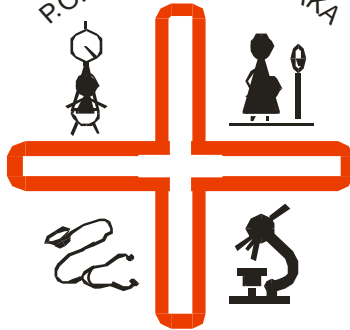


MUA MISSION
P.O. BOX 41, MTAKATAKA



MALAWI CENTRAL-AFRICA
HOSPITAL

Tel: 01 262 771/0995 293 233
Email: muahospital@yahoo.co.uk

DIOCESE OF DEDZA

STRATEGIC PLAN

2019-2023

TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS	iii
FOREWORD	iv
ACKNOWLEDGEMENTS	v
EXECUTIVE SUMMARY	vi
1.0 BACKGROUND AND RATIONALE FOR STRATEGIC PLAN	1
2.0 APPROACH AND METHODOLOGY	2
3.0 STRATEGIC PRIORITIES AND ISSUES	5
3.1 Review of previous strategic plan (2013-2016).....	5
3.2 Assessment of internal environmental factors	5
3.2.1 Strengths and weaknesses	5
3.2.2 Opportunities.....	10
3.2.3 Threats.....	10
3.3 Assessment of external environmental factors.....	10
4.0 MUA HOSPITAL VISION, MISSION, CORE VALUES, STRATEGIC GOALS AND OBJECTIVES	11
4.1 VISION	11
4.2 MISSION	11
4.3 CORE VALUES	11
4.4 STRATEGIC GOALS AND OBJECTIVES	11
5.0 IMPLEMENTATION ARRANGEMENTS	12
6.0 MONITORING AND EVALUATION	12
ANNEX A: LIST OF PEOPLE WHO PARTICIPATED IN THE STRATEGIC PLANNING PROCESS	
13	
ANNEX B: MUA HOSPITAL GOVERNANCE STRUCTURE	14
ANNEX C : IMPLEMENTATION PLAN: 2019-2023	Error! Bookmark not defined.
ANNEX D : MONITORING AND EVALUATION PLAN: 2019-2023.....	24

ABBREVIATIONS AND ACRONYMS

BOG:	Board of Governors
CHAM:	Christian Health Association
DHO:	District Health Office
EHO:	Environmental Health Officer
FGDs:	Focus Group Discussions
HAC:	Health Advisory Committee
HoD:	Head of Department
HR:	Human Resource
KIIs:	Key Informant Interviews
MMH:	Mua Mission Hospital
MOH:	Ministry of Health
M&E:	Monitoring and Evaluation
NRU:	Nutrition Rehabilitation Unit
PHA:	Principal Hospital Administrator
PMO:	Principal Medical Officer
PNO:	Principal Nursing Officer
PRESTELG:	Political, Religious, Economic, Social, Technology, Legislative and Gender
QIST	Quality Improvement Support Team
SLA:	Service Level Agreement
SWOT:	Strengths, Weaknesses, Opportunities and Threats
TBA:	Traditional Birth Attendants

FOREWORD

The 2019-2023 Strategic Plan for Mua Mission Hospital encapsulates the vision, mission, core values, goals, objectives, strategies and performance indicators. In a nutshell, it outlines what the hospital is supposed to achieve in the next five years. The plan also reflects the critical role of facilitating the delivery of health services at the hospital which complement Government efforts in providing quality health services in the country. The plan is based on the challenges impacting on the Hospital and opportunities expressed by clients, staff and other Stakeholders.

The plan has also taken on board the views of the previous strategic plan which ended in 2016. In addition to this we had a 3 day-workshop with staff and 2 days with the Board of Governors (BOG) so as to have as much input as possible. Other stakeholders also include Catholic Health Commission of Dedza Diocese and Government Officials, such as Dedza District Health Officer (DHO) and Christina Health Association of Malawi (CHAM) which is an umbrella body for Christian Health facilities. Realizing that Legal Holder of Mua Mission Hospital is the Bishop of Dedza Diocese, views were also solicited from the Diocesan Administrator. This was purposely done so that the plan commands wide support from all those who play a different role in the operation of the hospital.

It is our intention and belief that this strategic plan will guide all activities in the next five years. The Strategic Plan is both indicative and prescriptive. It outlines the necessary strategies that need to be realized in order to attain our Vision and Mission. In view of the need to monitor and measure progress, the plan sets targets that indicate major milestones towards the attainment of the agreed goals and objectives. In this regard, the plan sets up an implementation program that describes the main activities necessary for the achievement of the objectives. But, it has to be done with reasonable and agreeable time frames that take into account resource constraints.

Finally, the plan has helped us to reposition ourselves to meet the various challenges and emerging trends in its operating environment over the five-year period. We take it that the Strategic Plan forms the foundation upon which all future planning frameworks will be based.

It is our hope and prayer, as a Board, that local and external resources will be available, to meet the goal of our plan. Since the plan is a contribution from a number of people, allow me to give a word of thanks to the following: Board members, Diocesan Administrator for Dedza Diocese, CHAM Personnel, Government through Ministry of Health (e.g. Dedza DHO), Mua Hospital: Management, staff, Hospital Advisory Committee, Funders and the Consultant: Mr. Jacob Mapemba for a Job well done.

May God Bless you all

FR. G. BWEMBA
MUA HOSPITAL BOARD CHAIRPERSON

ACKNOWLEDGEMENTS

On behalf of Mua Mission Hospital Management Team, I would like to express gratitude to the various stakeholders whose contribution has made it possible to come up with a Strategic Plan. The hospital strategic plan has been successfully completed. It is hoped that this is going to be a road map to give the hospital right professional trajectory. We are grateful to a number of people that have greatly contributed their ideas and suggestions. We acknowledge the contribution from the Diocesan Administrator, The Very Rev. Fr. John Chithonje for his profound contributions. We acknowledge with gratitude the input from Dr. Regina Chimanya, the District Health Officer (DHO) for Dedza. She spared her time to provide the necessary information that has formed part of the plan. The contributions made by Mr. Dyson Telera, a representative for Christian Health Association of Malawi (CHAM) cannot be forgotten. Thank you so much.

