DIVINE MERCY HOSPITAL



PROPOSED HOSPITAL LAYOUT





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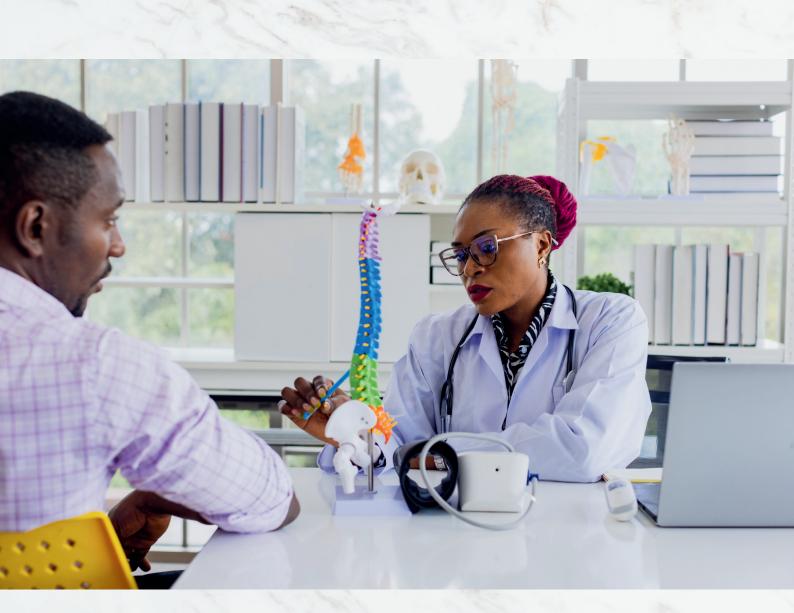
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THEME: TRANSITION TO A LEVEL 3 HOSPITAL



FOREWARD

It is with great anticipation and a renewed sense of purpose that we present this strategic plan, charting the future of Divine Mercy Parish's dispensary as it transitions into a Level 3 hospital. Rooted in our mission to provide spiritual, health, and educational services to our community, this plan represents our unwavering commitment to addressing the healthcare needs of the people we serve.

The journey to this point has been marked by both challenges and triumphs. Having reopened the dispensary in August 2024 after its temporary closure, we now stand at a pivotal moment. With the dedication of the entire second floor of the upcoming Center of Excellence to the Level 3 hospital, we are poised to make a transformative impact. This plan outlines the strategic steps required to achieve our vision of equipping the facility with advanced medical equipment, skilled personnel, and the capacity to provide quality care to over 200 patients daily.

As we embark on this journey, we invite all stakeholders—our congregation, healthcare professionals, and the community at large—to join us in realizing this vision. Together, we can ensure that the hospital not only meets but exceeds the expectations of those who depend on its services.





PREFACE

The Divine Mercy Parish Strategic Plan for transitioning our dispensary into a Level 3 hospital is a testament to our steadfast dedication to enhancing the well-being of our community. Since its establishment in 1992, the dispensary has played a vital role in delivering healthcare services, albeit through periods of challenge, including its closure in 2023. Its reopening in August 2024 marked a new beginning, and this plan builds on that foundation to envision a brighter, healthier future.

The strategic plan aligns closely with our broader mission to serve humanity by providing holistic care—spiritual, physical, and intellectual. With the upcoming Center of Excellence as a key enabler, this initiative reflects our commitment to leveraging available resources to create a facility that sets a benchmark in healthcare delivery.

This document not only outlines our aspirations but also serves as a roadmap for how we will achieve them through collaboration, innovation, and faith. It is our hope that this plan will inspire all stakeholders to contribute to this noble cause, ensuring that our healthcare facility becomes a beacon of hope and healing for generations to come.

> With God's blessings, Clinical Officer

ACKOWLEDGEMENTS

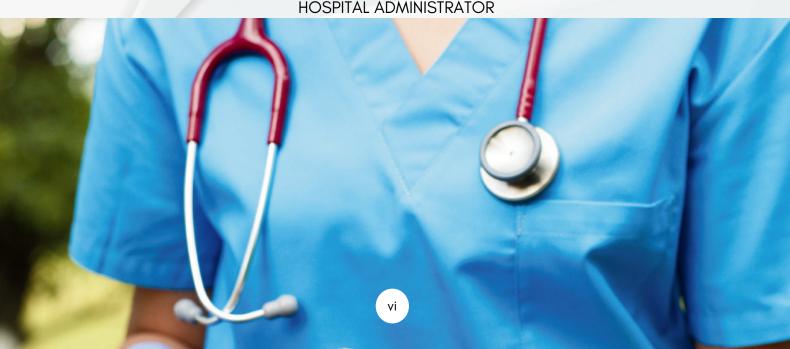
The formulation of this strategic plan would not have been possible without the efforts and dedication of Divine Mercy Catholic Church and the Parish Pastoral Council. We would like to express our gratitude to the Divine Mercy Catholic Church Parishioners for proposing all areas of review.

We appreciate Optipro Limited (Simon Kamau of Mary Immaculate and Felix Nzuki) and Nairobi Archdiocese office which took an advisory role in the formulation of this strategic plan.

We thank our Director Fr. James Nguru Mukui and his assistant Fr. Michael Ojiambo for their continued support and dedication which were essential for the formulation of this strategic plan.

We wish to extend our special gratitude to the following individuals of the Parish Pastoral Council and Parishioners who were very resourceful in this process: Mr.
Geoffrey Muriuki (PPC Moderator), Ms. Patricia Mumo (PPC Vice Moderator), Mr. Daniel Munyao (PPC Secretary), Mr. Stephen Kamanja, Dr. Alex Githinji, Mr. Faustus Mmbaya, Dr. Onesmus, CPA. Godfrey Murage, Ms. Fredar Kaindi, Ms. Rose, Ms. Mary Kimani for their time and technical expertise in the development of this strategic plan.

We recognize the entire Divine Mercy Kariobangi South Parish fraternity for their ceaseless support and finally the Servant of God Michael Maurice Cardinal Otunga (RIP) and the late Fr. Michael Kahurani whose vision still drives the existence and growth of Divine Mercy Parish & Dispensary



Fr. James Nguru Mukui HOSPITAL ADMINISTRATOR

EXECUTIVE SUMMARY

Vision Statement

To provide comprehensive, compassionate, and accessible care for all

Mission Statement

We provide patient-centered healthcare through skilled personnel and essential services that promote wellness and meet the unique needs of our community.

GOAL 1:

Embrace Technology and Innovation to set up a robust level 3 hospital

GOAL 2:

Enhance Patient Care through excellent quality, safety, and patient satisfaction. GOAL 3:

Advance Community Health

CHAPTER 1 INTRODUCTION

1.1. BACKGROUND

Divine Mercy Parish has been a cornerstone of spiritual and community service since its establishment. In 1992, the parish took a significant step by opening a dispensary within its complex to address the healthcare needs of the community. Despite its crucial role, the dispensary faced numerous challenges over the years, culminating in its temporary closure in 2023.

The reopening of the dispensary in August 2024 marked a turning point, with renewed focus and determination to enhance its capacity. Integral to this vision is the construction of the Center of Excellence, where the entire second floor is dedicated to the development of a Level 3 hospital. This facility will be equipped with advanced medical technology and staffed by qualified personnel to provide comprehensive care to over 400 patients daily.

