

# Kitale Community Hospital

*A Project of Revival Power Outreach*



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## Introduction

This proposal is submitted by Revival Power Outreach (RPO), a Kenyan Nongovernmental Organization based in Kitale, Kenya. RPO is recognized by the Kenyan government and is registered under # 2508.

RPO was established in 2003 by Christliche Mission Freiamt of Switzerland to respond to the humanitarian needs of the people living in the north-western region of Kenya.

**Kitale Community Hospital** (KCH) is a project of **Revival Power Outreach**. Presently it is called **Kitale Nursing Home**, yet it is a fully equipped hospital.

This project endeavors to provide affordable health care to the Kenyan people.

## Context

Kitale Community Hospital is located in the northwestern part of Kitale town. It is situated on a 3 acre lot. It is surrounded by the **Tuwani slum** on one side and the **Kipsongo** and **Matisi slums** on the other side.

**Kitale Community Hospital** is currently running on a commercial status as a cottage hospital. Its sole proprietor is Dr. A R Mahida, an Asian doctor who has founded and developed the hospital. He has shown interest to sell the entire premises to Revival Power Outreach.

KCH comprises of the following facilities:

### **In-Patient Department**

1. 12 patient units (general, semi-private and private), accommodating 70 patients
2. Surgery unit
3. Maternity ward (with 2 delivery couches)
4. Infant Nursery
5. Nurse's station with side room for minor surgeries and procedures
6. Dispensary

### **Out-Patient Department**

1. Waiting area and exam rooms
2. Pharmacy
3. Laboratory department
4. X-Ray department
5. MCH/FP (Maternal and child health clinics) department
6. Doctors rest room

### **Mortuary Building**

1. Generator room with a standby 27 KVA Perkins diesel generator
2. Two cold rooms with the capacity to store twenty bodies

### **Kitchen and Laundry facilities**

### **Administration building**

With high costs of treatment at this hospital, bed occupancy averages 30% most of the year. Surrounded by slums, the poor people cannot afford paying medical fees. Kitale town is cosmopolitan with different tribes of people residing here.

## Problem Statement

### History

The town of Kitale started as an urban centre for the white settlers doing agriculture in this region. After the Kenyan independence in 1963, the former employees of the European settlers moved to this town with their families. Having had a poor economic background, these people settled in slums. Most people in this region lead a hand-to-mouth existence and lack the basic necessities of life.

### Population

Approximately 70% of the Kitale town population of 170,000\* has no access to quality and affordable medical facilities and services. The entire **population of Trans Nzoia** district by the end of 2004 was **693,879**.

### Population growth

With a population growth of **3.8%** in this area, as compared to 2.4% in Kenya, many youth of less than 20 years are draining the meager resources that parents are able to provide.

### Employment

On the other hand, the wage **employment is 26%**.

People who live in absolute **poverty** make up **54%** of the entire population (per the district development plan for the years 2002-2008).

Kitale region alone contributes 1.87% to the Kenyan national poverty.

### Medical services

The ratio of medical service providers to the population is **1 doctor to 26,000 people**.

The situation is worsened by frequent and numerous epidemic outbreaks like

- Malaria,
- Dysentery and
- Pneumonia.

The greatest health problem that these poverty-stricken people are facing is the HIV/AIDS infection.

\* According to the statistics, Kitale town has a population of 53,000. However, this figure does not include the people living in the surrounding slum areas, since they are not registered.

## Goal and Objectives

The proposed project is in line with the mission of Revival Power Outreach, which is to carry out humanitarian activities.

Kitale Community Hospital shall diagnose illnesses and administer medicine at a low cost using both volunteer doctors and local staff.

Furthermore, KCH shall be used as a training facility for doctors and other health care providers.

The purpose of KCH is to provide affordable health care and thus reduce the incidence of recurrent diseases among the poor in the surrounding slums. This will affect their productivity on their jobs and help improve their living standards.

### Objectives:

- To purchase a medical centre with all its medical buildings and equipments.
- To provide medical services, medical training and research.
- To employ qualified medical personnel from the local community to manage the medical centre.
- To improve the knowledge and skills of the local medical staff.
- To provide efficient and effective health care to people in the Kitale region, specifically the surrounding slums.
- Provide curative, preventive and promotive health services at affordable cost.

## Anticipated results

- The poor local people living in the Kitale slums will benefit from quality medical services within their reach. The government hospital in this region cannot handle the rush, and the lack of adequate drug supply hinders the poor from receiving appropriate help.
- By providing an additional affordable access to medical services, Kitale Community Hospital will help ease the burden on the government hospital.
- The training provided to the local medical staff will have a positive long-term impact on the community around Kitale region.
- The public health education provided through this project will have a positive impact on the social environment due to reduced recurrence of common diseases.
- The number of secondary infections within the patients, their families and communities will be decreased considerably.
- Through appropriate medical attention the project beneficiaries will be able to lead a healthier lifestyle and thus become active and productive members of their communities.
- There will be a positive impact on the quality of life for women and families. Instead of nursing sick children, women will be able to dedicate more time to development activities. This will in turn increase household income by at least 25% and therefore considerably contribute to poverty reduction.