We are equally thankful to Board of Governors for Mua Mission Hospital who first of all eagerly approved the idea of developing the Strategic Plan when it was brought to their attention from the Hospital Management. They gave it a go ahead despite the financial challenges that he hospital is undergoing. Secondly we are grateful to the Board members for their active participation during the strategic plan process. We also put on record the contribution from the Diocesan Health Secretary, Mr. Robin Ngalande and the Acting Treasurer General, Fr. Venancio Chimchenga.

Other stakeholders who participated in the Strategic plan process were representatives of Nakalanzi and Mtakataka Health facilities, and the Hospital Health Advisory Committee (HAC) whose input is very much valued. We do not forget the hospital Quality Improvement Support Team (QIST) who are selected various hospital heads of departments. From the very beginning when the management brought in the idea of having the Strategic Plan, the QIST members have been involved actively. They set the ball rolling by reviewing the old expired strategic plan before the engagement of the Consultant. We thank them for their time and spirit of dedication.

Lastly, the Hospital management expresses heartfelt thanks to the Consultant, Mr. Jacob Mapemba for firstly accepting the challenge of leading us into the formulation of a five (5) year strategic plan for the Hospital. Secondly, we are grateful for his dedication throughout the various stages of the plan and putting the various ideas in a meaningful document that we are now calling it a Strategic Plan.

We also thank all the people whose names are not mentioned but contributed to the success of this Strategic Plan. We pray that the Good Lord continues showering his blessings upon you.

Yours sincerely,

Fr. Isaac Mwazambumba

Principal Hospital Administrator

EXECUTIVE SUMMARY

Mua Mission Hospital (MMH) is owned by Dedza Diocese as a Proprietor (Legal Holder or Trustee). It is situated along the Lakeshore of Lake Malawi in Eastern part of Dedza district, T/A Kachindamoto in the Central Region of Malawi. The hospital functions as a referral hospital for eight (8) health centres namely, Kaundu, Nakalanzi, Mtakataka, Police College, Ngodzi, Chigodi, Golomoti and Mganja. It refers cases to Dedza DHO. The hospital has a bed capacity of 140 and serves a population of approximately 28,000 people. Hospital activities include **curative services** (general out-patients, in-patients and private wing, maternity, dental theatre, Nutrition Rehabilitation Unit and TB ward), **preventive services** (primary health care, Under-Five Clinic, Antennal Care, Mother to Mother programme, ART Clinic) and **support services** (laboratory, pharmacy, X-ray and ambulance services). The services are provided on a non-profit basis to all patients regardless of sex, race, religion or status.

Due to expiry of the previous five-year strategic plan and the changing social-economic context, Mua Mission Hospital undertook the process of development of this strategic plan for the period 2019 to 2023. This strategic plan, therefore, seeks to provide sense of direction, improve decision making and performance and improve use of organizational resources. The strategic plan also seeks to address the challenges which have negatively affect the hospital functions and operations.

HOSPITAL VISION

Mua Mission Hospital exists to provide cost-sharing, non-discriminatory, affordable and quality health care services to all people in Bwanje Valley and beyond following the healing Ministry of Jesus Christ and Catholic Social Teaching.

HOSPITAL MISSION

To witness the loving care and healing Ministry of Jesus Christ through comprehensive health services that target the social, spiritual and physical healing to all people in accordance with the needs of the communities, call to compassion and having respect for dignity of the person regardless of denomination and status in line with Catholic core values and principles.

HOSPITAL STRATEGIC GOALS

The strategic plan aims to achieve three goals to support the vision and mission of Mua Mission Hospital as follows:

- a) Endeavor to have effective, efficient and sustainable finance, investment Stand administrative policies, structures and systems
- b) Comprehensive, non-discriminatory, affordable and quality health care services are provided to all patients regardless of their sex, race, religion and status.
- c) Facilitate improved pastoral care services for the sick

1.0 BACKGROUND AND RATIONALE FOR STRATEGIC PLAN

Mua Mission Hospital (MMH) exists to bring the healing love of God to all the needy through the service of the employees. As a Catholic institution, the services are provided in accordance with the ethical principles of the Roman Catholic doctrine.

Mua Mission Hospital is owned by Dedza Diocese as a Proprietor (Legal Holder or Trustee). It is situated along the Lakeshore of Lake Malawi in Eastern part of Dedza district, T/A Kachindamoto in the Central Region of Malawi. The hospital was founded by the White Sisters in the year 1940 and taken over by Sisters of Blessed Virgin Mary in 19991. Currently, the hospital is being run by the Diocese which appointed the Principal Hospital Administrator (PHA). The hospital functions as a referral hospital for eight (8) health centres namely, Kaundu, Nakalanzi, Mtakataka, Police College, Ngodzi, Chigodi, Golomoti and Mganja. It refers cases to Dedza DHO The hospital has a bed capacity of 140 and serves a population of approximately 28,000 people. Hospital activities include **curative services** (general out-patients, in-patients and private wing, maternity, dental theatre, Nutrition Rehabilitation Unit and TB ward), **preventive services** (primary health care, Under-Five Clinic, Antennal Care, Mother to Mother programme, ART Clinic) and **support services** (laboratory, pharmacy, X-ray and ambulance services). The services are provided on a non-profit basis to all patients regardless of sex, race, religion or status.

Basing on the Constitution, Mua Mission Hospital has a Board of Governors (BoG), standing committees (finance, human resources and projects) and the management team composed of four people namely the Principal Hospital Administrator (PHA), Principal Medical Officer (PMO), Principal Nursing Officer (PNO) and Accountant. Mua Hospital has also a functional Health Advisory Committee (HAC). Mua Mission Hospital has 177 staff members. Through CHAM, government provides grants for salaries and allowances to the hospital employees on the approved establishment. The hospital receives grants from other donors for various projects including renovation of infrastructure and procurement of equipment. The donors include GIZ/EPOS, Centre for Disease Control (CDC), Fr. Edelle, Kindermissions Werth, KFW, Result Based Financing (RBF), the White Fathers and Canada High Commissioner. Other donors include World Food Program, (WFP), they support supplementary feeding program, UNICEF, they support Out Patient Therapeutic program, Palliative Care Association of Malawi (PACAM), a local NGO that assists patients on palliative care, and EGPAF that supports HIV pediatric patients.

