It is with great joy that I present to you the Kenya Paediatric Association 2018-2022 Strategic Plan. To remain true to its mission, an institution must continually adapt to the changing environment, emerging needs, evolving tools and new modes of operation. Our strategic plan takes the various dynamics into account by looking at the immediate and future needs of our patients, members and the community as well as opportunities therein for the professionals.

This plan is as a result of a consultative and participatory process that involved integration of input from various stakeholders followed by a plenary workshop attended by representatives of the said stakeholders.

Our aim was to develop a strategic plan that will help build an informed and proactive association that will, going forward influence access to quality health care for all newborns, children and adolescents. This strategic plan is indeed a statement of intent and aspirations by the Association. Like any other progressive plan, it must be implemented effectively for its promise to become a reality. To this end, I invite the unwavering and selfless cooperation of all members, partners, staff and stakeholders with a view of achieving our collective vision as outlined in this plan. May we be action oriented and operate as one united team. It is therefore a challenge to all members to familiarise themselves with this document in order to guide its successful implementation timely achievement of its vision.

It is paramount that I mention how far we have come. This strategic plan comes at a very monumental time for this association. This 2018, we celebrate 50 years of existence. Fifty solid years of steering the provision of quality paediatric healthcare. Over the years, the Association has witnessed its membership grow from a few members to around 500 members with nation-wide representation. KPA is looking to consolidate these gains and change the way paediatric care is delivered.

On behalf of all members, I am greatly indebted to the founders of this association. The rich heritage we inherited from the strong foundation the pioneers set just had to find a line in this strategic plan. For with few members, limited information and meagre resources, these bold and visionary men and women gave us this sound association.
Foreward

But what is of greater joy is that this strategic plan heralds a new dispensation. The next five years are in my view a exciting opportunity for all of us to courageously take the mantle, invest in our time, skill, social capital and resources of every nature to progressively move the association forward, and bequeath the next generation view, is an even better association.

The leadership is ready and has made a commitment to support the implementation of the laid out plans. It is my humble request that we accept to support the actualisation of this strategic plan.

Dr. Thomas Ngwiri
National Chair, Kenya Paediatric Association.
This strategic plan is a by-product of a well organized schedule and coordinated process characterized by deliberations, consultations and concessions with and by various Kenya Paediatric Association stakeholders. Indeed, without the generous contribution and sacrifice made by these stakeholders, putting this together would have been an uphill task.

We sincerely wish to thank all the members who unreservedly shared their input through the different platforms we employed. The level of commitment, dedication and energy exhibited by the secretariat has been both humbling and encouraging.

Special mention goes to the trustees, board members, representative from the medical board, representative from the Kenya Medical Association and representatives from the Ministry of Health who within their busy schedules created time to attend and engage actively during the plenary workshop.

A special thank you to UNICEF for their continued partnership over the years and for committing sufficient resources that facilitation publishing of this strategic plan. Thank you UNICEF.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ASC</td>
<td>Annual Scientific Conference</td>
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<tr>
<td>CME</td>
<td>Continuous Medical Education</td>
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<tr>
<td>CPD</td>
<td>Continuous Professional Development</td>
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<tr>
<td>ECSACOP</td>
<td>Eastern, Central and, Southern Africa College Of Paediatrics</td>
</tr>
<tr>
<td>FGM/C</td>
<td>Female Genital Mutilation/Cutting</td>
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<tr>
<td>HIV/AIDS</td>
<td>Human immunodeficiency virus infection and Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>KEPRECON</td>
<td>Kenya Paediatric Research Consortium</td>
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<tr>
<td>KPA</td>
<td>Kenya Paediatrics Association</td>
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<tr>
<td>MDGs</td>
<td>Millennium Developmental Goals</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>NEMA</td>
<td>National Environment Management Authority</td>
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<tr>
<td>PESTEL</td>
<td>Political, Economic, Socio-Cultural, Technological, Environmental, and Legal factors analysis</td>
</tr>
<tr>
<td>SGD</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>SWOT</td>
<td>Strengths Weaknesses Opportunities and Threats analysis</td>
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Executive Summary

There could not have been a better time than this for the Association to develop this strategic plan. The launch comes at a time when there is need for clarity of thought, and articulation of what we aspire to achieve as an Association. An Environmental scan conducted during the strategic planning process revealed a huge gap in the regulation of the practice of paediatrics and in the training of healthcare workers who are mandated to directly provide healthcare to children.

As a result, KPA will within the next five years engage various stakeholders in dialogue and research to ensure that there is increased quality control and assurance in the sector. KPA has no intentions of duplicating or replicating what other stakeholders are doing in the sector, but rather collaboratively supplement their efforts. While the Medical board will retain the role of registering and licensing doctors including specialist paediatricians, KPA will seek to define and control the standards in paediatrics.

