CLINICAL OFFICERS COUNCIL

STRATEGIC PLAN FOR THE YEARS 2011 TO 2016

April 2011

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ABBREVIATIONS

AGM	Annual General Meeting
BSc	Bachelor of Science
CCO	Certified Clinical Officer
CO	Clinical Officer
COC	Clinical Officers Council
CPD	Continuous Professional Development
GoK	Government of the Republic of Kenya
HR	Human Resources
ICT	Information and Communication Technology
KCOA	Kenya Clinical Officers Association
KNH	Kenyatta National Hospital
KM	Knowledge Management
KMTC	Kenya Medical Training College
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoPHS	Ministry of Pubic Health and Sanitation
MOST	Management and Organizational Sustainability Tool
MP	Member of Parliament
PESTE	Political, Economic, Sociological, Technological and Environmental
PPL	Professional Practicing Licence
SWOT	Strengths, Weaknesses, Opportunities and Threats
USAID	United States Agency for International Development

FOREWORD

It is our quest as the Clinical Officers' Council to be the leading Healthcare regulator in the East African region by ensuring excellence in our mandated professional regulation. Also, to positively contribute towards realizing the National vision of providing accessible, affordably quality healthcare to all Kenyans, in particular the poor.

We are committed to improve professional regulation, encourage an increased role for the community in developing, and enhance co-operation and collaboration with our partners and stakeholders. It is our priority to continually develop an effective, strong, professional, educated, caring and envisioned team at the Clinical Officers' Council since we believe that our members are our best resource and strength.

The two Strategic Planning Workshops held in January and February 2011 were a milestone for the COC. They provided for the first time in our history a strategic planning process that helped us to clearly define our aspirations and develop our vision, mission, value statements and objectives for the coming five years. I am very grateful to the participants who included Board members, consultants and our Partners (the USAID Capacity Kenya Project under IntraHealth International) for the hard work, dedication and sacrifice they made to attend and participate in the Workshops. It was one of the most enjoyable, lively, productive and fulfilling meetings that I have had the honour of attending. We plan to hold such forums every year in our effort to regularly review, assess, express and re-define our aspirations and priorities in this continually changing and dynamic world.

I pray that the Almighty God gives us the strength to serve humanity to the best of our ability.

Peter Sewe

Chairman, Clinical Officers' Council

ACKNOWLEDGEMENT

It is my joy to acknowledge the contributions of all the members of the Clinical Officers' Council led by the Chairman, representatives of the Kenya Clinical Officers Association and the entire management staff of the COC for their commitment and support to this strategic planning process.

We are also greatly indebted to Capacity Kenya Project/IntraHealth for providing both the consultants and logistical support during the six day strategic planning workshop.

Finally, I wish to acknowledge the Maer Associates consultants, led by Peter Maina for their commitment and expertise that enabled the successful production of this strategic plan.

Micah Kisoo

Registrar, Clinical Officers' Council

EXECUTIVE SUMMARY

This Clinical Officers Council (COC) Strategic Plan sets down the path which the Council has chosen for the next five years as it optimally responds to the call of its legal mandate. The Plan is based on the findings of the Council's self assessment and an external analysis of its prevailing context. Careful consideration of all the arising issues led the Council to narrow down on how it should orient all its work, and the order of priorities to assign tasks during the July 2011 to June 2016 period. That rationale of factors, choices, priorities and objectives are the content of the COC Years 2011 – 16 Strategic Plan as presented here. Also, the indicators which will show the Council's progress in the Plan's achievement.

Since its formation in 1989 the Clinical Officers Council has never developed a strategic plan and this therefore is the first such formal document to guide the medium to long term direction and activities of the Council. The strategic planning process leading to this Plan was undertaken by a team comprising of members and staff of the Council, representatives from the Kenya Clinical Officers Association (KCOA), and from the office of the Chief Clinical Officer (CCO). Technical and financial support was provided by IntraHealth International Inc through the Capacity Kenya Project of the United States Agency for International Development (USAID).

Among the highlights from its internal and external assessments the Council identified the need to proactively engage with the CCO's Office and KCOA for cooperative action on cross cutting issues relevant to Clinical Officers as a cadre. Also for the Council to more effectively collaborate with its external stakeholders (among them other regulatory bodies) for joint action in areas of common interest such as exchange of experiences and learning on best practices. During the strategic planning the Council also recognized the need to strengthen itself by putting in place the necessary systems and structures to facilitate smoother day to day operations. Under this Year's 2011 – 16 Strategic Plan the Council has identified the following six areas on which to focus with clearly defined approaches for obtaining specific results:

1 Training and Continuous Professional Development (CPD) of Clinical Officers
2 Registration and licensing of Clinical Officers
3 Collective professional wellbeing of Clinical Officers as a cadre
4 Systematic collaboration with key COC stakeholders to better achieve the Council's objectives
5 Ongoing performance monitoring of individual Clinical Officers and as a cadre
6 Organizational Development of the Council as a body.

In pursuit of the above key result areas, COC will under this Strategic Plan work towards achieving the following eight strategic objectives in the July 2011 to June 2016 period.