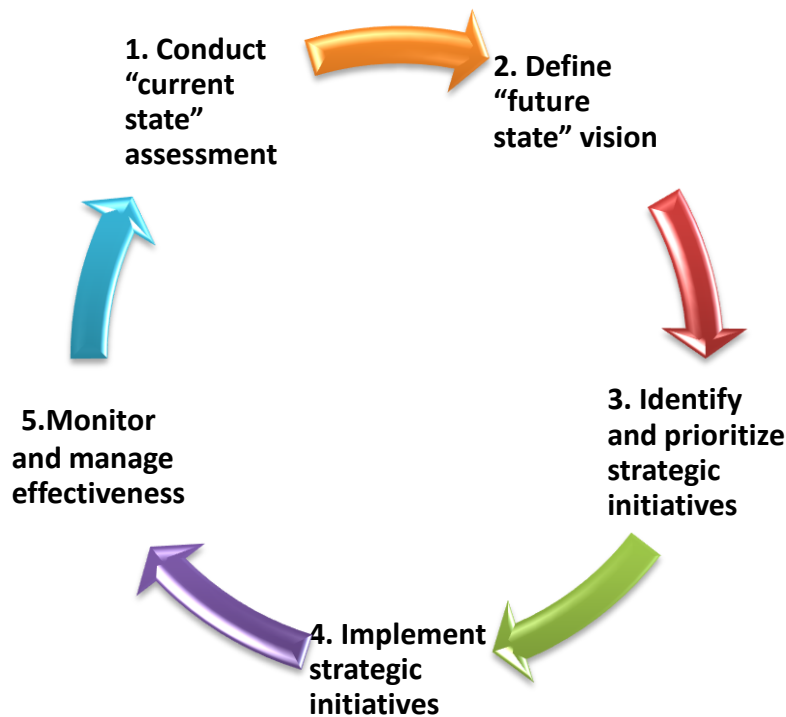
Due to expiry of the previous five-year strategic plan and the changing social-economic context, Mua Mission Hospital undertook the process of developing of this strategic plan for the period 2019 to 2023. This strategic plan, therefore, seeks to provide sense of direction, improve decision making and performance and improve use of organizational resources. The strategic plan also seeks to address the challenges which negatively affect the hospital functions and operations. Specifically, the strategic plan seeks to effectively respond to emerging issues in the environment, establish priorities to be accomplished in the next five years, promote and enhance communication and participation, enhance effectiveness and efficiency, pull the entire organization together around a single game plan for execution and resource allocation. It challenges hospital staff to suspend fixed ideas and positions by opening up new ways of doing

and seeing things to acknowledge that the environment is and will continue to change and need to redesign our strategies continuously, hence they should think outside the traditional box.

2.0 APPROACH AND METHODOLOGY

The development of this strategic plan involved a consultative and participatory process. This inclusive approach ensured that the situation analysis takes into account the views of all people and reflective of and responsive to the direct needs of the patients, guardians and community at large, diocesan authorities, the board, management, technical and support staff. The approach also involved triangulation of the direction and content of the plan with various stakeholders such as the Diocesan Administrator, Catholic Health Commission (CHC) Secretary, District Health Office (DHO) and Christian Health Association (CHAM).

The development of this strategic plan involved six major tasks underpinned on the strategic planning cycle presented below.



Strategic Planning Cycle

Stage 1: Buy-in-meeting

Mua Mission Hospital (MMH) management, with assistance of a Consultant, facilitated a half-day buy-in meeting at MMH premises on 13th November, 2018. The objective of the buy-in meeting was to ensure ownership and active participation of MMH management during the development of the strategic plan. The participants at this meeting included the Principal Hospital Administrator, Principal Nursing Officer, Chief Clinical Officer, senior administration and technical staff

Stage 2: Desk Review

A desk review of some hospital documents was conducted by the Consultant in order to increase understanding of the hospital set up and begin to isolate successes, challenges and lessons learnt over the past years. Some of the key documents which were reviewed included the Constitution (2008), Terms and Conditions of service (2002), Hospital Manual (Personnel, Administration, Transport Management, Financial and Stores management and Departmental Procedures), development plans and reports.

Stage 3: Institutional Assessment

The institutional assessment involved an analysis of internal environmental factors and identification of hospital strengths, weaknesses, opportunities and threats (SWOT) at different levels. In addition to this assessment of external environmental factors was conducted to identify the prevailing political, religious, economic, social, technological, environmental, legislative and gender (PRESTELG) factors and trends. The assessment aimed at identifying the negative and positive impact of such factors and trends on the hospital functions and operations. The assessment involved a review of the previous strategic plan to determine the extent to which the strategic objectives were achieved and their impact. The review helped to identify successes, challenges and lessons learnt during the implementation of the previous strategic plan. The assessment involved personal observations as well made by the Consultant during the tour of the hospital and personal interviews with Ward-in-Charge Officers.

The assessment was done through Key Informants Interviews (KIIs) and Focus Group Discussions (FGDs) using a questionnaire. The list of the people who participated in the assessment are shown in Annex A.

Stage 4: Production of draft Strategic Plan (2019-2023)

The Consultant used the outcome of the institutional assessment to identify strategic priorities and issues, define the future state vision, mission, goals and strategic objectives and draft a five-year strategic plan (2019-2023). The draft strategic plan was presented to the board, management and staff during the strategic validation workshop in December, 2018 for review and comments.

Stage 5: Validation Meeting and Workshop

The Consultant facilitated a one and half day validation workshop on 20th and 21st December, 2018 to review the draft strategic plan and provide the feedback. During the workshop, participants also developed the implementation plan and a monitoring and evaluation plan to track progress from time to time. The validation workshop was attended by sixteen people (38% females). In addition to this the draft strategic plan was presented to the Board of Governors during their meeting on 22nd December, 2018 for their feedback.



