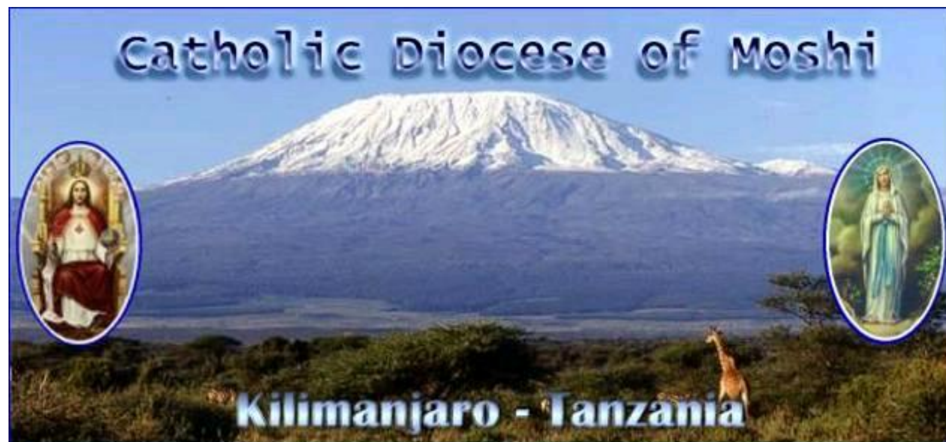

DIOCESAN HEALTH DEPARTMENT

STRATEGIC PLAN

2015-2019

2015

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MESSAGE FROM THE CDM HEALTH DIRECTOR

The Diocesan Health Department is pleased to present its Strategic Plan 2015-2019. The Plan is designed to implement the Diocesan Health Policy 2014 – 2024 aimed to address health care, public health promotion and protection, disease prevention and capacity building to the health workforce. The plan encompasses all essential areas in the promotion of health sector and will serve as a practical guide to ensure the Diocesan Health Department (DHD) activities and resources are aligned with its priorities. The Plan is DHD’s blueprint for achieving its Vision of having a society where people attain and maintain holistic well-being and live in harmony with the Creator and neighbors. We are committed to its implementation.

DHD’s Plan is the result of a process that began with reviewing of the ending health Strategic Plan 2010 – 2014 and inclusion of the intervention areas stipulated in the CDM Health Policy 2014 – 2024. This Plan involves various people including Church health practitioners and Church Stakeholders. They have provided important input on variety of issues aimed to provide quality and standard health care services.

The overall objective of this Health Strategic Plan is to ensure that 85% of catchment area of the Catholic Diocese of Moshi health facilities access essential primary health services by 2019. A stronger focus has been placed on health promotion and disease prevention. Furthermore deliberate efforts will be directed at harnessing the contribution of health related sectors and that of communities to the achievement of health outcomes on a sustainable basis.

This Health Strategic Plan aims to promote Human Services. We believe that the economic and social well-being of individuals, families, and communities is fundamental to human dignity and a healthy life. The Strategic Plan is dedicated to encouraging the development of healthy and supportive families and communities and to promoting economic independence and social well-being across the lifespan. This Health Strategic Plan indeed is particularly committed to ensuring the safety, stability, and healthy development of the Nation’s populations.

I wish to express my appreciation to all those who worked tirelessly to produce this document. I am requesting the Donor agencies, population, development partners and private sector to finance this Health Sector Strategic Plan.

Rev. Fr. Aloyce Urio
Dicesan Health Director
Catholic Diocese of Moshi

ACKNOWLEDGEMENT

This Strategic Plan is an important tool in achieving the Vision and Mission of the Catholic Diocese of Moshi (CDM) in delivering quality health care to people in its catchment area and elsewhere. The CDM has developed this strategic plan through extensive consultations with all Stakeholders, to arrive at the priorities, setting goals and objectives and to the best deployment of resources.

During the process of developing this plan adequate analysis of the current situation has been made and future needs of the health services have been identified.

CDM Health Strategic Plan aims to provide high quality, safe and sustainable health services to meet the needs of our communities.

Preparation of this Strategic Plan was done in a participatory manner, involving experts from the CDM, as well as Consultants and Stakeholders. Technical planning groups convened several times in meetings to perform a situation analysis and to formulate strategic priorities for this plan.

Responsible medical personnel of Diocesan hospitals and Dispensaries have contributed to the preparation of the Plan. The Diocesan Health Board coordinated the production of this Strategic Plan and edited the final version of the document.

I would like to express my profound gratitude to all who contributed to the completion of this Plan. The success of this Plan relies on its continued application at different levels by Diocese, all Stakeholders, within the Development partners, the Government and Users of the services we provide.

Our goal, in collaboration with our partners, is to respond effectively to immediate challenges and more proactively shape health services so that we are able to meet our patients' needs now and in the future. A health nation with adequate preventive and effective curative health care is our aim.

The CDM is committed, to the implementation of this Plan, and shall utilize it as a reference document for planning, monitoring and evaluation.

Rt. Rev. Isaac Amani
The Bishop of the Catholic Diocese of Moshi
and Apostolic Administrator of the Catholic Diocese of Mbulu.