This endeavor is in harmony with the church's mission to provide spiritual nourishment, health services, and education to the community. By expanding healthcare access, Divine Mercy Parish aims to address critical health challenges, improve quality of life, and embody the spirit of compassion and service at the heart of its ministry.

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| 15 | 4 | |

1.2. STRATEGIC PLAN DEVELOPMENT APPROACH

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To ensure ownership of the process, a participatory strategic planning approach was applied. The taskforce ensured adequate involvement of the key stakeholders. They included Parishioners, members, leadership at all levels, staff, Patron (church) and Nairobi Archdiocese representative. During the initial stages, a desktop review of a number of documents was also conducted especially the available financial reports and clinical data. Initial consultative meetings were conducted involving representatives of Parish Pastoral Council and invited medics. In addition, structured questionnaires were developed and distributed to all Parishioners and members as a way of gathering background information and feedback on the current operational status of the dispensary was essential in guiding the strategic plan. Various meetings were held to discuss and gather the requisite documents for the strategic plan.

1.3.RATIONALE OF THE STRATEGIC PLAN

This strategic plan will majorly focus on:

- Roadmap to transition the dispensary from a level 2 to a level 3 hospital
- Strengthening governance and internal processes in the hospital
- Integrating and enhancing ICT in its operations
- Embracing proper risk management and compliance systems
- Improving the hospital infrastructure, services and departments

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1.4. PLANNING ASSUMPTIONS

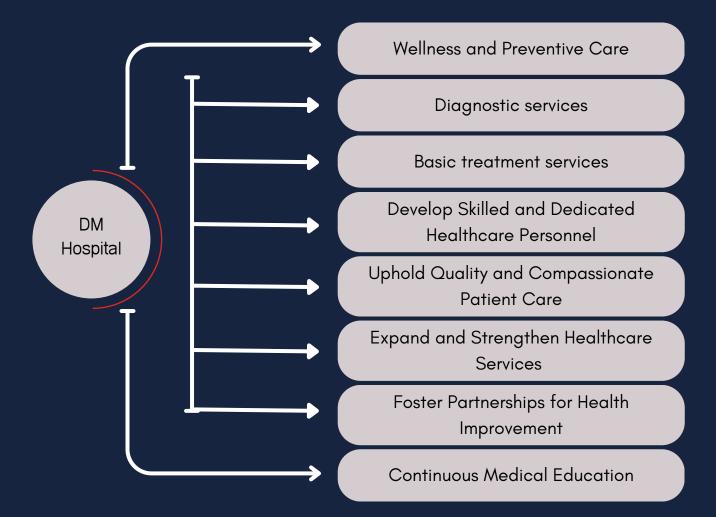
There will be:

- Socio-economic and political stability in the country: It is critical for a stable and favorable business environment.
- Stable membership and patronization of the hospital services by Parishioners and the surrounding community:
- Sustained and stable labor/industrial relations environment: This is critical as employees form the basic factor of operation.
- Sustainable ICT environment.
- Stable consumption patterns and access to healthcare by all.
- Continued positive government intervention in healthcare

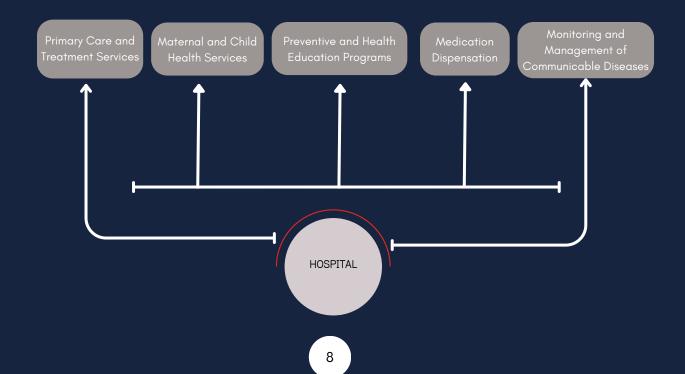
CHAPTER 2

INSTITUTIONAL ANALYSIS

2.1. MANDATE



2.2. CORE FUNCTIONS



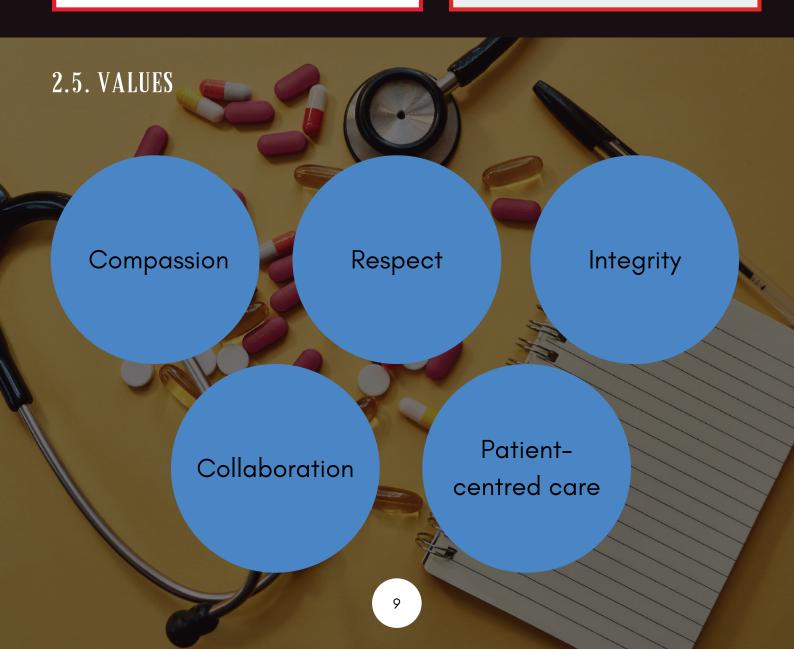
2.4. VISION, MISSION

Vision Statement

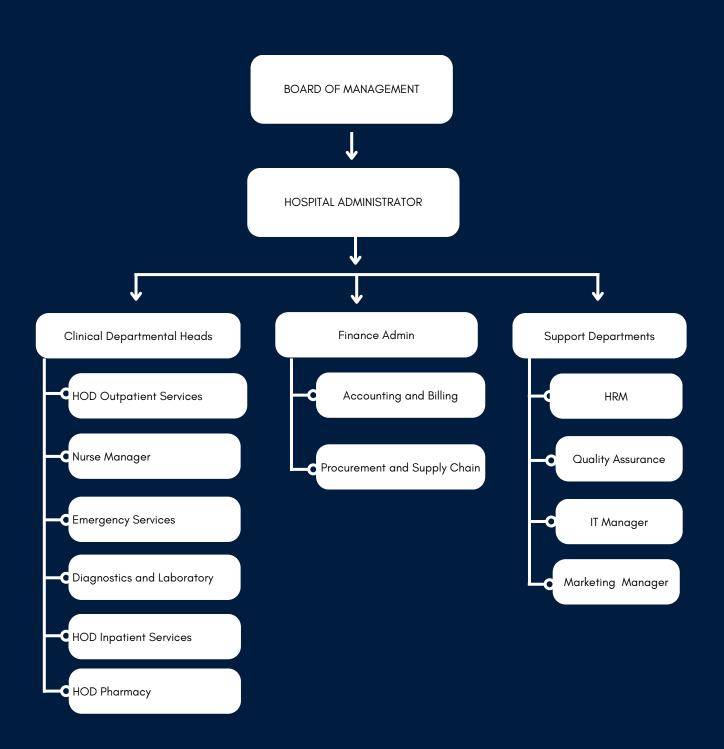
To provide comprehensive, compassionate, and accessible care for all

Mission Statement

We provide patientcentered healthcare through skilled personnel and essential services that promote wellness and meet the unique needs of our community.