For KPA to effectively implement the strategic plan and achieve the desired goals, there is need for a strong pool of human and financial resources. We are fully aware that strong institutions don’t just happen; they are built through deliberate and sustained effort. It takes sacrifice and sweat to build Associations that objectively and effectively influence the provision of quality health care within nations and across regions. As KPA, we are willing to pay the price that will ensure sustainable growth of the association into a centre of influence and reference within and beyond the region. This, we are keen to do through strategic adoption of technology, investment in human resource and diversification of our income base. As a membership organisation, our success is hugely reliant on our ability to meaningfully engage our members every step of the way in the race to achieve our vision. It is said that ‘the most propitious person is the one that serves people’. We strongly believe that in their hearts, our members and other stakeholders have a soft spot for children. As a result, our endeavour to unconditionally serve children in Kenya and beyond will be a strong attraction to our partners.

We will nurture a listening ear and an active spirit that will help us continuously and rapidly respond to suggestions from individuals and entities around us. Our members’ career progression and welfare will be a central part of our programs and activities. We will also make it our responsibility to ensure that we make the practice of the profession enjoyable and fulfilling.
Executive Summary

We believe that research opens doors and improves knowledge and the way people look at and solve problems. KPA will focus on supporting and leading research and ensure that research findings are made available and adequately publicised. We will proactively create an inclusive medical environment where even the most vulnerable child in the remotest part of this country and the region at large has access quality medical attention courtesy of the benefits of new knowledge and strategic partnerships.

Part of what we desire to achieve is developing the capacity of KPA, through KEPRCON, to lead various forms of research. At the height of our aspiration is the desire to convert KPA and KEPRCON into a research hub within the next five years. The provision of quality health care to all children, in our view should be an equaliser. The ground needs to be levelled, and KPA needs to set the pace. With support from our partners, we will commit resources to build our capacity to engage in advocacy with the intention of strongly advocating for policies and decisions that promote access to health care by all newborns, children and adolescents.

We are eagerly look forward to working with the Central Government, County governments, legislature, and all line stakeholders to ensure that issues affecting paediatric services are well understood, articulated, debated, and responded to. Within the next five years, we will equally pay a lot more focus on policy initiation, formulation and legislation and faithful implementation.

All these, KPA cannot be achieved without the much coveted support from all parties. To the regulators, academic institutions, donors, pharmaceuticals and distributors, allied health care providers, insurance companies and agencies, the media, religious organisations, charitable organisations, responsible corporate citizens and independent practitioners out there, the successful roll out of this strategic plan undoubtedly depends on your input, support and encouragement. The Kenya Paediatric Association acknowledges and appreciates your contribution towards bettering child healthcare. And we welcome you, join the movement..
1.0 BACKGROUND

This section introduces KPA and states the rationale for developing the strategic plan (2018-2022).
1.1 Introduction

Kenya Paediatric Association is an organization whose membership is open to both individuals and entities that are passionate about the health of the Kenyan child. The current membership is largely composed of practicing pediatricians. Associate members include researchers, pediatricians in training and other health professionals who are interested in working with children. KPA is duly exempt from registration under section 10 of the Society's Act, Cap 108, Laws of Kenya.

The Association was registered in 1968 with the sole purpose of advocating for and advancing the healthcare related interests of Kenyan children. Since its formation, the Association has been engaged in various facets of children welfare including:

i. Fostering the interest of Kenyans through all measures considered necessary to combat childhood diseases by enlisting their cooperation in implementing such measures and by acting as a centre of public enlightenment on the management, prevention, control and eradication of childhood diseases,

ii. Disseminating knowledge concerning the causes, treatment and prevention of childhood diseases,

iii. Playing a significant role in counseling support in the fight against societal ills, including drug abuse, HIV/AIDS and rape/sodomy,

iv. Encouraging research into causes, management and prevention of childhood diseases in Kenya,

v. Collaborating on research, advocacy, education, training and sharing experiences for the implementation of best strategies

Since our inception as an Association, our vision has been to realize an optimal healthcare environment for children. The continuously changing environment calls for deliberate intentions and efforts to align KPA in a way that gives us a strategic edge. The last couple of years have seen the needs and expectations of our stakeholders grow. Our institutional capacity and impact have also grown. The increasing demand for our services is an affirmation of our efforts and a call to reinforce our mission and renew our dedication to serve our children. It is with this in mind that we highlight areas to prioritize in order to maximally utilize our skills and resources towards the achievement of our clearly defined vision.
1.2 Kenya Paedriatic Research Consortium

Years of experience in the sector increasingly made it clear that there was a need for KPA to get involved in research and become a leader in the search for knowledge and solutions in matters affecting child health. This inspired the registration of Kenya Paedriatic Research Consortium (KEPRECON), which is the research arm of the association.

KEPRECON serves to help achieve KPA's desire to initiate qualitative research into causes, management and prevention of childhood diseases in Kenya. It also collaborates in research, advocacy, education, training and sharing experiences for the implementation of best strategies in child health promotion.