LIST OF ACRONYMS

CBO	Community Based Organization
CDM	Catholic Diocese of Moshi
DHB	Diocesan Health Board
DHD	Diocesan Health Department
EWS	Early Warning Systems
HMIS	Health Management Information System
HRN	Human Resources for Health
ICT	Information Communication Technology
IEC	Information Education materials
M & E	Monitoring and Evaluation
MH & SA	Mental Health and Substance Abuse
MNCH	Maternal, Newborn and Child Health
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PWD	People With Disabilities
SOP	Standard Operating Procedures
SP	Strategic Plan
SWOT	Strength, Weaknesses, Opportunity and Threat
TB	Tuberculosis
TOR	Terms of Reference

CHAPTER ONE

1.0 INTRODUCTION

The CDM health Strategic Plan 2015 – 2019 is the strategic guide to ensure the Diocesan Health Department (DHD) activities and resources are aligned with its priorities. The Plan addresses the health care, public health promotion and protection, disease prevention and capacity building to its health workforce. The Plan is designed to implement the Diocesan Health Policy 2014 – 2024. The Plan is DHD's blueprint for achieving its Vision of having a society where people attain and maintain holistic well-being and live in harmony with the Creator and neighbours.

This Plan will be reviewed periodically for relevance and effectiveness and, when necessary, adjustments will be made. The Plan aims to inform the implementers, stakeholders and the intended beneficiaries on Strategic Directions to be taken into consideration when developing implementation plans. It will be used by the DHD staff and stakeholders as the framework to coordinate and monitor implementation of the proposed intervention activities.

1.1 Why Strategic Plan for DHD?

The Diocesan Health Department now believes that it is time to prepare a more explicit strategy to guide its further development. This is based on the recognition that managing an Organization of the current size can no longer rely on the approaches that worked in the past. It is also recognition of the rapid pace of change taking place in the environment within which the Organization operates, and which demands a more pro-active response and active engagement with stakeholders. Consequently, the DHD has identified a set of strategic questions which needs to be addressed:

- What kind of Organization should it be in the future?
- What challenges need to be addressed to ensure that the DHD sustains its capacity to provide quality services at an affordable cost?
- What kind of funding strategy should be pursued to assure sustainability over the longer term?

1.2 The Process Used to Develop the Strategic Plan

In constructing this Strategic Plan the Catholic Diocese of Moshi (CDM), sought to respond to the requirements of its beneficiaries. Each of the department's operating and staff divisions especially the Clinical officers, Nurses and Laboratories contributed to the development of this *Strategic Plan*, from the goals and the broad strategic objectives to the baselines and targets for performance indicators.

In developing and selecting performance indicators, CDM sought to include broad health and human service impact measures as well as more intermediate processes and outcomes that have contributed to effective impacts. In several cases, numerous operating and staff divisions play a role in achieving these impacts. CDM regularly consults with Stakeholders who plays a big role on improving the Strategic Plan.

1.3 Layout of the Strategic Plan

This strategy document is organized in Seven Chapters. Following this introduction, Chapter 2 presents the Strategic Framework to 2019; this includes a presentation of the Organization's Vision and Mission as well as a set of "Guiding Principles and main Assumptions". Thereafter, Chapter 3 presents a situation analysis whereby the key features of the Organization's external and internal environment are highlighted in terms of Strength, Weaknesses, Opportunities and Threats (SWOT).

On the basis on this situational analysis Chapter 4 presents the Key Focus areas and Action steps to 2019. Chapter 5 presents the SP Implementation Arrangements; Chapter 6 present the SP Costing Methodology while Chapter 7 present the monitoring, evaluation and review system for the SP implementation process.

1.4 Rationale of the Plan

The Plan establishes an implementation framework which focuses clearly on results that are essential to achieving the impact desired in the coming five years. The Plan describes how implementation can be coordinated and managed, DHD will know exactly with who and where to work to meet its expectations.

DHD would therefore use this Plan in the following way:

- Identify the results based on Output and Outcome levels that will contribute to the fulfillment of this SP Objectives and Goals.
- Develop an implementation plans in accordance with the organization programming, planning, budgeting and monitoring systems and report the intervention activities against the indicator(s) identified for the Outputs and Outcomes realization.
- Use the DHD Medical officers and their assistants including health stakeholders who are responsible for the results framework for developing coordinated and comprehensive Implementation Plans and for reporting results.

CHAPTER TWO

2.0 STRATEGIC FRAMEWORK TO 2019

2.1 The Strategic Direction for the DHD SP to 2019

The Vision and Mission of DHD to 2019 are:

2.1.1 Vision

The Church envisages a healthy society where people attain and maintain holistic well-being and live in harmony with the Creator and neighbours.

2.1.2 Mission

To facilitate the attainment of a good health standard by ensuring promotive, preventive, curative and rehabilitative health care to all people.

2.1.3 Core Values

1.2.4 Values

We are committed to the values of integrity, respect and accountability. We value care, excellence, innovation, creativity, leadership and equity in health care provision and health outcomes.

Integrity: We believe in integrity and we are determined to treat our target group and each other with trust, confidentiality and honest.

Respect: We are an organization that values its staff and volunteers and respects its target group.

Accountability: We are accountable, in undertaking our duties fairly, with care and transparency.

Innovation: We are working with compassion and love of God. We encourage creativity and innovation leading to enhancement of our capacity in handling our daily activities.

Empowerment: We believe in empowerment and effective delegation enabling staff and volunteers to make decisions and take challenges commensurate with their own levels of responsibility. We are generosity in knowledge exchange and sharing.

Teamwork: We benefit from teamwork, putting together diverse expertise to achieve success.

Objectivity: We undertake our activities objectively and we are result oriented.

We demonstrate our values in our interactions with other in Tanzania health, the community, and those for whom we care.