2.5. ORGANIZATION STRUCTURE



| Primary Care and Outpatient Services | Maternal and Child Health Services | Surgical Services |
|---|---------------------------------------|-------------------------|
| Specialized Clinics and | Diagnostic and Imaging | Pharmacy and Medication |
| Services | Services | Management |
| Rehabilitation and Physical | Mental Health and | Community Health and |
| Therapy | Counseling Services | Preventive Services |
| Emergency and Critical Care Services | Palliative Care | |

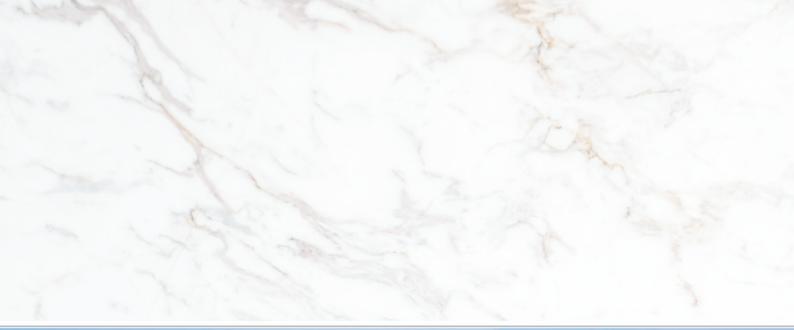
| Service | Description | Equipment |
|---|--|---|
| Primary Care and Outpatient Services | General consultations for common illnesses and minor injuries Preventive health screenings (e.g., blood pressure, cholesterol, diabetes) Immunizations and vaccinations Reproductive health counseling Routine health checks and physical examinations | Vital signs monitors (for blood pressure, heart rate, oxygen saturation) Examination tables and patient chairs Otoscope, ophthalmoscope, and stethoscopes Thermometers (digital and infrared) Glucometers for blood sugar testing Sphygmomanometers for manual blood pressure readings Nebulizers for respiratory support |

| Service | Description | Equipment |
|---------------------------------------|---|--|
| Maternal and Child Health Services | Antenatal and postnatal care Labor and delivery services, including Caesarean sections (C-sections) Pediatric care and treatment for common childhood illnesses Well-baby clinic for growth monitoring and immunizations Maternity and newborn services | Fetal monitors for monitoring fetal heart rate and contractions Delivery beds with adjustable settings Infant warmers and incubators for neonatal care Phototherapy units for treating neonatal jaundice Ultrasound machines for prenatal and obstetric imaging Newborn resuscitation kits for emergency care Breast pumps and infant feeding supplies |
| Surgical Services | Minor and major surgical procedures (e.g., appendectomy, hernia repair) Elective surgeries and day procedures Emergency surgeries for trauma cases Orthopedic surgeries (e.g., fracture repair) Pre-operative and post-operative care | Operating tables and surgical lights Electrosurgical units for cutting and coagulation Anesthesia machines and related monitoring equipment Autoclaves for sterilizing surgical instruments Surgical instruments (e.g., scalpels, scissors, clamps) Patient warming devices for maintaining body temperature C-arm X-ray machines (for imaging during orthopedic surgeries) |

| Service | Description | Equipment |
|---|--|--|
| Diagnostic and Imaging Services | Laboratory services for blood tests, urinalysis, and other diagnostics Radiology services, including X-rays and ultrasounds Advanced imaging (e.g., CT scans or MRI if available or through partnerships) Pathology services for diagnosing diseases based on tissue samples ECG, EEG, and other non-invasive diagnostic tests | X-ray machines with digital imaging capability Ultrasound machines for soft tissue imaging Laboratory equipment: Hematology analyzers for blood testing Biochemistry analyzers for organ function tests Microscopes for pathological examination Urinalysis machines for routine tests |
| Pharmacy and Medication Management | In-house pharmacy with essential and prescribed medications Pharmaceutical consultations for medication usage and safety Dispensing of chronic medication for long-term conditions Inventory management to ensure a consistent supply of essential drugs | Refrigerators and freezers for medication storage Automated dispensing systems for safe medication distribution (if budget allows) Labeling and packaging equipment for medications Inventory management software for tracking stock levels |
| Rehabilitation and Physical Therapy | Physiotherapy for post- surgical recovery, injuries, and chronic pain Occupational therapy to support patient recovery and adaptation Speech therapy for individuals with communication disorders Outpatient rehabilitation programs for stroke recovery and other conditions | Treatment tables and exercise equipment (e.g., weights, bands) TENS units (Transcutaneous Electrical Nerve Stimulation) for pain management Ultrasound therapy units for musculoskeletal treatment Walking aids (crutches, walkers, parallel bars) Wheelchairs and adjustable chairs |

| Service | Description | Equipment |
|---|---|---|
| Mental Health and Counseling Services | Psychological counseling and therapy sessions Crisis intervention and mental health support for acute cases Psychiatry services for diagnosis and treatment of mental health disorders Substance abuse counseling and rehabilitation support | Patient beds in a quiet and comfortable environment Counseling rooms with comfortable seating Computer and software for psychological testing and therapy planning |
| Community Health and Preventive Services | Health education programs for preventive care and healthy living Outreach programs for vaccination, screenings, and health education Mobile clinics to serve nearby underserved areas Disease prevention and control programs (e.g., for tuberculosis, HIV/AIDS) | Mobile clinic van equipped with basic diagnostic tools Portable ultrasound machines for outreach programs Basic lab kits for conducting blood, glucose, and rapid diagnostic tests Educational materials for community health education Vaccination refrigerators and cold boxes for safe vaccine transport |
| Emergency and Critical Care Services | 24/7 emergency department with triage and acute care Trauma and injury care for moderate to severe cases Stabilization services for life-threatening conditions before transfer (if needed) | ECG machines for cardiac monitoring Ventilators for patients needing respiratory support Pulse oximeters and capnography monitors for oxygen levels Intensive care beds with adjustable features Infusion pumps for IV fluids and medications Portable suction machines for airway management |

| Service | Description | Equipment |
|-----------------|--|--|
| Palliative Care | Pain management and comfort care for terminally ill patients Emotional and spiritual support for patients and families Home-based palliative care support if resources allow | Adjustable patient beds with pressure-relief mattresses Syringe drivers and infusion pumps for pain management Portable oxygen concentrators for respiratory support Patient lifting aids for easier movement Counseling and therapy equipment for psychological support |





CHAPTER 3 CONTEXTUAL ANALYSIS

3.1. INTERNAL ENVIRONMENT – SWOT ANALYSIS

Strengths

Strong community presence Experienced core staff Clear leadership and vision Local support and network Patient-centric services

Weaknesses

Limited infrastructure and capacity Lack of advanced medical equipment Limited specialized staff Inadequate financial resources Operational bottlenecks

Opportunities

Growing population and healthcare demand Government and donor funding Partnerships with corporate and academic institutions Technological advancements Community health initiatives Healthcare insurance integration

Threats

Competition from other providers Economic challenges Regulatory changes Staff retention and recruitment challenges Financial sustainability risks Public health emergencies

3.2. EXTERNAL ENVIRONMENT – PESTEL ANALYSIS

Political Factors

Kenya's political climate, characterized by periodic election-related uncertainties, influences economic stability and investor confidence. However, devolution under the 2010 Constitution has improved local governance and accountability, creating opportunities for localized investments. While challenges like political rivalries and ethnic divides remain, the Vision 2030 agenda promotes democratic, community-focused governance that may support church-led initiatives and healthcare expansion.

