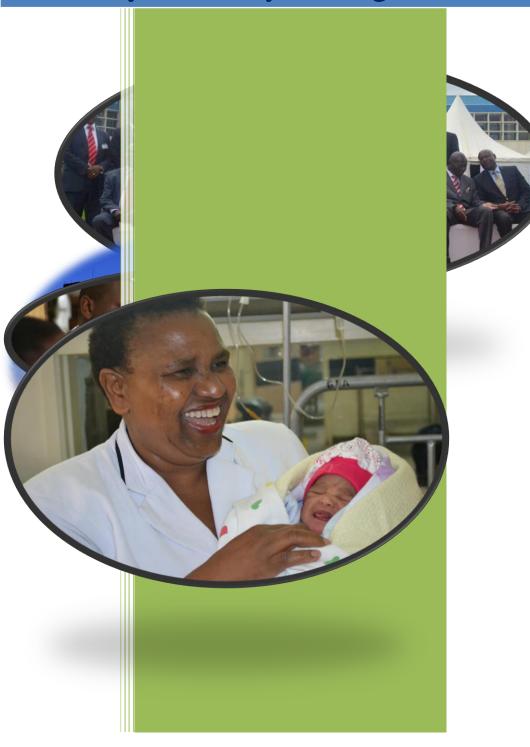


Kenya Country Strategic Plan 2013-2018



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Summary

Health Systems Management Association -was founded through collaborative efforts by individual health Managers and representatives of Kenyatta University, Kenya Methodist University and other stakeholders. The representatives selected a working team that put together a constitution, registered the association and came up with this working document that covers 2014-2018. This document introduces health systems in Kenya; highlighting the gaps and opportunities that exist to meet the challenges facing health sector. Inadequate management and leadership skills appear to be the most important barriers to improving health in the country.

Over the years' poor management in the health sector has left it - riddled with high mortality and morbidity rates. There has been inefficiency, poor planning, bad decisions, little execution, inconsistent policies and laws, centralized decision making without mentioning corruption, poor governance and inadequate distribution of resources. Of concern -is the level/amount of responsibilities put on managers with minimal training on management. Unlike other professions, there exists no clear health manager support with doctors, nurses and other health care workers left alone to manage health. This calls for a different resolve by the health sector managers.

This strategic plan establishes a foundation on which to build upon a formidable network of health managers with "a systems thinking". The document contains HeSMA's core ideology that establishes who we are, our vision, mission, and core values. We have presented an accurate analysis of health system including the current devolved process and functions. We have outlined our sources of funds and matched the gaps with actionable plans to meet the needs in the health systems. The SP addresses the priority areas as outlined in the Kenya National Health Policy of 2012-2030 focusing on comprehensive leadership and management sections aimed at improving health management, health information, cost containment and leveraging on multisectoral systems approach that is people centered.

Lastly, our strategic direction has well laid down objectives and activities that are specific to help us achieve 5100 members by 2018. Out of these members we plan to exceed their expectations through capacity development and formation of 7 chapters within Kenya and the larger East African region. This will ensure that we can accommodate their development and that each of our members will add value to the health system.

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Abbreviations and acronyms

AGM Annual General Meeting CEO Chief Executive Officer

CHAK Christian Health Association Of Kenya

CIC Committee on the Implementation of the Constitution

GDP Growth Domestic Product GOK Government of Kenya

HeSMA Health Systems Management Association

HSM Health Systems Management HSS Health Systems Strengthening

ICT Information Communication and Technology

KEMU Kenya Methodist University
KHPF Kenya Health Policy Framework
KIM Kenya Institute Of Management
KMTC Kenya Medical Training College
KNH Kenyatta National Hospital
KPI Key Performance Indicators

KU Kenyatta University

MSH Management of Science for Health

PPP Public Private Partnership SO Strategic Objectives

SP Strategic Plan

SWOT Strength Weakness Opportunities and Threat

UNDP United Nations Development Program

1. Introduction

In 2013, the Health Systems Management Association (HeSMA) was established and registered as an organization to champion Health Systems Managers' aspirations. Guided by the motto *Professionalism in Health Management*, HeSMA supports Health Systems Managers in their professional and academic growth, and development. Since its inception, it was acknowledged that HeSMA was positioning itself for a long arduous but rewarding journey.