2.2 Guiding Principles, Assumptions and Risks

The work of DHD is guided by the following principles:

Table 1: Guiding Principles

Principles	Guidance
Respect for Human Rights	The human rights of DHD beneficiaries will be protected.
Inclusion	The strategic response will reflect the involvement of all major sectors and stakeholders; respect for the diversity of perspectives (e.g. cultural and professional) and approaches.
Ownership	Committed leadership from the beneficiaries along with the sustained commitment of resources to enable the response.
Sustainability	The strategies and financing for the expanded response will be consistent with available resources, structures and opportunities.
Measurement and Accountability	There will be continuous monitoring, evaluation and reporting to all stakeholders and the community.
Quality	We believe that excellence of service and the provision of high quality, effective and accessible will be achieved through delivering of innovative, cost-effective and integrated services.
Integrity	We believe it imperative to be open, honest, transparent and ethical in our decision-making and to ensure equitable access to a safe, high

	quality health services.
Professionalism	We shall strive to attain the highest quality standards in everything we do through the application of professionally competent staff and embracement of modern technology
Dignity	We recognize that dignity is God given and we strive to enhance self respect and esteem of every person.
Team spirit	We seek to pursue team work as a means of building understanding and cooperation in our internal relationships.
Humane	We strive to always uphold the attributes of kindness, gentleness and benevolence.

2.3 Assumptions and Risks

During the implementation of Strategic Plan things may happen that can affect the successful

implementation of the plan itself. Assumptions therefore have to be made. A number of assumptions and risks were identified as follows:

Table 2: Assumptions and Risks

Assumptions	Risks
Donors continue to provide support to DHD.	If Donors significantly reduced or cut off financial support to DHD would severely challenge the sustainability of DHD - SP framework.
DHD significantly strengthens its capabilities and capacities to lead, coordinate and manage the SP.	If DHD fails to function effectively in its key role leading and coordinating and holding beneficiaries accountable for the implementation of SP it is likely that few of the result of SP will be achieved.

Continuing Country Peace and Stability.	If Civil War outbreak, it will affect to a great extent implementation of the Plan.
Maintenance of financial management, accountability and transparency.	If finance is not managed well in accordance with DHD Financial Regulations and Procedures it will lead to Frauds or embezzlement of organization funds.
Climate change and weather conditions remaining stable.	If prolonged dry weather, floods and earthquakes happens based on human activities or Acts of our Almighty God will affect DHD implementation Plans.

These assumptions will be part of the implementation process and will be monitored and evaluated to see the rate of progress towards achieving the targets set in this Strategic Plan.

CHAPTER THREE

3.0 THE ENVIRONMENT SCAN – SWOT ANALYSIS

3.1 SWOT Analysis

The following is a summary of Strengths, Weaknesses, Opportunities and Threats highlighted by the management, the staff and the stakeholders of the DHD during the environmental scan process.

Table 3: SWOT Analysis

STRENGTHS	OPPORTUNITIES

GOOD LEADERSHIP • Strong culture of hospitality • Dedicated, charismatic staff and leadership • Use of participatory processes • Cohesion among staff. • Committed and facilitative Board. • Capacity to attract development partners. • Morning devotion and sharing meetings to enhance transparency. **SKILLED WORKFORCE** • Very committed and productive at work. • Talented, educated and driven. • Diverse, innovative and ready to tackle challenges. • Highly regarded outreach programs. **AVAILABILITY OF SOME WORKING MATERIALS** • Desktop computers, laptops, printers, scanner, photocopier, cameras, and internet facilities. **AVAILABILITY OF OPERATIONAL POLICIES (Working Tools)** • Financial Policy. • Human Resource Manual. • Fund Mobilization Policy.	**GOOD PUBLIC IMAGE** • Acceptable by community • Moral support from community. • Good will and Trust by international organizations. • Meet beneficiaries' expectations. • Offer quality and standard services. • Guided by the principle of fairness and equity, of giving back to the community. **GOOD MARKET & PUBLICITY** . • Ongoing calls for proposals. • High chances to access funding for implementation of our intervention activities.
WEAKNESSES	**THREATS**

LIMITED INADEQUATE ORGANIZATIONAL RESOURCES: • Inadequate working materials. • Inadequate capacity for Fundraising. • Insufficient financial and human resources.	**GENERAL CHALLENGES** • Change in leadership/key staff due to retirement, reassignment, or resignation could disrupt good performance of DHD. • Current economic pressures could reduce income substantially. • Peace instability. • Poor weather conditions. **DEPENDENCY** • Donor Dependency. • High expectations from the community.

3.2 Stakeholder Analysis

Stakeholders are individuals, groups of people or organizations that have direct and indirect involvement/interest with DHD intervention activities and hence they can have positive or negative influence towards implementation of DHD Objectives.

An analysis of stakeholders who have a stake in activities was undertaken as reflected in Table 4 below, with the view to developing action plans and in the process, identifying areas that require coordination, networking and information sharing.

Table 4: Stakeholder Analysis

S/n	Stakeholder Group	Stakeholder Interest	Potential/Affects	Level of Influence (High/Medium/Low
1.	DHD Employees	Implement DHD intervention activities and ensure the organization accomplish effectively	- Knowledge of working with the communities	High

		its Vision and Mission.	-Qualified and competent staff in rendering quality health services.	
2.	Government Sector (Local and Central Governments)	Develop policies and Guidelines Government Officials offer maximum supports to DHD Programs.	Can enforce Law	High
3.	Non Governmental Sector (FBOs, NGOs, CBOs)	- Sharing experiences and information. - Opportunity for forming partnerships. - Building Alliances and Collaborations to advocate and influence policy change.	Enhance cooperation and minimize work duplication	High
4.	Donors (Local & International)	-Provide Grants (funds and materials)	-Change in conditions. Priorities and policies. -Aid dependency. -Occasional untimely disbursement of fund.	Medium
5.	The Mass Media	Publicize DHD's work.	Publicity	Medium
6.	The Diocesan Health Board	- Governing body.	Ensure effective implementation	High

		- Decision making - In charge of policy and constitutional issues. - Legal entity for DHD	of DHD intervention activities.	