Validation workshop participants

Stage 6: Production of final strategic plan

The strategic plan was finalized after incorporating comments and input received from the board, management and participants of the validation workshop.

3.0 STRATEGIC PRIORITIES AND ISSUES

This section highlights the strategic priorities and issues which the hospital wishes to address in the next five years. The strategic priorities and issues are based on the desk review, institutional assessment, validation workshop and Board meeting.

3.1 Review of previous strategic plan (2013-2016)

The review of the previous strategic plan (2013-2016) involved scoring the level of achievement of the strategic objectives which appear in the document.

Basing on the assessment, the strategic objectives which received the lowest score (0-30%) included publicity and communication, security in and out of the hospital, staff development, staff retention, dental services and adult patient services. The low scoring was due to low visibility, absence of a website, poor road condition, absence of staff development policy, high staff turnover, inadequate and old ambulances and absence of utility vehicles.

The strategic objectives which received medium score (30-60%) included improving and increasing hospital structures and accommodation of staff, upgrading management members, strengthening organizational structure and systems, interpersonal and working social relationships, financial accountability and transparency, credit collection management, improvement of infrastructure (laundry, laboratory, X-ray, theatre, pediatric). Despite remarkable achievements in these areas, respondents indicated that there is poor maintenance of infrastructure and equipment, gender imbalance in the board and management, absence of staff performance appraisal system, poor financial and drug reporting system, limited social and team building activities, absence of credit management policy and unavailability of some key medical professionals such as surgeons.

The strategic objectives which had the highest score (60-100%) included improvement in office equipment and supplies, improvement in accounting system and procurement of SAGE 51 Accounting package, improvement of primary health care services and pharmacy and improvement in HIV/AIDS services.

While the hospital has experienced remarkable achievements over the past 5 years, the review of the previous strategic plan shows that performance is on average. This implies, there is still more work to be done to improve the hospital performance, improve service delivery and attract more customers.

3.2 Assessment of internal environmental factors

3.2.1 Strengths and weaknesses

Internal strengths of the hospital are things that have worked well over the past years. Basing on the SWOT analysis, the current hospital's strengths are presented in table 1. Internal challenge/weaknesses of the hospital are things that have not worked well and have to be improved. They also include unmet needs of the hospital patients and staff. The current hospital challenges and weaknesses appear in table 2.

Table 1: Summary of hospital strengths and successes

FINANCE, INVESTMENT AND ADMINISTRATION	CURATIVE, SUPPORT AND PREVENTIVE, AND PASTORAL SERVICES
<ul style="list-style-type: none"> a) Positive relationship between management and staff b) Positive relationship between management and Health Advisory Committee (HAC) c) Availability of qualified and dedicated staff leading to improved quality of services d) Active, dedicated and vibrant board attendance and good willing to make personal contribution e) Strong and visionary management leading to reduced industrial court cases f) Development of housing policy to ensure staff have quality accommodation and that key staff are accommodated within the hospital premises g) Improvement in hospital infrastructure and equipment e.g. procurement of standby generators, 2 water tanks, construction of 2 staff houses, renovation of paediatric ward, maternity, pharmacy, X-ray, theatre, laboratory and construction of fence to strengthen security and promote infection prevention h) Availability of Diocesan and CHAM Human Resource Management policies i) Installation of SAGE 51 accounting package j) Implementation of income generating activities (IGAs) towards sustainability e.g. maize and rice mills, staff loans and private wing k) Procurement of additional computers and Anti-virus l) Installation of Wi-Fi internet which has improved communication m) Reduction in hospital debts (from MK30 to MK 8 Million) –drugs and CHAM subscription n) Establishment of human resource, finance and projects sub-committees o) Improved financial management 	<ul style="list-style-type: none"> a) Only referral hospital in Bwanje Valley serving 8 health centers and the diocese. b) Mua Hospital offers affordable services c) Availability of essential drugs using ‘Order by Chart’ system d) Improved quality of health care and services e) Positive relationship with CHAM and Dedza DHO f) Improved drug storage conditions g) Increased number of support staff h) Increased number and qualified clinical and medical staff -1 Medical Doctor & 7 Clinicians i) Increased number and qualified nursing staff-20 to 30 i. Availability of PHC structures at community level ii. Timely response to outbreaks iii. Positive relationship with the community and community health workers iv. Reduction in number of pregnant women seeking assistance from Traditional Birth Attendants (TBAs) v. Reduction in number of malnourished children vi. Reduced HIV transmission from mother to child j) Priest available to conduct Mass for Catholic Christians

<ul style="list-style-type: none">p) Retention of staff from 60% to 85%q) Increased number of clientsr) Provision of upgrading opportunities for some staffs) Provision of in-service training to staff e.g. group dynamicst) Conducting regular internal audits by the Diocese and external annual audits which have improved financial management and reportingu) Improved relationship and trust with donors and development partners	
---	--