Today HeSMA remains the only advocacy association for professionals and institutions in the Health Systems Management industry. Augmented by its broad infiltrative growing membership, both individual and corporate, HeSMA continues to evolve as the premier organization for health manager capacity building and development. Aligned to the Kenya Health Policy Framework (KHPF) 2012-2030, HeSMA's approach is anchored on adopting multisectoral and/or multidisciplinary collaborative partnerships. Towards exemplary success, HeSMA will continue to transcend organizational and geographical boundaries to respond to the ever-changing dynamic needs of Health Systems Managers.

The purpose of this Strategic Plan is to consolidate the HeSMA2014-2018goal. The plan provides a basis and structure to direct interventions, investments and decision making in planning, management and development of HeSMA. This strategic plan brings together information on our core ideology, strategic direction, implementation plan, and monitoring and evaluation plan.

2. Core ideology

2.1. Vision

To be an effective body of health systems knowledge, skills and practice that promotes the highest level of quality health service delivery in Kenya and the region.

2.2 Mission

Health Systems Management Association exists to:-

- Influence the utilization of systems approach in health service delivery in Kenya and the region
- Raise a generation of health system managers who will champion for Health Systems Strengthening (HSS) in Kenya and the region
- Be an authority in the leadership, management and governance of health systems in Kenya and the region

2.3 Core values

HeSMA's core values are embodied in how we conduct business and interact with our members, partners and multi-stakeholders. We affirm and are committed to;

- Integrity- We advocate and emulate high moral conduct in all we do
- Diligence- We are focused, work hard and commit ourselves to tasks and responsibilities handed to us
- Development- We recognize learning is essential to our members' ability to innovate and continually improve ourselves, Health Systems Management profession, health sector and the organizations we work for

3. Analysis

3.1. Source of funding

The principal source of funding for the association is membership contributions. The individual membership offers opportunity for participation and involvement of Health System Managers which in turn creates ownership and pride by the members. The core to this is a progressive value addition intended for individual members to sustain commitment and membership subscription. There are different categories of membership with different levels of trainings. Each member is entitled to certain benefits and privileges that commensurate with their level of training and certain obligations.

Corporate members form a basis for expanded opportunities for the association to finance capital development, annual conferences and running of programs that have a bigger budget. They provide opportunities for organizational growth and expansion, and for conference and training. Corporate memberships could also further their business agenda and provide practical solutions to health care sector while establishing partners through networking.

HeSMA will also raise funds through donors and development agencies to cater for the gap between the strategic plan and the activities in it..

Whether HeSMA should develop internal mechanism to generate income is still debatable. Ultimately we have come up with conceptual framework to create opportunities for members to provide consultancy services to individual members and organizations. These are the areas that have been suggested:

- Career preparation for novice managers though internship and attachment.
- Registration of a business arm of the association that will provide (near free) consultancy services for institutions, countries and governments.
- Endorsement, a one stop shop for health. We could offer health solutions in form of products and services.
- Offering professional short courses to health care managers.

3.2. Use of finances

Finances will be used for the purposes of enhancing the capacity of health and that of the members based on the laid down finance and human resource policies.

3.3. Identity

HeSMA has taken a different approach from other associations. Key in this is the nature of association. HeSMA exists to add value to the members and the health managers in Kenya. First HeSMA wants to be known as the only association with a pool of managers that any institution should hire/engage to improve health and achieve its purposes. Corporate members are enlisted based on the value they add to the healthcare professions, partnership are forged based on the shared interests and passion in health system management.

3.4. The need of health industry

Membership needs is core and our meeting and responding to their needs is our priority. A model where we match the quantity of our individual members and that of corporate needs of health care industry provides avenues for HeSMA to not only identify opportunities but also mould solutions at all levels of health and systems.