KEPRECON has since its inception recorded enormous success, and the future looks encouraging. KPA will continue to work very closely with KEPRECON to ensure that members who are interested in research are adequately supported. KPA and KEPRECON will continuously lead in research to address the priorities for child health in Kenya, and stay committed to disseminate findings to ensure improved care for our children.
To define our strategic focus for the next five years, we examined our institutional identity from several aspects. This involved looking at both our internal and external environments and how they were inclined towards affecting our mission both positively and negatively.
2.1 Organizational Analysis (SWOT analysis)

Analysis of KPA's internal and external operational environment was aimed at identifying factors likely to support or hinder the achievement of set goals. The idea here is to tap to and fully take advantage of supporting factors while mitigating those that were likely to antagonize our mission.

2.1.1 Strengths

i. The association has a large pool of potential members who, with active engagement can be plugged in.

ii. KPA has developed a strong brand that is attractive to various potential partners, thus making it easier to get into collaborations.

iii. KPA has demonstrated strong ability to mobilize members to different causes.

iv. KPA enjoys a wide geographical representation with three active branches and members spread across the country.

v. The Association boasts a strong, functional, and committed leadership.

vi. KPA has become an authority in matters related to paediatrics.

vii. In KEPRECON, KPA has a strong vehicle through which research can be managed and led.

Within the next five years, there should be direct efforts not only to recruit new members but also to ensure that all members are fully compliant. The past activities have proved that KPA has the requisite capacity to mobilize members for a cause worth their while. This being so, we will put our best foot forward to deliver as many research, learning and networking opportunities as possible. In the period under this plan, KPA and KEPRECON will work closely together to serve the members for whom both entities exist.

2.1.2 Weaknesses

i. There is suboptimal engagement of current members through participation in Association activities and annual subscription.

ii. KPA currently faces an overreliance on corporate sponsorship, predominantly from pharmaceutical companies, for financial support.
iii. Members are not clear on the relationship between KEPRECON and KPA and the complementary role that each entity plays.
iv. KPA has been in the past perceived as an association for paediatricians working in Nairobi.
v. There is lack of diversity in the membership of the Association with most members being paediatricians.

2.1.3 Opportunities

i. A promising pool of untapped potential partners who provide a chance for more collaborations and engagement.
ii. A large number of unreached would be members.
iii. The existing gap in standardization of training and regulation the practice of paediatrics.
iv. A strong base of skilled members able to steer the growth of the association.
v. Enabling trends and technology that KPA can embrace to ease pressure on its operation and enhance efficiency.
vi. The availability of modern medical equipments that are either under-utilized and/or not utilized at all at the County level.
vii. Production and sale of relevant industry publication as a new revenue stream especially through sale of advertising space.
viii. Interactive networking and learning events for members as an extra revenue stream.
ix. Spearhead high impact community improvement projects that will raise the social and corporate profile of KPA, increasing is brand equity and making the pride of members as it also attracts corporate and development partners.

Regulation of the practice of paediatrics is an issue that needs specialized training and experience in the industry. The current lack of proper regulation calls for immediate engagement to ensure enhanced and informed control in how paediatrics is practiced in the country. KPA should seek to play a key role in determining the content of curriculum to be used in the training of paediatricians and allied workers. With current and potential members spread across the country, the Association should make maximum use of the capacity that is presented to strengthen the current branches and initiate new branches to ensure that services are taken closer to the people.
With widespread adoption in technology across the country, KPA should make use of this to reach out to new members, keep members engaged and market planned activities and achieved results. KPA should work towards building the capacity of health care providers to ensure that patients benefit fully from the availability of modern medical equipments.

### 2.1.4 Threats

i. Frequent and lengthy industrial unrests across the country.
ii. Political uncertainty characterized by undertones and civil unrests during electioneering period
iii. Unfavourable economic position which affect partners’ cashflow and in turn reducing available disposable income.
iv. Donor apathy within a section of the partners
v. Competition from other health-oriented BMOs

### 2.2 PESTEL

KPA operates in an environment with many factors that both direct and indirect effects on our operations. Informed by this fact, the strategic planning process included an in-depth analysis of the external environment with the aim of identifying opportunities that can be tapped and threats to be mitigated and or managed.

#### 2.2.1 Political Factors

Kenya enjoys a stable political environment albeit during the electioneering period. The political commitment to long term development goals including Vision 2030 and the Sustainable Development Goals is a vote of confidence for these project and a guarantee for their longevity. Devolution promises to create political and economic blocks that can help improve health service delivery. Devolution also means that intervention can be customized to the needs of specific counties and sub-counties. If poorly managed however, history has shown that the concept of devolution can be a threat to health care provision. Lack of prioritization of health and poor management of human resources can pose a direct threat to the achievement of KPA short-term and long-term goals.
2.2.2 Economic Factors

Kenya has been said to be one of the fastest growing economies in Sub-Saharan Africa. The World Bank projects that the country’s GDP will grow by 5.8% in 2018 and 6.1% in 2019. The discovery of oil deposits and the growth prospects therein coupled with other enablers such as the realization of Vision 2030 flagship projects like including the Standard Gauge Railway and LAPSSET promises to open up the country and stimulate economic growth that may affect how health care is provided.

