KENYA MEDICAL PRACTITIONERS AND DENTISTS BOARD

STRATEGIC PLAN
2018-2023

MEDICAL PRACTITIONERS & DENTISTS BOARD

STRATEGIC PLAN

2018-2023

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Acronyms

AMCOA	Association of Medical Council of Africa
ADR	Alternative Dispute Resolution
CEO	Chief Executive Officer
EACC	Ethics and Anti-Corruption Commission
EAC	East African Community
ERP	Enterprise Resource Planning
CRM	Customer Relationship System
CPD	Continuous Professional Development
COSECSA	College of Surgeons of East, Central and Southern Africa
FMS	Financial Management System
HRM	Human Resource Management
IAMRA	International Association of Medical Regulatory Authorities
ICT	Information Commission Technology
ISO	International Organization for Standardization
KISM	Kenya Institute of Supplies Management
KMPDB	Kenya Medical Practitioners and Dentists Board
KPH	Kenya Health Policy
KHSSP	Health Sector Strategic and Investment Plan
M&E	Monitoring and Evaluation
MBChB &BDS	Bachelor of Medicine and Bachelor of Surgery & Bachelor of Dental Surgery
MOST	Management and Organizational Sustainability Tool
NHIF	National Hospital Insurance Fund
NPC	National Patients' Charter
OBS &GYN	Obstetrician &Gynecologist
OSHA	The Occupational Safety and Health Act
PCC	Professional Conduct Committee
PESTLE	Political, Economic, Social, Technological, Legal and Environment factors
PIC	Preliminary Inquiry Committee
PPOA	Public Procurement Oversite Authority
PWD	People with Disabilities
SWOT	Strengths, Weaknesses, Opportunities and Threats
UHC	United Healthcare
UON	University of Nairobi

INTRODUCTION

The Kenya Medical Practitioners and Dentists Board is pleased to launch its third Strategic Plan 2018-2023. The Board has done an excellent job in implementing its Strategic Plan, raising its level of performance from 80% for the first Strategic Plan to over 90% for the just completed Strategic Plan 2013-2018. The performance, monitoring and evaluation process exists to ensure that the Strategic Plan goals and objectives are achieved, and we look forward to achieving even higher levels of performance on this Plan.

Although in the process of implementing the Second Strategic Plan the Board experienced challenges; key among them, being inadequate human and financial resources, the Board stands committed to doing its best to deliver its promise of quality healthcare to the Kenyan People.

This Strategic Plan 2018-2023 has been developed with extensive consultations and input from key strategic partners and stakeholders in line with the Ministry of Health Strategic Plan, Vision 2030, MPDB Act, Chapter 253 of the Laws of Kenya and the Constitution of Kenya 2010.

I call upon key actors of the Strategic Implementation Plan to optimize their skills, knowledge and expertise to ensure the successful implementation of yet another important Strategic Plan 2018-2023.

DR. JACKSON K. KIOKO, OGW. MBS
DIRECTOR OF MEDICAL SERVICES/REGISTRAR MEDICAL PRACTITIONERS AND
DENTISTS BOARD

FOREWORD

The Kenya Medical Practitioners and Dentists Board (KMPDB) has continued to be at the forefront of ensuring the provision of quality healthcare that is safe and ethical to the Kenyan people. We have leveraged the three (3) pillars of the Strategic Plan that is, legal Framework, regulatory enforcement and service delivery excellence to deliver on our promise. It gives me great pleasure to recap some of the major achievements accomplished by the Board under the just ended Second Strategic Plan.

Legal Framework: Under this pillar, the Board has ensured strict alignment of its functions to Cap 253 and as well, strengthened the effectiveness of its functions through proposed revisions to the act. As such, the Board has realized the following benefits for its stakeholders under the Legal Framework pillar:

⟩ Enhanced patient safety, accountability and redress mechanisms, through Camp rules, 2016;
⟩ Reduced overcharging of services and increased access to health services, through harmonization of practitioner fees under published fee rules, 2016;
⟩ Increased awareness of patient rights through published, Patient Rights Charter, 2013;
⟩ Improved complaints handling and increased capacity to determine complaints at county level;
⟩ Practitioner benefits through advertising rules, 2016;
⟩ Higher number of case closures (up to 90%) since 2015.

Regulatory enforcement: The Board's focus on standards, education and training is manifest in this pillar through which the Board executes its core regulatory and enforcement mandate. The following key benefits have been achieved.

⟩ Increased education, training and healthcare work capacity through approval of seven new medical and dental school at various universities including Kenyatta University, Egerton, KMU, Maseno , Uzima, Mt Kenya and Moi University.
⟩ Expanded training programs through approval of post graduate training programs in medicine at Aga Khan University – Nairobi.
⟩ Increased internship training centers through gazettment of 41 new medical and dental internship training centers.
⟩ Enhanced compliance to standards by increasing inspection coverage from 40% to 90%
⟩ Enhanced Professionalism in Practice through the publication of new and updated standards, rules, guidelines, processes reflecting best practice;
⟩ Enhanced practitioner compliance to registration, licencing and retention requirements
⟩ Improved compliance to licencing by health facilities from 2131 in 2013 to over 4000 by 2018;
⟩ Expanded opportunities for training, skills and knowledge growth by increasing accredited CPD providers from 93 in 2013 to over 120 by 2018;

Service Delivery Excellence: Under this pillar, the Board has enhanced its service capabilities to offer efficient, effective and accessible world class service to its customers starting with the completion of the Board office complex in October 2016. The completion of the KMPDB house at a cost of Ksh 350 million is indeed one of our finer moments. The official opening of the building was graced by the First Lady, Her Excellency Margaret Kenyatta marking a fresh beginning for the Board's delivery capability. The new offices not only offer modern and spacious work environment for the Board's Secretariat, more importantly this has enabled the Board to offer enhanced customer service to its stakeholders, a pledge which we have cemented through the Board's Service Charter.

The Board has realized several benefits for its stakeholders under the **Service Delivery Pillar**:

⟩ Improved access to the Boards online services through a new ICT Business Model Platform. These include CPD Submission System (ICPD Kenya); retention, downloadable forms, updated news, complaints lodging and many more.

⟩ Improved financial management through increased fund mobilization, improved revenue collections and internal savings totaling Kshs 86 million, reduced outstanding debt and Improved cost containment which led to reduced transaction costs by 20%

⟩ Improved access to Board services through provision of online services;

⟩ Increased patient rights awareness

⟩ Strengthened partnerships and benchmarking standards through collaborations with strategic partners locally, regionally and internationally. These partners include local and regional Medical Associations, Boards and Councils within the East Africa Community partner states, and development partners and donor agencies

Given our outstanding successes under the Second Strategic Plan, it gives me great pleasure to launch the Third Strategic Plan 2018-2023 which seeks to propel the successes already achieved to further enhance the Boards organizational capabilities and relevance in the execution of our mandate.

The new Strategic Plan will continue to be a roadmap for the Board in achieving its obligations as articulated in our Vision and Mission. Following the successful achievements of the Second Strategic Plan 2013 – 2018, I urge the staff and Board members to continue to go the extra mile to ensure that the implementation of this Strategic Plan is successful. As Chairman of the Board, I give my commitment to lead in driving the realization of this Strategic Plan and look forward to the outcomes targeted over the next five years.

PROF. GEORGE A.O. MAGOHA, CBS. EBS. MBS
CHAIRMAN
MEDICAL PRACTITIONERS AND DENTISTS BOARD

ACKNOWLEDGEMENTS

The Kenya Medical Practitioners and Dentists Board (KMPDB) gratefully acknowledges the parties who have been involved in the review of this Strategic Plan 2018-2023.

Appreciations to our Board Chairman Prof. George Magoha, Vice Chair Prof. Alice Mutungi for providing leadership and technical support in the development of this Strategic Plan. We thank all the Board members for their ideas and contributions for developing the Strategic Plan.

We also thank the following key stakeholders among others for their valuable contribution and inputs:- DMS Ministry of Health; Hon. National Secretary KMA; Law Society of Kenya; Gender and Equality Commission; Deans of Medical and Dental Schools; and other Health Regulatory Bodies.

The Board also owes a lot of gratitude to Ms. Jeane Mathenge, Consultant and team at Global Protocol Solutions Limited for providing performance, monitoring and evaluation consultancy for our Second Strategic Plan 2013-2018 and professional consultancy services in the formulation of this Third Strategic Plan 2018-2023.

Finally, the members of the Strategic Plan Secretariat Mr. Phillip Ole Kamwaro, Ms. Rose Wafukho, Mr John Kariuki, Mr John Mburu, Ms. Gathoni Mwangi and editorial team Ms Lilian Dhahabu, and Nyotumba Bonaventure; the Heads of Department and the entire staff of the Board for providing logistical and technical support during this important exercise.

DANIEL M. YUMBYA
CHIEF EXECUTIVE OFFICER
MEDICAL PRACTITIONERS AND DENTISTS BOAR

EXECUTIVE COMMITTMENT

This sign off signifies the commitment of the Board as represented by these persons, to achieving the strategic goals and objectives of this Strategic Plan 2018-2023.

………………………………………………………………..   Date: ……………………………………………..

DANIEL M. YUMBYA
CHIEF EXECUTIVE OFFICER
MEDICAL PRACTITIONERS AND DENTISTS BOARD

………………………………………………………………..   Date: ……………………………………………..

PROF. GEORGE A.O. MAGOHA, CBS. EBS. MBS
CHAIRMAN
MEDICAL PRACTITIONERS AND DENTISTS BOARD

………………………………………………………………..   Date: ……………………………………………..

DR. JACKSON K. KIOKO, OGW. MBS
DIRECTOR OF MEDICAL SERVICES/REGISTRAR
MEDICAL PRACTITIONERS AND DENTISTS BOARD

EXECUTIVE SUMMARY

A.   Introduction

The Third Strategic Plan 2018-2023 for the Kenya Medical Practitioners and Dentists Board (KMPDB) follows the end of the second five-year strategic plan, July 2013 to June 2018. The Strategic Plan will be widely disseminated and implemented by the Board Secretariat under the direction of the Chief Executive Officer (CEO).

B.   Overview

The Kenya Medical Practitioners and Dentists Board is a statutory authority established under Cap 253 Laws of Kenya with a mandate to regulate the training, practice and licensing of medicine and dentistry and healthcare standards for the institutions registered under this Act. These institutions include private & mission hospitals, medical, dental centers & clinics, nursing and maternity homes, and standalone funeral homes.

The Board, under the leadership of the Chairman and CEO has continued to be at the forefront in setting standards to improving healthcare outcomes in Kenya and ensuring the provision of quality healthcare that is safe and ethical to the Kenyan people.

The KMPDB Strategic Plan 2018-2023 is viewed as the principal road map for the Board to achieve its Corporate Philosophy as endowed in its Mission, Vision and mandate statements. The strategic plan process adopted a goals based approach identifying strategies and actions to achieve the Board's corporate goals.

Participatory Process

> **The 2013-2018 Plan established the operational foundation needed to drive efficient, effective and accessible services to its customers, and to upgrade the quality of healthcare through strengthened regulation of training, registration, licensing, inspections and professional practice in general.**

In keeping with the Strategic Plan's focus on the entire organization, the process of formulating the Third Strategic Plan 2018-2023, was a widely inclusive process involving intensive planning and participatory workshops coupled with broad consultations with internal and external stakeholders.

The process was externally facilitated, and the workshops were attended by the KMPDB Chairman, CEO, Board Secretariat, Board members, partners and diverse members and stakeholders in the medical and dental profession.

The participatory process intended to enhance ownership of the KMPDB's goals and objectives, implementation timeframes and knowledge of the new five-year plan, to build consensus about the Board's focus in the next five years, and to build strong team-work between the Secretariat and the Board, around a common vision. The visionary strength of the new Strategic Plan and its ultimate approval by the Board is a demonstration of the successful outcomes of the participatory strategic planning process.

Strategic Focus

The strategic focus for the Third Strategic Plan 2018-2023, is anchored upon the Board's three strategic pillars of Service Delivery Excellence, Legal Framework and Regulatory Enforcement, and the strong gains and benefits realized from the Second Strategic Plan 2013-2018.

> **The Third Strategic Plan 2018-2023 is purposefully ambitious. It will leverage the benefits gained from the previous Plan period 2013-2018, to achieve Organizational Excellence in the short to medium term, and to entrench the Board's role in the long term as regulator and enforcer of quality healthcare services in accordance with Cap 253 Laws**.

These benefits include enhanced online accessibility to Board services and publications, strengthened compliance to up dated and newly developed standardized processes, procedures, rules and guidelines, and improved enforcement capability by the Board's newly instituted regional compliance teams. Similarly, gains in elevating the quality of professional practice are seen in the online retention and continuing professional development (CPD) benefits, which publishes practitioners in good standing and facilitates access and reporting of CPD efforts.

The most significant gains from the second term strategic plan period, are attributed to the completion and occupation of the new KMPDB office complex in October 2016. The unveiling ceremony was graced by the First Lady, H.E Margaret Kenyatta. The office complex has provided the critical operating infrastructure for the Board to reorganize its administrative structures and enhance its operational capabilities to provide a wide range of services readily accessible to its customers.

The vision of the Third Strategic Plan will leverage the gains from the Second Strategic Plan, 2013-2018, and seek to mainstream the associated benefits to achieve operational excellence in the short term to organizational excellence in the medium term, inspired by technological innovation and automation. During this period, the Board will focus on key areas of improvement in systems of organizational planning and sustainable and diversified revenue generation, human resource management and capacity building.

This, together with a focus on developing professional practice, decentralization of the Board services at county level will propel efficiency, effectiveness and accessibility of the Board's functions to all its stakeholders and serve in the long term, to entrench the Board's role as regulator and enforcer of quality healthcare services in accordance with Cap 253 Laws of Kenya.

The Vision for the Third Strategic Plan is further informed by the current environment and trends in the healthcare environment, and acknowledges the core mandate of the Board to deliver quality and ethical healthcare to all Kenyans. It emphasizes the integration of the core components of the KMPDB operational framework as highlighted in Figure 1.

Figure 1: KMPDB Operational Framework

Legal mandate, CAP 253

Board Operational excellence, Innovation, regulatory Enforcement

Professional practice, healthcare providers

World class client based quality healthcare

Figure 2: Executive Summary, Strategic Plan Overview

Goal: Ensuring Quality and Ethical HealthCare

Vision
To be an efficient, effective and accessible world class health regulatory body.

Mission
To ensure the provision of quality and ethical health care through appropriate regulation of training, registration, licensing, inspections and professional practice.

- Medical & Dental Practitioners
- Medical & Dental Schools
- Medical & Dental Teaching Hospitals
- National & County Hospitals
- Internship Training Centers
- Faith Based Health Institutions
- Private Health Institutions

(Corporate Philosophy)

Service Delivery Excellence
To provide efficient, effective and accessible world class [regulatory] service to their customers;
- Efficient
- Effective
- Accessible

Regulatory & enforcement
To ensure quality ethical health care through regulation of training, registration, licensing, inspections and professional practice
- Registration
- Licensing
- Education & Training
- Inspection
- Professional Practice

Legal Framework
To appropriately align with relevant statutory laws and policies that support the board's legal operational mandate
- CAP 253 Laws
- Policies
- Complaints handling & Litigation

(Strategic goals)

Connect services to the customer
- Universal health coverage
- Board functions at County level
- Dispute resolution & advisory

Customer centricity
- Customer experience
- Board service commitments
- Customer outreach, awareness
- Automated customer service

Service delivery excellence
- Communications
- Board Governance
- Enforcement, compliance
- Service partnerships

A) Connect. Customize. Deliver

Financial sustainability
- Reduce operational costs
- Increase revenues
- Diversify revenue sources

Strengthen Financial management
- Automate financial operations
- Financial planning
- Financial controls
- Risk management

Financial optimization
- Asset utilization
- Contract management
- Investment strategies
- Financial partnerships, support

B) Strengthen. Optimize. Sustain

Professionalism in practice
- Healthcare quality assurance
- Education, training services
- Standards, rules, policies
- Professional indemnity

Standardization
- Inspection standards, procedures
- Registration, licencing, retention
- Complaints, arbitration handling
- Education, training
- Department process certification

Empower, train, educate stakeholders
- Compliance standards
- Inspections standards
- Legislative revisions
- Curricular, Training Management

C) Professionalize. Standardize. Empower

Automate operations
- Enterprise systems integration
- Website functions
- Online services

Operational Capacity
- HR planning, development
- Optimize resource allocations
- Legal capacity
- ICT Infrastructure

Innovate
- Website, online functions
- Digital technologies for health
- Mobile payment technologies
- ICT innovative partnerships

D) Innovate. Automate. Capacitate.