Economic Factors

Kenya's growing economy and its status as a lower-middle-income country present investment potential, especially in areas like ICT and infrastructure. However, inflation, currency fluctuations, and rising living costs may impact the ability of church members to contribute financially. Vision 2030's emphasis on socio-economic institutions in national development offers a favorable environment for growth, benefiting community-focused health and welfare services.

Social Factors

Widespread poverty and inequality in Kenya affect parish communities, as high healthcare costs, the prevalence of non-communicable diseases, and various social challenges impact parishioners' well-being and financial capacity. Addressing these issues through health and financial education programs could build a stronger support network within the church, meeting the evolving needs of a diverse population, including a significant youth demographic.

Technological Factors

Increased adoption of mobile and internet-based technologies improves service delivery and engagement, though challenges include high upfront costs, rapid tech obsolescence, and cybersecurity risks. Collaborations with the Archdiocese of Nairobi to implement digital solutions in financial management and governance could enhance operational efficiency and security.

Environmental Factors

Climate change impacts, such as frequent droughts and floods, affect food security and raise living costs, which may reduce disposable income and church participation. Urban pollution also impacts community health and productivity, potentially hindering church growth and affecting outreach.

Legal Factors

Adherence to government regulations and Archdiocese guidelines is essential to avoid compliance risks. Mary Immaculate Catholic Church must keep pace with evolving standards for accountability and governance, balancing these requirements with its growth objectives, while benefiting from oversight and support from the Nairobi Archdiocese.

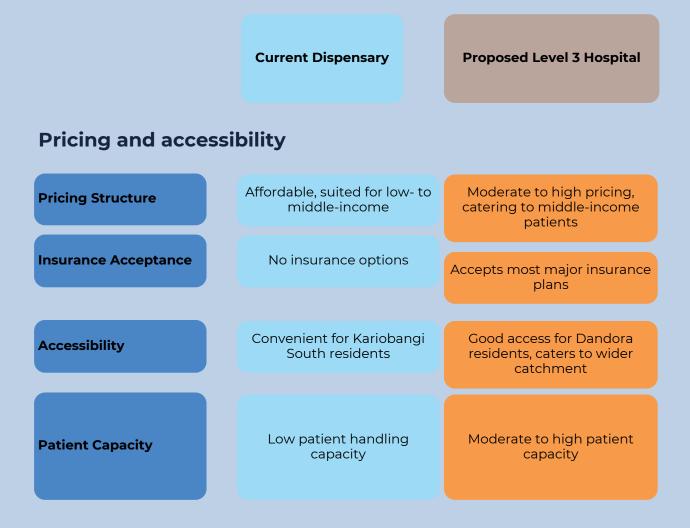
3.3. PROPOSED TRANSITION

| | Current Dispensary | Proposed Level 3 Hospital | |
|------------------------|---|--|--|
| Overview of Benchmarks | | | |
| Location | Kariobangi South | Kariobangi South | |
| Ownership | Private | Private | |
| Level | Level 2 | Level 3 | |
| Target Demographic | Local community; mostly lower-income and middle- income individuals | Wider population, middle-income families seeking specialized care | |

Services and Specializations

| Outpatient Services | Basic consultations, minor procedures | Comprehensive outpatient services |
|---------------------|--|---|
| Inpatient Services | Not available | Full inpatient facilities |
| Maternity Services | Basic maternal care, antenatal services | Comprehensive maternal and child health care |
| Emergency Services | Emergency services not applicable | 24/7 emergency and trauma services |
| Diagnostic Services | Limited diagnostic services (basic lab tests) | Full diagnostic suite (X-ray, ultrasound, lab) |
| Specialized Care | Minimal specialized care (basic general care) | Specialized services (surgery, pediatrics) |
| Preventive Services | Community health education, basic screenings | Health education, comprehensive screenings |

3.3. PROPOSED TRANSITION



Patient Experience and Quality of Care

| Patient Wait Time | Relatively short, low patient volume | Moderate wait times |
|------------------------|---|---|
| Staff-to-Patient Ratio | Low, with limited specialized staff | Moderate, with adequate specialized professionals |
| Quality of Care | Basic, limited by equipment and resources | High, with access to specialized care and diagnostics |
| Patient Satisfaction | High for basic needs, limited for specialized care | High due to specialized services |

3.4. STAKEHOLDER ANALYSIS

| Stakeholder | Stakeholder Needs | Hospital Expectations of Stakeholder | Engagement Strategy |
|-----------------------------|--|---|---|
| Patients | Affordable Quality healthcare respectful and timely service Clear communication | Honest feedback on services Respect for hospital policies Timely payments | Conduct regular feedback surveys Offer community health education Improve service accessibility |
| Hospital Staff | Fair wages Job security Training opportunities Safe working environment, Respect and support from management | Commitment to quality care Adherence to hospital policies; Professional growth | Provide ongoing training Clear communication on hospital goals Recognize performance, and ensure fair wages |
| Board of Management | Regular updates on performance and compliance Clear strategy and governance transparency | Strategic guidance Decision-making support Compliance oversight | Schedule regular meetings Present performance reports Seek strategic input, maintain Transparency |
| Local Community | Accessible healthcare Involvement in health Education and outreach Affordable services | Community trust and support Participation in Health programs and outreach activities | Engage through outreach programs Health fairs, Education sessions and community feedback channels |
| Ministry of Health (MOH) | Compliance with regulations Reporting and data sharing Participation in public health programs | Regulatory Guidance Support for health initiatives Updates on healthcare standards | Ensure Regulatory compliance Participate in MOH initiatives Submit required reports Collaborate on health programs |
| Local Government | Compliance with local regulations Contributions to public health goals Community well-being | Policy support Public health funding and partnership Infrastructure support | Maintain communication on hospital activities Collaborate on community projects Submit periodic updates |

3.4. STAKEHOLDER ANALYSIS

| Stakeholder | Stakeholder Needs | Hospital Expectations of Stakeholder | Engagement Strategy |
|---|---|---|---|
| Donors/ Philanthropists | Transparency on fund usage Regular impact reports Acknowledgment of support | Financial or in-kind support Advocacy for hospital's cause | Share impact reports, outline funding needs Invite them to events Provide transparent financial updates |
| Insurance Providers | Efficient claims processing Compliance with coverage terms Clear communication of policies | Broad insurance coverage for patients Timely claim approvals | Establish contracts, maintain good claims processing Ensure clear communication with insurance partners |
| Suppliers/ Vendors | Timely payments Fair procurement practices stable, long-term partnership | Reliable supply of quality products Flexibility in payment terms if needed | Develop reliable partnerships Maintain timely payments Conduct fair procurement processes |
| Church | Alignment with mission Support for faith- based healthcare initiatives Access to spiritual care | Spiritual support for patients and staff Community health advocacy | Collaborate on community programs Integrate spiritual care where appropriate Communicate mission alignment |
| Competitor Hospitals | Ethical competition Potential for collaboration on shared community health goals | Market awareness; mutual respect in community service and competition | Monitor market trends, explore areas for collaboration Maintain friendly competitive relationships |
| Non- Governmental Organizations (NGOs) | Collaboration on health programs Transparency on outcomes Shared values | Support for health programs Community resources and program funding | Establish partnerships for community health programs Share impact stories Apply for program funding |
| Media | Timely updates on hospital activities Transparency on impact stories Clear communication for news reporting | Positive portrayal; accurate reporting Amplification of health initiatives | Issue press releases Organize media events Engage social media for outreach and community relations |