Table 2: Summary of hospital challenges and weaknesses

FINANCE, INVESTMENT AND ADMINISTRATION	CURATIVE, PREVENTIVE, SUPPORT AND PASTORAL SERVICES
<ul style="list-style-type: none"> a) Limited publicity and visibility b) Limited social and team building activities for staff c) Outdated terms and conditions of service (2002) d) Non-functional ground phone e) Human Resource (HR) Management policy is too general and contradicts some policies e.g. policy says staff will work from Monday to Friday, compassionate leave, sick leave, paternity leave, sexual harassment. f) High staff turnover especially nurses due to poor incentives vis-à-vis ban on recruitment e.g. Top up, responsibility allowance, training opportunities g) Being rural hospital, MMH is not attractive to youthful staff h) Inadequate and old ambulances compounded by absence of utility vehicle i) Absence of qualified staff to do hospital maintenance j) Non-functional Internal Procurement Committee (IPC) leading to inability to follow procurement procedures among staff k) Weak resource mobilization (RM) and sustainability strategies l) Poor financial and drug sales reporting due to weak supervision e.g. absence of bank statements m) Poor road condition n) Inadequate staff houses o) Poor maintenance of old hospital equipment and infrastructures-absence of maintenance policy and some non-functional equipment just dumped p) Absence of staff performance appraisal system 	<ul style="list-style-type: none"> a) Inadequate and/or poor facilities in children and general wards e.g. Oxygen Concentrators, Oxygen Cylinders, Drip stands, beddings, toilets, water, privacy, small labour ward b) Lack of transport for outreach and follow-up activities e.g. motorbikes c) Lack of privacy at ART clinic d) Limited customer care e.g. long waiting time, poor handling of patients referred from health facilities, poor reception of patients by Hospital Attendants e) Underutilization of some services e.g. laboratory, private wing and general ward f) Inadequate specialized staff in some departments e.g. theatre, X-ray, theatre, dental, surgery, mental health. Embalming and Intensive Care Unit (ICU) services, g) High incidences of communicable diseases such as TB, Dysentery, Cholera and HIV/AIDS coupled with poor hygiene practices h) Lack of some essential health services such as Dental health care, ear, nose and throat(ENT) services, optical services, orthopedic services, communicable and non-communicable services i) Some cultural beliefs and practices hinder community members from accessing health care services resulting in an increase in the prevalence of diseases and malnutrition j) Absence of a service charter k) Frequent power blackouts l) Inconsistent Mass services for Catholic Christians m) Absence of a pastoral program for Catholic staff, patients and guardians n) Staff not aware of the Catholic Social Teaching (CS) and doctrine o) Conduct of some staff does not preach the

<ul style="list-style-type: none">q) Absence of credit management policyr) Insufficient funding (hospital operating on hand to mouth)s) Use of manual system e.g. pharmacy	<ul style="list-style-type: none">love of Godp) Absence of restaurant and tuck shopq) Absence of clinical days for Non-Communicable Diseases (NCDs)r) Absence of a system on calls to attend patients
--	--

3.2.2 Opportunities

This section highlights opportunities to expand and improve the efficiency, effectiveness and impact of the hospital on its catchment area for the next five years. One of the opportunities which the hospital has is to build a good rapport with local leaders through HAC. This good rapport should also be extended to donors. In this way the hospital already realized some of its potential by having Antenatal Clinic (ANC) pack and make modern new modern equipment (e.g. Laboratory, X-ray and Theatre. Hence the hospital can grow from strength to strength.

3.2.3 Threats

The factors which have the potential to reduce the opportunities for change and growth of the hospital include fraud and false information, corruption, mushrooming of private clinics, dependency on government/CHAM for staff salaries and that communities expect free and cheap services.

3.3 Assessment of external environmental factors

The assessment of external environmental factors was conducted to identify the prevailing political, religious, economic, social, technological, environmental, legislative and gender (PRESTELG) factors and trends. The assessment also aimed at identifying the negative and positive impact of such factors and trends on the functions, operations and capacity of the hospital. The external factors which have a positive impact on the hospital include the freedom to complain if patients are not satisfied with hospital services and that the Service Level Agreement (SLA) helps vulnerable communities access free services resulting in increased patronage. There is also positive relationship between hospital and traditional leaders and that the modern ICT (social media) can improve hospital publicity and visibility. The external factors which have had a negative impact on the hospital functions and operations include the high levels of poverty which limits ability of communities to access services at the hospital. In addition, communities expect free services due to 'hand out syndrome' and that delays in payment of Service Level Agreement (SLA) cripples hospital services. Socially, there are some community beliefs, values and practices that affect or hinder people from accessing health services. In some communities, the beliefs affect the nutritional status of certain vulnerable groups of people such as mothers and children. Some cultural practices promote harmful lifestyles such as multiple sex partners and early marriages. Such negative community beliefs, values and practices entail that the hospital has a lot to do in terms of civic educating the affected communities on the dangers of their negative beliefs, values and practices on their health.

4.0 MUA MISSION HOSPITAL VISION, MISSION, CORE VALUES, STRATEGIC GOALS AND OBJECTIVES

This chapter outlines the vision, mission, core values, strategic goals and objectives which the hospital wishes to achieve in the next five years.

4.1 VISION

Mua Mission Hospital exists to provide cost-sharing, non-discriminatory, affordable and quality health care services to all people in Bwanje Valley and beyond following the healing Ministry of Jesus Christ and Catholic Social Teaching.

4.2 MISSION

To witness the loving care and healing Ministry of Jesus Christ through comprehensive health services that target the social, spiritual and physical healing to all people in accordance with the needs of the communities, call to compassion and having respect for dignity of the person regardless of denomination and status in line with Catholic core values and principles.

4.3 CORE VALUES

The hospital upholds the moral values and principles as enshrined in the Gospels and the Catholic Social Teaching (CST). These values include respect for the sanctity of life, promoting love and unity, professionalism, self-reliance, confidentiality, responsiveness, gender equity, inclusiveness, principle of subsidiarity, preferential option for the poor, moral integrity and accountability.

4.4 STRATEGIC GOALS AND OBJECTIVES

The strategic plan aims to achieve three goals to support the vision and mission of the hospital as follows:

- d) Endeavor to have effective, efficient and sustainable finance, investment and administrative policies, structures and systems
- e) Comprehensive, non-discriminatory, affordable and quality health care services are provided to all patients regardless of their sex, race, religion and status.
- f) Facilitate improved pastoral care services for the sick

The achievement of the goals will be supported by eleven (11) strategic objectives which are listed under each of the goals in table 4.