1 Standardize quality, and harmonize training and internship for Clinical Officers by 2015
2 Establish a CPD structure, system and processes by 2012
3 Achieve up to date examination, registration, licensing and professional discipline of all Clinical Officers duly trained in approved institutions by 2015
4 Facilitate increase of job opportunities for Clinical Officers with at least 20% by 2015
5 Facilitate effecting of professional insurance coverage for all Clinical Officers in private practice by 2015

6 Systemize and formalize the Council's collaboration with various key partners by 2015

7 Put in place a framework for monitoring and evaluating Council activities by September 2011

8 Develop and implement structures, systems and processes for human resources, financial management, monitoring and evaluation (M&E) and Knowledge Management (KM) to enhance the Council's operational capacity by 2015.

For successful long term results, the Clinical Officers' Council is committed to oversee all the Council's strategic and operational activities as documented in the following pages. Every year, as stipulated in the Council's Planning Cycle an Annual Work Plan will be developed based on the Strategic Plan and implemented. The accountability framework to be used is summarized in Figure 1 below. The designated lead persons are expected to ensure that implementation of the planned activities is being consistently pursued, monitored and evaluated for forward lessons as intended.

Figure 1: The COC Financial Years 2011 -16 Strategic Planning Cycle

Annual Work Plan Implementation, Monitoring & Evaluation Milestones

Period under this Strategic Plan - Start: 1 Jul 2011 End: 30 Jun 2016
First Annual Work Plan Implementation Dates - Start: 1 Mar 2011 End: 30 Jun 2012
Upcoming Year Planning Start: 1 Apr Upcoming Year Plan Approval by: 28 Apr
Start of Financial Year: Every 1 July **Close of Financial Year:** Every 30 June

	Strategic Management Event	Date
1	Council Meetings	Quarterly
2	Election of Council after 3 years	March tri-annually
3	Annual Review of Program Activities against Action Plan	February
4	Annual Audited Accounts	30 Aug annually
5	Mid Term Evaluation of Strategic Plan Progress	Jan – Feb 2014
6	Final Evaluation of Strategic Plan Results	Feb – Mar 2016
7	Start of Next Strategic Period's Planning	Mar – Apr 2016*

**Aligned with GoK's budgetary cycle*

1 INTRODUCTION

1.1 Background

The Clinical Officers Council was established by a Kenya Act of Parliament to *coordinate* and *regulate* the training, registration and licensing of all Clinical Officers under the Clinical Officers (Training Registration & Licensing) Act Cap 260 Laws of Kenya. In carrying out its mandate, the Council is responsible for:

- Inspecting any institution intending to mount a training of Clinical Officers, and also approves and reviews curricula and competency manuals for Clinical Officers. It then undertakes regular inspection of the training institutions to ensure maintenance of quality.
- Indexing all students trained in any approved training institutions before administering a Council examination.
- Registering all Clinical Officers after their undergoing internship successfully.
- Issuing a Practicing License to a qualified Clinical Officer to practice both in the public and private sector, and renews the licences annually taking into consideration Continuing Professional Development points and observation of professional standards and ethics.

Cap 260 clearly spells out the composition, functions, rules and regulations of the Council.

1.2 The COC Years 2011 – 16 Strategic Planning Process

The planning process entailed participation from the Council members, input from relevant stakeholders and as far as possible, consensus decision making around issues of priority in making the Council more effective while also contributing to the betterment of the Clinical Officers cadre. The process took the form of two workshops - the first an Assessment of the Clinical Officers Council existing situation and organisational strengthening needs, and the second workshop for forward planning to respond to the identified needs.

The planning process was structured as follows:

a) Workshop 1: Assessment of COC's Strategic Context. This Assessment (ie the *Situation Analysis*) took place as a workshop at the Hill Park Hotel in Nairobi on 18 and 19 January 2011. The participants carried out detailed group review followed by plenary discussion to come to consensus on the Council's external environment, and its present internal status (ie *Internal Assessment*). Arising from these the planning team formed a preliminary opinion of the challenges, opportunities and choices for which the Council must act within its coming strategy. These conclusions informed the optimum shape of the next planning workshop.

b) Workshop 2: Strategic Planning. This workshop was for planning purposes drawing from the detailed findings and preliminary exploration of available options as raised by the *Situation Analysis*. The workshop was held on 9 to 11 February 2011 at the Lenana House Conference Centre. The planning proceeded in two phases during the two day workshop:

i) Strategic Vision, Mission and Values Setting. This phase involved setting the underlying parameters to shape everything that COC pursues between 2011 and

2016 – the period's mission, vision and values. It was expected that these will long survive in guiding the Council long after this strategic plan period.

ii) Setting Objectives and their Activities. This focused on the specific tasks that COC intends to achieve during the next five years. It involved defining SMARTO (specific, measurable, attainable, realistic, time bound and as far as possible observable) objectives. This was followed by design of the activities required to achieve those objectives and identification of their outputs whose delivery can be easily monitored as the Plan is implemented. The workshop also defined the indicators to be examined in helping in evaluate the Plan's progress of achievement.

2 SITUATION ANALYSIS

The Situation Analysis documented the Council's external context (ie factors almost entirely outside the Council's control but which will never the less affect its success), COC's stakeholders and their expectations; and the Council's prevailing internal condition. The purpose of the Situation Analysis was to ensure a clear understanding of the setting in which the Council must succeed and the assets at its disposal at present. These factors and the planning process' relevant conclusions about them are discussed further in the appropriate sections below. The detailed findings and conclusions of the Situation Analysis are documented separately from this Strategic Plan in the Workshop Proceedings Report.