Hard economic times that have been witnessed in the last few years however, paint a different picture altogether. This has seen the rise of unemployment rate, high cost of living, low standards of living and reduced purchasing power, all which affect the wellbeing of citizens and how many of them can afford quality health care for their children.

In the same vein, such economic situations call for the association to empower members in a way that they can steer strategic thinking and planning around the areas of job creation and other economic growth enablers.

2.2.3 Social Cultural Factors

Both the association and its members serve in an environment of mixed language, culture, gender, race and ethnicity. It then becomes imperative for all to consciously foster and exercise fairness and inclusivity in appreciation of our diversity.

Children's welfare being at the centre of what the association does means we should be able to to initiate and influence child-friendly policies and legislation.
2.2.4 Technological Factors

In acknowledgement of technology as one of today’s main driver of any meaningful change, the association will have to rise and fully make use of its staff and members’ ICT skills for it to remain relevant and cope with the changing world especially in communication, outreach and operation. The risk around this advancement and its effect on children has to be thought out and the association through its members device helpful ways and enter partnerships to keep children safe.

2.2.5 Environmental Factors

We operate in the era of global warming and its effects. The cosiety has become extremely eco-conscious and so should be the association. From its use of paper to employing other eco-friendly policies and procedures, KPA has to be seen to be at the front row of in the march towards an environmentally friendly society for all children in Kenya.

Mothers and children have to be intentionally protected from all toxic and harmful substances and conditions that cause or have the potential to cause negative health effects. KPA acknowledges that global warming has brought about changes in weather patterns. The unfamiliar conditions in turn affect food production, availability of healthy food and in the long run introduces new diseases in the eco-system not to mention the increasing rate of lifestyle disease prevalence even among children.

2.2.6 Legal Factors

KPA's existence is provided for and is protected by Kenyan laws. The Association's envisioned success will heavily depend on the ability to push for the passing of various legislations and policies. This will require common understanding and working with various stakeholders in the medical sector and policy makers. Herein also lies the rights and responsibilities of children, their guardians, medical practitioners and the association which KPA has to play advocate for.
Kenya Paediatric Association's strategic focus is anchored on a well defined vision, mission and core values, and so is this Strategic Plan.
Our Vision

"Optimal healthcare environment for children".

Our Mission

"To be the guide and leader in comprehensive child healthcare delivery through promotion of best practice in care, paediatrics training, research, policy formulation and capacity building ".

Our Core Values

i. Leadership
ii. Quality
iii. Inclusivity
iv. Integrity
v. Innovation
Five Pillars Of The Kenya Paediatric Association

- College of Paediatrics
- Institutional Strengthening and Resource Mobilization
- Research
- Advocacy
- Membership
3.1.1 College of Paediatrics

Kenya Paediatrics Association is committed to driving competence-based practice and service delivery. It is our strong belief that the realization of this has to start from the beginning—training. It is for this reason that we in this strategic plan envision the proposed College of Paediatrics. It is through this college that we will entrench innovation and integrity in the practitioners to enable our members embrace and personify industry best practice. The College of Paediatrics will emphasise excellence and quality services as the foundation upon which paediatricians and allied professionals will build and sustain their reputation as they provide competent, compassionate and ethical medical care. This will in the long run increase public confidence in the profession and harmonize standards across the region.

With the backing of this association and goodwill from all members, graduates from this college will have credibility, competence and ethics written all over them; making them highly sought after professionals. In the long run, shortage of skills will be unheard of, and so will be unemployment within this fraternity.

With a KPA backed College of Paediatrics regulation and policy formulation will have come closer home. This will be aided by the fact that these important parts of the profession are spearheaded by users and introduced to new professionals early enough in their career lives, as compared to where majority only meet these policies when they are already practicing.
3.1.2 Institutional Strengthening and Resource Mobilization

Strengthening our Human Resource and Governance structures of the Association will be one of our top priority aras within the life of this strategic plan. This will be achieved through a comprehensive capacity assessment followed by rigorous capacity building and filling of resource identified resource gaps. This will come with sustained efforts to growing the association’s financial muscle by widening our finance base, initiating income generating activities and attracting bigger allocations from corporate partners by creating more value for them.

To widen our resource base will start with availing most innovative yet most accessible and cost effective modes of payment. Flexibility will equally be adopted to allow for our members and partners to comfortably make payments to the association.

Prudent management of these resources will be the next stop. Financial management systems will be taken up to ensure both accountability and transparency. Where need be, capacity building of our secretariat and board will be undertaken to ensure everyone is informed enough on this front.