Table 4: Strategic Goals and Objectives

STRATEGIC GOALS	STRATEGIC OBJECTIVES
Endeavor to have effective, efficient and sustainable finance, investment and administrative policies, structures and systems	<ul style="list-style-type: none"> a) Facilitate availability of specialized skilled staff and services b) To develop a robust resource mobilization and sustainability strategy c) To improve staff living and working conditions, terms and welfare policies d) To strengthen effective financial and drug management and reporting systems e) To develop a Master Policy (Hospital Manual) based on available health policies

	<ul style="list-style-type: none"> f) To improve ambulance and hospital transport services g) To improve hospital publicity and visibility h) To improve interpersonal and social relationships among staff
Comprehensive, non-discriminatory, affordable and quality health care services are provided to all patients regardless of their sex, race, disability religion and status.	<ul style="list-style-type: none"> a) To improve patients' conditions and welfare, care and satisfaction b) To improve hospital infrastructures, medical equipment and, capacity to use them. c) To improve infection prevention system d) To ensure communities have adequate capacity to prevent the outbreak of communicable diseases
Facilitate improved pastoral care services for the sick	<ul style="list-style-type: none"> a) To ensure adequate and improved spiritual care of patients, staff and guardians

5.0 IMPLEMENTATION ARRANGEMENTS

To ensure effective implementation of this strategic plan, the Quality Improvement Support Team (QIST) will be mandated to oversee the development of annual work plans and budget, monitor implementation and prepare progress reports to the Board of Governors and management for guidance. An implementation plan which appears in Annex C stipulates the strategies for achieving vision and mission, timeframe, responsible persons, partners and the budget. The implementation plan will guide management during implementation and production of annual work plans.

For the hospital to effectively achieve its vision and mission, there is need for proper collaboration, coordination and integration. The organizational structure which appears in Annex B seeks to align the hospital with effective organizational strategy.

6.0 MONITORING AND EVALUATION

Monitoring and evaluation (M&E) is a critical and integral component for efficient and effective functions and operations. In order to ensure effective monitoring and evaluation, annual work plans will be developed with clear expected outcomes, indicators and targets using the monitoring and evaluation plan. To achieve this, the hospital will hold annual review, reporting and planning sessions involving administration, finance and technical personnel and key stakeholders. In addition, all key departments will hold quarterly progress and planning meetings.

A mid-term review of the strategic plan will be conducted in the middle of the year 2021 to determine progress on expected outcomes, successes, challenges and lessons learnt. The mid-term review will allow management to make changes wherever necessary.

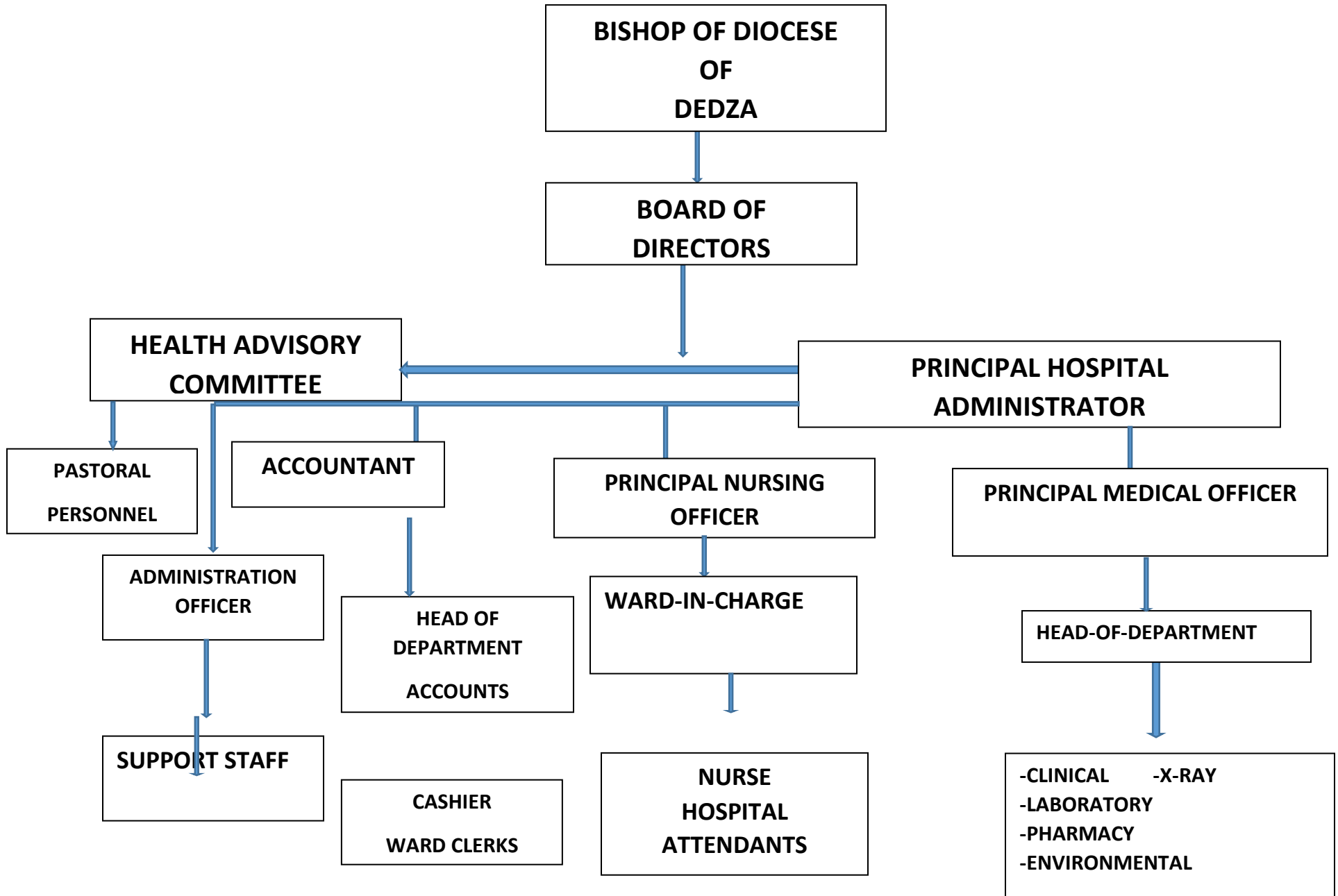
At the end of the five years, a comprehensive end of strategic plan evaluation will be carried out with help of an external Consultant, to assess and document impact, effectiveness, efficiency and sustainability of achievements of the strategic plan.