3.5. Mandate

Our mandate is to introduce and support a systems thinking to health management. Our membership is our business (both at individual and at corporate level). We exist to help our members respond to health needs, measure capacity to improve, promote, finance, and sustain health ultimately reducing health inequity and securing health for all using local solutions and strategies.

HeSMA is the only professional voice of the health systems managers in Kenya and the Region.

3.6. Collaboration/Endorsement/Alliances

- 3.6.1.Local: HeSMA has endorsed to be local and relevant. Collaboration done through partnership, alliances and memoranda of understanding form a base of such collaboration. Local organizations include government, civil societies and development partners, NGOs, faith based organizations, universities and colleges. Currently, some of the local partners include GOK, Machakos county Government, Kenya Methodist and Kenyatta Universities, KMTC, Strathmore University, KIM, KNH, CHAK facilities among others.
- 3.6.2. Global: HeSMA has countries to engage and will establish partnerships with organizations that have international mandate in the areas of pharmaceutical, development, research and Health care provision on matters touching health care, Peer-based training and mentorship, institutional management, volunteer management, database management, recruiting, marketing, starting health ventures, health care management, capacity building, health systems strengthening, African health systems, international volunteerism, social health entrepreneurship and franchising. This may include individual health executives, universities, International organizations dealing with Health financing such as World Bank, UNDP and other development partners.

4. Governance

HeSMA highest Authority is the AGM consisting individual and corporate members that are eligible to make decisions for the Association. The AGM provides oversight to the Board members and the broad mandate. They also maintain the identity of the association. The AGM meets every year during the Annual Conference for Health System Managers. The board constitutes seven members with varied background who also provide leadership and guidance to the secretariat. Three of the board members are nominated and democratically elected during the AGMs by members and are appointed by the board based on the competence in as directors.

The management of the association rests on the CEO and his staff who are responsible for the day to day running of the association. The CEO assumes the responsibility of the secretary once the board is constituted or reconstituted.

5. Work Force

Health workforce is the largest in the industry and takes about a fifth of the GDP. In Kenya there exist 33 cadres each with a different professional status and subscribing to specific code of practice. Not all health care staff can effectively manage health and that's the reason behind the reforms that seek to ensure that the different cadres are harnessed and coordinated to achieve one goal. There exists

competition among the different cadres and especially when each demands to be felt as the most important in the workforce.

Prudent management practices that understand or borrow a lot from different professions are the way to go. Individuals with good leadership and management skills must be identified and developed so that they can specialize in health management. In this line, HeSMA exists to help the health workforce produce their own to manage the rest. HeSMA membership comprises of Doctors, Nurses, Clinical Officers, Laboratory Technologists, Pharmacists, Health records and information officers, Human resources managers, accountants/health economists etc with added training in management as enshrined in the constitution.

6. Methods of Work/Scope

We share current information, develop the knowledge, improve skills through mentorship, conduct health systems research, provide networking opportunities, regulate health management and advocate for better standards in health sector both in the public and private environment.

The geographical spread of HeSMA work is regional (larger E. Africa because that's where we draw our members).

7. The SWOT analysis

7.1. Strengths

HeSMA has attracted committed and professional core steering committee set up by a governing constitution that spells out how the association is run. The constitution has been aligned to the current Kenya constitution of 2010 and can be operationalized for the region.

Other strengths include

- Strong Public Private Partnerships including linkages with training institutions such as Kenyatta University, Kenya Methodist University, Strathmore and Kenya Medical Training Colleges, School of Government etc
- Profound interest and goodwill from committed partners such as Ministry of Health (MOH), Management Sciences of Health(MSH), Kenya Institute of Management (KIM), pharmaceutical firms etc
- Affordable membership registration fees
- Certification on membership registration
- Health sector environment promotes membership selection diversity i.e. there is a pool of several potential members from multiple disciplines e.g. nursing, health systems management, medicine, pharmacy etc.
- Established office/headquarter premise
- Easy- to- access updated HeSMA website
- HSM which includes HSS is currently the "in thing/buzz word"
- Increased national and regional visibility through attendance of various forums

7.2. Opportunities

HeSMA has an opportunity to influence Health through her membership. As Kenya and the region seek to recruit professionals to manage the health sector, HeSMA is the professional body of choice that will bring together managers who have specialized in Health System Management at all levels. -.