CHAPTER 4 MARKET ANALYSIS

4.1. MARKET OVERVIEW

| Location | Kariobangi South is a densely populated urban area in Nairobi. It has a diverse population with lower to middle-income residents, primarily informal workers, small business owners, and families. |
|---|--|
| Healthcare Demand | Residents in Kariobangi South face healthcare challenges, such as limited access to quality care, overcrowded public facilities, and financial constraints for private healthcare services. There is a strong demand for affordable, reliable primary healthcare and a growing need for specialized services due to the rise of lifestyle- related conditions like diabetes and hypertension. |
| Competitors | The area has a mix of public and private health facilities, including: |
| Public Clinics | Offer affordable services but often suffer from overcrowding and limited resources. |
| Private Clinics | Provide better service quality but may not be affordable for all residents. |
| Non- Government al Health Centers: | Some NGOs run health facilities targeting underserved populations, often focusing on maternal health, HIV, and community health education. |

4.2. TARGET POPULATION NEEDS



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Primary Healthcare: Routine care, immunizations, minor injuries, and infections.

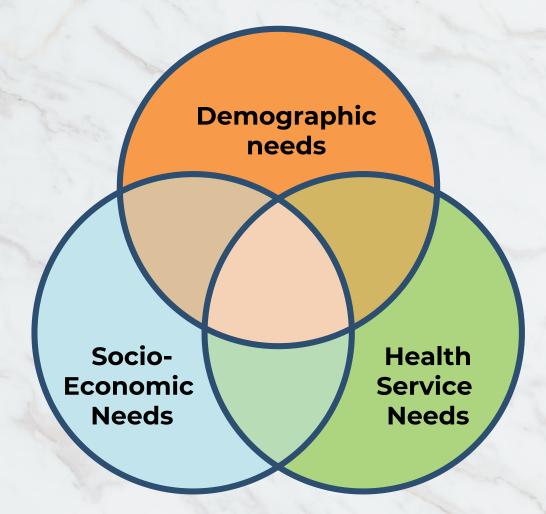
Maternal and Child Health: High demand for antenatal, delivery, and postnatal care.

Chronic Disease Management: Diabetes, hypertension, and respiratory conditions are prevalent and require continuous monitoring and care.

Emergency Services: Residents often seek emergency services for injuries, respiratory infections, and other acute conditions.

Affordable Diagnostic Services: There's a need for affordable lab tests and imaging services for early diagnosis and treatment of various conditions.

4.3. MARKET SEGMENTATION



4.2.1 DEMOGRAPHIC SEGMENTATION

| Children (0-14 years) | Needs: Vaccinations, treatment for infectious diseases, nutritional support. Services: Pediatric care, immunizations, health education for parents. Marketing Approach : Outreach through schools and community centers, partnership with local NGOs working in child health. |
|--------------------------|---|
| Youth (15-30 years) | Needs: Sexual and reproductive health, treatment for injuries, counseling. Services: Family planning, HIV testing and counseling, emergency care. Marketing Approach: Social media outreach, youth engagement programs, collaboration with youth organizations. |
| Adults (31-60 years) | Needs: Chronic disease management, maternal health, preventive health services. Services: Outpatient care, antenatal and postnatal care, diabetes and hypertension clinics. Marketing Approach: Community health education, employer partnerships, chronic disease management awareness programs. |
| Seniors (60+ years) | Needs: Chronic disease management, general check-ups, geriatric care. Services: Diabetes and hypertension management, routine health checks. Marketing Approach: Collaboration with community leaders, family- focused messaging to encourage care for seniors. |
| | |

4.2.2. SOCIO-ECONOMIC SEGMENTATION

Low-Income Households

Needs: Affordable primary and emergency healthcare.

Services: Low-cost consultation fees, subsidized services, payment plans.

Marketing Approach: Highlight affordability, leverage community health workers to promote services within neighborhoods, build trust through consistent quality care.

Middle-Income Households

Needs: Quality healthcare with short waiting times, chronic disease management.

Services: General outpatient services, chronic disease management, diagnostic services.

Marketing Approach: Emphasize quality, convenience, and expertise; offer loyalty programs and affordable health packages for families.

4.2.3 SEGMENTATION BY HEALTH NEEDS

| Maternal and Child Health Segment | Needs: Safe maternity services, immunizations, antenatal and postnatal care. Services: Obstetric care, family planning, pediatric care. Marketing Approach: Partner with local women's groups, offer antenatal education sessions, and promote on platforms frequented by women of childbearing age. |
|---------------------------------------|--|
| | |
| Chronic Disease Management Segment | Needs: Regular monitoring, affordable medications, lifestyle counseling. Services: Diabetes, hypertension, respiratory disease management. Marketing Approach: Health workshops, disease-specific support groups, outreach programs for regular monitoring. |
| | |
| Emergency and Trauma Segment | Needs: Quick and reliable emergency care. Services: Emergency care, minor surgical procedures, injury treatment. Marketing Approach: Community campaigns promoting the dispensary as a trusted emergency service provider. |
| Preventive Health Segment | Needs: Health education, vaccination, preventive screenings. Services: Immunizations, screenings (e.g., TB, diabetes, HIV), health talks. Marketing Approach: Regular community health days, collaborations with schools and workplaces to promote preventive care. |
| | |

4.3 MARKET SIZING

| Total Addressable Market (TAM) | The TAM is the total market demand for healthcare services in the larger Nairobi area, assuming there were no limitations on capacity, resources, or competition. Nairobi Population: Approximately 4.5 million Healthcare Utilization Rate: ~30% Average Revenue per Patient: KSh 6,500 per patient TAM=Nairobi Population× Utilization Rate× Average Revenue per Patient TAM=4,500,000×0.3×6,500=KSh 8,775,000,000 |
|--|--|
| | |
| | SAM represents the portion of the TAM that Divine Mercy Hospital could realistically serve, focusing on the Kariobangi South area and immediate neighboring areas. |
| Serviceable Available Market (SAM) | Population of Kariobangi South and Surrounding Areas: ~200,000 Healthcare Utilization Rate: ~30% Average Revenue per Patient: KSh 6,500 |
| | SAM Calculation: SAM= Kariobangi South Population×Utilization Rate×Average Revenue per Patient |
| | SAM=200,000×0.3×6,500=KSh 390,000,000 |
| Serviceable Obtainable Market (SOM) | SOM is the portion of SAM that Divine Mercy can realistically capture, taking into account competition, capacity, and other factors. Given Divine Mercy's smaller scale as a Level 3 hospital and competition from nearby hospitals (like Brother Andrew and Mama Lucy), we'll assume Divine Mercy can capture around 20% of the SAM. |
| | SOM=SAM×Realistic Market Share |
| | SOM=390,000,000×0.2=KSh 78,000,000 |
| | Total Addressable Market (TAM): KSh 8 775 hillion |
| Summary | Total Addressable Market (TAM): KSh 8.775 billion Serviceable Available Market (SAM): KSh 390 million Serviceable Obtainable Market (SOM): KSh 78 million |

