

Nyantiok Bul

Chamberlain University

MPH 508: Leadership & Administration in Public Health Systems

Module 7: Assessment - Public Health Business Plan

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This paper discusses a public health business plan for a clinic in Pan-de-Laul Village in South Sudan. This business plan will demonstrate the budgetary and resource management skills needed to build business acumen for this clinic. This paper will describe social marketing, target analysis, and potential collaboration between our proposed clinic and the non-governmental organization in the nearby town of Jamjung.

This three-year public health business plan aims to establish a sustainable clinic in the rural village of Pande-Laul in South Sudan. By focusing on primary care, maternal health, disease prevention, and community engagement, the clinic will reduce preventable diseases and improve health outcomes in the community.

Vision

Pande-Laul Clinic will provide accessible, affordable, and quality healthcare services that improve the health and well-being of the village population.

Mission

Our mission is to deliver comprehensive healthcare through preventative, curative, and educational services while building local capacity for long-term sustainability.

Social marketing

According to Nasrudin, A. (2024) Social marketing's primary purpose is to influence and change our behavior to be beneficial, both socially and environmentally. It promotes long-term co-benefits for society. Addressing health needs in Pande-Laul will require setting up a well-equipped clinic with trained healthcare staff and developing partnerships with NGOs in the near refugee camp of Jamjung and government agencies.

The village of Pande-Laul and surrounding Villages in South Sudan face several healthcare challenges. These include high rates of preventable diseases (malaria, cholera,

respiratory infections). Limited access to healthcare services due to distance and infrastructure challenges, high maternal and infant mortality rates, limited wellness knowledge and practices within the community, and shortage of trained healthcare professionals.

The Pande-Laul clinic will provide the following services.

- **Primary Health service:** General consultations, diagnosis, and treatment of common illnesses.
- **Reduced maternal and Child mortality:** Prenatal care, delivery services, postnatal care, immunizations, and family planning.
- **Disease Prevention:** Vaccination programs, mosquito net distribution, health education on hygiene and sanitation.
- The clinic will serve the local population of the village, with approximately 3,000–5,000 people. Many of these residents live in rural, isolated areas with limited access to healthcare because of a lack of roads.

Target analysis

Community Engagement: The Pande-Laul clinic will work closely with community leaders, religious organizations, and local NGOs to promote awareness of healthcare services. The Pande-Laul clinic will be located closer to the road at the entrance to the village so that the other close by villages can have easy access to the clinic. The Pande-Laul clinic building will include consultation rooms, a pharmacy, a small laboratory for basic tests, a delivery room, and an emergency care area. Solar power will be used to ensure reliable electricity, and rainwater harvesting containers will provide water.

Staffing: Medical Director: A qualified physician or nurse with experience in public health.

Trained Medical officers: At least two full-time.

Midwives: At least two full-time midwives for maternal care, one for night duties and the other for day duties

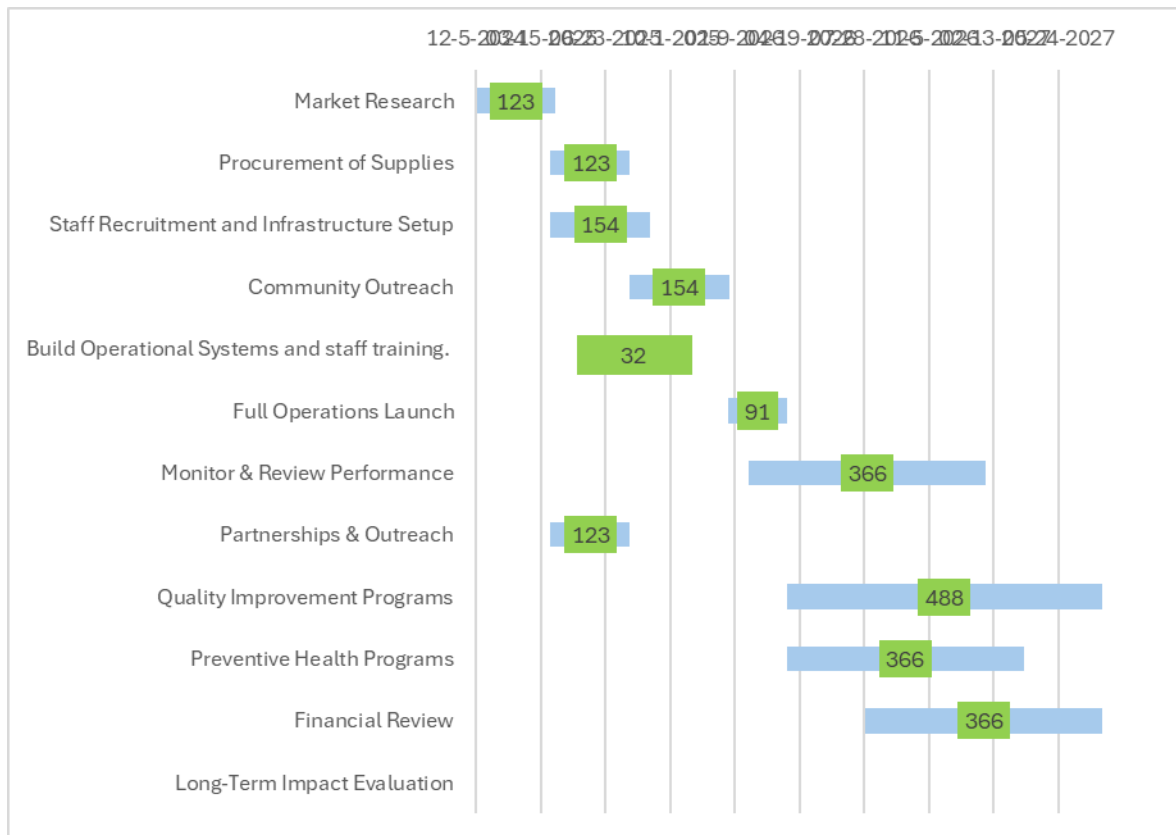
Pharmacy Technician: To manage the clinic's supply of medications.