(Strategic Objectives)

(A) Customer & Stakeholders **(B) Financial Management** **(C) Internal Business Processes** **(D) Organization Enablers**

(Performance Foundations)

CHAPTER 1
INTRODUCTION

1.1   Kenya Medical Practitioners and Dentists Board

The Kenya Medical Practitioners and Dentists Board (KMPDB) is a statutory authority established under Cap 253 Laws of Kenya with a mandate to regulate the training, practice and licensing of medicine and dentistry and healthcare standards in the institutions registered under this Act. These include private & mission hospitals, medical, dental centers and clinics and dispensaries, nursing and maternity homes and standalone funeral homes, faith based healthcare centers, and national and county hospitals and clinics.

1.1.1   Board Mandate

"The Kenya Medical Practitioners and Dentists Board is a statutory authority established under Cap 253 Laws of Kenya to regulate the practice of medicine and dentistry in the country. The Board's efforts are aimed towards offering Kenyans the most effective and efficient medical services by ensuring medical practitioners and dentists are highly qualified and they continuously develop their profession".

1.2   KMPDB Corporate Philosophy

The KMPDB Strategic Plan is a road map for the organization to achieve its Corporate philosophy as endowed in its Mission, Vision and mandate statements. the foundational themes of the Strategic Plan are grounded on these Corporate Beliefs and which will continue to be the foundation of the 2018-2023 Strategic Plan.

VISION
"To be an efficient, effective and accessible world class health regulatory body"

MISSION
"To ensure the provision of quality and ethical healthcare through appropriate regulation of training, registration, licensing, inspections and professional practice."

1.3   KMPDB Functions

The Board functions are informed by its Mandate, and covers Training, education, registration, licencing, retention, key records custodian, among other functions as represented in Figure 3.

1.4   KMPDB Secretariat

The Secretariat is headed by the Chief Executive Officer and comprises of several support departments as shown in Figure 3. The Board operations are supported by four standing committees and two adhoc committees.

Figure 3: KMPDB Mandate, Functions, Secretariat & Stakeholder Context

Goal: Ensuring Quality and Ethical HealthCare

Mandate

"The Kenya Medical Practitioners and Dentists Board is a statutory authority established under Cap 253 Laws of Kenya to regulate the practice of medicine and dentistry in the country. The Board's efforts are aimed towards offering Kenyans the most effective and efficient medical services by ensuring medical practitioners and dentists are highly qualified and they continuously develop their profession".

Medical & Dental Practitioners | Medical & Dental Schools | Medical & Dental Teaching Hospitals | National & County Hospitals | Internship Training Centers | Faith Based Health Institutions | Private Health Institutions

(Scope of Boards Mandate)

Customer Service	Administration	Human Resources	Finance	Compliance	Procurement	Legal Services

Registration & Licencing | Information Communication & Technology | *(The Secretariat)* | Communications & Public Relations | Internal Audit

Functions

Registration | Education & Training | Disciplinary Handling | Licencing | Inspections | Monitoring & Evaluation | Records Database

Roles

Regulator | Enforcer | Collaborator | Advisor | Protector | Mediator

(Board's Functions & Roles)

The Board
Board Members
Committee Members
Contracted Consultants
Secretariat staff

(Internal Stakeholders)

General Public
Beneficiaries & recipients of healthcare services

Health Care Providers
Medical & Dental Practitioners, Interns, Health institutions & facilities

Principal Stakeholders
National & County Government Department & Agencies (all sectors), Health Institutions, Medical & Dental Hospitals & Training Centers, National, Regional & International Regulatory Health bodies, Professional Associations, Unions, Consumer groups

Other Stakeholders
Suppliers, Media, Strategic Partners, donors

(External Stakeholders)

CHAPTER 2
STRATEGIC FOUNDATIONS

2.0   Strategic Planning Process

The KMPDB strategic planning is an organizational process of defining its five year strategy. It involves setting priorities, focusing resources, strengthening operations and ensuring that employees and stakeholders are working toward common goals, around intended outcomes. It is a disciplined effort that produces fundamental decisions and actions that shape and guide what an organization is, who it serves, what it does and why it does it, with a focus on the future.

2.1   Strategic Planning Framework

The strategic planning process was anchored upon the Board's three strategic pillars of Service Delivery Excellence, Legal Framework and Regulatory Enforcement as elaborated in Table 1.

Table 1: KMPDB Strategic Pillars

STRATEGIC PILLAR	Theme 1: Service Delivery Excellence	Theme 2: Regulatory Enforcement	Theme 3: Legal Framework
STRATEGIC ALIGNMENT	Aligned to the corporate philosophy aspirations for effectiveness, efficiency, professionalism, world class regulatory authority.	Aligned to the regulatory functions mandated to the Board.	Aligned to the statutory permissions granted to the Medical board under Cap 253.
STRATEGIC GOAL	To provide efficient, effective and accessible world class [regulatory] service to their customers.	To ensure quality ethical healthcare through regulation of training, registration, licensing, inspections and professional practice.	To appropriately align with relevant statutory laws and policies that support the Board's legal operational mandate.

A goals based approach was applied, involving setting goals and objectives aligned with the Corporate philosophy, and setting strategies and actions to achieve those goals. A balanced score card approach was applied to measure the achievement of these goals and objectives. The strategic planning process involved a holistic internal and external assessment of the Internal and external influences, and drivers of the Board's performance and survival. An internal assessment of the organization focuses on the KMPDB Corporate philosophy against which goals and objectives are established, using a management organization assessment. A SWOT analysis also previewed both internal and external influences to the organization. These are covered in Chapter 4.

An end term review of the Second Strategic Plan 2018-2023 was also performed to measure the achievements, challenges and lessons learned which formed inputs to the new Strategic Plan as described in Part 2.

Figure 2.1 Strategy Development Framework
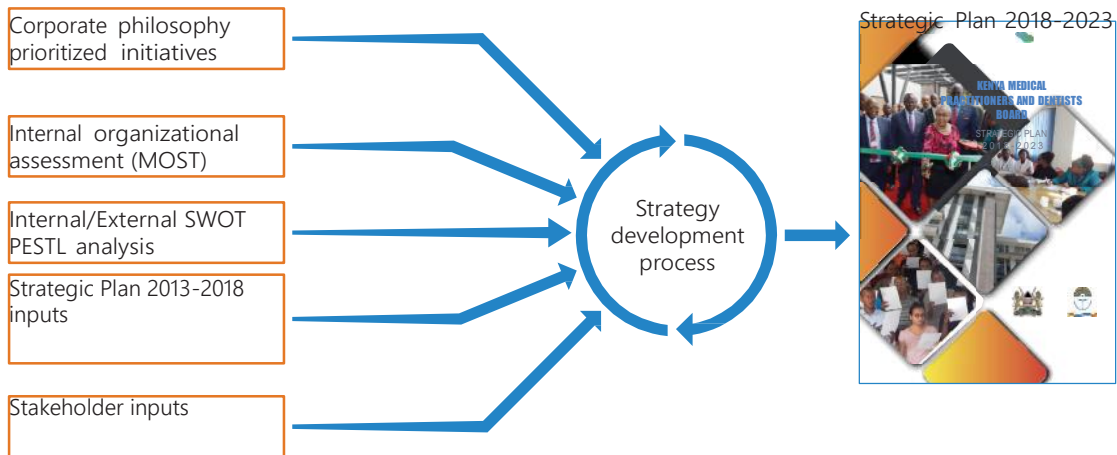
2.2. Organization Assessment

An Internal Organizational assessment of the Board's management capabilities was performed using the Management Operational Sustainability (MOST) Tool. The purpose of the assessment was to formulate an accurate organization profile and capabilities across five key management components comprising of the Vision and Mission, Organizational Processes and Systems, Structure which allow it to achieve its purpose and business goals. The assessment revealed notable growth and maturity in the Board's organization capabilities since 2013. The MOST analysis is covered in Chapter 4.

2.3 SWOT Analysis

The internal and external influences to the organization were assessed using the SWOT tool. The analysis revealed that the Boards strengths lay in its skilled, dedicated human resources, the existence of statutory acts and regulation binding its functions, timely litigation and pro active financial management. New themes were identified to be addressed in the Third Strategic Plan period 2018-2023 as discussed in Chapter 4.

2.4 PESTLE Analysis & GLOBAL Trends

Additional assessment of external influences on the Boards operations was further performed using PESTLE Analysis, to explore the political, economic, social, technological and legal (PESTL) influences and global trends. The 2010 Constitution, various legislative and policy mandates including Government Vision 2030 Roadmap and health and global trends were all examined for inputs to the vision of the Third Strategic Plan 2018-2023.

The assessments revealed strong alignment by KMPDB to the National Government's vision, while also highlighting rising factors and new global opportunities that may influence the provision of quality and ethical healthcare or add value to the Board's vision for 2018-2023. The PESTLE analysis is covered in depth in Chapter 4.

2.5   Performance Score Card

The strategic plan is firmly premised on the balanced score card framework to assess the Board's strategic plan achievements comprising of a varied combination of financial and non-financial objectives. Thus, the Board's performance will be measured across four perspectives namely financial, customer, internal processes and organizational capacity/innovation.

CHAPTER 3
STRATEGIC PLAN 2013-2018

3.0   Overview

KMPDB's Second Strategic Plan 2013-2018 was anchored on three strategic themes of Legal Framework, Customer Service Delivery Excellence and Regulatory Enforcement. The success of the Second Strategic Plan was evaluated accordingly to establish realization of the desired end results and outcomes. To achieve a balanced performance view across the organization, the achievements were also assessed against the balanced score card perspectives.

3.1   Achievements of the Second Strategic Plan 2013-2018

The end term evaluation of the Second Strategic Plan reported that the Board achieved 87% of its set indicator targets for the period 2013-2018 as represented in Figure 4. The accomplishments of the 2013-2018 strategic goals have realized various benefits, which have visibly enhanced Board operational functions. The pending actions have been reprioritized and incorporated into the 2018-2023 Strategic Plan. The achievements are shown in figures 4, and 5.

Figure 4: Overall Strategic Plan achievements 2013-2018
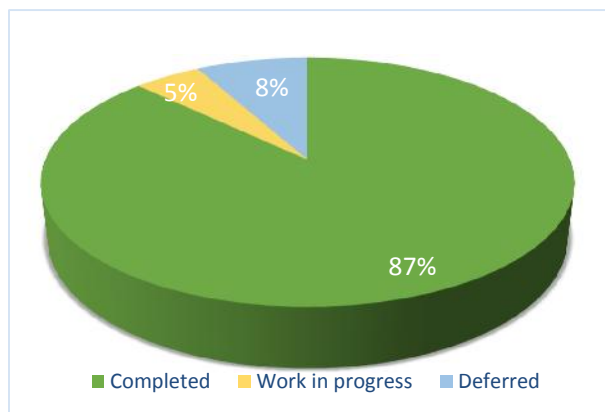
Performance by Strategic Pillar

- o   The strongest performing Pillar was Service Delivery Excellence which achieved 94% of its goals to provide world-class service to the Board's stakeholders.

- o   The Legal Framework Pillar, achieved 85% of its goals to ensure alignment of the Board's activities to the Cap 253 legal requirements.

- o   The Regulatory Enforcement Pillar achieved 78% of its set goals to enforce the mandate of the Board.

Figure 5: Performance by Strategic Pillar: 2013-2018

Strategic Plan 2013-2018: Completion Status
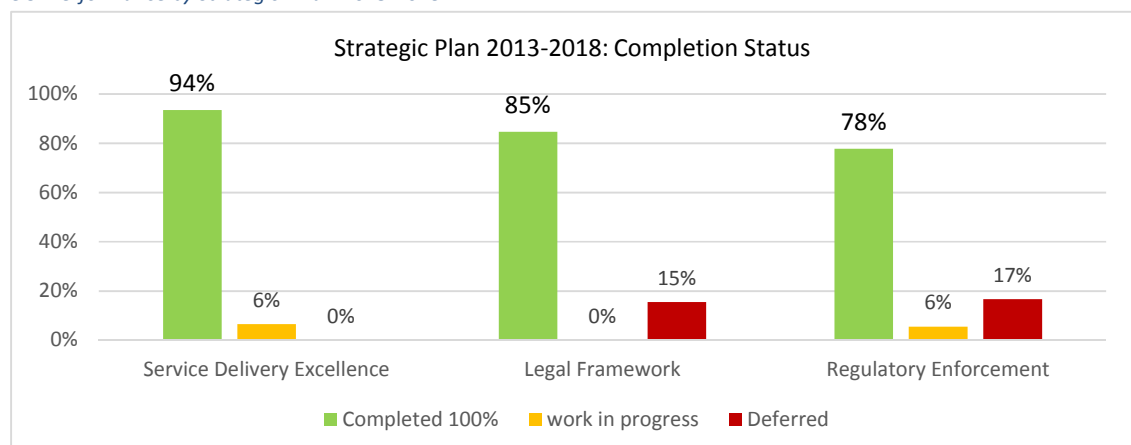
3.2   Service Delivery Excellence Pillar

The Service Delivery Excellence Pillar is aligned to the Corporate Philosophy aspirations for effectiveness, efficiency, professionalism, world class regulatory authority. This pillar achieved 94% of the intended Strategic Plan objectives under the stewardship of the Finance, HR and Administrative departments. The Pillar focused on seven areas.

Figure 6: Focus Areas For Service Delivery
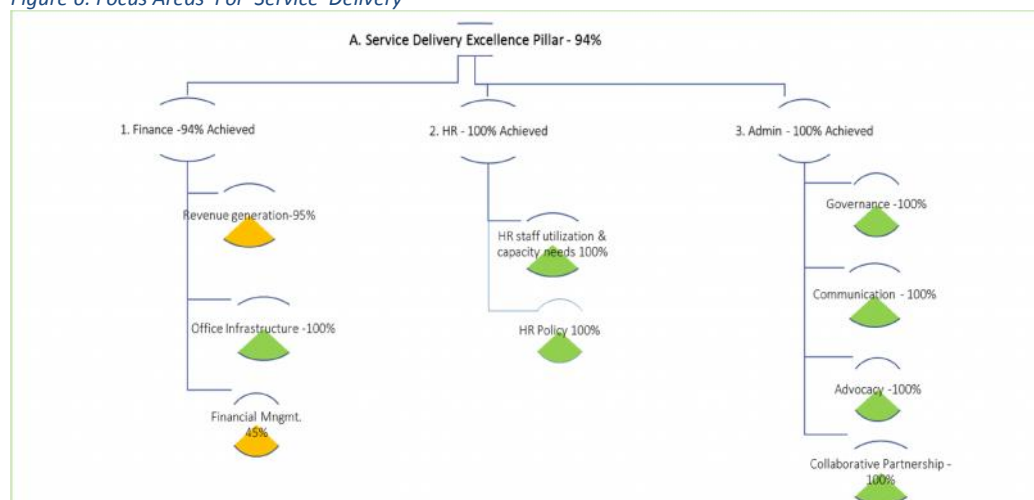
3.2.1   Key Outputs

The key outputs from the Service Delivery Pillar are as follows:

| Focus Area	Outputs
Admin	1. The Kenya National Patients' Rights Charter, 2013
	2. Standard Operating Procedures, March 2017
	3. Business Process Analysis, Version 1, March 2017
Communication	4. Medical Practitioners And Dentist Board, Strategic Plan 2013-2018
	5. Organization Milestone Achievements Jubilee Report, 2013-2016
ICT	6. Information Communication Technology Policy, March 2017
	7. Data Protection Policy, 2017
	8. Data Management Plan For RHRIS, Version 1
Finance/ Procurement	9. Completion of KMPDB office complex
	10. Procurement Plan For Financial Year 2017-2018
	11. Debt recovery, savings, increased revenues
HR	12. HR Needs assessment performed
	13. HR Policy drafted, Feb 2016
	14. Induction framework established and implemented at last Board
Governance	15. Board induction framework established and implemented
	16. *Mwongozo (Governance)* training

3.2.2 Benefits realized

The following benefits were realized, towards achieving quality and ethical healthcare.