The service we procure will be audited to determine those we need to retain full time and those we may need to outsource, also reduce overhead and recurring costs. While there are enough efforts to bringing in more resources, we must as well focus on saving on as many sectors as we reasonably can.

This association will in the spirit of this strategic plan need to strongly look into diversifying our revenue streams. Today, we depend on members’ remittances and support for corporate partners. But options like stating a low cost but high returns projects such as creating high value events with corporate partners in mind, take up high value community projects and others could some of the be things to consider.
Successful existence and growth is this association is squarely anchored on its members. Our members are the reason for our existence. We acknowledge that the success we anticipate and plan for can only be achieved through friendly and informed management of our members. KPA will within the next five years devolve services and support offered to members to the regional levels through the branches. Capacity building through relevant and timely seminars, conferences and workshops will also be a key player in meeting this obligation. For the members’ benefit, KPA will negotiate and enter meaningful partnerships with providers of select services mostly consumed by our members. We will revamp our communication policy to enable us listen to our members more and communicate to them promptly and effectively so.

The Board and the Secretariat has made a commitment to spearhead and support improved services and strengthening of the branches. A member satisfaction survey will be carried out country wide. All members and associates research will be put in a repository. The value and appeal of CPD will be increased. Online trainings will be introduced at a reasonable fee. Seminars will also be devolved to regional branches.

Besides the above, efficient communication systems will be put in place to facilitate timely and accurate transmission of information. A robust database management system is one of the tools to consider as we do this make-over of the association. Tools like dynamic Bulk SMS and other efficient yet affordable systems will need to be considered.

Introduction of service delivery tools like short codes of USSD codes that facilitate affordable self-help services to the members will make interaction between members and the association easier, faster and productive. We will move from viewing them only as members, but treat them as premium clients. Seek the best for them and deliver the best to them. This should build their confidence further in the association, increase their goodwill and make it easier for them to support the association unwaveringly.
3.1.4 Research

KPA purposes to engage in qualitative research that will inform the paediatric practice and optimize service delivery to those under our much needed care. A deep and broad needs-based approach will guide in the selection of the research areas. Through a friendly research policy, we provide for and support a vibrant research environment where members can individually or in teams conduct research in particular areas of interest. Our research policy will among others also seek to provide long term sustainable solutions to prevailing and emerging health challenges. KPA will collaborate with KEPRECON to ensure that members are fully supported in their research endeavors.

The decisions we make about our research priorities will be geared towards supporting our mission. We will seek to attract high quality personnel that can lead and support research that can provide long term solutions to emerging and existing health problems. Research opportunities will be devolved and diversified. KPA will collaborate with KEPRECON to ensure that members are fully supported in their research endeavors. The role and relationship between KPA and KEPRECON will be publicized among members and stakeholders. The research arm of the association will also be marketed and branded as a research hub.
3.1.5 Advocacy

KPA will continuously identify and communicate issues of concern in the area of child and adolescent health, engage relevant audiences in dialogue and push for action by relevant decision makers. To ensure effective advocacy, the Association will seek to build the capacity of members and the secretariat. Enhanced capacity will ensure that KPA will effectively assess issues put forward. The Association will also prioritize areas where we feel our efforts of advocacy can impact our stakeholders effectively.

On matters policy and the child health rights, the association will not lie low and wait. We will be on the fore front in policy and legislative processes. Through already created linkages, and many others we will foster in the coming days, we will influence policies. We will initiate legislation and we will champion full implementation of all existing policies, laws and regulations while active working to review any outdated ones or those that are inconsistent with global standard practice.

This association will be known far and beyond as an anchor reference point on all matters child health and related issues. It is at this point that we encourage every member to find a place for their names in this advocacy exercise. Play a part. Own a piece of this cake. Shape the future of child health not just in Kenya, but globally.
RESULTS
MATRIX
4.0
Mission: "To be the guide and leader in comprehensive child healthcare delivery through promotion of best practice in paediatrics training, research, policy formulation and capacity building of members".

**College of Paediatrics**  
Strategic Objective One (1): Provide guidance and support the practice of paediatrics through informed regulation and control of standards.