CHAPTER FOUR

KEY FOCUS AREAS AND ACTION STEPS- JANUARY 2015 – DECEMBER 2019

S/no	Key Areas	Priority Objective	Key Activities	Timeframe					Process Indicators
				15	16	17	18	19	
1	**Pastoral Care**	To continue maintaining the philosophy of Pastoral Care at all Church health facilities as stipulated in Lk. 4: 18 -21	To enhance Church health facilities to provide spiritual services to the patients and workers.						Number of CDM Church health facilities With spiritual services.
			To continue to provide training on Pastoral care to Church health care workers.						Number of Church health care workers trained
			To ensure a fully fledge Chaplaincy service is backed up by knowledgeable, skillful and experience Laity or a priest who has been trained to provide Pastoral care (clinical pastoral education) in health facilities.						Number of skillful and experience Laity/Priest providing fully fledge Chaplaincy services.

2	**Interventions** 2.1 Communicable Diseases and Outbreaks	To reduce morbidity and mortality rates through improving various methods of controlling and preventing infectious diseases, outbreaks and new infections.	To collaborate with other health stakeholders to ensure availability of vaccines, drugs, medical devices and reagents for the control of infectious disease outbreaks.						% decrease of infectious disease outbreaks.
			To strengthen the capacity of health staff for the control of communicable diseases, outbreaks and a willingness to deal with disasters from explosions.						% capacity increase of health staff in controlling communicable disease outbreaks.
			To ensure that program of vaccination, environmental sanitation; use of safe drinking water with the delivery of health education will be given greater emphasis.						Numbers of health programs implemented.
	2.2 Non-Communicable Diseases and Accidents (NCDs)	Make efforts to enlighten people on the existing relationships between the change in life style and the spread of non-communicable	Exert efforts to manage the spread of non-communicable diseases and accidents through counseling, behavior change communication and changes in life styles.						Percentages decrease in the spread of non-communicable diseases and accidents.

		diseases and accidents.	Collaborate with other healthcare stakeholders in conducting the spread of non-communicable diseases and accidents.						Number of healthcare stakeholders participating in combating non-communicable diseases and accidents.
			Ensure that beneficiaries are fully involved in the implementation of strategies to reduce the spread of non-infectious diseases and accidents.						Number of beneficiaries implements the strategies to reduce the epidemic and accidents.
3	**Special Groups** 3.1 Mother and Child health	To reduce maternal and child mortality rates emphasis being in controlling un-necessary death to children under the age of five years and especially for those with less than one year old as stipulated in the Millennium Development Goals.	To ensure that pregnant women and infants receive better health care.						% of pregnant women and infant access quality health care.
			To work up innovative programs aimed to reduce maternal and child mortality rates						Percentages reduction of maternal and child mortality rates in CDM health facilities.
			To educate communities and particularly women on the importance of health care						Number of meetings, group discussions, seminars, IEC material distribution etc conducted.

	3.2 Health Care for the Elderly	To establish and strengthen a community based system that will enable elderly people to get better health care services within their localities	Ensure community based systems provide better health care services to the elderly people starting from the level of Small Christian Communities. Continue to cooperate with the communities and other health care stakeholders in identifying elderly and provide spiritual care, social and material support**.**						Percentages of elderly people improve their nutritional status. Number of Small Christian Communities support elderly intervention activities including spiritual care, social and material support.
			Continue to conduct lobbying and advocacy campaigns on the rights of the elderly.						Number of advocacy campaigns conducted
	3.3 Orphans and Vulnerable Children (OVCs)	To enable communities to identify, care for and provide basic needs for OVCs and ensuring their child's right to survive, protection and development is maintained.	To involve communities and other OVCs stakeholders in the provision of spiritual, social and material support.						Percentage number of OVCs supported.
			To continue strengthening systems those have been established in the Small Christian						% of Small Christian Communities System strengthened.

			Communities for the purpose of caring for OVCs. To strengthen/motivate extended families to care and adopt OVCs.						Number of extended families care and adopt OVC.
	3.4 Adolescents	To promote positive life skills necessary for healthy and responsible adulthood.	To empower parents, guardians, counselors, teachers and health care workers to prepare adolescents to deal with physical, cognitive, emotional and social transitions.						Percentage increased number of adolescents who have acquired life-skills education.
			To impart life-skills education including marriage, childbearing and family life to in-school and out-school adolescents.						Percentage increased number of civilized adolescents.
			To ensure Peer group involvement and Peer leadership is effectively utilized.						Number of peer groups in action.

