and the implementation plan.

CONCLUSION

A STRATEGIC PLAN is an intangible asset of an organization, This strategic plan will ensure the accomplishment of the organization Mission and Vision over the whole five year period, therefore its expense cannot be attributed to a single year only but rather to the whole five year period. Its participatory approach that stakeholders demands are met.

APPENDICES

GANTT CHART



APPENDICES

APENDIX II

PICTORIAL DATA PRESENTATION FOR THE PROCESS OF DATA COLLECTION FROM ALL HEALTH FACILITIES FOR THE DEVELOPMENT OF THE STRATEGIC PLAN 2018 TO 2022.



Data collection for St Luke's Hospital



A presentation after group discussion at Nkope H C



Group discussion led by the SMO at Nkope H C



Group discussion led by the SAO at Mposa H C



Group Discussion led by the PNO at Mpondasi HC

APPENDICES



The PHA giving an explanation on how the voting process will take place to the audience at Lulanga H C



Group discussions led by the AHRMO at Gawanani HC



Group of staff and HAC members votting at Mposa H C



Group discussion led by Accountant at Chilipa H C



The PNO giving a welcoming remarks at Nkasala HC



APPENDICES



REFERENCE

Johnson, G., Scholes, K. and Whittington, R. (2008) Exploring Corporate Strategy, Eighth Ed. Harlow: Prentice Hall.

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Expanding, Sustaining and Mordenising