2.1 Summary of Findings from the COC External Analysis

For the External Analysis the workshop carried out a slightly modified version of the standard political, economic, sociological, technological and environmental (PESTE) review of COC's strategic context. That review consisted of:

- Examination of the underlying external environment in which COC must operate to deliver on its mandate
- Initial observations and reflections by the workshop on facts and trends related to COC's past accomplishments, current work, likely future challenges, and the necessary future lines of action.

Table 2.1 shows a summary of the issues identified and their implications to COC's medium term strategy.

2.2 Stakeholder Analysis

The Clinical Officers Council recognizes the fact that it was established as a service body to service specific needs of the people of Kenya. Also that to fulfil this role effectively and efficiently the Council must collaborate with others both in the public and private sector. This calls for its strategies and actions to be informed by that understanding. A detailed examination was carried out of the Council's stakeholder categories and the nature of their interfaces with COC. Table 2.2 shows the findings of that Stakeholder Analysis.

2.3 COC Internal Assessment

The purpose of the Internal Assessment was to obtain a systematic understanding of the Council's present condition with respect to valuable measures of organization's capacity for successful performance. Also to establish a baseline from which any strategic measures of organizational development would be made.

Table 2.1: External Strategic Context Within COC's Circle of Influence

Historical Facts with Implications to COC's Strategy	Future Health Sector Possibilities
• The foundation of Clinical Officers as a cadre in the Kenyan medical profession started in 1929 with the training of Hospital Assistants at Kenyatta National Hospital (KNH). • The job titles changed over time as: ⬇ Hospital Assistants ⬇ Clinical Assistants ⬇ Medical Assistants ⬇ Certified Clinical Officers ⬇ Registered Clinical Officers ⬇ now Clinical Officers. • In 1989 the Clinical Officers Act 1988 (Chapter 260 of the Laws of Kenya) was established providing a legal framework for the operations of Clinical Officers. o The Clinical Officers Council started regulating training, registration and licensing of Clinical Officers.	• Introduction of the degree of Bachelor of Science (BSc) in Clinical Medicine in public universities. • Review of Cap 260 to accommodate such changes such as: – the BSc programme – medical prescriptions authority for COs – invasive procedures authority for COs – open practice permission in other areas – delinking of the COC Registrar and the CCO's Office – establishment of the Council a body corporate – the devolved government structure. • Introduction of CPD as a formal requirement linked to career progression for all CO cadre. • Introduction of Professional Practicing Licences (PPL). • Development of a database with details of all COs.

Summary Conclusions from the External Analysis

COC needs to:

a) Engage proactively with the Chief Clinical Officer's office and KCOA for cooperative action on issues of interest for the CO cadre eg in the review of Cap 260, post-basic training, review of training curriculums, internship, professional insurance cover for Cos, etc

b) Develop a framework of collaboration with its external stakeholders such as other regulatory bodies for joint action in areas of common interest; exchange of experiences; and learning on best practices, among other pursuits

c) Lobby for the review of Cap 260 and also of the Council's space for operations to align with the devolved government structures as per the current Kenya Constitution.

Table 2.2: COC's Stakeholder Expectations and Strategic Implications

Description of Stakeholder	Stakeholder's Contribution to COC	Stakeholder's Likely Expectations
1 Clinical Officers	• Compliance in: - registration - licensing - professionalism	– Prompt registration and licensing – Effective and efficient carrying out of its regulatory functions

Table 2.2: COC's Stakeholder Expectations and Strategic Implications

Description of Stakeholder	Stakeholder's Contribution to COC	Stakeholder's Likely Expectations
	• Participation in electing COC members	ie supervision, discipline, etc – Educating members on its role, mandate, etc – Responsiveness in other client services
2 Training Institutions	• Adherence to set standards in: - curriculum - quality training - indexing - minimum entry requirements - infrastructure - quality and number of tutors 1:10 ratio	– Timely approvals of indexing, curricula, etc – Regular appraisal and up to date accreditation records – Mutually respectful and beneficial relationship – Timely facilitative supervision
3 Ministry of Medical Services (MoMS) and Ministry of Public Health and Sanitation (MoPHs)	• Provide opportunities as COs' valued employer • Subsidize cost of training/provide professional development scholarships • Formulate user-friendly policies in the health sector • Review relevant laws regularly	– Effective regulation of training, licensing and registration of Clinical Officers per the letter and spirit of: ▸ Cap 260 ▸ the National Health Strategy
4 Ministry of Education	• Approve training of Clinical Officers at the degree level	– Development of a comprehensive BSc degree and post-graduate curriculum proposal
5 NGOs/Private sector partners	• Provide consistently profiled and remunerated employment opportunities • Support for various forms of capacity building at institutional (COC, CCO's and KCOA) and individual CO levels • Opportunities for consultancy and other CO services • Resources support (eg funding, expertise for CPD, venues for learning and experience exchange, etc)	– Quality services by COs arising from COC's effective regulation of training, registration and licensing – Transparency and accountability as a partner – Delivery of agreed results and outputs from implementation of partnership programs
6 Clients/ Community	• Objective feedback on services offered • Responsible consumption of CO services	– Strict ensuring of high quality services rendered by Cos to all the community throughout the country
7 Kenya Clinical Officers Association	• Close collaboration on common objectives, avoiding overlap and gaps	– Cooperation on areas of common goals eg policy advocacy, joint supervision,