Focus Area	Benefits Realized
Financial Management	- Compliance to government Investment Policy - Increased fund mobilizations - Reduced total expenditure by 20% pa - Reduced outstanding debt by 80% pa - Increased annual savings by 20% pa - Reduced transaction costs by 20% & increased revenue collections by 20% P.A
Service Delivery	- Increased work space capacity and high quality work environment following completion & occupation of KMPDB office building - Clarity in Staff policy and establishment - Enhanced clarity for Board member induction and capacity building; - Entrenched Project implementation and M&E Framework; - Increased capacity for knowledge building, and training - Strengthened collaborative partnership and benchmarking standards
Compliance	- Increased compliance to the updated code of conduct & discipline - Enhanced Stakeholder awareness about Board activities and effective stakeholder engagement - Patient Empowerment due to enhanced Patient Rights awareness launch

3.3 Legal Framework

The Legal Framework pillar is aligned to the statutory permissions granted to KMPDB under Cap 253. The Legal Pillar achieved 85% of the intended Strategic Plan goals under the stewardship of the Legal Department.
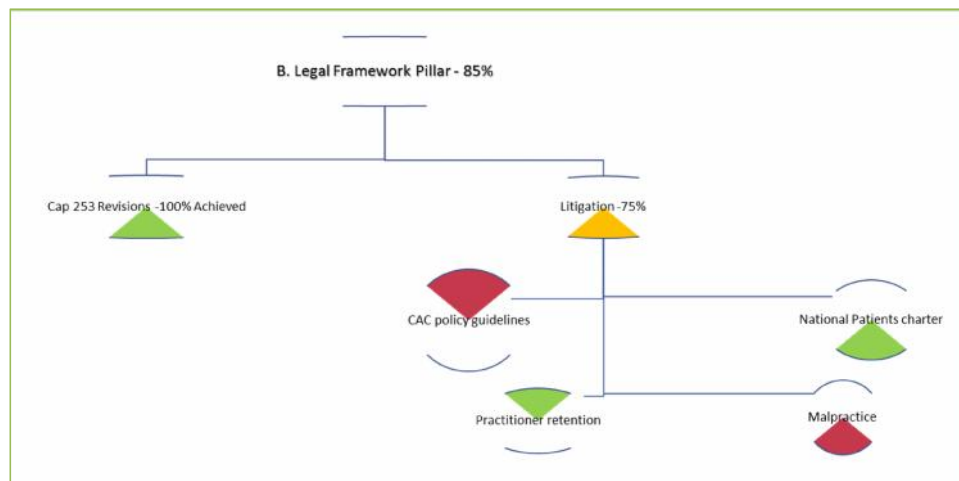
3.3.1　Key Outputs

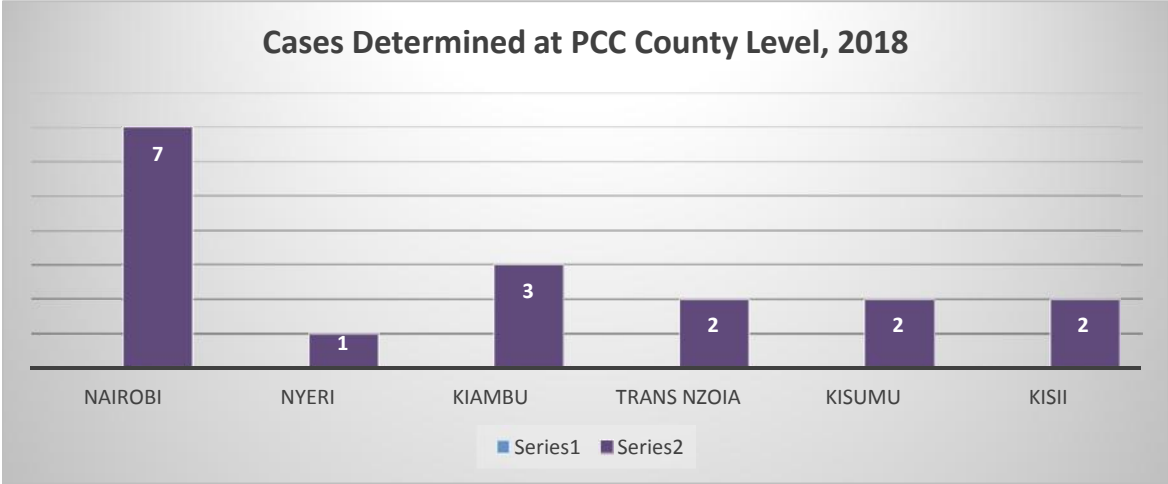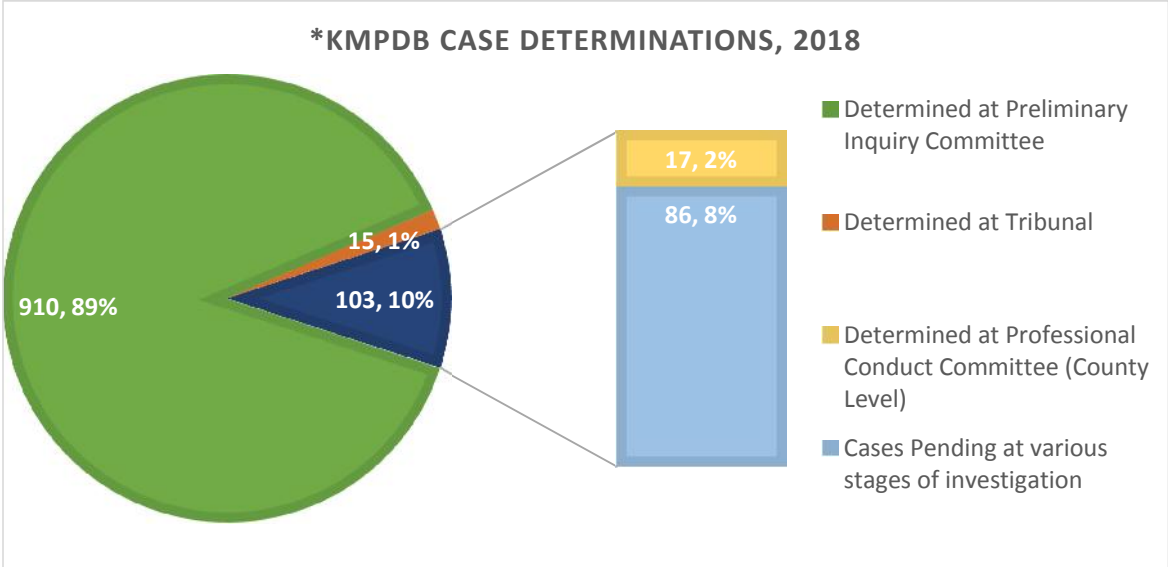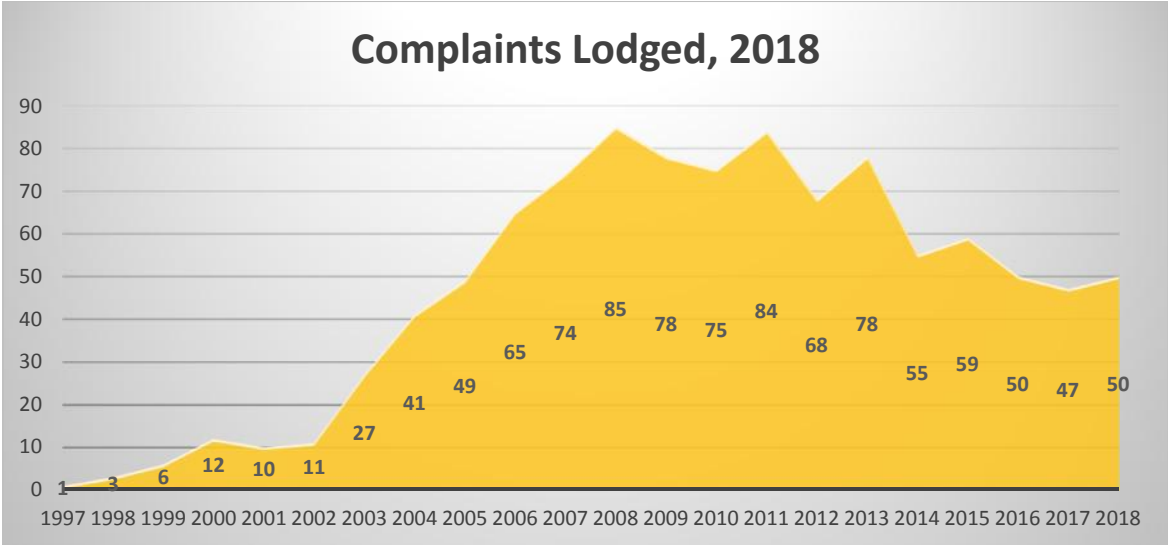The Board Gazetted several regulations aimed at enhancing quality and ethical healthcare

Published Regulations	Year
1. The Code Of Professional Conduct And Discipline, 6th Edition	2012
2. Disciplinary Proceedings Procedure Amendment Rules	2013
3. National Patients Charter	2013
4. Inspections and Licensing) Rules	2014
5. Training, Assessment and Registration Rules	2014
6. Professional Fees Guidelines For Medical And Dental Practitioners, 4th Edition	2016
7. Practitioners and Health Facilities Advertising Rules	2016
8. Medical Camp Rules	2016
9. Fitness to Practice Rules	2016
10. Private Medical Institutions, Amendment Rules	2017
11. Referral of Patients Abroad, Rules	2017

3.3.2 Benefits Realized

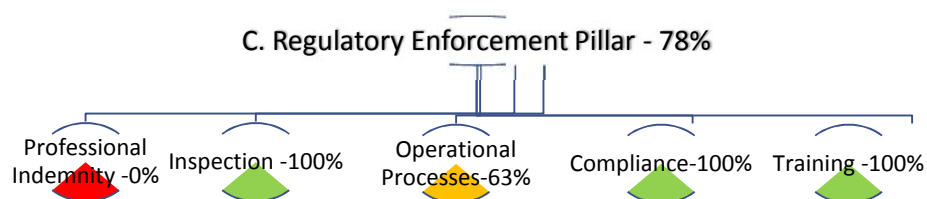The implementation of the goals and objectives under the Legal Framework Pillar has realized the following benefits

Focus Area	Benefit Realized
Board Functions	• Improved the effectiveness of the Board's control and regulation of new segments of the medical and dentists professional practice that have come under new or revised regulation.
Retained practitioners	• Increase in the number of practitioners in good standing due to retention rules increased 25%. Practitioners in good standing are published on the KMPDB Website • Increased number of retained practitioners providing professional, quality and ethical healthcare.
Complaints handling	• improved record keeping to track status of cases • Improved case handling with over 90% success rate in closing/determining complaints between 2013-2015 • Opportunity for KMPDB to review the Alternative Dispute Resolutions guidelines to achieve expedited cased determination.
Professional Practice Compliance	• Increased registration and licencing, renewals of practicing medical and dental practitioners • Alignment to Cap 253 revisions; • Devolved disciplinary matters at County Level; • Enhanced Practitioners practice opportunities due to advertising rules, 2016; • Strengthened governance for Medical camps due to published rules, 2016; • Standardization and affordability of healthcare Professional health care services due to Professional fees rules, 2016;
Patient Awareness	• Increased patients' rights awareness, National Patients' Rights Charter, 2013;

Legal Framework Charts: Achievements in Complaints handling

Complaints Lodged, 2018

Year	Value
1997	1
1998	3
1999	6
2000	12
2001	10
2002	11
2003	27
2004	41
2005	49
2006	65
2007	74
2008	85
2009	78
2010	75
2011	84
2012	68
2013	78
2014	55
2015	59
2016	50
2017	47
2018	50

*KMPDB CASE DETERMINATIONS, 2018

- 910, 89% — Determined at Preliminary Inquiry Committee
- 15, 1% — Determined at Tribunal
- 103, 10%
  - 17, 2% — Determined at Professional Conduct Committee (County Level)
  - 86, 8% — Cases Pending at various stages of investigation

Cases Determined at PCC County Level, 2018

County	Value
NAIROBI	7
NYERI	1
KIAMBU	3
TRANS NZOIA	2
KISUMU	2
KISII	2

■ Series1 ■ Series2

3.4   Regulatory Enforcement

The Regulatory Enforcement Pillar is aligned to the regulatory functions mandated to the Board. The Pillar achieved 78% of the intended Strategic Plan goals under the stewardship of the Registration and Licensing department.

C. Regulatory Enforcement Pillar - 78%

Professional Indemnity -0%   Inspection -100%   Operational Processes-63%   Compliance-100%   Training -100%

3.4.1   Key Outputs

| Focus Area	Outputs
Inspections	1. Inspections and Licensing) Rules 2. The Joint Health Inspection Checklist (Outpatient) 3. The Joint Health Inspection Checklist (Inpatient)
Operational Processes	4. Guidelines For Dental Interns, February 2014 5. Guidelines For Medical Interns, February 2014
Compliance	6. Private Medical Institutions, Amendment Rules
Education & Training	7. Training, Assessment and Registration Rules 8. National Training & Quality Assurance Standards for Dental, Medical Schools & Teaching Hospitals in Kenya, 2015 9. Bachelor of Medicine Core Curriculum, 2013 10. Bachelor of Dental Surgery Core Curriculum, 2013 11. Online Services Training Manual, 2017 12. National Training & Quality Assurance Standards For Medical Schools And Teaching Hospitals In Kenya, September 2015 13. National Training & Quality Assurance Standards For Dental Schools 14. Continuing Professional Development Guidelines, April 2014

3.4.2   Benefits realized

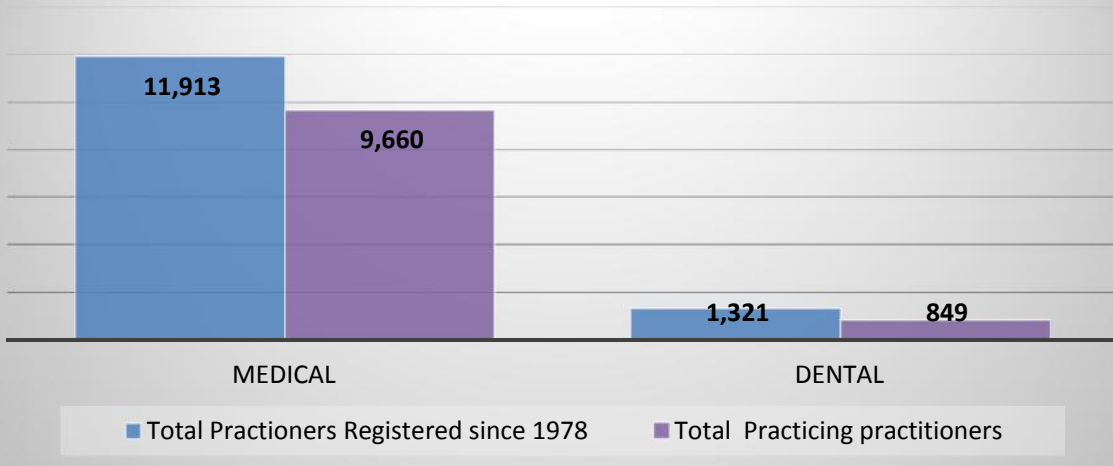| Focus Area	Benefits Realized
Retention	• Increased number of practitioners in good standing due to retention rules
Registration & Licencing processes	• Increased number of license renewals for licences facilities, and medical and dental practitioners due to Increased institutional compliance for inspections and accreditations • I n c r e a s e d number of practitioner registrations since 2011
Compliance	• Increased compliance by health facilities due to strengthened and significantly increased inspection coverage

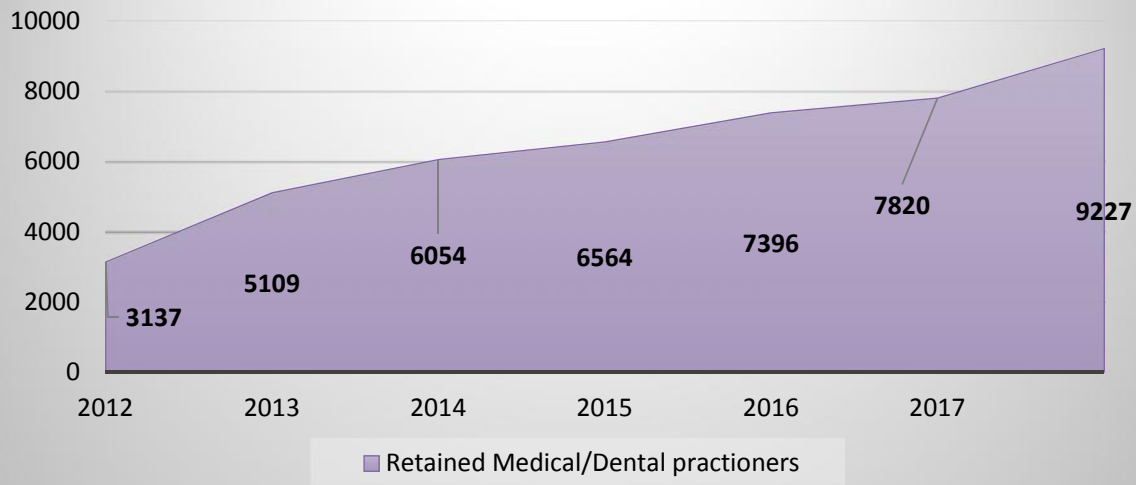| Focus Area	Benefits Realized
Education and training	• Increased number of approved internship training centers and health facilities due to clarity and efficiency of published registration and licensing procedures and inspection rules. • Standardization and Consistency in minimum core curricular standards in core curricular standards for undergraduate/ post graduate students • Increased effectiveness in monitoring framework for internship training and improved training outcomes using the comprehensive tracking mechanism implemented
Increased Students & Interns capacity	• Increased number of medical and dental student registration due to clarity of published admissions criteria for MBChB & BDS • Increased admissions for the courses
Expanded CPD	• Standardization of CPD accreditation has resulted in increased CPD providers which in turn has increased practitioner participation in CPD learning and improved practitioner quality of care
Improved Indexing and Records Keeping	• Increased visibility on internship indexing, examining, placement due to registers implemented
	•