4.3 MARKET SIZING

Total Available Market (TAM)

8,775,000,000 (Nairobi County)

Serviceable Addressable Market (SAM) Kes 390,000,000

Serviceable Obtainable Market (SOM) Kes 78,000,000



CHAPTER 5 FINANCIAL FORECAST

4.1. ASSUMPTIONS

| CAPEX ASSUMPTIONS | | |
|-----------------------------|---|-------------------------|
| Service Area | Key Equipment | Estimated Cost Range |
| Primary Care and Outpatient | Basic exam tools, vital monitors | 975,000.00 |
| Emergency and Critical Care | Ventilators | 13,000,000.00 |
| Maternal and Child Health | Fetal monitors, incubators, ultrasound | 8,450,000.00 |
| Surgical Services | Operating tables, anesthesia machines, autoclaves | 26,000,000.00 |
| Diagnostic and Imaging | X-ray machine, ultrasound, lab analyzers | 65,000,000.00 |
| Pharmacy | Refrigerators, dispensing systems, inventory software | 2,600,000.00 |
| Mental Health | Therapy rooms, computers for testing software | 1,625,000.00 |
| IT & Administration | EMR systems, computers, network setup | 7,150,000.00 |
| Total | Contraction of the second | 124,800,130.00 |

| OPEX ASSUMPTIONS | | | | | | | |
|------------------------------|--------|--------|--------|---------|--------|--------|--|
| Daily Traffic Qty | Weight | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | |
| Consulting & Emergency | 60% | 30 | 43 | 61 | 86 | 122 | |
| Maternity Services | 3% | 2 | 2 | 3 | 4 | 6 | |
| Diagnostic & Lab services | 32% | 16 | 23 | 32 | 46 | 65 | |
| Phamacy | 5% | 3 | 4 | 5 | 7 | 10 | |
| Total | | 50 | 71 | 101 | 143 | 203 | |
| | | 110 | 1 | Later 1 | | | |
| Service Fee Revenue | | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | |
| Consulting & Emergency | | 300 | 360 | 432 | 518 | 622 | |
| Maternity Services | | 15000 | 5600 | 6200 | 6800 | 7500 | |
| Diagnostic & Lab services | | 20000 | 20600 | 21200 | 21800 | 22400 | |
| Phamacy | 1000 | 1000 | 3500 | 4000 | 4500 | 5000 | |

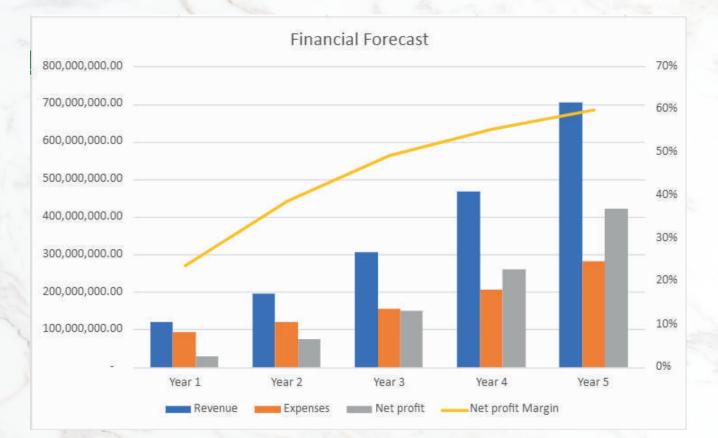
| Administration staff | Rate | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|----------------------|------------|--------|--------|--------|--------|--------|
| Medical Director | 240,000.00 | 1 | 1 | 1 | -An | 1 |
| Accountant/Billing | 40,000.00 | 2 | 2 | 2 | 2 | 2 |
| Procurement | 60,000.00 | 2 | 2 | 2 | 2 | 2 |
| HR | 70,000.00 | 1 | 1 | 1 | 1 | 1 |
| Compliance & Safety | 50,000.00 | | 1 | 1 | 1 | 1 |
| Reception | 30,000.00 | 2 | 2 | 2 | 2 | 2 |
| Security | 20,000.00 | 2 | 3 | 3 | 4 | 4 |
| Laundry | 20,000.00 | 4 | 5 | 5 | 6 | 6 |
| Chefs | 35,000.00 | 3 | 4 | 4 | 5 | 5 |
| Cleaners | 20,000.00 | 5 | 6 | 6 | 7 | 7 |

| Medical Personnel Qty | Rate | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|---|------------|--------|--------|--------|--------|--------|
| General Practitioners | 200,000.00 | 2 | 2 | 2 | 2 | 3 |
| Nurses (General, ICU, NICU) | 50,000.00 | 6 | 8 | 8 | 8 | 8 |
| Midwives | 40,000.00 | 4 | 4 | 4 | 4 | 2 |
| Specialists (e.g., Cardiologists, OB/GYNs) | 160,000.00 | 2 | 2 | 2 | 2 | 2 |
| Pharmtech | 90,000.00 | 1 | 2 | 2 | 2 | 2 |
| Radiosonographer | 50,000.00 | 1 | 1 | 1 | 1 | 1 |
| Lab Technologists | 40,000.00 | 2 | 2 | 2 | 2 | 2 |
| Mental Health Professionals | 40,000.00 | 1. | | 1 | 1 | 1 |