Table 2.2: COC's Stakeholder Expectations and Strategic Implications		
Description of Stakeholder	**Stakeholder's Contribution to COC**	**Stakeholder's Likely Expectations**
	• Positive advocacy and mobilization as a reliable representative of COs	welfare status of the cadre, future availability of competent COs within the health system, etc
8 Other Regulatory bodies	• Increased effectiveness at reduced cost from technical team work, joint supervision and inspections, etc • Learning/sharing of knowledge on best practices • Increased effectiveness from collaboration on policy advocacy issues	– Proactive participation in joint activities – Fulfillment of the entire COC mandate – Initiative and leadership on some mutual interest issues – Reliable foresight and earlier sharing of considered thinking on future issues and trends

The Internal Assessment was carried out by different small discussion groups made up a blend of workshop participants – some members and others not but all familiar with the Council's operations. The technical review was organized in the form of a MOST[1] assessment adapted for the purpose. Each group initially examined in detail an internal aspect of COC and then discussed their findings in a facilitated plenary session which built consensus conclusions.

This led to a reliable assessment of COC's internal organizational competence and capability requirements given the findings of the *Situation Analysis*. Table 2.3 below shows a summary of the findings of the COC Internal Assessment.

1 ***MOST*** *(**M**anagement and **O**rganizational **S**ustainability **T**ool developed by Management Sciences for Health Inc) was found to be a useful framework for this detailed internal organisational assessment.*

Table 2.3: Issues from the COC Internal Assessment		
Requirement for High Performing Organization	**Observations on Current COC Status**	**Strategic Opportunities for COC's Strengthening**
A Mission – *Existence & Knowledge* The COC mission statement should be widely understood among members and regularly reviewed to ensure that it reflects the current organizational Purpose and the needs of all the Association's intended clients – especially members.	– A Mission Statement exists in the COC website, but it differs with the statement in the Council's Performance Contract.	– Review one harmonized Mission Statement – Sensitise all the stakeholders through website and various other forums.
B Values - *Existence & Application* Organizational values and ethical principles should be widely known and applied among Council members, and; staff of the Council be held accountable in adhering to them.	– Documents exist e.g. Professional Code of Conduct, students internship booklet – Values are cited in meetings and scientific conferences	– Sensitise stakeholders through periodic journals and media.
C Strategy – *Links to Mission and Values.* Because strategies should be developed to conform to the mission and values, strategic planning should be viewed as an opportunity to reaffirm or revise the mission – *Links to Intended Professional Beneficiaries and Other Stakeholders.* Strategies should be developed with the participation of Intended Professional Beneficiaries and other stakeholders – *Links to Potential Members*. A mechanism should be 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 COC client needs.	– Strategies are developed by various COC committees ie finance, inspection, training and disciplinary, etc based on the Council's mandate – Committees involve stakeholders in specific activities – Decisions are made based on accurate information from collected data or reports – Council responds to cases as they come eg disciplinary, inspectorate, etc – There is no easy way of stakeholders reaching the Council.	– Develop a Strategic Plan – Develop an Annual Operational Plan – Review the COC process of consultation with key stakeholders – Strengthen and facilitate COC committees better to more effectively carry out their functions.

Table 2: Issues from the COC Internal Assessment		
Requirement for High Performing Organization	**Observations on Current COC Status**	**Strategic Opportunities for COC's Strengthening**
D Structures: – *Lines of Authority and Accountability.* The organizational chart or similar document should be regularly updated, widely communicated and consistently used to resolve issues on lines of authority and accountability – *Communication.* Communication should be well structured, being used consistently to share information across organizational units and among members, committees, staff and outsiders Communication should be reviewed to be sure that Council and staff tasks serve Councils' strategies and defined objectives – *Roles and Responsibilities.* These should be defined in manuals and used regularly as the basis for assigning duties – *Decision-Making.* All Councils' committees and staff should be expected to make significant decisions regarding their own work and the work of their teams, and to carry out those decisions.	– Clinical Officers Act (Cap 260) has clear rules and regulations – Communication is through memos, minutes, short mobile messages (sms), reports, website, etc – Committees have clear roles – Overlaps of roles and responsibilities exist among staff – Committee reports show gaps – Most of the decisions are made at the committee level upwards with minimal input at staff level, if any.	– Develop a Manual of Governance and Management – Develop a clear COC organogram – Put proper ICT system in place – Develop a database of key contacts and information useful to COC – Develop clear structures of communication – Develop clearly defined roles and responsibilities of the various offices in the Secretariat – Develop and document clear policies and procedures for all COC activities – Council should establish means to: ○ consult at all levels ie also grassroots (eg with COs) ○ allow for proposals originating at lower levels to be propagated to the highest level for decisions.
E Systems: – *Planning.* The Annual Operational Plan should be designed to support the Association's documented, formally approved and widely disseminated broader long term strategies – *Human Resources (HR) Management.* Human resourcing policies and procedures should be in place, and used consistently to hire and retain talented and committed staff	– Activities are set out in the Council Performance Contract – Council is not a body corporate, therefore Secretariat staff are seconded by the Ministry of Medical Services although it is allowed by the Cap 260 to employ some staff – No tailored HR policies are in place	– Develop a long term Strategic Plan – Develop specific HR polices and procedures and ensure implementation of the existing policies.