Regulatory Enforcement Charts: Achievements in the Regulatory and Enforcement functions

Total inspections to Licenses health facilities, 2018
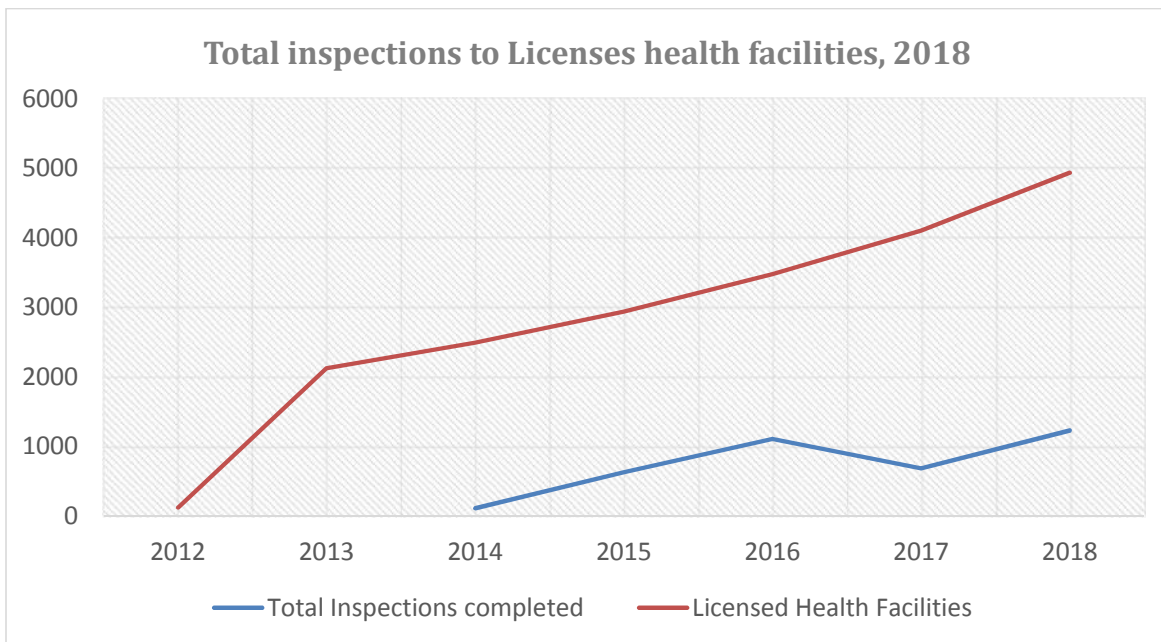
Total Practioners Registered & practicing 1978 - 2018

11,913 — Total Practioners Registered since 1978 (MEDICAL)
9,660 — Total Practicing practitioners (MEDICAL)
1,321 — Total Practioners Registered since 1978 (DENTAL)
849 — Total Practicing practitioners (DENTAL)

■ Total Practioners Registered since 1978   ■ Total Practicing practitioners

Practitioners Retention 2012-2018

Year	Retained Medical/Dental practioners
2012	3137
2013	5109
2014	6054
2015	6564
2016	7396
2017	7820
	9227

■ Retained Medical/Dental practioners

Retained & Practicing Practitioners, 2018

	Medical	Dental
RETAINED DOCTORS (2018)	8,434	793
DOCTORS PRACTICING IN KENYA	8249	766
ABROAD	185	27

■ Medical   ■ Dental

PRACTITIONERS RENEWED LICENCING

Chart values: 873 (2011), 3,137 (2012), 5,109 (2013), 6,054 (2014), 6,566 (2015), 7411 (2016)

■ Medical and dental practitioners relicensed

CPD PROVIDERS ACCREDITED

□ CPD providers accredited

Chart values: 36 (2011), 97 (2012), 93 (2013), 74 (2014), 67 (2015), 101 (2016), 124 (2017)

3.5   Key lessons Learned: 2013 – 2018 Strategic Plan Implementation

a) Financial considerations are key factors in achieving the Strategic Plan goals and objectives, ensure adequate funding.

b) Optimize allocation of resources to ensure full implementation of objectives

c) Ensure clear ownership and accountability of Strategic Plan goals and objectives;

d) Strengthen regular reporting of implementation of objectives to the Board is vital;

e) Review performance and impact measurements to inform new performance indicators and insights for the board;

f) Factor dependencies on external factors which may be outside the Boards control, towards attainment of objectives

g) The participatory approach has worked well to incorporated key technical and stakeholder workshops by ensuring wide involvement in the execution of the plan and

maintained a high level of awareness, views and buy in of the Board's activities and strategic vision

h) Implement benefits management and tracking mechanism to monitor pre and post sustainable realization of theStrategic Plan benefits in the Board operations.

i) Improve benchmark documentation and application of good practices as gathered from various international and regional forums attended

j) Enhance advocacy, awareness and regular communication activities to increase awareness about the strategic plan;

k) The monitoring and evaluation activities for the 2013-2018 Strategic Plan should include the Board Members in the review of the M&E term reports,   and provide feedback on the implementation progress of the Strategic Plan

CHAPTER 4
STRATEGIC PLAN INPUTS

4.0   Overview

The formulation of the new 2018-2023 relied on inputs from the following:
- Second Strategic Plan 2013-2018, achievements and lessons learned;
- Management Organization Sustainability Assessment (MOST)
- KMPDB Departmental Objectives;
- Environmental Strengths, Weaknesses, Opportunities, Threat (SWOT) Analysis;
- Political, Economic, Social, Technological, Legal (PESTL) Analysis & Global Trends.

4.1   Management Organizational Sustainability Assessment

An accurate internal assessment of the organization has continued to be an important component of the Board's strategic plan. In line with fostering a climate of continuous assessment and improvement, the Board undergoes an organizational assessment at each Strategic planning period using the Management and Organizational Sustainability (MOST) Tool to assess organizational management performance against five management components and to develop a concrete action plan for improvement. The intended result is to strengthen management systems, improved work climate, services and governance practices leading to improved capacity to provide high-quality services under complex and changing conditions. The five components include mission/mandate, values, strategy, structure and systems as per Figure 4.1.

4.1.1 Assessment

The development stage of each management practice was assessed between one to four (1- 4) development stages with '4 'reflecting the highest/most mature development stage of the organization's management practices and '1' reflecting the lowest development stage. The findings of the Boards organizational assessment displayed improved scores across all management functions from 2013, reflecting organizational growth and improved management capabilities.

Figure 4.3: Most Assessment Review 2013 & 2017

MOST Assessments across Management Components

4.1.2 Organization strengths

Areas of Strength are defined as those areas which attained improved scores, and or having a stakeholder assessed score of 3 and above. The Board will continue to strengthen performance in these areas to ensure sustainable benefits realization to the organization.

Table 4.3: Management Strengths 2013 Vs 2017

2013-2018	2018-2023
STRENGTHS = 65% 1. Strategy: Links to mission, mandate and values; Links to intended beneficiaries, stakeholders 2. Structure: Communications; Staff roles & responsibilities 3. Systems: Annual operational planning; Information management; Revenue generation; M&E, Financial Management; Supply Management	STRENGTHS = 95% 1. Mission/Mandate/values: General knowledge about, application of corporate philosophy 2. Strategy: Links to mission, mandate and values; Links to intended beneficiaries, stakeholders 3. Structure: Decision making; HRM, M&E, 4. Systems; Quality assurance, financial management, supply management

4.1.3 Areas of attention

Areas of attention are defined as those areas which attained scores worse off than the previous assessment, and or having a stakeholder assessed score of 2 and below. These areas will be incorporated into the Third Strategic Plan 2018-2023 for realization.

Table 4.4: Weaknesses 2013 Vs 2017

2013-2018	2018-2023
WEAKNESSES = 35% 1. Mission/Mandate/values: General knowledge about, application of corporate philosophy 2. Structure: Internal decision making, lines of authority, accountability 3. Systems: HRM; Quality service delivery;	WEAKNESSES = 5% 1. Strategy: links to potential professional beneficiaries 2. Structure: Communications, roles & responsibilities; 3. Systems: revenue generation, information management, data collection, Monitoring and Evaluation, Financial Management, Supply management, quality assurance

4.1.4 Implementation Areas: 2018-2023

The MOST assessment of 2017 revealed that enhancements were needed in the three Management components of strategy, structure and systems. These activities will be incorporated into the Third Strategic Plan 2018-2023.

Focus area	Activity
1. Strategy	• Create better links with Board's professional beneficiaries: • Improve alignment of its services and strategies to the needs and demands of its intended professional beneficiaries;
2. Structure	• Formalize structured communication mechanisms to share information to Board members, committees, secretariat staff, and the general public in a timely manner.
3. HR	• Clearly define and formalize staff roles and responsibilities in a detailed policy and procedures manual • Mainstream use of the manual as the basis for work assignment, • Regular monitoring to ensure alignment of staff assignments to serve organizational strategies
4. Finance	• Devise a long term revenue generating strategy for obtaining revenue from diverse sources and purposefully mobilize revenue from diverse sources to cover current and future needs • Implement a finance system to develop budgets in conjunction with other stakeholders, and which can accurately track expenditure, revenues and cash flow in relation to the Board's outputs and services.
5. Quality assurance	• Implement and mainstream a quality assurance system for assessing and improving the quality of services across the Board. Train committee, Board members and Secretariat staff in quality assurance functions.
6. Supply System	• Implement a supply system to enable the Board to forecast, procure, track the flow, release and use of supplies; control budgets, provide proactive demand response and prevent supply stock outs.
7. M&E	• Formalize a monitoring and evaluation system to regularly monitor Boards progress, evaluate results, report achievements, implement results to improve its services and plan for the future.
8. ICT	• Implement integrated information management systems to strengthen data flows, and financial and supply chain management functions

4.2 Department Strategic Planning: 2018-2023

The organizational strategic planning process also identified key business objectives at the Board departmental level. The objectives are attached in the appendix and will be incorporated into the organizational Strategic Plan 2018-2023.

4.3 Environmental SWOT Analysis

The SWOT analysis examined the Board's internal strengths and weaknesses, its opportunities for growth and improvement, and Threats which the external environment presents to its survival. The Board's organizational capabilities in this environment were assessed with the intent of maximizing its organizational performance and survival.

4.3.1 Strengths and Weaknesses

Table 4.5: SWOT Findings

Strength Themes [internal]	Common Themes	Weakness Themes [internal]
• **Advantages:** Staff, the Law (Cap 253), customer service, streamlined operations, committed staff, financial sustainability, work environment, strong leadership • **KMPDB competencies:** Innovation, online services, skilled professional staff and Board. • **Primary revenues:** Annual subscriptions from medical practitioners, health institutions, licenses, certificates, disciplinary cases, donations • **KMPDB is doing well in:** Innovations, operations, online services, timely case determinations, collaborations, regulatory enforcement, financial, sustainability strategic leadership, policy making	• Human resources/ staff • Statutory acts & regulation • Litigation & disciplinary process • Customer service • Online services / innovation • Service efficiency • Finances	• Attention areas: Staffing capacity, service efficiencies, delay in registration, constraints/adherence to Cap 253 • Resource constraints: Office furniture, tools & equipment, operational funding, staff capacity, training, devolution finances • Areas of improvement: Branding, communication, real time data, Cap 253 revisions, staff induction process, phone etiquette, staff training, ICT infrastructure, disciplinary processes, county presence • Financial leakages: online publications, short code messages, utilities, practitioner retentions, defaulting institutions, court cases, court decisions, illegal health operations
Opportunity Themes [External]	Common Themes	Threat Themes [External]
• **Beneficial trends:** Increased awareness, collaborations, devolution of Board operations • **Missed opportunities:** Regular media engagements, county presence, mapping, registration and licensing of doctors and individual clinics, accreditation of service providers, government health institutions will increase finance base • **New technologies:** Online renewals, online payments, county resolution of complaints, automation of services, E Health, on stop shop website, call center, short code services	• Litigation • Statutory acts & regulation • On line technology/ services • Finances • Devolve Board to County • Industrial action/Strikes	• **Obstacles:** Conflicting statutory acts, similar/confusing names, health act, other boards & councils, technological advancements, resource mobilization • **Market competition/business climate:** unlicensed facilities, quacks; inadequate government budgetary support, negative media publicity, politics, strikes, E Health providers, litigation • **Government regulation:** Professional indemnity, health act regulations, duplication of roles by boards, councils • **Vulnerabilities:** Cyber-attacks, ICT security, limited financial resources, Health act implementation, court cases, strikes/industrial actions

4.3.2 Implementation Actions

The SWOT analysis identifies the following areas of consideration for 2018-2023 period:

Table 4.6: Implementation Areas For 2018-2023

Organization factors	Internal/ External Influence to Org	Strategic Pillar	Activities
1. Devolving Board functions	External	Regulatory	Devolution of Board services/operations to county the county
2. Customer service	Internal	Service delivery	Maintain operational advantage from enhanced customer service Improve Board service level
3. Financial management	Internal/External	Service delivery	Strengthen financial sustainability, management, diversify income sources,
4. Human resources/staff	Internal	Service delivery	Leverage staff commitment, enhance skills and competencies Increase staffing capacity, training & resource allocation
5. Industrial action	External	Legal	Limit impact of industrial action on service delivery, employ Boards advisory, arbitration functions
6. Litigation & disciplinary process	Internal/External	Legal	Maintain timely case determinations Improve disciplinary processes, handling Mitigate financial leakages/losses from court cases/adverse court decisions
7. Online services / Innovation	Internal/External	Service delivery	leverage innovation as core competence; Increase online services
8. Service efficiency	Internal	Service delivery	Improve service efficiency, mitigate
9. Statutory acts & regulation	Internal/External	Legal	Optimize operational advantage Maintain adherence to Cap 253 Adopt timely Cap 253 revisions to strengthen Board functions

4.4   PESTLE & GLOBAL TRENDS

PESTLE analysis was performed in order to identify the macro (external) forces facing KMPDB as an organization in the areas of political, economic, social, technological, legal and environmental factors.

4.4.1   Political Factors

The Government of Kenya is wholly committed to realizing the "Right to Health" as enshrined in the Constitution (2010) and to overcome the challenges affecting healthcare which include the following:

• Need for basic infrastructures, facilities and funding to improve service delivery, and reduce the preponderance in communicable and preventable diseases.

• Implement effective protection strategies and healthcare policies to address cost, insurance and universal healthcare cover to improve the quality of healthcare service delivery.

• Alleviate misappropriation of funds in the health sec- tor, increase funding and enact effective policies to counter drug shortage and endowment of hospitals with contemporary technology.

• Responsiveness to healthcare workers' grievances on wages, working conditions and collective bargaining agreements (CBAs) to relieve mass industrial action by doctors, nurses and clinical officers at national and county levels; and migration of health professionals to other countries.

• Involvement by county governments in employing specialists and equipping their hospitals to offer quality services.

> The Board in its role as advisor, regulator and enforcer is committed to collaborating with the Ministry of Health and key stakeholders in the health sector to achieve quality healthcare

A multiagency collaboration is required to establish and enforce healthcare policies, clearly defining levels of high quality healthcare and addressing cost and insurance policies. Such a collaborative approach will achieve the following benefits:

• Help to establish and enforce minimum standards for health centers in ensuring that they are well equipped and appropriately funded to provide quality healthcare services.

• Help initiate and enforce governance systems in health institutions, improve functions and processes, and put structures that can mitigate corruption practices and misappropriation of healthcare funds.

• Identify key areas of intervention where the board's involvement can catalyze positive outcomes, which include: (i) regulating the behavior of a wide range of actors, from healthcare financiers to healthcare providers, (ii) implementing policy

mechanisms to address working conditions and (iii) increasing the number of healthcare professionals to adequately support provision of healthcare services at all levels.

4.4.2   Socio Economic Factors

The socioeconomic factors are of key importance to the patterning of health and health behaviors. Socioeconomic factors that determine health include employment, education and income1, affordable healthcare costs, universal healthcare coverage and access to nearby healthcare centers equipped with basic essential infrastructure and personnel. Socioeconomic inequalities such as poverty have contributed to escalating mortality rate and affected delivery of healthcare services. These factors include:

- Infant mortality rates that are linked to poverty which disregards healthcare as a basic need due to lack of other imperative needs such as food and shelter; linked to protection and intervention strategies to contain communicable diseases in the healthcare sector.
- The number of hospitals and healthcare centers to patient ratio; linked to access to near- by healthcare centers, number of healthcare workers at each center, work conditions and professional prudence.
- Healthcare worker capacity; linked to remuneration, job satisfaction, retention of professionals in the country, number of qualified personnel and policies to address recruitment in the health sector.
- Affordability of healthcare services; linked to access to nearby health facilities, availability of services, functionality and cost of services, healthcare policies for stable cost guide- lines that would ensure access to healthcare for all.
- Poverty has contributed to escalating mortality rate and affected delivery of healthcare services. Healthcare has been disregarded as a basic need, due to lack of other imperative needs like food and shelter. Thus, poverty has increased healthcare problems.