4.1. INCOME STATEMENT - FORECAST

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|-------------------------------------|----------------|----------------|----------------|----------------|------------------------------|
| Revenue | 132,130,000.00 | 187,785,200.00 | 271,323,480.00 | 403,707,520.00 | 593,812,660.00 |
| Direct Expenses | 1 | | The second | 1 | 1 |
| Medical personnel | 17,280,000.00 | 19,560,000.00 | 19,560,000.00 | 19,560,000.00 | 21,000,000.00 |
| Medical supplies per year | 12,000,000.00 | 14,400,000.00 | 17,280,000.00 | 20,736,000.00 | 24,883,20 <mark>0</mark> .00 |
| Total direct cost | 29,280,000.00 | 33,960,000.00 | 36,840,000.00 | 40,296,000.00 | 45,883,200.00 |
| Gross profit | 102,850,000.00 | 153,825,200.00 | 234,483,480.00 | 363,411,520.00 | 547,929,460.00 |
| Gross profit margin | 78% | 82% | 86% | 90% | 92% |
| | | | | | |
| Operating Expenses | | 1 and | Via . | - C | - |
| Admin staff | 11,340,000.00 | 12,480,000.00 | 12,480,000.00 | 13,620,000.00 | 13,620,000.00 |
| Utilities | 840,000.00 | 1,008,000.00 | 1,209,600.00 | 1,451,520.00 | 1,741,824.00 |
| Marketing | 600,000.00 | 720,000.00 | 864,000.00 | 1,036,800.00 | 1,244,160.00 |
| Training | 3,000,000.00 | 3,000,000.00 | 3,000,000.00 | 3,000,000.00 | 3,000,000.00 |
| Maintenance | 5,000,000.00 | 5,000,000.00 | 5,000,000.00 | 5,000,000.00 | 5,000,000.00 |
| Miscellaneous | 600,000.00 | 720,000.00 | 864,000.00 | 1,036,800.00 | 1,244,160.00 |
| Total Operating Cost | 21,380,000.00 | 22,928,000.00 | 23,417,600.00 | 25,145,120.00 | 25,850,144.00 |
| Operating Profit | 81,470,000.00 | 130,897,200.00 | 211,065,880.00 | 338,266,400.00 | 522,079,316.00 |
| Operating Profit Margin (EBITDA) | 62% | 70% | 78% | 84% | 88% |
| Non-operating costs | | | and and | | |
| nterest 12% | 6,000,000.00 | 5,400,000.00 | 4,800,000.00 | 4,200,000.00 | 3,600,000.00 |
| Depreciation (Equipment) -20% | 24,960,000.00 | 24,960,000.00 | 24,960,000.00 | 24,960,000.00 | 24,960,000.00 |
| Amortization (Space) - 10yrs | 5,000,000.00 | 5,000,000.00 | 5,000,000.00 | 5,000,000.00 | 5,000,000.00 |
| Total non-operating costs | 35,960,000.00 | 35,360,000.00 | 34,760,000.00 | 34,160,000.00 | 33,560,000.00 |
| Net income before Tax | 45,510,000.00 | 95,537,200.00 | 176,305,880.00 | 304,106,400.00 | 488,519,316.00 |
| Tax (30%) | 13,653,000.00 | 28,661,160.00 | 52,891,764.00 | 91,231,920.00 | 146,555,794.80 |
| Net profit | 31,857,000.00 | 66,876,040.00 | 123,414,116.00 | 212,874,480.00 | 341,963,521.20 |
| Net profit Margin | 24% | 36% | 45% | 53% | 58% |

4.2. PERFORMANCE FORECAST





CHAPTER 6

STRATEGIC DIRECTION

6.1. STRATEGIC PRIORITIES

GOAL 1:

Embrace Technology and Innovation to set up a robust level 3 hospital

GOAL 2:

Enhance Patient Care through excellent quality, safety, and patient satisfaction.

GOAL 3:

Advance Community Health

Strategic Priority 1: Level 3 Infrastructure

Goal 1: Embrace Technology and Innovation to Set Up a Robust Level 3 Hospital

| Objective | Strategy | Tactics |
|--|--|--|
| Establish modern infrastructure and systems to support Level 3 operations | Invest in advanced healthcare technology and digital transformation | - Procure essential medical equipment (Ultrasound, etc.) - Implement an Electronic Health Record (EHR) system |
| Improve operational efficiency through technology integration | Adopt technology for streamlined processes | Introduce telemedicine services for remote consultations Use automated systems for billing and inventory |
| Enhance data-driven decision-making | Utilize analytics to monitor performance and patient outcomes | Deploy data analytics tools for patient flow, treatment outcomes, and resource allocation |
| Increase accessibility of services | Leverage technology for wider community reach | Develop a hospital mobile app for appointment scheduling and updates Set up virtual health kiosks in underserved areas |

Strategic Priority 2: Service Delivery

Goal 2: Enhance Patient Care Through Excellent Quality, Safety, and Patient Satisfaction

| Objective | Strategy | Tactics |
|--|--|--|
| Achieve high patient satisfaction rates | Foster a patient- centered culture | - Conduct regular patient satisfaction surveys - Implement real-time feedback mechanisms |
| Ensure top-notch clinical quality and safety | Adhere to industry best practices and accreditation standards | - Train staff on updated clinical guidelines - Establish a Quality and Safety Committee |
| Reduce patient wait times and optimize care delivery | Streamline workflows and enhance resource availability | Deploy queue management systems Regularly review and adjust staff-to-patient ratios |
| Develop holistic care plans to address patient needs | Integrate physical, mental, and social health services | Offer counseling services alongside medical treatments Collaborate with NGOs for support programs |
| Build resilience through risk management | Identify and mitigate potential risks | Develop a hospital-wide risk management framework Conduct regular risk assessments and implement mitigation strategies |

Strategic Priority 3: Promote Community Healthcare

Goal 3: Advance Community Health

| Objective | Strategy | Tactics |
|--|---|---|
| Promote preventative care and health education | Implement outreach programs to raise awareness | Conduct regular health camps and screenings Develop and distribute health education materials |
| Expand access to care for underserved populations | Partner with local organizations and government | - Collaborate on mobile clinics for rural or underserved areas - Offer subsidized care to low-income patients |
| Address prevalent health challenges in the community | Focus on targeted interventions for common diseases | - Launch campaigns addressing non- communicable diseases (e.g., diabetes, hypertension) - Provide maternal and child health workshops |
| Build community trust and engagement | Strengthen relationships with local stakeholders | Organize community forums for health discussions Participate in local events to showcase hospital contributions |

Strategic Priority 4: Program Sustainability

| Goal 4: Strengthen Corporate Governance for Sustainable Growth | | | | | |
|--|---|--|--|--|--|
| Objective | Strategy | Tactics | | | |
| Enhance transparency and accountability | Implement robust governance policies and practices | - Develop a comprehensive governance manual - Conduct regular audits and publish financial reports | | | |
| Foster ethical leadership and decision-making | Build capacity in governance for board members and management | - Provide governance and leadership training for the board and senior staff - Establish a Code of Ethics for all hospital personnel | | | |
| Ensure compliance with regulatory and legal requirements | Monitor adherence to healthcare regulations, labor laws, and organizational policies | Regularly review regulatory changes and update policies accordingly Appoint a compliance officer | | | |
| Strengthen stakeholder trust and engagement | Maintain open communication channels and involve stakeholders in decision-making | Host quarterly stakeholder meetings Share progress reports with key stakeholders | | | |
| Build resilience through risk management | ldentify and mitigate potential risks | Develop a hospital-wide risk management framework Conduct regular risk assessments and implement mitigation strategies | | | |

CHAPTER 7 MONITORING & EVALUATION

7.1. IMPLEMENTATION MATRIX

| Key Performance | e Indicators (KPIs) by Goal: | | | 1000 |
|--------------------------------|---|----------------|-----------|----------------|
| Goal | Key Performance Indicators | Targets | Timelines | Responsibility |
| 1 | - Percentage of services digitized | | 1.2.2 | 1 |
| Embrace | – Patient engagement rate via app | Vie | - > | and a |
| Technology | - Reduction in manual errors | | - | - |
| | - ROI on technology investments | 11 | 125 | |
| white ! | - Patient satisfaction scores | 1 | A | 1 The |
| Enhance Patient | - Percentage reduction in patient wait times | | | N.C. |
| Care | - Clinical safety compliance rate | | | |
| | - Repeat patient visits | 1 | | |
| Advance Community Health | - Number of health camps conducted | AN CONTRACT | SE | |
| | - Percentage increase in preventive care uptake | and the second | | - |
| | - Outreach coverage rate | | - 24 | |