Table 2: Issues from the COC Internal Assessment		
Requirement	**Current Observations**	**Strategic Opportunities for COC's Strengthening**
E Systems: ***continued…*** – *Monitoring and Evaluation.* There should be regular monitoring of the progress of the Association's Plan implementation to asses progress, evaluate results, and apply the findings to improve services and plan the next phase of work – *Information Management - Data Collection.* Organizational systems should provide cross-checking to guarantee the accuracy of routine service and financial data. There should be clear, enforced consequences for late or inaccurate reports – *Quality Assurance.* There should be an established, ongoing system for assessing and improving the quality of services. Trained committees, members and staff should be regularly using this system – *Revenue Generation.* The Association should follow a long-term revenue-generating strategy, balancing diverse sources of revenue to meet current and future needs – *Financial Management.* Program committees and managers should work with financial committees and staff to develop budgets that support programmatic decisions. The finance system should present an accurate, complete picture of expenditures, revenue, and cash flow in relation to program outputs and services – *Supply Management.* Trained committees and staff should 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.	– Regular evaluations are carried out – A Performance Contract is signed between the Council and MoPHS – Activities are followed up after monitoring and evaluation reports – The Council is currently updating its database with information on all COs from a manual system to a computerised system – Currently the Council uses a manual financial system – Various committees and tools are in place and working to ensure compliance with set criteria ie in training institutions, service delivery, etc – There has been a decline in Licence renewals – Indexing of students is not up to date – Not all COs are Registered – The financial committee in place develops budgets in consultation with other committees – No proper financial system exists. The financial system traces only expenditure and not revenue – No supply and procurement system exists.	– Ensure quarterly evaluation meetings are held as per Cap 260 – Complete the computerisation in progress – Set timelines for report submissions – Extend Quality Assurance (QA) to both public and private service delivery into a comprehensive national QA system – Effect system of regular monitoring integral to the QA system – Create awareness in training institutions, media, medical facilities, etc to enhance the COs registration and licensing exercise – Put in place a proper financial system with: o computerised system o competent staff o Council specific Financial Policies and Procedures in place o a Finance Committee in charge and holding regular meetings – Develop a proper revenue tracking and collection system – Put in place a proper procurement system with: o Procurement Policies and Procedures that follow the Public Procurement Act o a Procurement Committee in charge and holding regular meetings.

3 COC's YEARS 2011 – 2016 STRATEGY

The following overall strategy outlines COC's chosen path forward in proactively responding to the above Situation Analysis summarized above. The contents of the Strategy should be considered as statements of intent or binding guidelines for all the detailed Annual Operational Plans for the years 2011 - 6 period.

3.1 COC's Years 2011 – 16 Mission, Vision and Guiding Values

As stipulated by its founding law Cap 260, the Council's purpose will remain *to coordinate and regulate the training, registration and licensing of all Clinical Officers* or as modified by any law. During the years 2011 – 16 period the Council will emphasize the orientation of this mandate as identified by the above Situation Analysis. That orientation as captured in the period's mission and vision will at the operational level shape the way the Council interprets its mandate and prioritizes its activities. The Values as stipulated below will determine the emphasis that COC will place in how it carries out those activities.

Vision

A leading regulatory body for Clinical practitioners in the African region.

Mission Statement

To ensure standardized training, efficient and effective registration and licensing of Clinical Officers for the provision of quality health care services in Kenya.

Values

In pursuit of its mission and vision the Council members and staff will uphold the following values.

- ***Integrity*** – members and staff will operate with unquestionable moral standards
- ***Ethical*** – members and staff will at all times adhere to the Professional Code of Conduct
- ***Accountability*** – members and staff will be responsible and transparent
- ***Customer focused*** – members and staff will be responsive to customers' needs in a timely, efficient and fair manner
- ***Self motivation*** – members and staff will be proactive.

3.2 Council's Medium Term Issues and Expected Outcomes

The issues of major concern for the Council in the Medium Term and which its Years 2011 - 16 strategy needs to address were identified from an analysis of the opportunities and challenges facing the Council. Action on these issues will form the primary focus of the Council's priorities during this strategic period as it implements its mandate.

Table 3.1: COC's Medium Term Issues and Expected Outcomes from the Years 2011 – 16 Strategy			
Key Result Area	**Strategic Issue**	**Expected Outcome**	**Strategies**
A Training and Continuous Professional Development (CPD) of Clinical Officers	i) Standardised training of Clinical Offices in the country.	– Clinical Officers of whose competence is consistent competence irrespective of their path of training.	– Index all CO students in training institutions – Consistently administer COC registration examinations – Effect COC criteria for approval of training institutions – Approve and harmonise and ensure curriculum in training institutions – Review of Internship Booklet.
	ii) Inadequate internship training centres.	– Competent COs in all technical practices – Increased internship centres to absorb interns.	– Approve more internship training centres – Liaise with Ministry of Medical Services for centralised and efficient placement of interns.
	iii) Inadequate CPD systems.	– Improved COs professionalism and competence.	– Develop CPD systems and procedures including scoring criteria – Link professional licensing to CPD.
B Registration and licensing of Clinical Officers	i) Not all Clinical Officers are registered and licensed to practice in Kenya as per Cap 260.	– All COs practicing medicine in Kenya are registered and licensed under Cap 260.	– Sensitize COs on registration and licensing through media and in institutions – Take disciplinary action through Council and legal mechanisms – Give fine waiver to encourage registration and licensing.
	ii) Licensing and renewal of licenses.	– All practicing COs are registered and licensed – Employers recruit only registered and licensed Cos – All clinics operated by COs are licensed	– Review process of registration to make it convenient for COs across the nation to register – Hold regional Council meetings and education forums on registration to create awareness on its importance among both COs and employers – Prosecute those practicing as COs while not registered and licensed – Carryout joint inspection of clinics with Department of Standards and Regulatory Services.