The national government through the Ministry of Health has progressively implemented health system reforms, interventions and programs to address healthcare inefficiencies and accelerate movement towards Universal Health Coverage (UHC)..

The Board in line with the Governments Big Four agenda, will support achievement of Universal Health Coverage in collaboration with public and private sector players.

This collaboration will serve to support development of strategies to address standards, health governance and financing mechanisms which will sustainably support the implementation of broad reaching healthcare reforms and universal coverage.

The Board's vision to decentralize its functions to the county level will serve to strengthen the operational capacity of devolved units in the provision of healthcare. the Board being the vetting regulator for all new professional healthcare providers, should implement mechanisms to grow the capacity of the professional healthcare providers to meet increased demand in healthcare services at all levels.

4.4.3 Technological Factors

The Board acknowledges that the Provision of healthcare is changing. Today doctors work in increasingly complex healthcare environments with continual advancement of technology. It is envisaged that future technological innovation which include new drugs and treatments, new devices, new social media support for healthcare and so on, will continue to transform healthcare2, and grow the focus on patient centricity. Technological innovation in healthcare will drive accelerated cost savings due to automation, personalized healthcare, computerized patient biodata, social media, patient power, mobile health and education, and telehealth. Some of the likely factors to affect delivery of healthcare include the following.

- Telehealth or telemedicine technology: will enable the sharing of health information via mobile health applications and engaging in video chats with physicians to enhance healthcare, public health and health education delivery using telecommunications technologies. Thus, a patient's care options will not be limited by geographic location, or doc- tor's appointments or long queues at the hospital.
- Consumer awareness: empowerment has put patients on the driver's seat with better access to higher quality doctors and higher satisfaction rates overall. Patients are more digitally attuned and want convenient, easy delivery of their healthcare.
- On demand, real time health data: Availability of real-time patient information will enable physicians to intervene more rapidly and efficiently and motivate patients to be more engaged in their own outcomes and increase adherence to prescribed medications.
- Tools: Tools will help provide consumers with cost information about healthcare, practitioners' credentials, locations and comparisons with other specialists in terms of cost and quality. This will offer the con- sumer a wide variety of choice on the selection of physicians, hospitals, clinics, drugs and other healthcare services.
- Healthcare Information Technology (IT) Enterprise systems: Increased investment in healthcare systems to share data between payers and providers in order to jointly deliver high-quality care and drive down costs, while driving market share. Mobility and cloud access systems will increase accessibility for patients and practitioners to drug information, test results and medical patient records.

As interactions with technology increase, the Board will be obliged to provide responsive direction, principals, guidelines and standards to ensure appropriate outcomes for patient and staff safety, data and patient security and confidentiality.

⌡ The Board's role will involve reviewing the appropriate regulation on the use of automated and online technology for access to healthcare information and services

⌡ Advise on the appropriate regulation about online access to healthcare services and advice, privacy standards online sharing of private patient information, pricing of online healthcare services, provision of online access to regulatory information and publications of healthcare providers, etc.

⌡ The Board also has a role to mediate and facilitate multi-stakeholder engagements involving insurance companies, pharmaceuticals, doctors, managers, suppliers, legal, government and other players who will be affected by the innovation in healthcare.

4.4.4 Legal Factors

The KMPDB stays keenly abreast of what is legally allowed within the space it operates, and remains alert of any change in legislation and the impact this may have on its mandate. While the KMPDB is regulated by Cap 253 to perform its mandate, other legislature and regulatory frameworks including government directives that govern the health sector, make legal factors a key consideration in the context of the Boards operations.

The provisions of Kenya's Constitution 2010, the goals of Kenya Health Policy 2012-2030, and the overall Vision 2030 are some of the key documents reviewed in the Strategic Planning Process.

4.4.4.1 The Kenya Constitution (2010)

The promulgation of the Constitution of Kenya on 27 August, 2010 was a major milestone towards the improvement of health standards, by providing an overarching legal framework for ensuring a people driven health services, and a rights based approach to health.

The Constitution also introduced a new governance framework with a national

government and 47 counties, thus devolving health services to the county level. As per the Constitution, responsibility for health service delivery is assigned to the counties while policy, national referral hospitals and capacity building are the national government's responsibility. The expectation is that a devolved health system will improve efficiency, stimulate innovation, improve access to and equity of services, and promote accountability and transparency in service delivery.

4.4.4.2 Vision 2030

The Health Sector Strategic Focus in Kenya is guided by the overall Vision 2030 that aims to transform Kenya into a globally competitive and prosperous country with a high quality of life by 2030. Its actions are grounded in the principles of the Constitution of 2010, specifically aimed at attaining the right to health, and to decentralize health services management through a devolved system of governance.

To improve the overall livelihoods of Kenyans, the country aims to provide an efficient integrated and high quality affordable healthcare system. Priority will be given to preventive care at community and household level through a decentralized national healthcare system.

> The Board will support attainment of citizens right to the highest attainable standard of health, ensure quality of healthcare, by devolving its regulatory and enforcement functions and developing standards for enforcement at county levels.

The Board will support the following proposed government interventions to achieve Improved access to healthcare for all.
• Provision of a robust health infrastructure network countrywide
• Improving the quality of health service delivery to the highest standards
• Promotion of partnerships with the private sector
• Providing access to those excluded from healthcare by financial means or other reasons.

4.4.4.3 The Kenya Health Policy 2012-2030

The overriding goal of the Kenya Health Policy (KHP) is 'attaining the highest possible health standards in a manner responsive to the population needs'. The policy aims to achieve this goal through supporting the provision of equitable, affordable and quality health and related services at the highest attainable standards to all Kenyans.
healthcare system.

These interventions include:

- Improve evidence based decision making and resource allocation;
- Review and re-align the essential package for health;
- Review and realign community based services around expectations;
- Focus on strengthening of the referral system;
- Improve planning, and monitoring of quality of care and service delivery;
- Operationalize the planning and review cycles and frameworks at all levels;
- Align health sector operations and services with 2010 Constitution expectations;
- Strengthen the health information system to act as a resource for the sector;
- Update sector norms and standards;
- Establish systems to coordinate sector investments;
- Continue to strengthen procurement and supply management systems;
- Re-invigorate the sector partnership and coordination framework;
- Start to pro-actively and regularly monitor technical and allocative efficiency in resource use by the health sector;
- Accelerate push towards systems to attain universal access

4.5   Implementation Areas: 2018-2023

The Board's response and alignment to the various internal and external influences that potentially affect its mandate include the following:

Implementation Area	Activities
Universal Access to Healthcare	Prepare for universal access to health services by anticipating increased demand at all levels, Identify strategies to ensure provision of quality in healthcare
Capacity building	Identify strategies to scale up regulatory enforcement and compliance services to cope with the increased level of services Review service provider capacity at all levels specifically at county grass root level.
Quality Healthcare	The design, formulate and disseminate policy and guidelines on minimum standards of quality care at all levels The KMPDB as the health regulator, needs to engage and coalesce other boards to formulate comprehensive quality standards of training in professional ethical prac- tice.
Healthcare work force	Ensuring skilled healthcare workes are available and distributing them efficiently to support demand for healthcare services at all levels
Monitoring &	The Board in collaboration with other regulatory boards will and

Evaluation	must develop tools for monitoring compliance and quality of care and service delivery at all levels in- cluding county and community based facilities
Technology	Leverage the Health Information System for evidence based decision making and action, and enhance the Board's effectiveness in improving quality of care.
Benchmark	The Board will also continue to benchmark its functions with Global health regulators and propose amendments to Health laws, which will facilitate positive healthcare outcomes and achieve effective regulation of medical and dentist practice in Kenya.

CHAPTER 5
STRATEGIC OBJECTIVES 2018-2023

5.0   Overview

The process of building the new strategic plan involved widespread stakeholder consultations and systematic review and definition of the following:
- Review and alignment to corporate Vision and Mission statements;
- Validation of current strategic themes and goals;
- Identification of new strategic focus areas, objectives and measurable outcomes;
- Validation of new goals against the balanced score card performance parameters.

5.1   Strategic Overview

The development of the 2018-2023 Strategic Plan relies on the three Strategic Pillars to link the critical business areas in which KPMDB must excel in order to achieve its Corporate Philosophy.

Figure 5.1: 2018-2023 Strategic Overview

The vision of the new strategic plan will aim to mature the Board's operational capability and entrench its regulatory authority to achieve delivery of quality healthcare. The integrative elements of the new strategic vision encompasses all three strategic pillars coupled with internal inputs (Board's operational excellence and innovation) and external inputs (professional practice) to achieve world class patient based quality healthcare.

The key drivers of the Strategic Plan 2018-2023:

- Quality focused
- Progressive
- Responsive
- Technologically-driven
- Governance-based
- Performance-based
- Evidence-based
- Client-centered

Mature our capability

- Legal Mandate
- Board Operational Excellence & Regulatory Enforcement
- Professional practice
- World Class Client based quality health care
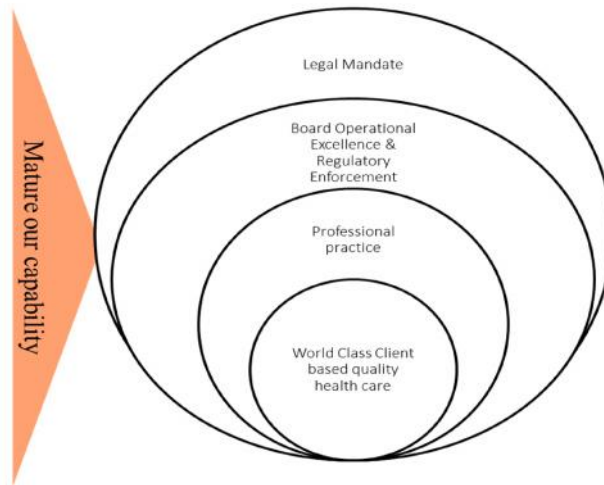
To achieve world class client based quality healthcare, the Board will need to rely on strengthening the integrative synergies from the legal framework, operational efficiencies that will result in service delivery excellence and, quality, efficient professional clinical practice resulting from effective regulatory enforcement. These new goals will reflect the Board's statement of its priorities in the medium to long term and provide the beacon for the long-term direction the organization is to take.

5.2 Strategic Vision 2018-2023

The new strategic vision aims to entrench Board's key roles as regulator, advisor, enforcer and mediator in the Medical and Dental Practice in order to achieve quality in healthcare under Cap 253. Short, medium and long term objectives and outcomes have been identified to achieve the overall Strategic Vision.

Table 5.3: Strategic Vision

Significance

Sustained Survival

Sustained Performance

High Performance

Long Term: +36 Mths
- Entrenched Board's role as primary regulator, advisor, enforcer, and mediator to achieve Quality in Health Care.

Medium Term: 12-36 Mths
- Operational innovation & automation
- Mainstreamed processes, procedures
- Enhanced regulatory enforcement & compliance
- Improved outcomes

Short Term: 0 -15 Mths
- Process & Operational Excellence
- Enhanced resource capacity & skills
- Enhanced Professional practice
- Efficient, effective, accessible Board services

Regulatory Authority

Organizational Excellence

Operational Capability

5.2.1 Short Term: 0-15 months

The expected outcome of the activities in the short term is to achieve high performance, efficiency and effectiveness, while the expected benefits are higher customer and stakeholder satisfaction.

Objectives	Outcomes, benefits
Enhancing Board internal operational capabilities and standardization of its administrative processes (ISO certification)	Process excellence o Efficient, effective end to end service processes
Correction of improvement areas highlighted in MOST and SWOT, and application of lessons learned	Operational Efficiency o High productivity
Optimize its organizational and governance structure HR development, capacity building	Operational Excellence o High performance

5.2.2 Medium Term: 12-15 months

The medium term strategy will implement continuous improvement in all areas to achieve organizational Excellence. This will include leveraging technological innovation, automation and real time data intelligence to achieve improved customer service in its key functions.

Objectives	Outcomes, benefits
• *Enhanced Board reliability in service delivery through competence and operational innovation*	Service delivery innovations
• *Automation of Board functions by implementing enterprise resource planning systems which will integrate its key operational and management functions*	Integrated operational and management functions
• *Leveraged online services functionality, to ensure service efficiency, effectiveness, convenience and accessibility to customers*	Organizational excellence

5.2.3 Long Term: +36 months

The long term focus will seek to entrench the Board's role as regulator, advisor and enforcer to achieve quality in healthcare in accordance with Cap 253. As the Board's operations become more effective, its functions will also become equally effective. The benefits of this strategy will be to embed the Board's central role as regulator, advisor, mediator, reconciliatory in all aspects of medical and dental healthcare provision.

5.3   Strategic Themes & Focus Areas

Table 5.4: Strategic goals and Objectives: 2018-2023

(Strategic goals)

Service Delivery Excellence
To provide efficient, effective and accessible world class [regulatory] service to their customers;

Efficient · Effective · Accessible

Regulatory & enforcement
To ensure quality ethical health care through regulation of training, registration, licensing, inspections and professional practice

Registration · Licensing · Education & Training · Inspection · Professional Practice

Legal Framework
To appropriately align with relevant statutory laws and policies that support the board's legal operational mandate

CAP 253 Laws · Policies · Complaints handling & Litigation

(Strategic Objectives)

| A) Connect. Customize. Deliver	B) Strengthen. Optimize. Sustain	C) Professionalize. Standardize. Empower	D) Innovate. Automate. Capacitate.
Connect services to the customer ✓ Universal health coverage ✓ Board functions at County level ✓ Dispute resolution & advisory	**Financial sustainability** ✓ Reduce operational costs ✓ Increase revenues ✓ Diversify revenue sources	**Professionalism in practice** ✓ Healthcare quality assurance ✓ Education, training services ✓ Standards, rules, policies ✓ Professional indemnity	**Automate operations** ✓ Enterprise systems integration ✓ Website functions ✓ Online services
Customer centricity ✓ Customer experience ✓ Board service commitments ✓ Customer outreach, awareness ✓ Automated customer service	**Strengthen Financial management** ✓ Automate financial operations ✓ Financial planning ✓ Financial controls ✓ Risk management	**Standardization** ✓ Inspection standards, procedures ✓ Registration, licencing, retention ✓ Complaints, arbitration handling ✓ Education, training ✓ Department process certification	**Operational Capacity** ✓ HR planning, development ✓ Optimize resource allocations ✓ Legal capacity ✓ ICT Infrastructure
Service delivery excellence ✓ Communications ✓ Board Governance ✓ Enforcement, compliance ✓ Service partnerships	**Financial optimization** ✓ Asset utilization ✓ Contract management ✓ Investment strategies ✓ Financial partnerships, support	**Empower and inform stakeholders** ✓ Compliance standards ✓ Inspections standards ✓ Legislative revisions ✓ PIC, PCC, Tribunals information	**Innovate** ✓ Website, online functions ✓ Digital technologies for health ✓ Mobile payment technologies ✓ ICT innovative partnerships

5.3.1   Service Delivery Excellence Pillar: 2018-2023

Under the new strategic vision, this pillar will focus on areas that are geared to strengthen the Board's service capability. Notably, the KHSSP Strategic Plan outlines the service delivery focus and targets which include improving by 50% the quality of service delivery at all levels of the system. A focus on improving access to services is provisioned through upgrade of facilities, operationalization of centers to full primary care facilities and implementation of county health systems in all counties. The following areas have been identified for action in the Strategic Plan 2018-2023.

Figure 5.5: Service Delivery Focus Areas
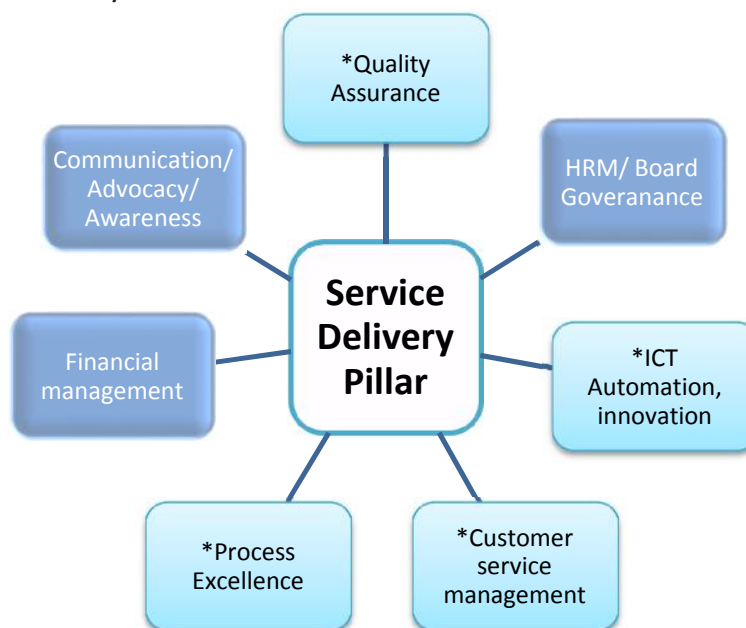
*New focus area

The Service Delivery Pillar has rolled over three focus areas from the previous Strategic Plan i.e., finance, human resource management and communication /advocacy, and introduced four new focus areas these include: ICT, customer service, operational excellence and quality assurance. These were highlighted as areas of improvement in the organizational and SWOT analysis.