Support Staff: Cleaning staff, security, and administrative personnel

Partnerships:

The Pande-Laul clinic will pursue partnerships with local and international NGOs, government health services, and community groups to ensure a reliable supply of medications and resources. It will also collaborate with global organizations such as WHO, RIC, UNICEF, and MSF to enhance service delivery.

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The underlying belief of cost-benefit analysis is that resources are scarce and should be allocated in such a way as to maximize the improvement in community outcomes. (Chamberlain University,2024). Below is the financial planning for the first three years of operation.

Financial Plan: Startup Costs (Year 1):

Construction and Renovation: \$40,000

Medical Equipment: \$15,000

Furniture and Fixtures: \$5,000

Initial Drug Supply: \$10,000

Staff Training and Recruitment: \$7,000

Operational Reserve: \$5,000

Annual Operating Costs:82,000

Staff Salaries: \$30,000/year

Drugs and Medical Supplies: \$20,000/year

Utilities (water, electricity, etc.): \$5,000/year

Maintenance and Repairs: \$2,000/year

Community Outreach and Health Education: \$3,000/year

Administrative Costs: \$5,000/year

Revenue Flows: Fee-for-Service: A small, subsidized fee for consultations and services.

Government and NGO Grants: Seeking local and international funding and grants for health programs. Donations and Fundraising: Community-driven fundraising initiatives and private donors.

Expected Revenue (Year 1):

Consultations and Services: 250,0000

Donations and Grants: 750, 000

Total Revenue (Year 1): \$1000,000

Financials planning for 3 years.

Categories	Year 1	Year2	Year3	3years Total
Capital Costs or start-up Costs	\$215,000			\$215,000
Clinic Operating Costs	\$82,000	\$120,000	\$124,000	136,000
Human Resources (Staffing)	\$130,000	\$138,000	\$146,000	\$414,000
Information Resources	\$20,000	\$15,500	\$17,000	\$52,500
TOTAL EXPENSES	\$447,000	\$273,500	\$287,000	\$817,500

According to the CDC (2024), a program evaluation allows you to determine how effective and efficient your programs, policies, and organizations are in reaching their outcomes. The evaluation plan for the Pande-Lual clinic will include a comprehensive evaluation strategy that will involve data collection, monitoring, and assessing both clinical and operational outcomes. For example, Track maternal mortality rates, vaccination coverage, and child health indicators like malnutrition rates, and growth monitoring. Monitor diseases prevalent in the region (like malaria, tuberculosis, HIV/AIDS), including patient recovery rates, treatment adherence, and prevention efforts. Regularly review key performance indicators (KPIs) such as

patient load, revenue generation, and operational costs. On the other hand, Quality Improvement (QI) and sustainability. Through a quality control team, the clinic will have an evidence-based study by launching (QI using) the Plan-Do-Study-Act (PDSA) cycle to test and implement changes in clinical and operational processes. Moreover, the clinic will also Apply a root cause analysis approach for identifying problems in care delivery, patient outcomes, and operational inadequacies. The exit strategy for this clinic will include winding down or transitioning its operations if it becomes necessary to close, reduce services, or transfer ownership.

In conclusion: Through strategic planning, partnerships, and careful financial management, the Pande-Laul Clinic will become a vital resource for the local population. By Reducing maternal and Child mortality through Prenatal care, delivery services, postnatal care, immunizations, and family planning, while implementing evaluation, quality control, and exit strategies.

References

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