As the country goes to **devolution**, the mandate for HeSMA has expanded. We need to support the counties to come up with definite systems that will ensure financing and delivery of quality health is assured through systems and offices like IGR, and commissions such as CIC. Relying only in budget from the National government is not smart enough. The system has to ensure that health is cost effective, affordable and reasonable first. The money used by Kenyan households, who have hard times managing the cost of illness, goes beyond their daily budget. Health care must be prioritized to ensure that what is to be financed relieves them these monies for other economic improvement investments. World Bank and WHO has put more focus on what type of health care should be delivered by smaller governments. Primary health care that includes preventing health problems and promoting health and wellness could be Key. Financing the type of health that reduces expenditure on health is probably the best strategy. Passing bills that promotes health and prevents diseases should be the point of focus. Counties could seek to team up, retain the previous Provincial Hospitals and fund their operations together instead of putting up referral hospitals. Within the frameworks available i.e. the Kenya constitution, Kenyans has a right to medical and emergency health care- the best quality possible. Internationally we have treaties and conventions that tie us to certain deliverables (Rome 2003, Paris 2005, Accra 2008, and Busan 2011). Our own Kenya Health Policy puts focus on responsiveness, rights based programming and equity.

The region is in dire need for modernization and adoption of ICT based better and efficient equipment/supplies and quality health care. There is a lot of interests in investments in infrastructure development, health insurance and an expansion of workforce for health. Health System approach is both an efficient but also sustainable method of re-looking at the health reforms in the region.

A good example is Rwanda whose health managers/administrator has been given a period of 2years to attain a special training in health systems management through a policy notice.

Kenya is also considering implementing a scheme of service that will see to it that from Tier 2 to the Permanent Secretary, all managers for health must be specifically trained to run health sector and must comment substantial time into management. HeSMA is participating in development of the scheme of service in collaboration of other partners and the ministries of health and the public service. Other opportunities include:-

- Exponential growth inevitable due to widely dispersed legible potential members
- Current viable membership is not only in Kenya but spans across Eastern Africa, and is bound to infiltrate even beyond
- Several collaboration and partnership opportunities with public and private sectors
- Showcasing/visibility HSM best practices and systems thinking through media, conferences, capacity building and publications
- Kenya National Health policy towards vision 2030 that encourages improvement of Health management systems

7.3. Weaknesses

• Slow membership enrollment

- Limited financial resources
- Key players currently exhibit limited understanding and/or appreciation of Health Systems Thinking
- Core steering committee members have competing employment priorities

7.4. Threats

- Resistance hence lack of support from other existing health disciplines and associations
- Members from diverse healthcare bodies and professions which may be governed by divergent policies
- Lack of human resource; core steering team bear individual employment commitments

8. Strategic Direction

8.1. Strategic Planning Process

The HeSMA 2014- 2018 Strategic Plan was developed by the Strategic Planning Steering Committee through a collaborative consultative process. As a result of the inclusive process, an authentic road map which not only embraces the membership but also holds them responsible and accountable to our core values emerged. In addition to conducting a membership review and SWOT analysis, the strategic planning methodologies were guided by the following questions;

- What do we envision for the next 3 years?
- What are our specific strategic directions? Where should we focus our energies and resources?
- So far what are the HeSMA strengths, weaknesses, opportunities and threats (refer 7 above)
- What are the Association's next steps?

Based on the findings, Strategic Objectives (SO) and their Key Performance Indicators (KPI) were established. Ultimately, this final strategic plan will be shaped by broad intricately intertwined input from all segments of the HeSMA membership.

8.2. Strategic Objectives

HeSMA objectives are four and are meant to improve and sustain health through a systems approach. They are:-

- **Strategic Objective 1:** To establish an operational governance and management structure by May 2015
- **Strategic Objective 2:** To advocate for recognition of health systems managers as professionals in Kenya and the region
- Strategic Objective 3: To increase membership to 1700 members per year up to 2018
- **Strategic Objective 4:** To develop health systems thinking capacity of at least 60% of members (individual and corporate) per year, up to 2018 through programs meant to improve health and increase members' value.