The project will be continually monitored, evaluated and supervised by Revival Power Outreach.

## Project Budget

(All amounts in US Dollars)

		Year 1	Year 2	Year 3
<b>A.</b>	<b><u>Capital purchase</u></b>			
	Land, buildings and Equipments	700'000	70'000	50'000
<b>Total A.</b>		<b>700'000</b>	<b>70'000</b>	<b>50'000</b>
<b>B.</b>	<b><u>Recurrent Expenditure</u></b>			
	Forecast for 1 year acc. to existing figures		Exp. 5% inc	Exp. 5% inc
<b>(i)</b>	<b><u>Operating Office Expenditures</u></b>			
Fee Refunds	12 Months @ 23	279	293	307
Purchases	12 Months @ 2'394	28'722	30'158	31'666
Kitchen (Catering)	12 Months @ 256	3'070	3'223	3'385
Bank Charges	12 Months @ 21	248	260	273
Repairs & Maintenance	12 Months @ 289	3'472	3'646	3'828
Postage & Telephone	12 Months @ 110	1'317	1'383	1'452
Vehicle Running Expenses	12 Months @ 122	1'469	1'542	1'619
Miscellaneous (Disposables)	12 Months @ 68	820	861	904
Rent & Rates	12 Months @ 223	2'681	2'815	2'956
Printing & Stationeries	12 Months @ 19	225	236	248
Transport and Entertainment	12 Months @ 13	151	159	167
Income Tax	12 Months @ 106	1'275	1'339	1'406
Light & Water	12 Months @ 329	3'949	4'140	4'347
License	12 Months @ 49	585	614	645
Uniform & Linen	12 Months @ 6	70	73	77
Subscriptions	12 Months @ 4	54	57	59
Audit Fees	12 Months @ 9	114	120	126
Insurances	12 Months @ 11	136	142	149
Accountant Fees	12 Months @ 19	225	236	248
<b>Subtotal (i)</b>		<b>79'948</b>	<b>83'945</b>	<b>88'142</b>
<b>(ii)</b>	<b><u>Personnel Salaries</u></b>			
1 Doctor	12 months @ 800	9'600	10'080	10'584
1 Lab. Tech.	12 months @ 596	7'149	7'506	7'882
5 Reg. Nurses	12 months @ 584	7'009	7'359	7'727
3 Nurses Aides	12 months @ 375	4'496	4'721	4'957
4 Clericals	12 months @ 465	5'585	5'864	6'157
7 Support Staff	12 months @ 307	3'686	3'870	4'064
NSSF* cost	21 people @ 3	63	66	69
<b>Subtotal (ii)</b>		<b>37'588</b>	<b>39'466</b>	<b>41'440</b>
<b>(iii)</b>	<b><u>Drugs</u></b>			
<b>Subtotal (iii)</b>		<b>10'000</b>	<b>10'500</b>	<b>11'025</b>
<b>Total B.</b>		<b>127'536</b>	<b>133'911</b>	<b>140'607</b>
<b>Grant total (A+B) in one year</b>		<b>827'536</b>	<b>203'911</b>	<b>190'607</b>

\* National Social Security Fund



## All Figures in US Dollars

Income 2000 2001 2002 2003 2004 2005 2006 2007  
(Jan-May)

<b>Fee (In-Patient)</b>	86'710	97'822	86'694	79'015	72'076	68'594	95'167	N/A
<b>Out Patient Department</b>	23'227	21'838	21'789	19'003	18'908	15'681	19'089	9'168
<b>Laboratory</b>	4'999	3'921	3'583	3'835	4'741	3'202	3'930	1'795
<b>Child Welfare Clinic</b>	386	582	795	760	790	477	488	243
<b>Anti Natal Clinic</b>	614	537	627	550	440	531	541	283
<b>Family Planning Clinic</b>	184	222	231	257	253	149	133	39
<b>X-Ray</b>	2'883	3'022	1'914	1'531	1'313	1'348	3'851	1'818
<b>Miscellaneous</b>	3'297	3'357	3'230	1'720	617	3'002	999	1'154
<b>Mortuary</b>	12'569	19'109	21'943	14'083	17'532	23'582	25'593	8'824