	3.5 Persons With Disabilities (PWD)	To follow Christ's example of helping the Disabled people through scientific means and improved access to health services.	To deal with ordinary people to eliminate factors that may cause disabilities such as disease, malnutrition, accidents, genetic factors and problems during childbirth.						Percentages decreased of factors led to disabilities.
			To provide counseling services to the disabled so as to accept their disabilities and avoid own stigmatization.						Number of counseling services provided.
4	**Emergency and Disaster**	To contribute to the reduction of occurrence of disasters and catastrophes in Kilimanjaro region.	To collaborate with various stakeholders in preventing, preparing for and responding to emergencies and disasters, especially those related to the health sector.						Number of health stakeholders involved in the program.
			To improve and strengthen the capacity of health professionals in responding to emergencies and disasters, including procurement of Ambulances for carrying patients						Percentages increased capacity of health professionals in responding to emergencies and disasters. Number of Ambulances

			during emergency time.						procured and in operational**.**
			To perform regular exercises for emergency preparedness.						Number of regular exercises for emergency preparedness conducted.
5	**Traditional Medicine and Alternative Therapy**	To continue developing, coordinating and improving the quality delivering of natural remedies and alternative therapy.	To conduct studies of natural remedies in order to improve health delivering systems.						Percentages of people appreciate the quality health services offered by the CDM health facilities.
			To ensure sanitation is well maintained in all equipment and vessels used for traditional medicines and alternative therapy.						Percentages of people appreciate the quality health services offered by the CDM health facilities.
6	**Research**	To create a sustainable science culture in which health research plays a significant role in guiding policy formulation and action to	To promote dialogue and information sharing between researchers, health care providers and communities in order to ensure that research is relevant to the needs of the people and that research						Number of health research conducted and their findings utilized effectively.

		improve the health and development of our beneficiaries.	findings are utilized by the relevant stakeholders.						
			To harness donor funds to ensure funding of prioritized operational research that will inform policy and strategy development.						Grant from Donor agencies in place.
7	**Human Resource Management and Development**	To increase availability of properly trained health workforce in order to meet the health needs of the people in the Diocesan health facilities.	To train and retain health workers in partnership with the Government.						Number of health workers trained and retained.
			To strengthen management and leadership skills at all levels to ensure clear roles and responsibilities for the health staff						Increase accountability and transparency.

			To develop and implement a safe working environment in order to minimize health risks for the human resources and patients.						A Safe working environment Policy developed and in place.
			To promote Nursing Schools in Kibosho, Huruma Hospitals and Kilema College of Health Sciences.						2 Nursing Schools of Kibosho,Huruma Kilema College of Health Sciences improved.
8	**Medicines and Health Supplies**	To ensure that essential, efficacious, safe, good quality and affordable medicines are available and used rationally at all times.	To ensure adequate financing of essential medicines and health supplies in all CDM health facilities.						Percentages of people appreciate the quality health services offered by the CDM health facilities.
			To procure stocks and distribute timely to the Diocesan health facilities						Percentages of people appreciate the quality health services offered by the CDM health facilities.
9	**Health Infrastructure and Medical Equipment**	To improve health infrastructure and provide efficient, safe and sustainable health	To plan and procure medical equipment according to the agreed standards.						Number of standard medical equipment in place.

		services to all CDM health facilities.	To provide the infrastructure, including IT infrastructure, necessary for staff to carry out their functions professionally.						Increase percentages of staff that carry their jobs professionally.
			To rehabilitate/renovate or construct/procure other health infrastructures as needs may arise in the Church health facilities.						Number of CDM health facility infrastructures improved.
10	**Laboratory Services**	To offer quality health services through well trained and skilled staff capable at diagnosing diseases using modern laboratory equipment.	Continue to improve the investigation of diseases through laboratory.						Percentages increased in diseases investigation.
			Ensure availability of adequate laboratory equipment, radiology and reagents.						Number of adequate laboratory equipment, radiology and reagents.
			Train staff on sophisticated laboratory technologies.						Number of staff trained on sophisticated laboratory technologies.

11	**Catholic Natural Family Planning (CNFP)**	To continue advocating that Catholic NFP is a way to avoid or achieve pregnancy based on awareness of a woman's fertility.	Teach people to observe and interpret certain signs a woman gives in her monthly fertility cycle.						Number of people appreciated the Catholic NFP methods.
			Teach people to have sexual intercourse at the peak of fertile time to achieve pregnancy.						Number of people appreciated the Catholic NFP methods.
			Teach people to avoid conception through avoiding intercourse during the fertile time						Number of people trained to avoid conception.
12	**Financial Resources (Health Care Financing)**	To mobilize sufficient financial resources to fund the health planned programmes whilst ensuring equity, efficiency,	To ensure that procedures and accounts of purchases, payments, receipts and so forth are maintained in a systematic and scientific manner.						Percentages decreased in fund embezzlement.

		transparency and accountability in resource allocation and utilization.	To mobilize, distribute and monitor use of financial resources for specific activities/programmes.						Number of programmes implemented effectively and as intended.
			To build capacity of the Diocesan Health Department in Planning, Monitoring and Evaluation, Financial management and control, Resource mobilization and Negotiation skills.						Percentage increase in working performances.
			To develop viable income generating projects to complement traditional sources of income.						Number of viable Income Generating Projects generated.
			To develop Donation Policy and Procedures to govern the solicitation, acceptance and administration of all types of donations.						Donation Policy and Procedures in place.

13	**Partnership with Government**	To improve cooperation with the Government in rendering quality health services that meet the needs of the population served by the Diocesan health facilities.	To continue to provide health care in collaboration with the Government without compromising Catholic values and identity.						Percentage increased in working efficiencies.
			To train the Diocesan Health Department staff to acquire knowledge in communication and to enable the Department to carry out smoothly and formidable negotiations with the Government in planning, monitoring and evaluation of agreed programmes.						Number of staff trained.
14	**Standards of Treatment and Care**	To maintain standards of treatment and care that meet high standards.	To establish Medical Audit Committee to develop, maintain and monitor standards in diagnosis, treatment and care.						Medical Audit Committee established and in operational.
			To ensure implementation of acceptable/quality/ high standards of treatment and care for patients.						Percentages increased in health service delivery.