8.3 Strategies/activities

The strategies and activities carried out by HeSMA based on the objectives are:-

| | Strategic Objective | Activities | |
|-----------|------------------------|------------------------------------------------------|--|
| Strategic | Establishment of an | a) Provide technical/organizational leadership, | |
| Objective | operational governance | management and governance support on Health | |
| 1 | and management | System Management | |
| | structure | b) Establishment of a secretariat based on the HeSMA | |
| | | organization structure | |

| | | c) | Operationalize the SP 2014-2018 |
|-----------------------------|-------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Strategic Objective 2 | Advocate for recognition of health systems managers | a) b) c) | Work with policy holders especially politicians, top leadership and governance structures at the Ministry of health, public service commission and finance and human resource managers to ensure that health systems managers have a place in the health sector Engage relevant stakeholders to champion for policy, regulations, and standards on health system issues. Establishment of the Journal of Health System Managers |
| Strategic Objective 3 | Membership recruitments and welfare | a) b) c) d) | Membership recruitment from the region Establish a cadre pertinent to health and recognizable within the stakeholders(distinguish from administration) Implementation of code of practice Realization of a scheme of service for Health Systems Managers Regulate, discipline, reward, sustain the Profession |
| Strategic Objective 4 | Develop and sustain capacity of Health Systems Managers and institutions increasing their value | a) b) c) d) e) f) g) | Enlighten members, organizations on different approaches in health Promote principles of equity in Health System Mangers and health systems strengthening Conduct audits and assessment to find and promote best practice for health sector Support and develop 7 chapters Provide mentorship for Health System Mangers Conduct peer to peer reviews Reward best practices for membership of the association Design functions, roles, duties, responsibilities and term for Health System Manager |

9. Strategic Priority Areas

- 9.1. Membership recruitment/mobilization
 - Receiving application
 - Processing application
 - Establishing a database
 - Networking and sensitization
 - Participation of members in any of the pillars of health systems
- 9.2. Professionalization
 - Role responsibility
 - Define functions of a health Systems Manager
 - Code of practice
 - Establishment of a cadre and a name for health managers
 - Recognition of the profession and the actors
- 9.3. Improve capacity and value (knowledge, competence, skills)

- Quarterly Journal of health Systems Managers
- Provide briefs and updates for health managers and the health sector
- Accept, reviewing and publishing of abstracts, articles and other publications
- Facilitating peer to peer review
- Establish 7 chartered chapters
- Organizing seminars, workshops and conferences
- 9.4. Reward best performance in categories
 - Hospital category
 - Parastatal Category
 - Programs Category
 - Best county awards
 - Health Systems Manager of the year

10.Institutional Framework

By stepping up its current activities and developing new ones, HeSMA will continue to increase its resonating presence, under the governance and leadership of its National Advisory and Supervisory Board and Secretariat, which are constituted as shown in Fig 1&2.