<table>
<thead>
<tr>
<th>Impact</th>
<th>Outcomes</th>
<th>Objectively Verifiable Indicators</th>
<th>Proposed Interventions</th>
<th>Assumptions</th>
</tr>
</thead>
</table>
| Enhanced competence and professionalism in the provision of health care to children. | - Informed regulation of professionals and training institutions | - A fully functional College of Paediatrics | - Registration of a College of Paediatricians | - College will get legal backing  
- There will be adequate funding  
- College will find competent faculty. |
| | - Increased collaboration with other bodies to ensure effective regulation and delivery of services | - Signed and binding agreement reflecting consensus with the medical board on the role each body will play in the registration & in the regulation of professionals practising paediatrics | - Engagement with the medical board to avoid replication of roles | - Stakeholder will be responsive |
| | - Improved control and engagement on the content of paediatrics curriculum | - Consensus with relevant training institutions on modalities and the role to be played by each entity. | - Engagement with training institutions to define role of KPA and the scope of curriculums | - Stakeholder will be responsive |
| | - Clear definition of career path progression for both clinical paediatricians and academic/research paediatricians | - Published guideline on career path progression for paediatric trainees | - Stakeholders' forum with the various stakeholders | - Stakeholder will be responsive |
| Increased influence of KPA in Kenya | - Coordinated regulation in the training and practice of paediatrics across the region | - A functional Eastern, Central and Southern Africa College Of Paediatrics (ECSACOP)  
- Formal recognition by the medical boards and training institutions across the region | - Seek recognition and support from regional blocks and in-country bodies.  
- Establish apprenticeship competency based training  
- Promote fellowship training  
- Identify and have an agreement on and with training and examining centres across the region | - College of Paediatrics will first have notable influence at home  
- Entities in neighbouring countries will be responsive |
## Institutional Capacity Building and Resource Mobilization

**Strategic Objective Two (2):** Create the institutional, operational and financial capacity to effectively manage anticipated growth.

<table>
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<tr>
<th>Impact</th>
<th>Outcomes</th>
<th>Objectively Verifiable Indicators</th>
<th>Proposed Interventions</th>
<th>Assumptions</th>
</tr>
</thead>
</table>
| Economic sustainability and independence at KPA | - Increased revenue from members subscription | - Number of new members  
- Number of fully paid-up members  
- Number of associate members  
- Number of corporate members  
- Increase in subscription fee | - Active recruitment of members  
- Adopt innovative payment plans (option for instalments over the whole year with acknowledgement of receipt of payment)  
- Diversify and publicize payment options eg. Mobile money. Publicize via emails, SMS, and website  
- Increase number of associate members  
- Introduce corporate membership. Target strategic corporate organization.  
- Increase annual membership fee to Ksh. 5,000 in the third year of the strategic plan. | - Obtaining KPA membership will be attractive to the target groups |
| - Increased revenue from KPA activities | - Increase in number of individuals involved in CPDs and trainings  
- Increase in number of seminars at branch level  
- Increased attendance of the annual scientific conference | - Enhance the value and appeal of CPD and online trainings and charge a fee.  
- Devolve seminars to regional branches  
- Design merchandise for sale to members during KPA activities as well as online. This could include mugs, T-shirts, pens, and diaries | - KPA initiatives will be attractive to target group |
<table>
<thead>
<tr>
<th>Results Matrix</th>
<th>Enhanced capacity to run operations and programs</th>
<th>Enhanced capacity to run and grow KPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Increased revenue from grants</td>
<td>-Number of sponsored activities</td>
<td>-Seek sponsorship for KPA activities</td>
</tr>
<tr>
<td>-Number of projects and programs</td>
<td>-Operational systems</td>
<td>-Increase consultancy activities</td>
</tr>
<tr>
<td>-Increased attendance of annual scientific conference through aggressive marketing and value addition</td>
<td>-Develop personalized web-based portals and mobile applications for members to track membership status, make payments, register for events, receive announcements etc</td>
<td>-Enhance support for online CMEs, tele-conferencing, and tele-medicine</td>
</tr>
<tr>
<td>KPA will be attractive to professionals with required skills and experience</td>
<td>-Better use of technology towards achievement of set goals</td>
<td>-Members will be responsive to proposed technology-based solutions will be</td>
</tr>
<tr>
<td>Strengthen the KPA secretariat</td>
<td>-Human resources audit report</td>
<td>-Independent human resource audit to determine existing capacity and needs of the secretariat (including at branch level)</td>
</tr>
<tr>
<td>-Report implementation of the recommendations from HR audit</td>
<td>-Results of satisfaction survey targeting the Secretariat</td>
<td>-Fill existing capacity needs of the secretariat through capacity building and hiring as appropriate</td>
</tr>
<tr>
<td>-Assess the general work environment and implement recommendations</td>
<td>-Operational systems</td>
<td>-Offer competitive remuneration to the secretariat</td>
</tr>
<tr>
<td>-Offer competitive remuneration to the secretariat</td>
<td>-Number of members making use of the systems</td>
<td>-Sustained availability of grants from funding institutions</td>
</tr>
</tbody>
</table>
## Results Matrix

**Membership**

Strategic Objective Three (3): We intend to continuously grow and deliver value to a diverse and committed membership