Table 5.1: Department Strategic Objectives and Goals

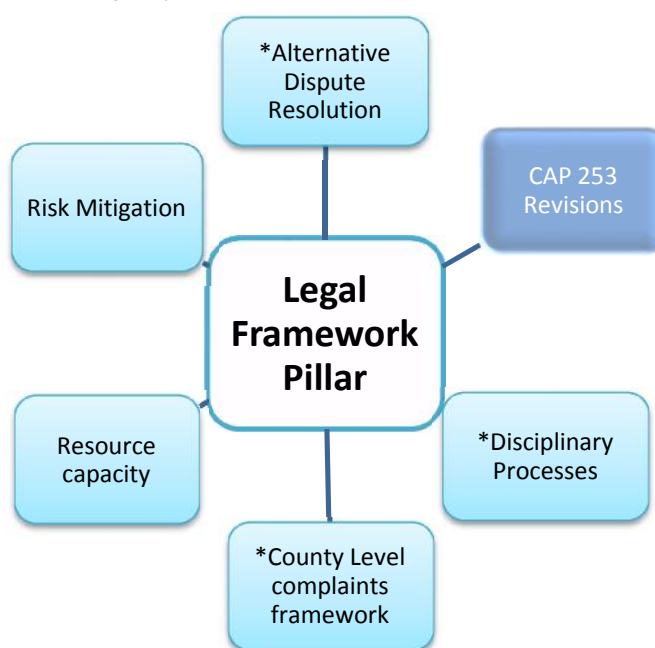| Department Focus Areas	Activities
A. Finance	
1. Mitigate Boards risk of single revenue sources through diversification of revenue channels	Identify diversified revenues of income
2. Minimize financial leakages through Operational Cost cutting	Cost containment policies Cost control procedures
3. Improve management, capture and accuracy and generation of complete picture of expenditures, revenue and cash flow in relation to program outputs and services through financial management systems and tools	Document requirements and business justification for financial management system Procure and implement a financial management system
4. Improve the Boards long term revenue generating capabilities through balancing of diverse sources of revenue to meet current and future Board needs	Long term revenue generating strategy
B. Board Administration (Internal)	
1. Improve quality of board services by defining service charters at each service delivery point.	Department Service Charter Board Service Charter

Department Focus Areas	Activities
2. Improve mechanisms to effectively communicate and share information with internal and external stakeholders on a timely basis	Communication policy Communications plan Identify communications steward for KMPDB
3. Broaden the Boards strategic and networking collaborations and relations with other associations	List of strategic and networking partnerships List of associations to build relations
4. Strengthen the Boards brand to increase recognition and awareness of the Board existence, & corporate philosophy	Establish Brand strategy Awareness campaign
5. Improve the cohesion between the Secretariat and Board members through clear delineation of roles and responsibilities, and decision making boundaries of the Board	Establish a Board Corporate governance structure with roles, responsibilities, accountabilities Establish procedures for Board approvals of key operational functions
6. Attain process excellence through standardization of processes & procedures	Documentation of all operational processes and procedures Achieve ISO certification
7. Improve accessibility of the Boards functions at the county level	Establish a framework with timelines and implementation costs, to decentralize Board functions to the county level
C. Customer Service	
1. Implement a customer management system which will enable the Board to provide tailor made services to its customers based on a full view of its customers needs, issues, and profile	Document requirements and business justification for customer management system Procure and implement a CRM (Customer relationship management system)
2. Improve the Boards capability and capacity to handle customer calls professionaly and comprehensively address customer issues across all Board services	Document requirements for a call center, Procure and implement a Call center structure
3. Establish mechanisms to measure customer satisfaction and quality of board services to the customer	Develop a customer rating and feedback mechanism
4. Improve the for Secretariat Staff proficiency to handle customer service matters professionaly	Establish a needs based assessement for customer service training Prepare/procure customer service training Prepare customer service training plan
D. ICT Strengthening	
1. Strengthen ICT Infrastructure to enable seamless connectivity and access to online systems and to support provision of online services to stakeholders	Establish an ICT infrastucture roadmap with implementation costs
2. Improve the website as an information channel offering one stop resource center to stakeholders	Website strategy
3. Improve health information systems to provide real time data for accurate and timely decision making and information updates	HMIS strategy real on line data for Practitioners who have paid, died, relocated

Department Focus Areas	Activities
4. Implement an Enterprise operational system to integrate all the Boards operatiional functions	Document requirements and business justification for an Enterprise Operations system Procure and implement and ERP
5. Enhance online services- retention, applications, indexing (paperless), meetings, lodging of cases	Implement paperless on line services for retention, applications, indexing (paperless), meetings, lodging of cases
E. Human Resource Management	
1. Formalizing and adoption of HR Policy; provide administrative Policy and procedure manual to clearly define roles and responsibilities and used to assign work in accordance with organizational strategies	Adoption of HR Policy *HR Roles and responsibilities, job description
2. Improve Human resource capacity to handle work overload and reduce burden of overworked staff	Baseline assessment of HR requirements Human resource recruitment strategy
3. Implement a policy framework to create pleasant and motivating work environment, to handle staff welfare matters and to adhere to compliance to Labour laws, OSHA, EACC, Public Service etc	Framework for work environment and staff welfare, and for monitoring compliance to statutory directives
4. Establish Sensitization programs which will benefit and prepare staff for fire, emergency disaster management	Sensitization Programs Plan
5. Automate management of Human resource matters including staff development and training, placement, discipline, payroll, appraisal, leave management, retirement benefits, rewards and sanctions management, staff induction, rotation On line performance contracting Automated Staff establishment and HR Planning, approved positions, optimal staffing levels,	Document requirements and business justification for HRM system Procure and implement HRM System
6. Establish HR Structures and provide and widely communicate a manual of governance and management policies, procedures	Organizational organogram
F. Procurement & Supply Management	
1. Improve the Boards ability to effectively manage and track its Assets from acquiring, maintenance, to disposal	Document requirements and business justification for Asset management system Procure and implement System
2. Establish a framework for Accreditation of credible and reliable service providers	framework for Accreditation of credible and reliable service providers
3. Improve the automation and management of procurement to allow forecasting of future requirements, reduce gaps, control budgets, cash flow, assure proactive demand response and stocking.	Document requirements and business justification for a procurement supply chain system Procure and implement System
4. Establish a procurement plan	Annual Procurement plan with costs

| Department Focus Areas	Activities
G. Quality Assurance & Policy Formulation	
1. Establish a framework to quantify, measure and enforce 'quality' healthcare at all levels	Formulate Quality health care policy
2. Establish mechanisms to measure, improve and attain quality health care at all levels	Develop M&E indicators for quality healthcare
3. Establish a monitoring and evaluation system for assessing and I mproving the quality of services by KMPDB; Improve quality of care by setting standards, feedback systems, safety in health care, improve clinical governance	Framework to measure quality KMPDB Services to its customers Define Board service charter and service charters at all service delivery points, regular client satisfaction surveys, patient safety
4. Enhance the Board's influence in mitigating disruption to continuity of health care services and dispute resolution involving its key stakeholders	Define stakeholder engagement model for the Board in dispute resolutions matters eg, industrial action
5. Optimize the Boards role in facilitating attainment of affordable and universal quality health care at all levels	Define healthcare policy, principals, guidelines and measures to support attainment of affordable quality healthcare at all levels through system for stable financing health services, access to essential medicines and technologies and sufficient capacity of well trained, motivated health workers.

5.3.2 Legal Framework

The goal of this strategic theme is to appropriately align with relevant statutory laws and policies to support the board's legal operational mandate.

```
                    *Alternative
                      Dispute
                     Resolution

  Risk Mitigation                          CAP 253
                                           Revisions

                         Legal
                       Framework
                        Pillar

  Resource                                *Disciplinary
  capacity                                  Processes

                    *County Level
                     complaints
                     framework
```

*New focus in 2018-2023

Department Focus areas	Activities
A. Legal	
1. Mitigate costly litigation and improve resolution of complaints through Alternative Dispute Resolution process	Establish Alternative Dispute Resolution processes and procedures
2. Establish mechanism for maintaining the Boards mandate through regular review and appropriate revisions to Cap 253 laws of Kenya	Cap 253 revisions
3. Enhance complaints handling through structured disciplinary processes	Discplinary processes and procedures
4. Strengthen capacity for resolution of complaints at county level	Establish framework for resolution of complaints at county
5. Support Universal Health Care Access	Gazzette UHC facilities nationally
6. Automated legal functions	Implement System for Legal functions
7. Increased legal capacity to handle more case determinations more effectively	Legal resource capacity
8. Enhanced risk management mechanism to identify areas of exposure for the Board	Risk management framework
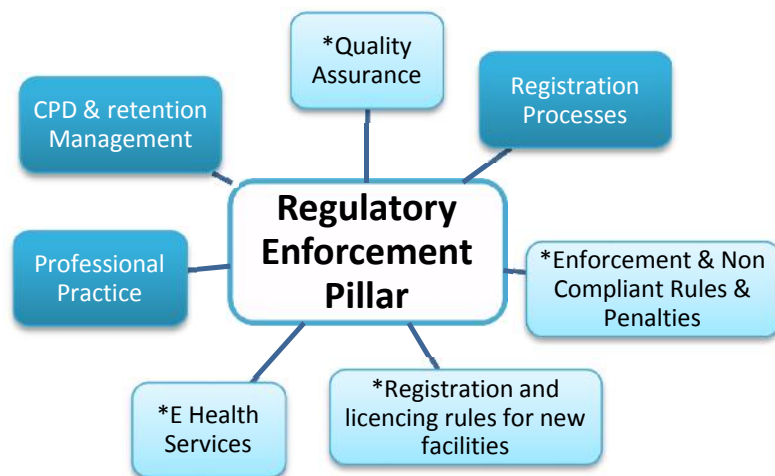
*new focus areas 2018-2023

5.3.3 Regulatory Enforcement

The goal of this strategic pillar is to ensure quality ethical health care through regulation of training, registration, licensing, inspections and professional practice.

This theme focuses on five areas and aims to strengthen its regulatory function through enforcement of appropriate indemnity cover, effective inspections, streamlining operational processes and training guidelines and strengthening adherence to compliance. The Board will ultimately achieve quality health care by focusing on these key areas.

Department Strategic Objectives	Strategic Goals
B. Regulatory enforcement: Training, registration and licencing	
1. Enhance Board functions in Education and training of interns and practitioners to achieve consistency in skills, assessments and knowledge levels	Establish an Education and training center: Develop common entrance certification exams
2. Improve registration process to minimize delays in registration	Develop registration processes
3. Strengthen compliance efforts through continuous training of compliance officers and Conducting more frequent joint inspections	Recruitement plan for compliance officers Training plan for Compliance officers Joint inspections schedule
4. Strengthen enforcement of non-compliant /defaulting health institutions, medical schools, clinics, hospitals,	Enforcement and penalty guidelines for noncompliance and defaulters
5. Increase Retention compliance for practitioners	Enforcement and penalty guidelines for non retention
6. Expand regulatory services to Government, private, faith based, NGO's primary care facilities ie, dispensaries, health centers, medical clinics, maternity homes, nursing homes, county and	Guidelines for registration and licencing of new facilities

Department Strategic Objectives	Strategic Goals
national hospitals	
7. Implement E Health Services	Document requirements and business justification for E Health Services Procure and implement E Health Services
8. Implement mechanisms to monitor and measure and ensure that the quality of care levels are maintained by the provider	Establish criteria for measuring quality of care to the patient

Strategic Plan Benefit Outcomes 2018 - 2023

1. Service Delivery Pillar	**2. Regulatory & Enforcement Pillar**	**3. Legal Framework Pillar**
	A) Connect. Customize. Deliver (Customers)	
ʃ National access to universal health coverage at (ST/MT) ʃ Improved accessibility of Board functions at County level (MT/LT) ʃ Increased awareness of Board service charters at local and national level (ST) ʃ Reduced customer complaints, improved customer experience ʃ Efficient customer service inquiries and call handling (ST) ʃ Expanded Board alliances at regional & global levels, to leverage best practice standards (LT)	ʃ Increased medical, dental internship capacity into the health workforce, (MT) ʃ Increased numbers of medical, dental students graduating, (MT) ʃ Increased medical, dental practitioners offering professional healthcare services (ST) ʃ Increased inspections coverage nationally (ST) ʃ Increased teaching facilities due to increased COSECSA approved teaching centers ʃ Improved quality of medical, dental curricular ʃ Reduced non compliance to regulatory standards ʃ Strengthened Continuous professional development learnings due to increased CPD providers (ST)	ʃ Strengthened Board functions under CAP 253 Amendment bill 2018 (MT) ʃ Gazetted UHC facilities nationally, 90% year 1 (ST) ʃ Effective framework to handle dispute resolutions (MT) ʃ Reduced number of PIC/PCC/Tribunal cases undetermined over 90 days ʃ Effective complaints and arbitration handling (MT) ʃ Increased compliance, and reduction in sanctions, revoked, suspended licences 5% pa
	B) Strengthen. Optimize. Sustain (Board Finances)	
ʃ Financial sustainability due to improved cost containment, and long term revenues from diverse sources, (ST) ʃ Strengthened financial management through automation of financial functions, (ST) ʃ Reduced leakages due to financial planning, controls and financial risk mitigation (ST) ʃ Improved asset utilization (ST) ʃ Improved procurement management, and alignment to Government PPOA ʃ Alignment to government investment policies (ST) ʃ Enhanced financial contribution from financial partners ʃ Improved M&E reporting on Board progress, (ST)	ʃ Cost effective regulatory services (ST) ʃ Diversified financial revenues from regulatory services (ST) ʃ Automation of supply system forecasting, procurement, and tracking, control of supplies (ST)	ʃ Enhanced financial revenues from legal services (ST) ʃ Reduced litigation costs (ST) ʃ Efficient legal services due to automated legal functions (ST) ʃ Improved legal risk management & cost impact mitigations, bi annually ʃ Beneficial legal partnerships to mitigate costs
	C) Professionalize. Standardize. Empower (Internal Processes)	
ʃ Improved ISO certified board processes, (MT) ʃ Effective internal & external communications processes, (ST) ʃ Accessible online processes by stakeholders, (ST) ʃ Accessibility of online publication of standards, processes, procedures ʃ Effective Board governance, administration (ST/MT)	ʃ Published quality measures of health care services, (MT) ʃ Standardized common entrance certification exams (ST) ʃ Strengthened registration, licencing, renewals, retention processes (ST) ʃ High quality health care facilities due to stringent inspections standards, (ST) ʃ Improved examining, placement processes (ST) ʃ Standard, consistent healthcare charges (ST) ʃ Improved education, training core curriculum, (ST) ʃ Professional indemnity protection, (MT)	ʃ Timely, relevant legislative amendments to improve Boards functions (LT) ʃ Published complaints handling process (ST) ʃ Published arbitration resolution processes (MT) ʃ Easily accessible complaints handling & resolution functions at county level, (MT) ʃ Improved visibility on PIC, PCC, Tribunal matters lodged with the Board, monthly ʃ Improved visibility of legal exposure through monthly risk analysis r ʃ Improved dissemination of examination results and posting of PIC, PCC and Tribunal Sanctions
	D) Innovate. Automate. Capacitate. (Organizational Enablers)	
ʃ Efficient operations due to integrated automated ERP systems implemented (ST) ʃ Optimized resource allocations for improved productivity, (ST) ʃ Improved websites functions as primary information sharing portal, (MT) ʃ Enhanced HR capacity planning, roles, responsibilities, upskilling, professional development, staff grading (ST) ʃ Improved ICT infrastructure for connectivity, and customer services (MT) ʃ Access to innovative E-health services and online service functions through online digital technology (MT) ʃ Time saving, transparent mobile payment technologies (MT) ʃ Increased ICT innovation partnerships (MT)	ʃ Increased online accessibility to compliance processes and procedures, (ST) ʃ Increased joint inspections to improve compliance (ST) ʃ Enhanced professional development for Compliance officers, (ST) ʃ Increased compliance capacity, (ST) ʃ Increased accredited education providers (ST)	ʃ Enhanced legal capacity to handle more case determinations, (ST) ʃ Efficient legal functions due to automation (ST)