Table 3.1: COC's Medium Term Issues and Expected Outcomes from the Years 2011 – 16 Strategy			
Key Result Area	**Strategic Issues**	**Expected Outcome**	**Strategies**
C Collective professional wellbeing of Clinical Officers as a cadre	i) Challenge of securing job opportunities for Clinical Officers.	– Improved availability of job opportunities for COC.	– Review of Cap 260 to reduce the number of years for one to be allowed to practice as a private practitioner – Lobby for more Government employment opportunities for COs.
	ii) Lack of professional insurance cover for Clinical Officers.	– COs covered under professional insurance against various types of litigation.	– Liaise with KCOA to facilitate the process by insurance companies in insurance cover for COs – Create awareness among COs on the professional insurance cover options available.
D Closer collaboration with COC key stakeholders to better achieve the Council's objectives	i) Partnership with relevant stakeholders for standardised CO training.	– Adequate supply of qualified and highly skilled COs – Larger variety of academic advancement opportunities for Cos.	– In liaison with training institutions ensure that all students are properly indexed – Increase number of internship centres – Develop mechanisms for ensuring CPD of COs – Collaborate with CCO, KCOA and the line ministry to develop a career development paths for the cadre.
	ii) Review of Cap 260 in line with the current constitution.	– Facilitative development of a legal framework for the practice of the CO cadre.	– In collaboration with CCO, KCOA and line with the Ministry to lobby for review of Cap 260.
E Ongoing cadre performance monitoring	i) Inadequate monitoring and evaluation mechanisms for the Council's activities.	– Improved performance monitoring of Council activities.	– Strengthen supportive supervision – Train the Council in M&E technical and managerial capacity – Hold Council progress review meetings at least quarterly – Strengthen Council data collection, analysis and dissemination.
F Council Organisational Development	i) Inefficient and ineffective Council operations.	– Functional governance with clearly defined roles and responsibilities of the secretariat and other organs of COC – Efficient and effective Council operations.	– Develop operational plan for HR, finance, procurement systems and resource mobilisation – Develop detailed COC organogram to define clear reporting lines – Invest in office facilities including computerisation of Council operations – Align Council structure to devolved Government structure – Allocate resources for research – Create partnerships for research – Put in place COC office-holder handing over mechanisms.

3.3 COC Year 2011 - 2016 Strategic Objectives

Given the above medium term issues and desired outcomes Table 3.2 shows the Council's specific objectives under the Years 2011 -16 Strategic Plan.

Table 3.2: Strategic Objectives and Key Result Areas for the Years 2011 – 16

Key Result Area	COC Years 2011 – 16 Strategic Objectives
A Training and Continuous Professional Development (CPD) of Clinical Officers	1 Standardize quality, and harmonize training and internship for Clinical Officers by 2015 2 Establish CPD structure, system and processes by 2012
B Registration and licensing of Clinical Officers	3 Achieve up to date examination, registration, licensing and professional discipline of all Clinical Officers duly trained in approved institutions by 2015
C Collective professional wellbeing of Clinical Officers as a cadre	4 Facilitate increase of job opportunities for Clinical Officers with at least 20% by 2015 5 Facilitate effecting of professional insurance coverage for all Clinical Officers in private practice by 2015
D Closer collaboration with COC key stakeholders to better achieve the Council's objectives	6 Systemise and formalize the Council's collaboration with various key partners by 2015
E Ongoing cadre performance monitoring	7 Put in place a framework for monitoring and evaluating Council activities by September 2011
F Council Organisational Development.	8 Develop and implement structures, systems and processes for human resources, financial management, M&E and Knowledge Management (KM) to enhance the Council's operational capacity by 2015.

3.4 Results Framework of Strategic Objectives and Activities

Table 3.3 shows the Council's Results Framework for what it expects to achieve over the years 2011 -16, and the primary activities that should yield those results. For monitoring purposes, the main outputs expected from those activities are also shown.

Table 3.3: Results Framework for the COC 2011 – 16 Strategy

Strategic Objective & Expected Results	Verifiable Indicators of Achievement	Key Activities	Outputs
1 Standardize quality and harmonize training and internship for Clinical Officers by 2015 1.1 At least 80% of all the inspected training and internship institutions comply to Council requirements 1.2 At least 70% of the students pass COC's registration exams 1.3 At least 80% of all students get internship opportunities 1.4 100% of all internship booklets are returned by interns and duly signed.	• Availability of checklist tools for approval of institutions for training and internship • Proportion of approved training institutions that meet Council requirements ie in terms of % of students indexed per class, meeting the minimum entry grade; teacher-student ratio; etc • Council's effectiveness in the regulation of the number of students in training institutions • Increase in the number of students passing COC registration exams • Increase in the number of internship centres • Number of interns returning their booklets duly filled and signed.	1.1.1 Review checklist tools for approval of institutions for training and interns by 30 April 2011 1.1.2 Review Council inspection tools by 30 June 2011 1.1.3 Carryout quarterly inspection of training institutions starting March 2011 1.1.4 Index students within 30 days of reporting to the training institutions 1.1.5 Administer registration Council exams in May and September every year 1.1.6 Review all internship centres by 30 June 2011 1.1.7 Establish routine process of placing students in internship centres for practical training within 30 days of their being ready to attend internship	– An updated inspection tool – Record of inspected institutions – Indexing report from institutions – Consolidated mark sheet – Record of students examined by the council – Record of indexed students – Record of new internship centres – Record of students placed in internship centres