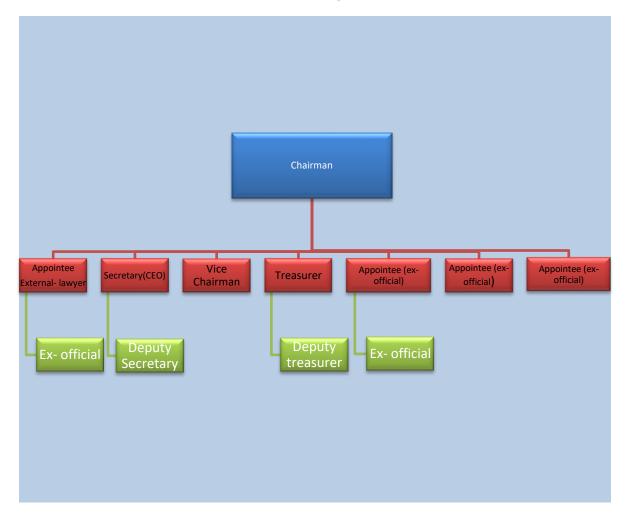


Figure 1: HeSMA National Advisory and Supervisory Board

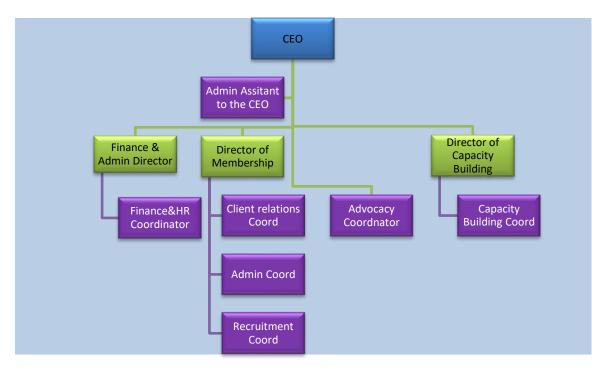


Figure 2: HeSMA Secretariat

Notes

- a) CEO responsibility roles; advocacy, fundraising, collaborations and partnerships.
- b) Director of Membership, directly supported by Vice Chairman
- c) Advocacy Coordinator reports directly to CEO

11.Implementation Plan

Oversight for the implementation of this strategic plan will be provided by the National Advisory Board and the Secretariat, under clearly defined terms of reference. Implementation for this strategic plan will be guided by annual HeSMA work plans and budgets (Annex 1).

12. Monitoring and Evaluation Plan

Given the exponential growth of the Association and the urgency of implementing activities proposed in this plan, it is imperative that a robust M&E system be put in place to track performance and undertake corrective action where necessary. The National Advisory Board and Secretariat will provide overall stewardship in the monitoring and evaluation of annual work plans, guided by predefined targets and indicators. The 3 directorates i.e. Finance and Administration, Capacity Building and Membership will take the operational responsibility for monitoring and evaluation at all levels. HeSMA's performance will be measured through monitoring performance/output and crosscutting quality indicators. Indicator performance will be subjected to mid & end-term reviews and subsequently disseminated to HeSMA members, multi-stakeholders and partners. Our Strategic Objectives are aligned to Key Performance Indicators (KPI) as shown in Table 1.

Table 1: Key performance indicators

| SO | Strategic Objective (SO) | Key Performance Indicator |
|-----|-----------------------------------------------------|----------------------------------|
| No: | | (KPI) |
| 1 | To establish an operational governance& | Presence of functional board and |
| | management structure by May 2015 | secretariat |
| 2 | To advocate for recognition of health systems | Existence of a national/regional |
| | managers as professionals in Kenya and the region | policy that recognizes HS |
| | | managers |
| 3 | To increase membership to 1700 members per year up | No. of members per year |
| | to 2018 | |
| 4 | To generate an operating revenue worth at least 35M | Financial statements |
| | per year by 2018 | |
| 5 | To develop health systems thinking capacity of at | No. of members |
| | least 60% of members per year, up to 2018. | developed(trained, mentored, |
| | | coached) |