CHAPTER 6
IMPLEMENTATION COSTS

6.0   Overview

The projected total cost of Implementing the 2018-2023 Strategic Plan is estimated at approximately KSH935M as tabulated in Table 1. The projected budget represents a 30% increase from the 2013-2018 Implementation budget costs attributed primarily to the costs of rolling out Board services to the county.   The budget is premised on the following assumptions:

- ⟩ Availability of donor funding up to KSH8M
- ⟩ Availability of GOK funding up to KSH500M
- ⟩ Projected costs to establish county offices will not exceed KSH30M
- ⟩ Availability of Board finances amounting to KSH400M to fund the strategic plan implementation

6.1 Implementation Costs
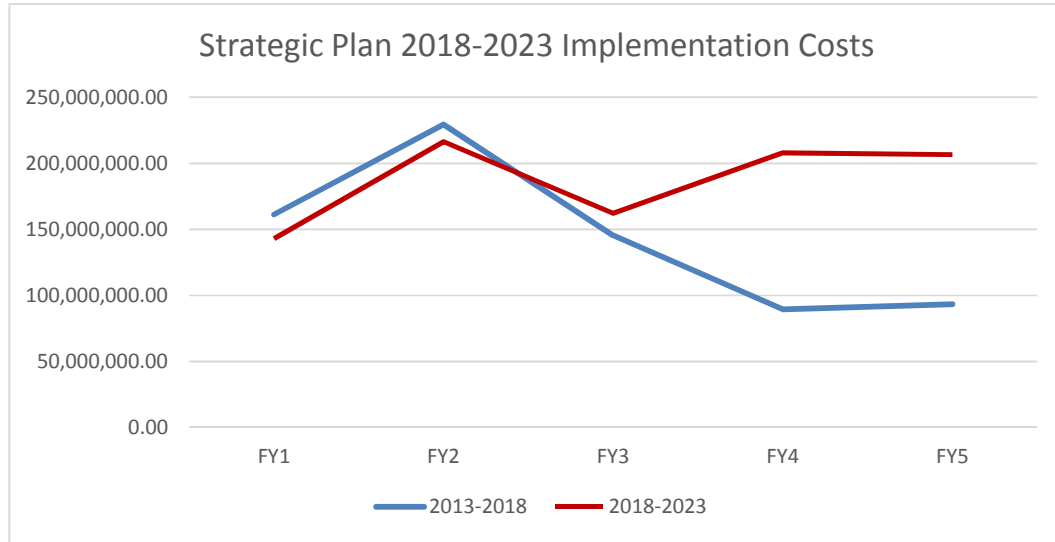
Table 6.1:Projected Implementation Plan Costs 2018-2023

Table 1	FY-1 2018/2019	FY-2 2019/2020	FY-3 2020/2021	FY-4 2021/2022	FY-5 2022/2023	Total
Board Revenues	472,600,000	473,600,000	474,600,000	475,600,000	476,600,000	2,373,000,000
Strategic Plan implementation Costs	143,500,000	212,290,750	159,641,038	212,196,739	208,260,382	935,888,908
Gross Operational Costs	329,100,000	261,309,250	314,958,963	263,403,261	268,339,618	1,437,111,091
Less 5% County Cost Savings	16,455,000	13,065,462	15,747,948	13,170,163	13,416,980	71,855,554
Net Operational Costs	312,645,000	248,243,787	299,211,014	250,233,097	254,922,637	1,365,255,536

The budget has been magnified by the following implementation activities, which are enhancing the costs for Regulatory enforcement pillar to 88% of the total implementation budget.

- ▪ Establishment of Board function offices, in the 47 counties involving office infrastructure, vehicle and staffing costs. The total cost to roll out board services to the county is 51% of the implementation costs
- ▪ Implementation of an Enterprise Resource Planning system to enable the board integrate and automate its systems
- ▪ The projected costs for joint compliance inspection at national level will be KSH345M or 37% of the implementation cost.

Table 6.2:Projected Implementation Plan Costs 2018-2023

| Financial Year	2013-2018 Budget	2018-2023 Budget	% Change
FY1	161,152,865	143,500,000	-11%
FY2	229,374,706	212,290,750	-7%
FY3	145,235,717	159,641,038	10%
FY4	89,471,997	212,196,739	137%
FY5	93,309,697	208,260,382	123%
Total	718,544,983	935,888,909	30%

6.2   Source of funding

The expected sources of funding are tabulated in Table 6.3. The Board will fund 43% of the Strategic Implementation Plan Costs, and expects to receive 53% from Government support. Donor funding will contribute 4% to the funding.

Table 6.3: Funding for Strategic Plan 2018-2023

1.	Total Strategic Plan Implementation Costs	935,888,909	
2.	Donor Funding	35,000,000	4%
3.	Government Funding	500,000,000	53%
	Total Funding	535,000,000	
4.	Board Funding	400,888,909	43%
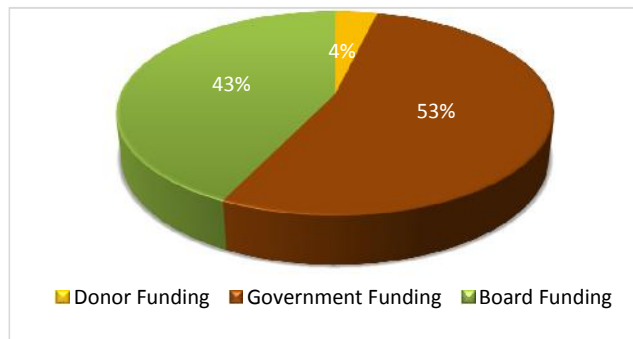
6.3 Budget allocations

The implementation budget has been allocated across the three Strategic Pillars as Tabulated below.

Table 6.2: Allocation of budget across strategic themes

Strategic Pillar	Key Strategic Themes	Estimated Cost
Service delivery excellence Pillar	1. Strengthening Board Governance & Capacity	5,525,631
	2. Enhancing Enterprise Resource Management	45,000,000
	3. Enhancing internal organizational Human resource capabilities	13,900,000
	4. Achieving Organizational Service Excellence	10,500,000
	Sub Total	74,925,631
Regulatory Enforcement Pillar	5. Enhancing delivery of quality health care services	3,600,000
	6. Enhancing Education Standards in health profession	14,145,881
	7. Strengthen Board services to the County	480,000,000
	8. Strengthen compliance enforcement	345,904,516
	Sub Total	843,650,397
Legal Framework Pillar	9. Strengthening complaints handling capability	12,312,880
	Monitoring & Evaluation	5,000,000
	Total	KSH935,888,909

6.4 Monitoring and Control

To mitigate the various implementation costs, the Board has taken proactive measures by apportioning 5% of the Board Operations cost to fund the County implementations. The Board is also expecting financial contribution from the Government of 53% and additional contributions from donors of up to 4%. In order to ensure that the new Strategic Plan meets its objectives, a monitoring and evaluation cost of KSH1M per year has been included to monitor, track and report performance on a regular basis.

CHAPTER 7
MONITORING & EVALUATION

7.0   Overview

The Board is committed to ensuring that the essential monitoring and evaluation mechanisms for accountability are in place to ensure performance and achievement of the Strategic Plan's goals and objectives. . As such, Ksh. 5 million has been provisioned for annual mandatory checkpoint reviews to ascertain the forward progress of the key activities, and achievement of deliverables as planned.

- The Secretariat staff will be take ownership of the goals and objectives, and will be responsible for implementing the various activities needed to achieve full success of this Strategic Plan.
- Quarterly and biannual reporting will be key to monitoring and tracking progress, and implementing any adjustments and/or corrective actions.

7.1   Monitoring

Monitoring will comprise routine tracking of key elements during the implementation of the plan and achievement of the intended outcomes. The aim is to determine whether the implementation is progressing to plan with budgetary requirements and whether any adjustments are needed to achieve the intended goals. Monitoring will provide feedback on the implementation progress at the activities and outputs level, and will dwell on the following:

- Are we achieving what we intended? How? Why or why not?
- What are the obstacles to implementation?
- Are we co-coordinating effectively?
- What are the implementation gaps and how will they be addressed?

The monitoring of the Strategic Plan implementation will be incorporated into the Secretariat operations, and key performance contracting goals, and will be reviewed regularly by the CEO. Quarterly and biannual monitoring reports will be submitted to the Board.

7.2   Evaluation

Evaluation will systematically and objectively assess the Strategic Plan achievements at the goals and outcomes levels. The aim is to determine the relevance and fulfillment of objectives, efficiency, effectiveness, impact and sustainability with a view to documenting lessons learned and informing future improvements. Evaluation will dwell on the following:

• What did we do?
• What did we achieve?
• Did we achieve what we intended?
• What have we learned?

The evaluation of the Strategic Plan will be performed bi-annually, and reported to the Board. The evaluation process will help to determine any adjustments to the Strategic Plan implementation.

CHAPTER EIGHT
STRATEGIC RISK MANAGEMENT

8.0   Overview

Organization strategic risk management is a key factor for the successful operationalization of the Strategic Plan. It involves the process of identifying, assessing and managing threats and obstacles that may potentially hinder execution and realization of the organizational goals, objectives and outcomes as embodied in the Strategic Plan. This section identifies those strategic risks and risk framework to facilitate fulfilment of the Boards Strategy.

8.1   Strategic Risk Factors & Risk Analysis

Organization strategic risks have been grouped under four categories.

Risk Category		Strengthen	Optimize	Sustain	Connect	Customize	Deliver	Professionalize	Standardize	Empower	Innovate	Automate	Capacitate
		Impact			Impact			Impact			Impact		
1. Organization risks	Probability												
a) Funding risks		LH	LH	MH	MH	MM	MH	LL	LM	LL	MH	LH	LM
b) Staffing capacity		LM	LL	MH	MH	LM	LH	LL	MH	LL	ML	MH	HH
c) Infrastructure risks		MM	LL	MH	MH	MH	LH	LL	LM	LL	HH	HH	HH
d) Board governance risks		LH	LH	LH	MH	LL	LM	LL	LM	LL	LL	LL	LL
e) Ownership risks		LH	LH	LH	LL	LL	MH	LM	LH	LM	LL	LL	LL
2. Operational Risks	Probability												
a) Process inefficiency risks		LL	LL	LL	MM	MH	MH	HH	HH	HH	LM	LM	LM
b) Systems risk		LH	LL	LM	MM	HH	HH	LL	LM	LM	MH	MH	MH
c) Reputational risks		LL	LL	LL	LH	LH	LH	LH	LH	LH	LH	LH	LH
3. Market place risks	Probability												
a) Technology & Innovation		LM	LM	LM	HM	HM	HM	MM	ML	ML	HH	HH	HH
b) Political risks		LL	LM	LH	MH	ML	LL	MM	LL	LL	LL	LL	LL
c) Professional support		LL	LM	MH	MH	MH	MH	HH	HH	HH	LL	LL	LL
d) Customer support		LL	LL	MH	HH	HH	HH	LL	LM	LM	LM	LM	LM
4. Legal risks	Probability												
a) Regulatory, compliance risks		LL	MH	LL	MM	LL	LL	MM	MM	LM	LL	LL	LL
b) Government directives		LH	MH	LM	MH	LL	LL	MM	MM	MM	LL	LL	ML
c) Legislative risks		LL	LL	LL	MM	LL	LL	MM	MM	LL	LL	LL	LL
d) Litigation risks		LL	LL	LL	MH	LL	LL	HH	MM	LL	LM	LL	LL

8.2 Risk Analysis & Mitigation

Risk Assessment level	Objectives at risk	Mitigations
Low Risk	1) Strengthen financial management 2) Optimize financial resources 3) Professionalism in practice 4) Standardization of processes, procedures rules 5) Empower and inform stakeholders	⎫ Internal & external communications ⎬ Departmental ownership ⎬ Time Planning ⎬ Resource allocations ⎭ Adequate budget planning
Medium Risk	6) Deliver customer service excellence 7) Innovate services 8) Automate service 9) Internal Capacity	⎫ Process standardization ⎬ Adequate budget planning ⎬ Infrastructure, technology planning ⎬ Resource allocations ⎭ Board Support
High Risk	10) Financial Sustainability 11) Connect services to the customer 12) Customer centricity	⎫ Long term planning, ⎬ Policy controls ⎬ External communications ⎬ Technology planning ⎬ Board support ⎭ Monitoring and control

8.3 Risk monitoring

The monitoring process will undertake the following activities:

- Review the risk status under each objective
- Assess if the probability and impact likelihoods have changed
- Revise the assessments, and apply the necessary mitigation strategies
- Assess the progress of the Strategic plan objectives against the risks
- Report to the Board at each stage of the monitoring and evaluation process.

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APPENDICES

9.1   KMPDB Strategic Department Objectives 2018 - 2023

Department Objectives	Activities
Legal	
1. Mitigate costly litigation and improve resolution of complaints through Alternative Dispute Resolution process	Formulate, disseminate Alternative Dispute Resolution processes and procedures to providers
2. Establish mechanism for maintaining the Board's mandate through regular review and appropriate revisions to Cap 253 laws of Kenya	Cap 253 revisions
3. Enhance complaints handling through structured disciplinary processes	Disciplinary processes and procedures
4. Strengthen capacity for resolution of complaints at county level	Establish framework for resolution of complaints at county
5. Enhance legal departments capability to handle arbitration and other new services at county level	Increased legal resource capacity
A. Finance	
1. Mitigate Board's risk of single revenue sources through diversification of revenue channels	Identify diversified revenues of income
2. Minimize financial leakages through operational cost cutting	Cost containment policies Cost control procedures
3. Improve management, capture and accuracy and generation of complete picture of expenditures, revenue and cash flow in relation to program outputs and services through financial management systems and tools	Document requirements and business justification for financial management system Procure and implement a financial management system
4. Improve the Board's long term revenue generating capabilities through balancing of diverse sources of revenue to meet current and future Board needs	Long term revenue generating strategy
B. Board Administration (Internal)	
1. Improve quality of Board services by defining service charters at each service delivery point.	Department service charter Board service charter
2. Improve mechanisms to effectively communicate and share information with internal and external stakeholders on a timely basis	Communication policy Communications plan Identify communications steward for KMPDB
3. Broaden the Board's strategic and networking collaborations and relations with other associations	List of strategic and networking partnerships List of associations to build relations
4. Increase recognition and awareness of the Board brand philosophy, existence and	Establish Brand strategy Awareness campaign
5. Service charter	

Department Objectives	Activities
6. Improve the cohesion between the Secretariat and Board members through clear delineation of roles and responsibilities, and decision making boundaries of the Board	Establish a Board corporate governance structure with roles, responsibilities, accountabilities Establish procedures for Board approvals of key operational functions
7. Attain standardization of processes & procedures	Documentation of all operational processes and procedures Achieve ISO certification
8. Enhance accessibility of the Board's functions at the county level	Establish a framework with timelines and implementation costs, to decentralize Board functions to the county level
9. Leverage operational innovation strategies to enhance time, cost and customer satisfaction performance measures	Formulate operational innovations strategy to achieve time, cost, customer satisfaction performance improvements for each department
C. Customer Service	
1. Enrich the Board's customer service capabilities to enable provision of tailor made services based on a full view of its customers needs, issues and profile	Document requirements and business justification for customer management system Procure and implement a CRM (Customer relationship management system)
2. Strengthen the Board's capability and capacity to handle customer calls professionally and comprehensively address customer issues across all Board services	Document requirements for a call center Procure and implement a call center structure
3. Establish mechanisms to measure customer satisfaction and quality of board services to the customer	Develop a customer rating and feedback mechanism
4. Improve the Secretariat staff proficiency to handle customer service matters professionally	Establish a needs based assessment for customer service training Prepare/procure customer service training Prepare customer service training plan
D. Regulatory enforcement: Training, registration and licensing	
1. Enhance Board functions in Education and training of interns and practitioners to achieve consistency in skills, assessments and knowledge levels	Establish an Education and training center: Develop common entrance certification exams
2. Strengthen Board's capabilities to minimize delays in the registration processing	Develop registration processes
3. Strengthen the compliance officers capacity to provide effective, timely and reliable inspections	Recruitment plan for compliance officers with branding for easy recognition Training plan for compliance officers Joint inspections schedule
4. Strengthen enforcement of non-compliant / defaulting health institutions, medical schools, clinics, hospitals	Enforcement and penalty guidelines for non-compliance and defaulters
5. Enhance retention compliance for practitioners	Enforcement and penalty guidelines for non retention

Department Objectives	Activities
1. Expand regulatory services to Government, private, faith based, NGO's primary care facilities i.e., dispensaries, health centers, medical clinics, maternity homes, nursing homes, county and national hospitals	Guidelines for registration and licencing of new facilities
2. Leverage opportunities in E Health services	Document requirements and business justification for E Health services Procure and implement E Health services