<b>TOTAL Income</b>	134'869	150'410	140'806	120'754	116'670	116'566	149'791	23'324
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<b>Hospital Expenses*</b>	82'059	87'158	81'840	80'018	68'490	65'508	94'561
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<b>Profit</b>	52'810	63'252	58'966	40'736	48'180	51'058	55'230
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\* includes:

Fee Refunds	Vehicle Running Expenses	Light & Water
Purchases	Miscellaneous (Disposables)	Licence
Kitchen (Catering)	Rent & Rates	Uniform & Linen
Salaries	Printing & Stationeries	Subscriptions
Bank Charges	Transport and Entertainment	Audit Fees
Repairs & Maintenance	Personal Drawings	Insurances
Postage & Telephone	Income Tax	Accountant Fees

**KITALE NURSING HOME**  
P O Box 1825 KITALE (Kenya) Tel 054 31517

14 March 2005

TO WHOM IT MAY CONCERN

I Dr Ashokkumar Ranchhodsinh Mahida confirm to be the founder and sole proprietor/director of "Kitale Nursing Home" a Private Hospital in Kitale, Kenya that was founded in the year 1983.

Since I am about to retire, I would like to see this establishment continue with the same function as a hospital preferably through an NGO (Non Governmental Organisation). This would ensure the long term sustainability of the hospital and provision of affordable medical services to the residents of Kitale and its environs.

I have been in some discussions and negotiations about the above proposal with an NGO named "Revival Power Outreach" which was established in April 2003 by Pastor Werner Bruderer from Switzerland to promote such projects in developing countries.

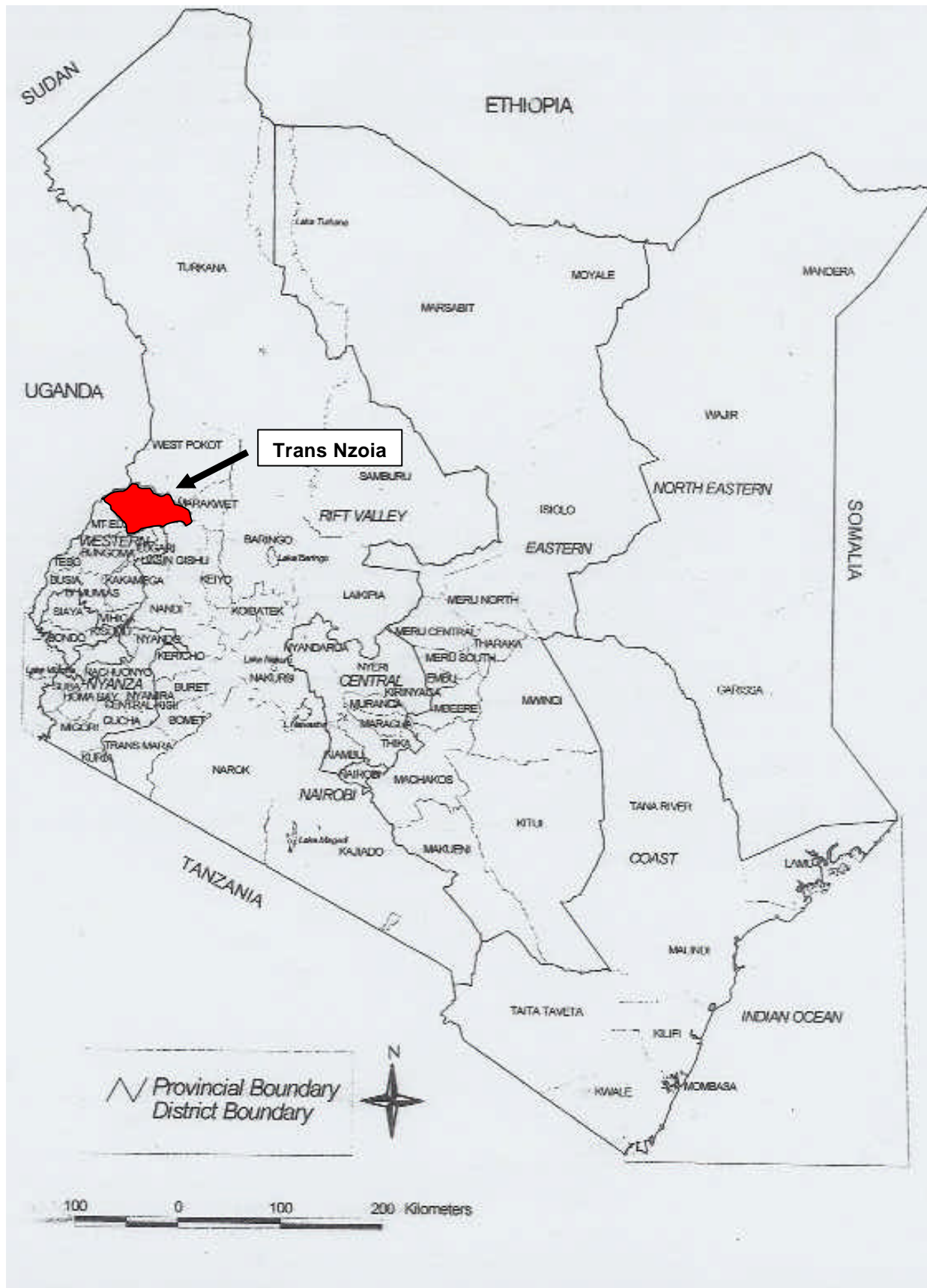
I got to know Pastor Werner Bruderer a few years ago through their Missionary Rolf Fluri, who is stationed in Kitale and I do recommend Revival Power Outreach as a trustworthy Christian Organisation to acquire and manage an existing hospital.