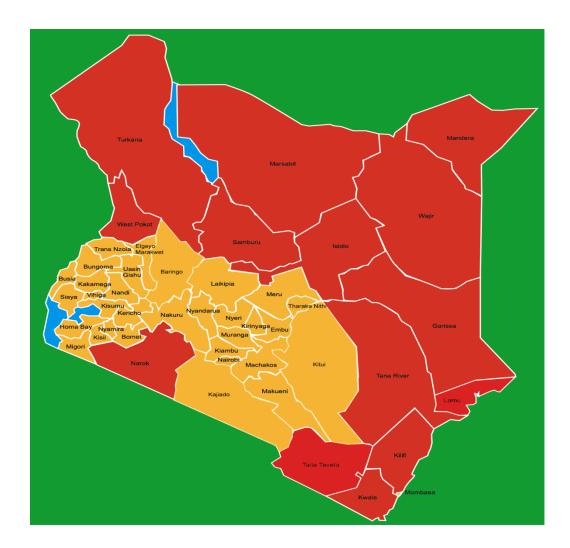
Annex 1: Implementation Plan

| | Implementation Plan | | | | | | |
|-----------------|---------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------|--|--|
| | Strategic Objectives | Expected Outcome | Key Performance Indicators (KPI) | Activities | Timeline | | |
| Objecti ve1 | To establish an operational governance and management structure by May 2015. | 1 functional board | Presence of functional board | Consult lawyer to amend constitution that allows for an all-inclusive board | March 31st 2014 | | |
| | | 1 operational secretariat | Presence of operational secretariat | Convene an AGM & commission new board | March 31st 2015 | | |
| | | | | Develop SOPs & policies | July 31st 2014 | | |
| | | | | Recruit 10 secretariat staff | May 2013- Dec 2016 | | |
| | | | | HeSMA Office premise renovations & fixtures | July 31st 2014 | | |
| | | | | Provide Rent & utilities | May 2013- Dec 2018 | | |
| | | | | Office furniture& equipment procurement | December 31st 2014 | | |
| | | | | Provide office supplies | May 2013- Dec 2018 | | |
| Objecti ve 2 | To advocate for recognition of health systems managers as professional s in Kenya and the region. | 1 National HSM Policy formulated | Existence of a national policy that recognizes HS managers | Consensus building "buy in" meetings with stakeholders & partners | May 2013- Dec 2016 | | |
| | | | | National Sensitization Conference for MOH, NGOs, private for profit & not-for- profit, Development partners & sponsors | February 28th 2015 | | |
| | | | | Establishment of International journal of Health Systems Managers | Feb-15 | | |
| | | | | Follow-up conference to develop framework on the policy | October 30th 2015 | | |
| | | | | Policy consolidation meeting | March 31st 2016 | | |

| Objecti ve 3 | To increase membership to 1700 members per year up to 2018 | 5100 members enrolled per year | # of members per year | Recruitment drives@ KEMU,KU, MOI, KMTC,KIM & Strathmore | December 31st 2018 |
|-----------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------|-----------------------|
| | | | | Establish linkages with institutions for membership recruitment e.g. enrolment in patron clubs | July 31st 2014 |
| | | | | On-campus coaching for HSM students through their clubs in the universities | December 31st 2018 |
| | | | | Work with members and other stakeholders to define the profession | December 31st 2018 |
| | | | | Conferences at county levels (membership recruitment drives) | December 31st 2018 |
| Objecti ve 4 | To generate an operating revenue | Funds generated for this SP (Budget available on request) | Financial statements | Membership recruitment | December 31st 2018 |
| | | | | Partner identification, mapping & mobilization | December 31st 2018 |
| | | | | Merchandizing | December 31st 2018 |
| | | | | Voluntary contributions/Spons orship | December 31st 2018 |
| | | | | Grants proposals development | December 31st 2018 |
| Objecti ve 5 | To develop health systems thinking capacity of at least 60% of members per year, up to 2018. | At 60% of members mentored, coached &trained per year | # of members developed | Peer to peer based trainings | December 31st 2018 |
| | | | | Mentorship programs | December 31st 2018 |
| | | | | Coaching of the health managers | December 31st 2018 |
| | | | | CMEs Programs | December 31st 2018 |

| | | Learning exchange | December 31st |
|--|--|----------------------|-------------------|
| | | visit/benchmarking | 2018 |
| | | trips | |
| | | Establish an open | Thursday, January |
| | | access interactive | 01, 2015 |
| | | website with online | |
| | | courses in | |
| | | partnership with | |
| | | other stakeholders | |
| | | Award for the best | Friday, May 01, |
| | | performing health | 2015 |
| | | systems Manager | |
| | | per category | |
| | | Award for the best | Friday, May 01, |
| | | institution in | 2015 |
| | | support of Health | |
| | | systems | |
| | | Mentorship program | Friday, May 01, |
| | | in partnership with | 2015 |
| | | Hospitals and health | |
| | | organization | |





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