ANNEX A: LIST OF PEOPLE WHO PARTICIPATED IN THE STRATEGIC PLANNING PROCESS

1. Fr. Gerald Bwemba-Board Chairperson
2. Fr. V. Chimchenga-Treasurer General/Board Member
3. Fr. Philip-Board Member/HAC Chairperson
4. Mr. Chris Mwabwera-Board Member
5. Fr. Isaac Mwazambumba- Principal Hospital Administrator
6. Mr. Daison Telera-CHAM, Board Member
7. Dr. Regina Chimanya-Dedza DHO
8. Mr. Mathews Chanza-Chief Clinical Officer
9. Ms. Nita Makumba-Pharmacy Technician
10. Ms. Modesta Dimba-Nursing Officer OPD Ward-in-Charge
11. Mrs. Grace Magombo-ANC Ward-in-Charge
12. Mr. Rodrick Maluza-Maintenance Officer
13. Mr. Theophilus Musadi-Chief Lab Technician
14. Ms. Violet Chanunkha-OPD In-Charge
15. Mr. Boniface Mseteka-Radiology In-Charge
16. Mr. Kingsley Isaa-AEHO
17. Ms. E.K. Numer-Maternity
18. Ms. Q. Nhlema- Paediatric, Nursing Officer
19. Mr. C. Kalajira-Pharmacy Technician
20. Mr. K. Mtonga- Accountant
21. Mr. Emmanuel Kutsenjira- Assistant Accountant
22. Mr. Mwai Muhuwa-Human Resource Officer
23. Sr. Joyce Matchumbuza- In-Charge/Administrator, Nakalazi Health Centre
24. Mr. Charles Chitule- HAC member, Mtakataka Health Centre
25. Mr. Eric Palanjeta- In-Charge, Mtakataka Health Centre
26. Mr. Yoseki Kalowa- Senior HSA, Mtakataka Health Centre
27. Mr. Charles Sandram- Principal Nursing Officer
28. Mr. Andrew Tchoka- HAC Vice Chair, Mua Hospital
29. Mr. Watson Msoka- HAC Member, Mua Hospital
30. Mr. Saidi Binali-HAC Member, Mua Hospital
31. GVH Bwanali- HAC Member, Mua Hospital
32. Mr. John Mbangali- HAC Member, Mua Hospital

ANNEX B: MUA HOSPITAL

GOVERNANCE STRUCTURE



IMPLEMENTATION BUDGET FOR 2019 - 2023

Strategic objective 1.1: To ensure availability of specialized staff and services								
Strategy	Expected outcomes	Time period				Responsible person	Partners	Budget
Lobby with CHAM to recruit more technical and specialized staff	Anesthetic, surgeon, orthopedic and ophthalmologist, ENT recruited, Provision of specialized care					Human resource officer	DHO, MOH, CHAM	1,560,000.00
Engage other government referral hospitals for external specialists on Locum	Availability of specialized staff and services					Hospital Administrator	MOH and Donors	9,525,500.00
Strategic objective 1.2: To develop a robust resource mobilization and sustainability strategy								
Conduct feasibility study to identify viable IGAs, e.g. rice farming, restaurant, tuck-shop, filling station, lodge, a guest house and conference hall.	Increased revenue for the hospital					Hospital Administrator	Donors/ sponsors	314,800.00
Develop business plan for viable businesses	Business plan						Consultant	1,000,000.00
Mobilize resources to start viable businesses	Increased revenue						Donors/sponsors	500,000.00
Strategic objective 1.3: To improve staff living and working conditions, terms and welfare policies								
Review and harmonize HR policies	-Improved staff motivation					Human Resource (HR) Officer, Management, Board	MOH , CHAM, COHSASA, GIZ	2,751,000.00

Review staff benefit package	-Improved staff retention					PHA	Donors	180,000.00
Develop and implement staff development policy and plan						HR Officer	MOH , CHAM, COHSASA, GIZ	15,000.00
Construct five more staff houses						PHA	Donors	50,000,000.00
Organize in-service, refresher and upgrading training for staff		1.				PHA	Donors	
Develop and implement a staff performance appraisal system		2.				PHA Human Resource Officer	PMO PNO Accountant	75,000.00
Provide incentives to outstanding staff		3.				PHA Board Chair		162,000,000.00
Strategic objective 1.4 To ensure effective financial and drug management and reporting system								
Computerize financial and inventory management system	-Enhanced transparency and accountability -Timely reports in drug and financial management					PHA PMO	Consultant services	8,635,000.00

Review and improve the existing financial and drug management and reporting systems	Improve financial and drug management					PHA Board	Sister Hospitals CHAM	1,180,000.00
Conduct regular internal audits	Improved accountability and transparency					PHA Board Treasurer General	Dedza Diocese	68,000.00
Conduct annual external audits	Improved accountability and transparency					PHA Board	Consulting Services	7,500,000.00
Orient board and management on their roles and responsibilities	Increased capacity of the board and management					PHA Board Chair	CHC	7,600,000.00

Organize exchange visits to other hospitals	Increased capacity of the board and management						PHA Board Chair	CHC	770,000.00
Develop and implement a credit management policy	Improved debt collection from patients						PHA Board	Accountant	764,000.00
Strategic objective 1.5 To develop a Master policy based on available health policies									
Develop policies based on MOH and CHAM policy documents	Master policy available for use						PHA Board chair	MOH, CHAM, GIZ, COHSASA, MUA BOARD	4,900,000.00
Implement developed policies	Improved services						PHA Board		
Strategic objective 1.6 To improve hospital transport system									
Procure a well-equipped ambulance	Improved ambulance services						PHA	Donors, private sector	40,000,000.00

Ensure regular maintenance of the existing vehicles	Improved ambulance and transport services					PHA	Donors	35,000,000.00
Procure motorcycles for outreach and follow up activities	Improved monitoring of outreach activities					PHA Board	Donors	5,100,000.00
Procure a utility vehicle	Improved and efficient transport system					PHA Board	Donors	15,000,000.00
Strategic objective 1.7 To improve hospital publicity and visibility								
Develop a website	Increased visibility and patronage					PHA/secretary	Consultant, donors	2,872,000.00
Set-up an official Facebook page								-
Organize open days to raise awareness of hospital services						PHA	Donors, DHO, CHAM	5,400,000.00
Erect a big and visible sign post on M5 road	Increased visibility and patronage					PHA	Donors	700,000.00