<table>
<thead>
<tr>
<th>Impact</th>
<th>Outcomes</th>
<th>Objectively Verifiable Indicators</th>
<th>Proposed Interventions</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Enhanced value and response to members’ needs</td>
<td>-Greater ownership and commitment of members to KPA activities and wellbeing</td>
<td>-Number of members mentored</td>
<td>- Mentorship program that will help with post qualification life. Create mentorship task force to lead this.</td>
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<tr>
<td></td>
<td></td>
<td>-Operational databases</td>
<td>-Updates to members on how KPA is doing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Number of regions and facilities visited</td>
<td>-Open database for members which is accessible to members of public</td>
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<tr>
<td></td>
<td></td>
<td>-Survey results</td>
<td>-Rotational hosting of ASC</td>
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<td></td>
<td></td>
<td></td>
<td>-Develop repository for all members' research work</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>-KPA representatives to tour the regions</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-Survey on satisfaction of members</td>
<td></td>
</tr>
<tr>
<td>-Increase in subscription levels</td>
<td>-Increase in number of new members</td>
<td>-Number of paid-up members</td>
<td>-Develop incentives for paid up members including points for conferences, CME’s and Symposia. Introduction of membership identification cards that can identify paid-up members.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-Subscription drives will be fruitful.</td>
<td></td>
</tr>
<tr>
<td>-Increased attractiveness of non-members to KPA</td>
<td></td>
<td></td>
<td>-Enhance benefits to all members e.g. negotiate with insurance companies for professional indemnity discounts</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-KPA will be attractive to all cadre of members</td>
<td></td>
</tr>
<tr>
<td>Assumptions</td>
<td>Proposed Interventions</td>
<td>Objectively Verifiable Indicators</td>
<td>Outcomes</td>
<td>Impact</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------</td>
<td>----------------------------------</td>
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<td>--------</td>
</tr>
<tr>
<td>- Recruit all paediatric registrars to be senior associate members - Encourage recruitment of allied health care workers - Recruit corporate members - Enhance lifetime membership</td>
<td>- Operationalize and strengthen existing branches - Increase visibility of national activities at branch level - Periodic reports from branches to headquarters and vice versa</td>
<td>- Highly interactive and always up-to-date website and social media platforms - Number of successful events at branch level - Number of branches with representation at national level</td>
<td>- Start and equip new branches - Number of new branches</td>
<td>- Decentralisation of functions to regions within the country - Enhanced capacity of KPA to carry out advocacy</td>
</tr>
<tr>
<td>- Requisite finances will be available. - Seamless flow of information.</td>
<td>- Initiate and empower new branches</td>
<td>- Number of successful events at branch level - Number of branches with representation at national level</td>
<td>- Coordinated working with the medical board to ensure paediatricians are members of KPA</td>
<td>- Enhanced Quality assurance and observation of professional ethics</td>
</tr>
</tbody>
</table>
### Results Matrix

**Research Strategic Objective Four (4): To support and provide leadership in research and continuously evolve as a leader in paediatric**

<table>
<thead>
<tr>
<th>Impact</th>
<th>Outcomes</th>
<th>Objectively Verifiable Indicators</th>
<th>Proposed Interventions</th>
<th>Assumptions</th>
</tr>
</thead>
</table>
| -Enhanced capacity to lead, conduct, and support research | -Improved coordination between KPA and KEPRECON | -Number of KPA members actively participating in KEPRECON activities. | -Review KPA / KEPRECON MoU  
- Publicise the role of KPA and KEPRECON and the relationship between the two among members and stakeholders  
- Continually make available KPA and KEPRECON annual reports | - Members will be willing and available to part in research activities. |
| | -Improved support and opportunities to members willing to engage in research | -Number of members easily accessing KPA and KEPRECON support for research activities  
- Number of research projects managed by KPA and KEPRECON | - Keep stakeholders updated on available research opportunities  
- Continuously map out potential areas of research  
- Devolve research opportunities  
- Support interested researchers with concept development and in fund raising  
- Quarterly updates on progress in research  
- Hold quarterly meetings to discuss progress and status of research. This can be virtual meetings. | - Research opportunities and funding will be available. |
| Become a regional research hub, through KEPRECON with a fully fledged consultancy arm | -Increased capacity to handle and manage workload in diverse forms of research | -Number of research projects managed by KPA and KEPRECON | -Build or hire the right skills to lead in fund raising and in management of research | -KPA will find competent research talent. |
### Results Matrix

<table>
<thead>
<tr>
<th>Objective</th>
<th>Outcome 1</th>
<th>Outcome 2</th>
<th>Outcome 3</th>
</tr>
</thead>
</table>
| Become a regional research hub, through KEPRECON with a fully fledged consultancy arm | - Increased capacity to handle and manage workload in diverse forms of research  
- Build capacity to respond in a prompt and informed manner to funding opportunities | - Number of research projects managed by KPA and KEPRECON | - Build or hire the right skills to lead in fund raising and in management of research  
- Build links with relevant IRBs to facilitate research  
- Diversify on the type of research conducted to include project evaluations, baseline surveys, project design and so on  
- Identify potential consultants and build their capacity (train and mentor) |
|                                                                           |                                                                           |                                                                           | - Establish synergy through partnerships  
- Number of successful partnerships | - Brand and market KPA /KEPRECON as a research hub | - KPA brand will be appealing to partners |