15	**Standard Precautions and Health Care Waste Management**	To develop and disseminate to the Diocesan health facilities rules for Hospital Waste Management.	To ensure well-written, readily available and updated list of standard precautions are in place to all Diocesan health facilities.						Standard Precautions and Health Care Waste Management Policy developed and in place.
			To conduct in-house training to all health care workers in occupational risks and application of standard precautions.						Number of healthcare workers trained.
			To ensure that health care waste management is designed in accordance with the National Health Policy.						Health Care Waste Management Policy developed and in operational.
16	**Ethical and Legal Issues**	To ensure that Church approved Ethical and Legal issues are well maintained in all Diocesan	To make sure that all employees follow the ethical standards of the Church irrespective of their personal beliefs.						Percentage increased number of people who appreciated the quality of health services offered by the CDM health facilities.

		health facilities.	To enable Diocesan health facilities to have a forum to address the ethical conflicts that their employees experience in relation to patient care and management.						Number of forums held.
			To ensure Patients and Employee Legal Rights are maintained i.e. Compensates employees in case of injured by a Psychiatric patients, contracted TB following working in TB clinic, or operation conducted to wrong patient etc.						Percentages of health workers enjoys employed by the CDM health facilities. Percentages increased of patient's health services satisfactions.
			To enhance following of the teaching of the Church with regard to ethical issues related to patient care, research and academic activities.						Percentages increased of quality healthcare services.

CHAPTER FIVE

5.0 IMPLEMENTING THE STRATEGIC PLAN 2015 - 2019

5.1 Implementation Arrangements

An effective management framework is a pre-requisite for effective implementation of the Strategic Plan. The management framework is clearly defining the roles of the key actors and it is only through shared common vision, mission and goals that the institutional vision will be realized. DHD will involve other key Stakeholders like Government, NGOs, CBO, and development partners in implementing this Strategic Plan.

5.2 Implementation

The following measures will be taken in order to ensure optimal implementation of the Strategic Plan:

1. Ensure that relevant stakeholders are involved in the implementation as necessary.
2. Prepare annual operational plans (Work Plan) and budgets for implementation of the Strategic Plan.
3. Ensure that the Annual Budget process is directly linked to the objectives and targets set in the Strategic Plan.
4. Set up a Steering Committee for overseeing and coordinating the implementation of the Strategic Plan.
5. Implement the Monitoring and evaluation mechanisms proposed in this Strategic Plan in order to assist in assessing successes and failures of implementation annually and in taking remedial measures.
6. Ensure that an annual budget is provided for monitoring and evaluation of the Strategic Plan.

The implementation of the Strategic Plan 2015 -2019 is presented in tabular format below:

5.3. IMPLEMENTATION PLAN

1: DESIGNATED DISTRICT HOSPITALS (DDH)			
Strategic Objectives	**Expected Results**	**Indicator**	**Means of Verification**
1. To increase accessibility to health services	The number of CDM health facilities providing comprehensive health services is increased, including diagnostic capacity (with laboratory), treatment and follow-up.	Proportion of health facilities providing service	Progress Reports (Annually and Quarterly)
	Community participation is increased in health promotion, prevention and home based care for communicable and non-communicable diseases, Maternal Newborn and Child health and nutrition.	Number of people participating in health activities.	Progress Reports (Annually and Quarterly)
2. To improve quality of health services	Adherence to standards, technical tools, guidelines and protocols is improved	Number of health staff working in health facilities.	Progress Reports (Annually and Quarterly)
3. To strengthen management of Diocesan Health facilities	5 Council Designated Hospitals of Kibosho, Huruma and Kilema.Also Ngoyoni and St. Joseph (VAH) have strategic health plans, based on the CDM Health Strategic Plan.	Proportion of DDH with strategic health plan	
II: HUMAN RESOURCES			
Strategic Objectives	**Expected Results**	**Indicator**	**Means of**

			Verification
1. Strengthen Human Resources for Health (HRH) planning	HRH planning is in place incorporating at all levels	Availability of HRH plans in CDM health facilities.	Progress Reports (Annually and Quarterly)
2. To maximize effective utilization of HRH	HR tasks of recruitment, management and retention are implemented at the appropriate Level	Availability of comprehensive HRH plans and reports in CDM health facilities.	Progress Reports (Annually and Quarterly)
	Productivity and effectiveness of health staff is improved through improvement of attitude and performance based systems	Staff work load	Progress Reports (Annually and Quarterly)
3. Increase production and improve quality of training (pre-service, in-service and continuous education)	Production of required health workforce increased, in order to match with demands in health sector (both in numbers as in competencies of graduates)	Number of graduates by cadre	Progress Reports (Annually and Quarterly)
III: HEALTH CARE FINANCING			
Strategic Objectives	**Expected Results**	**Indicator**	**Means of Verification**
1. Reduce the budget gap by mobilizing adequate and sustainable financial resources	Comprehensive Financing Strategy developed and implemented	Sources of annual budget for health to Financing strategy priorities	Financing Strategy document
2. Improve management of health	Efficient and transparent in using of	Percentage of health facilities using fund	Supervision report