7.1. IMPLEMENTATION MATRIX

| Key Performance | e Indicators (KPIs) by Goal: | A. | The . | a la |
|---|--|---------|-----------|--|
| Goal | Key Performance Indicators | Targets | Timelines | Responsibility |
| | - Number of governance audits completed | Sit | No. | |
| Enhance transparency & accountability | - Timeliness of financial report publication | | | |
| Che y | - Stakeholder feedback on transparency | 1.2 | | |
| L' | - Percentage of board members completing governance training | 20 | | 1.62 |
| Foster ethical leadership | - Adherence to the Code of Ethics | 2. | | |
| - | - Reduction in governance- related complaints | A A | X | ~ |
| Ensure | - Compliance rate with healthcare regulations and labor laws | and and | | |
| compliance | - Number of penalties or legal violations incurred | 1 × | 18 | and a |

7.1. IMPLEMENTATION MATRIX

| Key Performance Indicators (KPIs) by Goal: | | | | | |
|--|---|---------|-----------|----------------|--|
| Goal | Key Performance Indicators | Targets | Timelines | Responsibility | |
| 1 | - Frequency of stakeholder meetings | Nº. | A. | No. 1 | |
| Strengthen stakeholder trust | - Percentage of stakeholder issues resolved | 1. 19 | | | |
| | - Stakeholder satisfaction scores | 12 | A | 1 the the | |
| | - Number of risks identified and mitigated | 100 | | 1.12 | |
| Build resilience | - Risk management framework implementation rate | | | | |

ANNEX 1: RISK MATRIX

| Risk ID | Risk Category | Description | Likelihood | Impact | Risk Rating | Mitigation Strategy | Risk Owner |
|---------|------------------------|---|------------|--------|----------------|---|-----------------------------------|
| 1 | Operational | Shortage of skilled medical personnel | High | High | Critical | Establish partnerships with medical schools, offer competitive salaries, and create ongoing training programs | HR Manager |
| 2 | Financial | Budget overrun due to high costs of equipment and personnel | Medium | High | High | Implement detailed budget monitoring, prioritize essential equipment, and explore funding from grants and donors | Finance Manager |
| 3 | Regulatory | Non-compliance with health regulations and standards | Medium | High | High | Conduct regular compliance audits, maintain updated documentation, and provide compliance training | Compliance Officer |
| 4 | Technology | Failure of electronic medical records (EMR) system | Medium | Medium | Moderate | Implement a robust backup system, regular software updates, and cybersecurity measures | IT Manager |
| 5 | Supply Chain | Delay in medical supplies and equipment delivery | High | Medium | High | Establish multiple suppliers, maintain inventory buffer, and monitor supply chain disruptions | Procurement Manager |
| 6 | Clinical | Medical errors or misdiagnoses | Low | High | High | Enforce stringent protocols, provide ongoing training, and establish a clinical quality assurance team | Head of Clinical Services |
| 7 | Infrastructure | Equipment failure (e.g., imaging, ICU equipment) | Medium | High | High | Implement regular maintenance schedules, have backup equipment, and work with reliable suppliers | Facilities Manager |
| 8 | Environmental | Natural disasters (floods, earthquakes) | Low | High | High | Develop an emergency preparedness and response plan, and conduct regular disaster drills | Emergency Coordinator |
| 9 | Security | Theft or vandalism of medical equipment | Medium | Medium | Moderate | Install CCTV, hire security personnel, and implement an access control system | Security Manager |
| 10 | Financial | Cash flow issues due to delayed payments or insufficient insurance reimbursement | High | High | Critical | Enhance billing efficiency, establish payment policies, and explore alternative funding sources | Finance Manager |
| 11 | Reputation | Negative patient experiences or complaints | Medium | High | High | Establish a patient feedback system, train staff in customer service, and address complaints promptly | Quality Assurance Manager |
| 1 12 | Health & Safety | Infection outbreaks or nosocomial infections | Medium | High | High | Strictly enforce hygiene protocols, provide PPE, and establish infection control guidelines | Infection Control Officer |
| 13 | Legal | Malpractice lawsuits | Low | High | High | Ensure proper documentation, provide malpractice insurance, and offer staff training on patient consent | Legal Advisor |
| 14 | Environmental | Hazardous waste mismanagement | Medium | Medium | Moderate | Develop a comprehensive waste management plan, train staff, and partner with licensed disposal services | Facilities Manager |
| 15 | Staffing | High employee turnover or burnout | Medium | Medium | Moderate | Implement employee wellness programs, provide competitive compensation, and encourage work- life balance | HR Manager |
| 16 | Community Relations | Resistance from the community or poor community perception | Low | Medium | Moderate | Engage in community outreach, host informational events, and maintain open communication channels | Community Relations Officer |
| 17 | Technology | Cybersecurity threats and data breaches | Medium | High | High | Use firewalls, train staff on cybersecurity, and regularly update software and security patches | IT Manager |

| Risk ID | Risk Category | Description | Likelihood | Impact | Risk Rating | Mitigation Strategy | Risk Owner |
|------------|---------------------------|---|------------|--------|----------------|--|-----------------------------------|
| 18 | Innovation | Inability to keep up with medical technology advancements | Medium | Medium | Moderate | Allocate budget for tech upgrades, encourage continuous education, and maintain industry awareness | Head of Clinical Services |
| 19 | Patient Care | Patient dissatisfaction due to long wait times | High | Medium | | Optimize scheduling, use a triage system, and increase staff to match patient demand | Outpatient Services Manager |
| 20 | Training & Development | Lack of qualified personnel for new services | Medium | Medium | Moderate | Offer in-house training, fund certifications, and hire specialists for complex procedures | HR Manager |
| 21 | IT Systems | Poor integration of new tech and EMR with existing systems | Medium | Medium | Moderate | Conduct compatibility assessments, train staff, and allocate budget for tech integration | IT Manager |
| 22 | Environmental Health | Air quality and ventilation issues within the facility | Medium | Medium | | Regularly inspect HVAC systems, conduct air quality testing, and maintain proper ventilation | Facilities Manager |
| 23 | Financial | Rising costs of medical supplies and pharmaceuticals | High | Medium | | Negotiate bulk purchase agreements, explore generic options, and manage inventory effectively | Finance Manager |
| 24 | Operational | Insufficient space for expansion or future growth | Low | High | | Consider facility redesign, plan phased expansions, and optimize existing space use | Operations Manager |
| 25 | Patient Safety | Patient falls and injuries within the facility | Medium | High | High | Implement fall prevention protocols, ensure safe facility design, and provide staff training | Patient Safety Officer |
| 26 | Financial | Unplanned expenses for emergency repairs or replacements | Medium | Medium | | Maintain a reserve fund, conduct routine equipment checks, and schedule preventive maintenance | Finance Manager |
| 27 | Ethical | Breach of patient confidentiality | Low | High | High | Reinforce confidentiality policies, restrict access to sensitive information, and train staff | Compliance Officer |
| 28 | Regulatory | Failure to obtain necessary certifications and accreditations | Low | High | High | Assign a dedicated team for certification, monitor compliance deadlines, and maintain updated records | Compliance Officer |
| 29 | Technology | Downtime or failure of life-critical devices | Medium | High | | Regular maintenance schedules, backup devices, and training for quick troubleshooting | Biomedical Engineer |
| 30 | Financial | High insurance premiums for malpractice coverage | Medium | Medium | | Negotiate with insurers, reduce risks through training, and maintain a low claims history | Finance Manager |

Philippians 1:6 Being confident of this, that He who began a good work in you will carry it on to completion until the day of Christ Jesus.



PHYSICAL & MENTAL WELLNESS



2025-2029