Table 3.3: Results Framework for the COC 2011 – 16 Strategy			
Strategic Objective & Expected Results	**Verifiable Indicators of Achievement**	**Key Activities**	**Outputs**
2 Establish CPD structure, system and processes by 2012 2.1 Rigorously developed CPD scoring criteria in place 2.2 100% of Clinical Officers supplied with CPD booklets 2.3 A clear career path for the CO cadre linked to CPD	• Functional efficiency of CPD structures, systems and processes • Consistency and sustainability of implemented CPD set up • Proportion and timeliness of professional practicing licenses renewed by COs • Proportion and timeliness of CPD booklets returned by COs • COs verifiably advancing professionally and keeping up to date with changes in health	2.1.1 Develop clear structures for assessment and application of CPD aligned to CO cadre licensing renewal and career advancement 2.1.2 Develop CPD monitoring and evaluation framework by 15 of April 2011 2.1.3 In conjunction with KCOA hold 4 provincial forums to disseminate the CPD scoring criteria 2.1.4 Distribute CPD booklets to all Clinical Officers 2.1.5 Undertake quarterly monitoring of the CPD structure's effectiveness and evaluate it to refine its design	– CPD scoring criteria disseminated to all COs – Provincial forums held – Scored CPD diary books – CPD M&E framework – CPD booklets distributed – Evaluation report on the CPD M&E system, and the implemented actions for refinement of the system
3 Achieve up to date examination, registration, licensing and professional discipline of all Clinical Officers duly trained in approved institutions by 2015 3.1 Compliance of training institutions and COs to Council registration & licensing requirements improved to 95%	• Two registration Council exams administered in May and September of every year • Increased number of registered and licensed COs • An updated database of registered and licensed Clinical Officers • Number of code of conduct booklets distributed	3.1.1 Document proper procedures by 30 March 2011 for registration and licensing of Clinical Officers 3.1.2 Administer two Council registration exams in May and September every year to candidates who have met all the Council registration requirements 3.1.3 Establish an Examination Bank for the final qualifying students to be registered under the Act 3.1.4 Revise and disseminate COC Code of Conduct booklet to all Clinical Officers by end of October 2011	– Records of examined candidates – Records of final qualifying students registered under the Act – Records of licensed COs – An updated register of Cos – A systematically revised Code of Conduct booklet – Implemented sensitisation strategy through media adverts, posters, waiver of fines, etc – Gazetted names of COs

Table 3.3: Results Framework for the COC 2011 – 16 Strategy			
Strategic Objective & Expected Results	**Verifiable Indicators of Achievement**	**Key Activities**	**Outputs**
3.2 Tracking of COs improved by 100% 3.3 Adherence by Clinical Officers to the code of conduct improved to 100% 3.4 Imposters reduced by 50% 3.5 Services provided by practicing COs is verifiably quality assured	• Detailed strategies implemented for awareness creation of registration and licensing of COs • Reduction in number of disciplinary cases • Reduction in number of individuals purporting to be COs ie "quacks" • Feedback on the customers' assessment of COs' services	3.1.5 Develop and implement sensitisation mechanisms for all Clinical Officers eligible to be registered and licensed 3.1.6 Design and application by the Council of a regular schedule for submitting the names of new Clinical Officers for Gazetting by the Minister 3.1.7 Design and application of a standard Council and legal approach for regularly taking disciplinary action against Clinical Officers and institutions non complying with the rules and regulations of the COs Act 3.1.8 Inspectorate Committee to undertake supportive supervision in February and August annually 3.1.9 Undertake two Customer Satisfaction Surveys: – A baseline survey before June 2011 – Comparator survey between January and June 2011	– Inspectorate schedule – Records of cases successfully prosecuted – Minutes of disciplinary meetings and cases – Fines paid to the Council – Clinics inspection reports – Clinic closure orders issued – Reports of the Customer Satisfaction Surveys
4 Facilitate increase at least 20% increase in job opportunities for Clinical Officers by 2015 4.1 80% of all qualifying Clinical Officers continuously finding meaningful employment	• Form of reviewed Cap 260 to more relevant for meeting current national health skills needs • Number of job opportunities advertised for Clinical Officers • Increase in number of COs holding management and	4.1.1 Review Cap 260 to allow for private practice of COs after 3 years of supervised employment 4.1.2 Lobby the Government for more employment opportunities for COs through more accurate perception of the cadre's competences and possible roles	– Reviewed Cap 260 – CO jobs advertised – Minutes of stakeholders meetings – COs holding management positions