E. ICT Department	
1. Strengthen ICT Infrastructure to enable seamless connectivity and access to online systems and to support provision of online services to stakeholders	Establish an ICT infrastructure roadmap with implementation costs
2. Leverage the Board's online channels for information sharing offering one stop resource center to stakeholders	Website strategy
3. Enhance opportunities to leverage real on time access information for practitioners general information	HMIS strategy Real online data for practitioners who have paid, died, relocated
4. Implement an enterprise operational system to integrate all the Board's operational functions	Document requirements and business justification for an enterprise operations system Procure and implement and ERP
5. Enhance online services- retention, applications, indexing (paperless), meetings, lodging of cases	Implement paperless online services for retention, applications, indexing (paperless), meetings, lodging of cases

F. Human Resource Management	
1. Formalizing and adoption of HR Policy; provide Administrative Policy and Procedure Manual to clearly define roles and responsibilities and use to assign work in accordance with organizational strategies	Adoption of HR Policy *HR roles and responsibilities, job description
2. Improve human resource capacity to handle work overload and reduce burden of overworked staff	Baseline assessment of HR requirements Human resource recruitment strategy
3. Leverage policy frameworks to enhance the work environments and optimize handling of staff welfare matters and to adhere to compliance to Labour laws, OSHA, EACC, Public Service etc	Policy framework for work environment and staff welfare, and for monitoring compliance to statutory directives
4. Leverage sensitization programs which will benefit and prepare staff for fire, emergency disaster management	Sensitization program plan
5. Leverage digital strategy for HR management and functions including staff development and training, placement, discipline, payroll, appraisal, leave management, retirement benefits, rewards and sanctions management, staff induction, rotation online performance contracting automated staff establishment and HR planning, approved positions, optimal staffing levels,	Document requirements and business justification for HRM system Procure and implement HRM system

Department Objectives	Activities
6. Enhance documentation of the Board's human resource structures, and governance framework of management policies and procedures	Organizational organogram HR governance policies and procedures
G. Procurement & Supply Management	
1. Strengthen the Board's ability to effectively manage and track its assets from acquiring, maintenance, to disposal	Document requirements and business justification for asset management system Procure and implement system
2. Establish a framework for accreditation of credible and reliable service providers	framework for accreditation of credible and reliable service providers
3. Leverage digital strategies in procurement management, forecasting of future requirements, reduce gaps, control budgets, cash flow and assure proactive demand response and stocking.	Document requirements and business justification for a procurement supply chain system Procure and implement system
4. Enhance Boards governance in procurement functions	Annual procurement plan with costs
H. Quality Assurance & Policy formulation	
1. Establish a quality policy to quantify, measure and enforce 'quality' healthcare	Quality policy
2. Leverage mechanisms to measure and improve services by defining service charters at all service delivery points, regular client satisfaction surveys, patient safety	Framework to measure quality of healthcare services
3. Develop M&E indicators for quality healthcare	M&E indicators for quality healthcare
4. Optimize mechanisms for assessing and improving the quality of care, and quality of services by KMPDB	Framework to measure quality of KMPDB services to its customers Department service charters Board service charter Quality improvement monitoring and tracking mechanism comprising quality standards, feedback systems, safety in healthcare, clinical governance KPI's.
5. Enhance the Board's influence in mitigating disruption to continuity of healthcare services and dispute resolution involving its key stakeholders	Define stakeholder engagement model for the Board in dispute resolutions matters eg, industrial action
6. Optimize the Board's role in facilitating attainment of affordable and universal quality healthcare at all levels	Define healthcare policy, principals, guidelines and measures to support attainment of affordable quality healthcare at all levels through system for stable financing health services, access to essential medicines and technologies and sufficient capacity of well trained, motivated health workers.

9.2   Strategic Implementation Plan: 2018-2023

9.3   MOST Assessment Scores

The scores for the organizational assessment are shown in the MOST table below.

MANAGEMENT COMPONENT	STAGES OF DEVELOPMENT & THEIR CHARACTERISTICS				CURRENT STAGE	EVIDENCE HOW TO GET TO NO.4
	1	2	3	4		
Mission/ Mandate						
1. **Existence & knowledge**	No formal mission/ mandate statement exists, or the existing missions statement that is inconsistent with the current organizational purpose and the needs it is intended to serve for the professional beneficiaries	The mission/ mandate statement exists, is consistent with the organizational purpose, and is sometimes cited by stakeholders, the council members and senior Secretariat staff	The mission/ mandate statement is frequently cited by key stakeholders; the council members, Secretariat staff, partner agencies, and professional beneficiaries	The mission/ mandate statement is widely known and regularly reviewed to assure that it reflects the current organizational purpose and the needs of the intended clients- including its intended professional beneficiaries	2	Improve in stakeholder involvement

Increase awareness of the mission/ mandate statements |
| **Values** | | | | | | |
| 2. **Existence & application** | Organizational values and ethical principles have not been defined | Organizational values and ethical principles have been defined and are sometimes cited by stakeholders, the council members and senior Secretariat staff | Organizational values and ethical principles are frequently cited by the council members and Secretariat staff at all levels | Organizational values and ethical principles are widely known, and the council members and Secretariat staff are held accountable for adhering to them | 2 | Effective communication & advocacy strategies |

MANAGEMENT COMPONENT	STAGES OF DEVELOPMENT & THEIR CHARACTERISTICS				CURRENT STAGE	EVIDENCE HOW TO GET TO NO.4
	1	2	3	4		
Strategy						
3. **Links to Mission/ Mandate and values**	Strategies are developed in response to funders requirements or the preferences of a few decision-makers, without reference to the mission/ mandate and values	Strategies are sometimes developed with reference to the mission and values, but more often in response to other requirements, influences, preferences and mandates	Strategies are almost always developed within the general context of the mission/ mandate and values	Because strategies are developed to conform to the mission and values, strategic planning is viewed as an opportunity to reaffirm or revise the mission/ mandate	4	
4. **Links to intended Professional Beneficiaries and other key stakeholders**	Strategies are developed without reference to the needs of the intended professional beneficiaries or other stakeholders	Strategies are developed based on assumptions about the needs of the intended professional beneficiaries and other stakeholders	Strategies are developed based on accurate information about the needs of intended professional beneficiaries and other key stakeholders	Strategies are developed with the participation of the intended professional beneficiaries and other stakeholders	4	Stakeholders are involved in setting up Board strategies
5. **Links to Potential Professional Beneficiaries**	Strategies are developed without knowledge of the current or potential demand for council's services	Strategies are developed on the basis of anecdotal knowledge of the demand for the council's services	Strategies are developed on the basis of occasional assessments of the demand for services, as well as analysis of the services already provided by other bodies	A mechanism is in place for regularly scanning current and potential demand, evaluating other bodies' services, and using these findings to develop strategies for meeting internal and external client needs	4	

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MANAGEMENT COMPONENT	STAGES OF DEVELOPMENT & THEIR CHARACTERISTICS				CURRENT STAGE	EVIDENCE HOW TO GET TO NO.4
	1	2	3	4		
Structures						
6. **Lines of Authority and Accountability**	There are no formal documents that define current lines of authority and accountability	An organizational chart or similar document defines lines of authority and accountability. It is included in the organization's manual of governance and management policies and procedures	The manual of governance and management policies and procedures and similar documents are sometimes used when issues arise pertaining to lines of authority and accountability	The manual of governance and management policies and procedures and similar documents are regularly updated, widely communicated and consistently used to guide or resolve issues pertaining to performance, lines of authority and accountability	2	An organization chart or similar document defines lines of authority and accountability. The lines of authority are assumed as everyone reports to the CEO
7. **Communication**	There is no formal communication mechanism, Important information is communicated mainly by ad hoc word of mouth	Communication Mechanisms are used only to convey legally essential Information from the council, and senior Secretariat and stakeholders' management to the rest of the profession, staff and general public	Clearly structured communication mechanisms are sometimes used to share information to council members, committees, Secretariat staff, and the general public	Clearly structured communication mechanisms are used consistently to share information in a timely manner to the council members, committees, Secretariat staff, and the general public	4	There are clearly structured communication mechanisms are used consistently to share information in a timely manner to the members, committees, Secretariat e.g. notice of meetings or circulars sent to doctors e.g. for renewals

MANAGEMENT COMPONENT	STAGES OF DEVELOPMENT & THEIR CHARACTERISTICS				CURRENT STAGE	EVIDENCE HOW TO GET TO NO.4
	1	2	3	4		
8. **Role & Responsibilities** (Note: this component pertains to the overall governance of the council as a whole, its committees, and to Secretariat staff)	Roles and responsibilities are not clearly defined. Work is assigned on an ad-hoc basis, according to the perceived needs of the moment	Roles and responsibilities are in the process of being defined e.g. through loose documents and semi-formal communications. Most work is still assigned on an ad-hoc basis	Roles & responsibilities are defined in the detailed policy and procedures manuals. They are beginning to be used as the basis for assigning work.	Roles & responsibilities are defined in the detailed policy and procedures manuals which are consistently used as the basis for assigning work. Such administrative procedures documents are regularly reviewed to be sure that council members and staff assignments serve organizational strategies	4	Roles and responsibility are defined in the detailed policy and procedures manuals which is consistently used as basis for assigning work (performance contracting duties are well defined)
9. **Decision-Making**	The full governance committee/ council makes all significant decisions without discussing them with individual members or committees, and Secretariat staff	The full governance committee/ council makes all significant decisions after listening to the views of selected committees/ staff/ members	Council committees and mid-level Secretariat staff members are encouraged to initiate, explore and recommend significant decisions regarding their own work and the work of their teams	All committees and Secretariat staff are expected to initiate significant decisions regarding their work of their teams, and to monitor the effective carrying out of those decisions once approved	2	The Full Board makes all significant decisions after listening to the views of selected staff members, i.e. the CEO;

MANAGEMENT COMPONENT	STAGES OF DEVELOPMENT & THEIR CHARACTERISTICS				CURRENT STAGE	EVIDENCE HOW TO GET TO NO.4
	1	2	3	4		
Systems						
10. **Planning**	Most council activities are unplanned and decided on an ad-hoc basis	Operational plans are developed for some orders from above projects, programs or activities, often to comply with others' requirements	An operational plan is developed annually, somewhat independently of the council's broader long term strategies	The annual operational plan is designed to support the council's carefully developed, documented, formally approved and widely disseminated broader long term strategies	4	The annual operational plan is designed to support the Board's carefully developed, documented, formally approved and widely disseminated broader long term strategies, as seen in the strategic plan, to the annual work plan and finally to the individual's work plan

MANAGEMENT COMPONENT	STAGES OF DEVELOPMENT & THEIR CHARACTERISTICS				EVIDENCE CURRENT STAGE	HOW TO GET TO NO.4
	1	2	3	4		
11. **Human Resources Managem ent**	There are no policies on job dissatisfaction, salaries, hiring, promotion, grievances, or work hours for the council's employees. There are no procedures for performance evaluation, staff development, or maintenance of employee	The council has recognized the need for a formal HR system. It is working to clarify HR policies and procedures	HR policies and procedures are in place, and council managers are beginning to use them to hire, develop and retain talented and committed staff	HR policies and procedures are in place, and council members and Secretariat managers use them consistently to hire, develop and retain talented and committed staff	2	Currently we have identified the HR needs of the staff and the Board. In developing the Board's HR policy, we have borrowed ideas from other the Ministry of Health Human Resource Policy, the Nursing Council of Kenya

Organizational structure is in place Devolution We need more staff at county level |
| 12. **Monitoring & evaluati on** | The council's work is monitored and its results are evaluated by external evaluators when due diligence and other reasons demand it. | The council monitors its own work to determine adherence to planned activities. Results are evaluated by external teams when due diligence and other reasons | The council regularly monitors its own to determine progress toward achieving goals and objectives. It objectively | The council regularly monitors its progress, evaluates results, and uses the findings to report on its achievements, improve services, and plan the next phase of its work | 3 | Provisions have been put in place to improve a HR department. We have evaluated ourselves and established our strengths and weaknesses |

MANAGEMENT COMPONENT	STAGES OF DEVELOPMENT & THEIR CHARACTERISTICS				EVIDENCE CURRENT STAGE	HOW TO GET TO NO.4
	1	2	3	4		
13. **Information Management: Data Collection**	Routing professional cadre, service and financial data are often inaccurate/ incomplete, and reports are rarely submitted on schedule or up to date	The council has introduced systems that are beginning to improve the accuracy, completeness and timeliness of routine professional, service and financial reports	Organizational systems yield routine professional cadre, service and financial data that are generally considered accurate, complete and timely	Organizational systems provide cross-checking to guarantee the accuracy and completeness or routine professional cadre, service and financial data. There are clear, enforced consequences for late or inaccurate reports	4	The Board has a database for all practitioners and private medical/ dental institutions, maintaining of a retention register, list of defaulters. Number of complaints is increasing because the public is aware of the mandate of the Board From the list of defaulters, the Board has been able to follow-up payments and are beginning to yield results
14. **Quality Assurance**	The council emphasizes compliance with legal duty and the number of activities undertaken, rather than the quality of services	The council acknowledges the importance of high quality services. It is considering activities that will help the professional cadre, council members and Secretariat staff regularly access and improve quality	Some parts of the council have undertaken activities to assess and improve the quality of services. A few interested committees/ members and Secretariat staff have taken responsibility for conducting these activities	There is an established on going system for assessing and improving the quality of services across the whole council. Trained committees, council members and Secretariat staff are regularly using this system	2	Training opportunities offered to the staff, timely reports from committees' e.g. PIC, CPD returns. There is evidence of teamwork between the Board Secretariat and Board members Regular inspections to monitor training e.g. medical and dental schools and internship training centers

MANAGEMENT COMPONENT	STAGES OF DEVELOPMENT & THEIR CHARACTERISTICS				EVIDENCE CURRENT STAGE	HOW TO GET TO NO.4
	1	2	3	4		
15. **Revenue Generation**	The council operates with a single source of revenue usually registration dues/ subscriptions or one large funder-whose mandate or limitations shapes the council's strategies and programs.	The council acknowledges the need for diversified funding. It has devised but not yet implemented a strategy for obtaining revenue from diverse sources.	The council has begun to implement its diversification strategy and has already obtained significant revenue from diverse sources to cover current needs.	The council follows a long-term revenue-generating strategy, balancing diverse sources of revenue to meet current and future needs.	4	Deliberate cost cutting measures at 50% in the total expenditure Investment approach in the Treasury Bills. The sale of Board publications i.e.Code of Professional Conduct and Discipline, Fees Guidelines, Internship Guidelines. Fees attached to the review of the Curriculums, sale of tribunal proceedings etc. <u>Future</u> Mpesa pay bill, online applications, professional indemnity (insurance), temporary removal from the register.
16. **Financial budgets** Council budgets a Financial commi Program committee sa There is tracking income and expenditur	Council budgets are developed without input from program managers. The finance system does not accurately track expenditures, revenues, and cash flow.	Council budgets are first developed by financial committee/ staff and then usually seek input from each other committees and technical managers. The finance system tracks expenditures, revenues and cash flow by line item (e.g. salaries, utilities, materials) without links to program outputs or services	Financial committees and staff develop budgets in conjunction with other committees and program managers. The finance system tracks expenditures, revenues and cash flow by line item, with some links to program outputs and services.	Program committees and managers work with financial committees and staff to develop budgets that support programmatic decisions for the professional cadre. The finance system presents an accurate, complete picture of expenditures, revenue and cash flow in relation to program outputs and services	3	There is tracking income and expenditure by the Accountant, Internal Auditor, FAC, CEO, DMS and Chairman. There exists daily, weekly, monthly, quarterly, annually by the Auditor General and submission of the same to parliament. Empowering of personnel in training. <u>Future</u> The process of acquisition of a Financial Management System (FMS) is underway

MANAGEMENT COMPONENT	STAGES OF DEVELOPMENT & THEIR CHARACTERISTICS				CURRENT STAGE	EVIDENCE HOW TO GET TO NO.4
	1	2	3	4		
17. **Supply Management** (Note: Supplies in this case applies to all of the council's inputs and outputs relating to its core work, both physical (e.g. cadre data, health information or office) and non physical (e.g. IT, phone communications, member services, etc)	There is no system in place to procure, track or regulate supplies used by the council. Incoming supplies are simply received and stocked when they arrive and distributed or otherwise attended upon demand.	A supply system has been designed to allow the council to track the flow and use of supplies. Committees and Secretariat staff have not yet been trained to use the system.	Supply system allows council to forecast and procure supplies in relation to their demands and use. Some committees and Secretariat staff are trained to use the system. The supply system allows the council to forecast, procure and release supplies in relation to their demand and use. Some committee members and staff have been trained to use the system.	Trained committees and staff consistently use the supply system to forecast future requirements, reduce gaps, control budgets and cash flow, assure proactive demand response and prevent supply stock outs.	3	There is a system in place (tender committee) and outsourced services from the UoN due to lack of capacity. Board members and staff have been trained by PPOA on public procurement and disposal procedures

10   Stakeholders list