I am willing to give the above organisation all the help and support needed for a smooth transition.

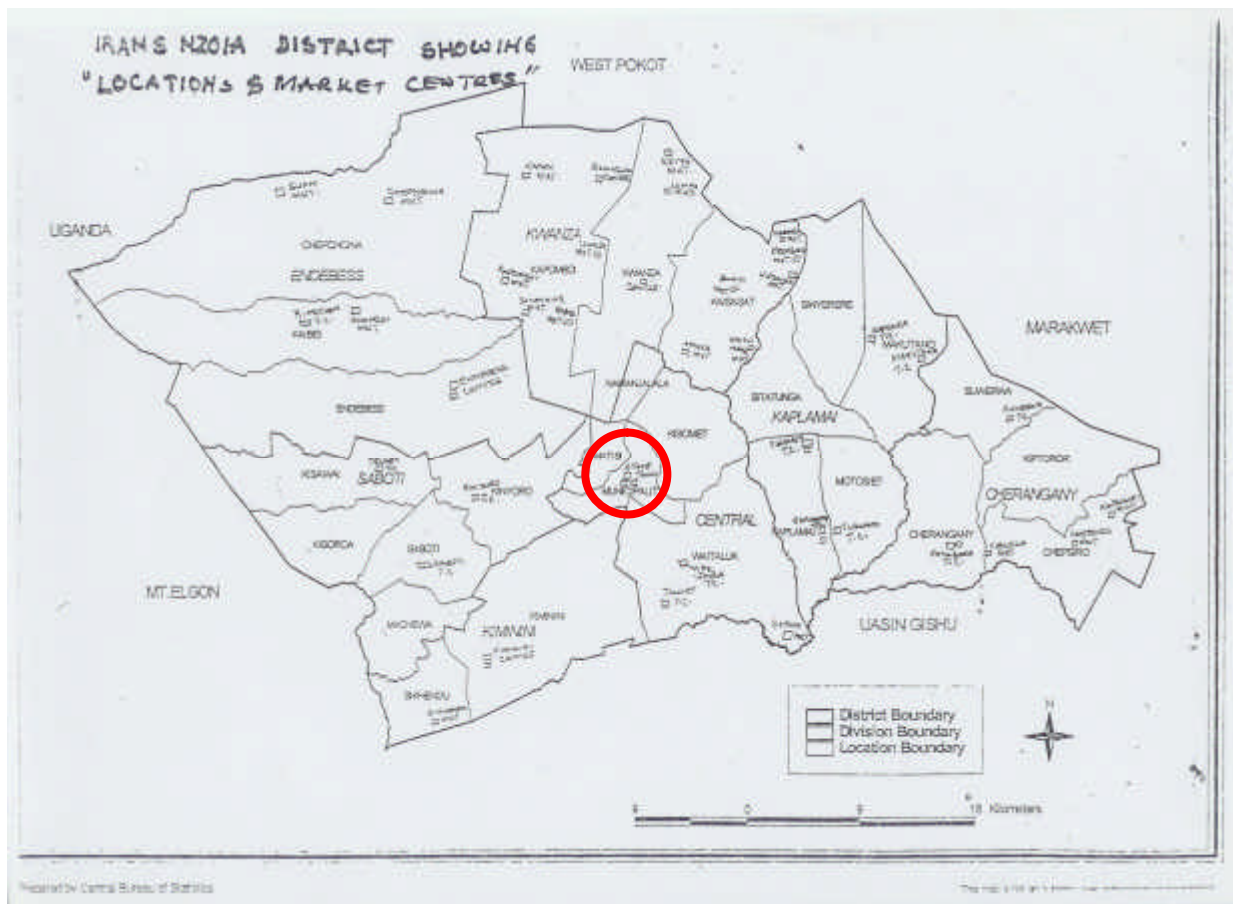


Dr A R Mahida

# Kitale Community Hospital



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## Buildings on the Hospital Compound