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*Note: KEPRECON refers to the Kenya Public Records and Information Commission.*
## Advocacy

Strategic Objective Five (5): Raise awareness and directly engage with decision-makers to influence decisions and prompt action on issues affecting Kenyan children and adolescents

<table>
<thead>
<tr>
<th>Impact</th>
<th>Outcomes</th>
<th>Objectively Verifiable Indicators</th>
<th>Proposed Interventions</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced capacity of KPA to carry out advocacy</td>
<td>-Well coordinated and effective advocacy campaigns</td>
<td>-Number of successful advocacy initiatives</td>
<td>-Establish an advocacy committee</td>
<td>-KPA will find a reliable capacity building partner.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-Build the capacity of the advocacy committee</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>-Build capacity of members to engage in advocacy at various levels</td>
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<td></td>
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<td></td>
<td>-Develop a calendar of activities of all key national events and update members on a quarterly basis</td>
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<tr>
<td></td>
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<td></td>
<td>-Annual KPA child health days in the branches/counties</td>
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<td></td>
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<td>-Hold or have representatives in events relevant to child health</td>
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<td></td>
<td></td>
<td>-Organize annual National Status Reports on Neonatal, Child and Adolescent Health in Kenya</td>
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<td></td>
<td></td>
<td>-Develop and maintain a hub of information on matters of child health</td>
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<td></td>
<td>-Provide on KPA website simplified health care messages targeted to healthcare providers, children, parents, and caregivers.</td>
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<td></td>
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<td></td>
<td>-Reach out to influential groups and social media platforms whose membership is mostly mothers.</td>
<td></td>
</tr>
<tr>
<td>-Increased visibility of KPA</td>
<td>-Number of successful events</td>
<td></td>
<td>-Events will be successful</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Number of hits recorded for the website</td>
<td></td>
<td>-Website and social media will attract traffic.</td>
<td></td>
</tr>
</tbody>
</table>
### Results Matrix

<table>
<thead>
<tr>
<th>Favourable policy environment</th>
<th>-Enhanced implementation of child and adolescent health policy</th>
<th>-Level of implementation</th>
<th>-Lobby government and other stakeholders for implementation of child and adolescent health policy</th>
<th>-KPA will find political goodwill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-More supportive environment in the provision of child health</td>
<td>-Level of buy-in</td>
<td>-Review new/proposed laws touching on the health of children and give input</td>
<td>-Members will embrace new policies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-Influence buy-in of the new Child Health Policy by members</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Improved access to optimal healthcare and protection of the Kenyan Child</th>
<th>-Mitigate barriers to access of quality health services for children</th>
<th>-Number of Counties with improved access to quality health services for children</th>
<th>-Assist in development and dissemination of standards of care in Pediatrics and Child Health -Work towards eliminating cost, distance, adverse socio-cultural practices, and caregiver education as barriers to child health -Avail paediatric consultancy services to counties with limited human resource.</th>
<th>-Host communities will be hospitable and receptive. -County governments will be supportive.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-Eradication of child abuse and violation of children rights</td>
<td>-Number of initiatives -Number of community members reached</td>
<td>-Get engaged in the fight against FGM/C -Advocate for the rights of children with disability</td>
<td>-These efforts will be fruitful.</td>
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</tbody>
</table>
IMPLEMENTATION MONITORING AND EVALUATION
This strategic plan has given a sharp focus to the desired outcomes while also listing some of the proposed interventions. It is worth noting that the list of proposed interventions is not exhaustive as this is only a guide towards achieving the desired impact and outcome. This strategic plan will be implemented through annual implementation plans.

The specific activities and desired targets for every year will be set within the annual implementation plan. At the end of each year, a detailed evaluation of the annual plans will be undertaken with a focus on effectiveness, efficiency, impact and documentation of lessons learnt. This will help in setting the targets for the subsequent year(s), adopt better implementation approaches and maximize on what works well.

The success of implementation will depend heavily on the ownership, skills and commitment of the board, the secretariat, members and partners. Annual planning will be done in a consultative manner incorporating input from relevant stakeholders.
With the support of the General Assembly and the Board, the Secretariat and the Committees (formed according to the key result areas) will be charged with the responsibility of implementing the strategic plan. KPA will work in collaboration with KEPRCON Board to ensure realization of set goals.
6.0 Proposed Implementation Structure

- KPA Secretariat
  - Institutional Strengthening and Resource Mobilization Committee
- College of Paediatrics
- Membership Committee
- Research Committee
- Advocacy Committee

- KPA Board
- KPA General Assembly
- KEPRECON Board Committee: Research
  - Director of Projects
    - Operations Manager
    - Technical Research Team