Organize regular networking meetings with key stakeholders	Increased visibility and patronage					PHA Board Chair	Donors CHC	11,004,000.00
Produce promotional materials e.g. leaflets, brochures	Increased visibility and patronage					PHA Board Chair	Donors	3,500,000.00
Strategic objective 1.8 To improve interpersonal and social working relationships among staff								
Organize regular team building activities e.g. lake trips, national parks, picnics, get together	Improved interpersonal and social working relationships among staff					Social welfare committee and Management	Management	8,000,000.00
Organize scheduled staff meetings								1,800,000.00
Goal 2: Comprehensive, non-discriminatory, affordable and quality health care services are provided to all patients regardless of their sex, race, religion and status								
Strategic Objective 2.1. To improve patients' conditions and welfare, care and satisfaction								

Introduce cooking services for private ward patients	Improved patient care					PHA	NRU Management and	3,700,000.00
Improve facilities in general ward	Improved environment					PHA	Donors	30,000,000.00
Build capacity of staff in customer care	Quality patient care					PHA	Management and Consultant	3,600,000.00
Introduction of a reception	Improve quality of reception					PHA	QIST Management and	3,756,000.00
Improve reception of patients	Improve quality of reception					PNO	Ward-in-Charge	
Strategic objective 2.2 To improve hospital infrastructures, medical equipment and, capacity to use them.								
Install Solar system	Improved services						Donors	61,580,243.00
Improve water system	Improved access to water					PHA	Donors	19,130,000.00
Staff house maintenance	Improved accomodation					PHA	Donors	218,903,250.00
Maintenance of general ward	Improved services					PHA	Donors	52,617,137.00
Develop and implement an effective	Improved					PHA	Donors	

maintenance policy		services						Maintenance Officer		20,000.00
Upgrading the road at the hospital		Improved road condition						PHA PHA/HAC	Donors, Government, Diocese	2,622,200.00
Introduce a car park		Improved security for cars							Donors	2,651,000.00

Strategic Objective 2.3 To improve infection prevention system

Introduce schedule for general cleaning in all departments		Improved Infection Prevention (IP) at the hospital						EHO/HoD	MGT	6,480,000.00
--	--	--	--	--	--	--	--	---------	-----	--------------

Strategic Objective 2.4 To ensure communities have adequate capacity to prevent the outbreak of communicable diseases and NCD

Conduct community awareness campaign on prevention of outbreaks of communicable diseases		Increased community capacity to prevent outbreaks						PMO PNO	Donors	968,000.00
Establish community based outbreak response committees		Increased community capacity to prevent outbreaks						PMO PNO	HAC Traditional leaders	968,000.00

Build capacity of the community based outbreak response committees, HAC, Local readers	Increased community capacity to prevent outbreaks					PMO	Community Management	1,500,000.00
						PNO		

Goal 3: Ensure improved pastoral care services for the sick

3.1. To ensure adequate and improved spiritual care of patients, staff and guardians

Sensitize staff on Catholic Social Teaching and hospital core values	Improved spiritual being of patients, guardians and staff					Parish priest/MGT	PHA	900,000.00
Conduct frequent visit to the sick in the wards								650,000.00

TOTAL BUDGET

797,760,130.00

ANNEX D: MONITORING AND EVALUATION PLAN: 2019-2023

Goal 1.0: Endeavor to have effective, efficient and sustainable finance, investment and administrative policies, structures and systems					
Logical Hierarchy	Expected outcomes	Indicator	Baseline	Target	Means of Verification
Strategic objective 1.1. To ensure availability of specialized staff and services	-Anesthetist, surgeon, ENT, orthopedic and ophthalmologist recruited -Provision of specialized care	Availability of Anesthetist, surgeon, orthopedic and ophthalmologist and ENT specialists	One Anesthetist, one Obstetrics clinician available	1 Surgeon, 1 orthopedic clinician, 1 ophthalmologist and 1 ENT clinician recruited.	Management minutes, Board minutes, advertisement, Interviews, placement, signing of Job descriptions
1.2 To develop a robust resource mobilization and sustainability strategy	Increased revenue for the hospital	Number of viable business identified and implemented	3 businesses- Maize mills, Tuck shop	2 new businesses implemented	Financial reports
		% of own generated resources in the budget	20%	50%	Financial and audit reports
1.3 To improve staff living and working conditions, terms and welfare policies	Reduced staff turnover	Staff retention rate	60%	90%	Staff pay roll
	Improved staff motivation	% of staff who feel motivated			Performance appraisal reports
1.4 To ensure effective financial and drug management and reporting system	Enhanced transparency and accountability	Computerized drug and financial system in place	Manual stock cards	Available computerized drug and financial reporting system	Financial reports, audit reports
Strategic objective 1.5. To develop a	Improved services	Master policy compiled and approved by the Board	35%	100%	Master policy available in PHA office

Master policy based on available health policies					
Goal 2. Comprehensive, non-discriminatory, affordable and quality health care services are provided to all patients regardless of their sex, race, religion and status.					
Strategic objective 2.1 To improve patients' conditions and welfare, care and satisfaction	Improved patients, guardians and visitors conditions and welfare	Number of patients reporting improved services	70%	100%	Ombudsman report
Strategic objective 2.2. To Improve hospital infrastructures, medical equipment and, capacity to use them.	Improved patients conditions and welfare	Number of patients reporting improved services	70%	100%	Ombudsman Report Management minutes Quarterly Exit interview
Strategic objective 2.3. To improve infection prevention system	Improved infection prevention	Cleanliness-reduced hospital infections	Poor cleanliness in some wards	Documentation of general cleanliness	Data collected for department Accreditation by MoH
Strategic objective 2.4 To ensure communities have adequate capacity to prevent the outbreak of communicable	Improved capacity of communities to prevent outbreaks Reduced cases of outbreaks	Number of cases of outbreaks	Number of cases of outbreak	Reduce outbreak cases	Data collected

diseases					
Goal 3: Facilitate improved pastoral care services for the sick					
Strategic objective 3.1 To strengthen spiritual care and support of patients, staff and guardians	Improved spiritual care and support for the sick and staff	Number of patients and staff receiving spiritual care and support	Not frequent	Weekly Masses conducted	Management reports