funds	health funds applying Standard Operational Procedures (SOP)	management SOP	
3. Increase efficiency and effectiveness in use of financial resources	Health facilities budgeting, accounting and auditing processes are implemented in a transparent way	Percentage of CDM health facilities with clean auditing report	Progress Reports (Annually and Quarterly)
V: PARTNERSHIP WITH GOVERNMENT			
Strategic Objectives	**Expected Results**	**Indicator**	**Means of Verification**
1. Ensure effective Operationalisation of Partnership	Partnership forums at CDH levels are functional for joint planning, implementation and M&E of health services	Functional forums at CDH levels	Progress Reports (Annually and Quarterly)
VI: MATERNAL NEWBORN AND CHILD HEALTH			
Strategic Objectives	**Expected Results**	**Indicator**	**Means of Verification**
1. Increase access to Maternal, Newborn and Child Health (MNCH) services	The number of health facilities that can provide quality MNCH services as regulated in the Essential Health Package is increased	Number of health facilities with MNCH services according to EHP	Progress Reports (Annually and Quarterly)
2. Strengthening the health systems to provide quality MNCH and nutrition services	Health Policy and Guidelines 2014 – 2024 used at all health facilities	Availability of CDM Health Policy 2014 – 2024 and numbers of health workers trained in using Policy Guidelines	Supervision reports
	Availability of essential equipment and supplies is guaranteed	Availability of tracer medicines and Medical supplies	Progress Reports (Annually and Quarterly)

	Service delivery to women, newborns and children is improved	Maternal Mortality Ratio, Neonatal Mortality Rate and Child Mortality Rate Proportion of Health Facilities staffed appropriately.	Health facility records
	Nutrition interventions have improved reducing nutritional disorders in vulnerable groups	Anaemia among pregnant women and under five children	Survey
VII: DISEASE CONTROL			
Strategic Objectives	**Expected Results**	**Indicator**	**Means of Verification**
1. Improve disease surveillance of communicable and non-communicable diseases	Integrated disease surveillance systems is functional providing timely and accurate information for prevention and control measures (early warning systems, EWS)	Number of notifiable diseases reported Number of epidemic control interventions based on EWS	Disease surveillance reports
2. Enhance community participation in health promotion and disease prevention	IEC and advocacy programmes in the community are implemented	Community involvement in disease control programmes	Progress Reports (Annually and Quarterly)
Non Communicable Diseases			

1. To reduce the burden of Non Communicable Diseases, mental disorders and substance abuse	Promotive, preventive and curative services for Non-communicable Diseases (NCD), Mental Health and Substance Abuse (MH&SA) are integrated into the existing health services at all CDM health facilities, through capacity building and provision of necessary resources.	Number of cases of relevant non communicable diseases treated	Progress Reports (Annually and Quarterly)
	All CDM health facilities have effective systems in place for treatment and referral of injuries and road traffic accidents	Number of injury treatments in health facilities	Progress Reports (Annually and Quarterly)
VIII: EMERGENCY PREPAREDNESS			
Strategic Objectives	**Expected Results**	**Indicator**	**Means of Verification**
1. Establish systems at all levels for immediate emergency response to health disasters	Necessary resources (human, financial, material) available for immediate response to (threatening) emergencies	Percentage of identified emergencies with adequate response from the health sector Timely availability of information on emergencies and disasters	Progress Reports (Annually and Quarterly)
IX: MONITORING AND EVALUATION (M&E)			
Strategic Objectives	**Expected Results**	**Indicator**	**Means of**

			Verification
1. To develop a comprehensive M&E	Comprehensive plan in place, taking stock of information needs in the whole sector, and of all programmes, outlining strategy for comprehensive and integrated monitoring and evaluation	Availability of M&E Plan	Progress Reports (Annually and Quarterly)
2. Introduce data aggregation and sharing systems based on ICT	Data warehouses established at all CDM health facilities sharing information.	Functional data warehouse at all level	Progress Reports (Annually and Quarterly)
X: OTHER IMPORTANT ISSUES			
Capital Investments			
Strategic Objectives	**Expected Results**	**Indicator**	**Means of Verification**
1: To maintain and improve the existing health infrastructure, equipment and means of transport to meet the demands for service delivery	Guidelines and standard operating procedures for infrastructure maintenance (including waste disposal) and rehabilitation, for maintenance of equipment as well as for means of transport available in CDM health facilities	Guidelines and SOPs available	Supervision reports
Pharmaceuticals			
Strategic Objectives	**Expected Results**	**Indicator**	**Means of Verification**
1. To ensure accessibility	CDM Medicine Policy developed,	Availability of Health Policy (2014 - 2021)	Progress Reports (Annually and Quarterly)

at all levels of safe, efficacious pharmaceuticals, medical supplies and equipment	implemented and monitored		
	Necessary (human, financial and material) resources for procurement and distribution of medicines and supplies available.	Disbursement of funds for medicines and medical supplies	Progress Reports (Annually and Quarterly)
ICT			
Strategic Objectives	**Expected Results**	**Indicator**	**Means of Verification**
1. Produce ICT strategy to make use of technology for information sharing	ICT strategy and work plan made to promote Health Management Information System (HMIS)	ICT strategy and work plan available	Progress Reports (Annually and Quarterly)
2. Expand information network at all CDM Dispensaries, Health centre and CDH levels.	Computer network, with access to critical information for health staff in all areas	Functional ICT network in place	Progress Reports (Annually and Quarterly)

CHAPTER SIX

6.0 COSTING THE SP 2015 -2019

6.1 Costing Methodology

The estimates were developed using an activity based costing methodology and are provided in US Dollars (USD). The strategy activities outlined in the Table 5 below were used as a base to begin the costing estimate. The activities are those outlined in the Key Focus Area of this SP.

6.2 Overall Cost Summary

The total Five-year cost for implementation of the strategy activities is estimated at **USD$ 4,266,500**. The average per year needed to implement the SP is estimated at **USD$ 203,168**. The estimates should be adjusted based on final inputs on activities, targets and progress towards the anticipated targets, and on an annual basis with the review and 'rolling of the Operational Plan and the preparation of budget estimates.

Table 5: Estimated SP Cost Summary by Key Focus Area over the Five-Year Period (USD$)

Key Focus Areas	**2015/2016**	**2016/2017**	**2017/2018**	**2018/2019**	**2019/2019**	**TOTAL**	**%**
Pastoral Care	10,000	10,000	11,000	11,000	11,000	**53,000**	**1**
Communicable Diseases and Outbreaks	25,000	25,000	27,500	27,500	27,500	**132,500**	**3**
Non-Communicable Diseases and Accidents (NCDs)	27,500	27,500	30,250	30,250	30,250	**145,750**	**3**
Mother and	30,000	30,000	33,000	33,000	33,000	**159,000**	**4**

Child health							
Health Care for the Elderly	20,000	20,000	22,000	22,000	22,000	**106,000**	**2**
Orphans and Vulnerable Children (OVCs)	35,000	35,000	38,500	38,500	38,500	**185,500**	**4**
Adolescents	28,000	28,000	30,800	30,800	30,800	**148,400**	**3**
Persons With Disabilities (PWD)	24,000	24,000	26,400	26,400	26,400	**127,200**	**3**
Emergency and Disaster	20,000	20,000	22,000	22,000	22,000	**106,000**	**2**
Traditional Medicine and Alternative Therapy	25,500	25,500	28,050	28,050	28,050	**135,150**	**3**
Research	20,000	20,000	22,000	22,000	22,000	**106,000**	**2**
Human Resource Management and Development	40,000	40,000	44,000	44,000	44,000	**212,000**	**6**
Medicines and Health Supplies	230,000	230,000	253,000	253,000	253,000	**1,219,000**	**30**
Health Infrastructure and Medical	100,000	100,000	110,000	110,000	110,000	**530,000**	**12**

Equipment							
Laboratory Services	80,000	80,000	88,000	88,000	88,000	**424,000**	**10**
Catholic Natural Family Planning (CNFP)	20,000	20,000	22,000	22,000	22,000	**106,000**	**2**
Financial Resources (Health Care Financing)	30,000	30,000	33,000	33,000	33,000	**159,000**	**4**
Partnership with Government	5,000	5,000	5,500	5,500	5,500	**26,500**	**1**
Standards of Treatment and Care	10,000	10,000	11,000	11,000	11,000	**53,000**	**1**
Standard Precautions and Health Care Waste Management	15,000	15,000	16,500	16,500	**16,500**	**79,500**	**3**
Ethical and Legal Issues	10,000	10,000	11,000	11,000	11,000	**53,000**	**1**
TOTALS	**805,000**	**805,000**	**885,500**	**885,500**	**885,500**	**4,266,500**	**100**

NB: Costs have been raised in constant rate of 10% from year 3 -5

CHAPTER SEVEN

7.0 MONITORING AND EVALUATION ARRANGEMENTS

7.1 Introduction

The DHD will put in place a Monitoring and Evaluation (M&E) system for the Strategic Plan. The system will be designed to ensure effective and efficient implementation of the Strategic Plan and realization of the intended outputs, outcomes and impacts. Monitoring and evaluation is vital for directing the implementation of the Strategic Plan. It is the only way Organization can know whether interventions intimated by the Strategic Plan are effective and successful or not working, and thus respond appropriately.

Monitoring refers to the regular tracking of the implementation progress of the Strategic Plan. Evaluation, on the other hand, is a critical and objective appraisal of the achievement of the Planed outcomes and impacts. Evaluation will be based on the key indicators.

Both Monitoring and Evaluation will be participatory, where by all key stakeholders will be involved. This means, the key actors who will implement the Strategic Plan will be able to review their own progress in implementing assigned activities in the Plan using a reporting format, which will be developed by the DHD. The reports will be prepared on a quarterly basis and forwarded to the DHD Health Director who will review and compile the reports and present to the Diocesan Health Board (DHB) for review and decision making.

7.2 Monitoring

Monitoring of the Strategic Plan will be the overall responsibility of the Diocesan Health Board. The Board will prepare detailed annual operational plans showing quarterly targets using the format presented below:

Table 6: Annual Work Plan Format

#	Strategic objective	Targets Assigned	Planned activities	Budget	Time Frame												Responsible
					J	F	M	A	M	J	J	A	S	O	N	D	

7.3 Evaluation

There will be one evaluation of the Strategic Plan conducted once every one year on which the Terms Of Reference (TOR) will be prepared and will focus on:

1. Assessing the reasons for success or failure of specific aspects of the Strategic Plan.
2. Assessing whether the Strategic Plan is achieving its objectives and targets.
3. Assessing the adequacy of resources being mobilized to implement the Strategic Plan.
4. Determining whether available resources are being utilized efficiently to achieve the targets set for the strategic objective of the plan.
5. Determining whether the process of Strategic Planning and implementation is facing any problems that need immediate or long –term solutions.

7.4 Rolling Forward and Review of the Strategic Plan

The Strategic Plan will be rolled forward every year based on the feedback received from quarterly progress reports. The (Major) review of the Strategic Plan will be done once every five years and will be based on the external evaluation reports in additional to the quarterly progress reports. Furthermore, during the review a wide spectrum of DHD stakeholders will be involved/consulted.