Table 3.3: Results Framework for the COC 2011 – 16 Strategy			
Strategic Objective & Expected Results	**Verifiable Indicators of Achievement**	**Key Activities**	**Outputs**
4.2 CO cadre's role repositioned within the national health system	leadership positions relevant to health	4.1.3 Design and implement an Empowerment Program to: – Build Clinical Officers' competences in management leadership to the level of heading Health Centers – Lobby the Government for management and leadership positions for CO cadre to head Health Centers – Better position general public opinion on the capacity of COs and their value added within national health	– Number of COs in or actively planning to go into private practice – Recorded actions under Empowerment Program
5 Facilitate effecting of professional insurance coverage for all Clinical Officers in private practice by 2015 5.1 Proportion of CO private practitioners with professional insurance cover progressing annually to 100% by 2015	• Annual increase in proportion of Clinical Officers insured • Proportion of Clinical Officers renewing their cover annually	5.1.1 Collaborate with Kenya Clinical Officers Association to arrange an attractive insurance for COs with insurance companies 5.1.2 Create awareness to COs of the importance of professional insurance cover	– COC Correspondence with KCOA and various insurance companies – Insurance cover options available for COs – Information on insurance cover and relevant COC views disseminated through adverts, website, newsletters, KCOA, AGM, etc
6 Systemize and formalize the Council's collaboration with various key partners by 2015 6.1 Cap 260 reviewed with line Ministry to meet professional and service	• Gazetted Cap 260 • Formal CPD awarding process in place • Number of institutions properly indexing students	6.1.1 Set up a Legislation Review Committee in collaboration with relevant stakeholders 6.1.2 Design and carry out plan for lobbying sector stakeholders including Members of Parliament (MPs) for the review of Cap 260 by 30 June 2011	– A Legislation Review committee – Records of action points agreed in meetings with MPs and key stakeholders – Reviewed and gazetted Cap

Table 3.3: Results Framework for the COC 2011 – 16 Strategy			
Strategic Objective & Expected Results	**Verifiable Indicators of Achievement**	**Key Activities**	**Outputs**
needs of COs 6.2 Structured CPD assessments and awarding carried out in partnership with other regulatory bodies and KCOA 6.3 Qualified graduates sitting Council exams from training institutions increased by 30% 6.4 Reduced number of unlicensed clinics in operation by 50% in liaison with the Department of Standards Regulatory Services 6.5 Council funding and operational effectiveness improved through at least one active collaborative partnership entered each per year	• Number of students registering for Council registration exams • Number of unlicensed clinics closed • Increase and diversity in Council funding, knowledge exchange and other partnership activities	6.1.3 Organize at least 4 provincial awareness creation/promotion forums on CPD every year. 6.1.4 In partnership with other regulatory bodies, KCOA and other stakeholders half yearly assess progress of COs on CPD 6.1.5 In partnership with KCOA create awareness in training institutions on the value of registration and licensing of COs after training 6.1.6 The Inspectorate Committee carries out quarterly inspections of at least 20 private clinics licensed by the Council per year both as Joint Inspection by all regulatory bodies and/or as a Committee of the Council 6.1.7 Identify as part of Annual COC planning, areas of possible partnership within the Strategic Plan, the potential partners and design of the area of collaboration	260 – Scored CPD diary books – Report on half yearly M&E – Proceedings, organization and national reach reports on CPD forums held – Indexing reports from training institutions – Reports of unlicensed clinics closed – Court cases of unlicensed Clinical Officers – Collaborative funding agreements for Council activities
7 Put in place a framework for monitoring and evaluating Council activities by September 2011 7.1 A functional M&E system in place 7.2 Strengthened supportive	• Monitoring and evaluation systems in place • Number of supervisory visits undertaken • Quarterly M&E meetings undertaken	7.1.1 Develop monitoring and evaluation systems by April 2011 7.1.2 Train all the Council members and staff on M&E by May 2011, with annual refreshers 7.1.3 Undertake on a quarterly basis supportive supervision organized for	- Monitoring and evaluation framework in place - Council members and staff M&E Training Report - Supervisory visits reports - Minutes of quarterly

Table 3.3: Results Framework for the COC 2011 – 16 Strategy			
Strategic Objective & Expected Results	**Verifiable Indicators of Achievement**	**Key Activities**	**Outputs**
supervision 7.3 Council effectively and efficiently monitoring its operational activities 7.4 Council regularly evaluating and systematically learning from its activities in order to improve the CO cadre's impact within national health	• Council members trained on M&E • Data collected, analysed and disseminated • Responses from lessons learned from the results of Council plans	effective national and sector coverage 7.1.4 Hold quarterly program review meetings on the Council activities 7.1.5 Computerize Council activities by June 2011	Council meetings - Proceedings of quarterly program review reports by Council - ICT software and hardware - Data and knowledge bases of Council information
8 Develop and implement structures, systems and processes for human resources, financial management, M&E and Knowledge Management (KM) to enhance the Council's operational capacity by 2015. 8.1 Council organisation development matured 8.2 Council efficiency significantly improved with revenue increased by 25% by 2014, and effective expenditure control in place to attain a regular annual surplus of at least 10% for long term investment	• A clear medium to long term (5 - 15 years) strategic direction for the Council • Clear HR, Financial, ICT, Procurement and other Council structures, policies and procedures followed • Work individual and team schedules, roles and responsibilities clearly outlined • Periodic financial and audit reports generated • Policy guidelines on research and Council or partner-funded research regularly provided • Smooth handover of all Council documents, reports and external	8.1.1 Develop an approved Strategic Plan by 31 March 2011 8.1.2 Develop HR, Financial, ICT, Procurement policies and procedures manuals by 30 Sep 2013 8.1.3 Develop a Council organogram and Service Charter by 30 Sep 2011 8.1.4 Develop clearly defined roles and responsibilities for committees, secretariat staff and Council members by 30 Sep 2011 8.1.5 Develop a Council Annual Work Plan from the Strategic Plan by 31 March 2011 and by 28 April annually thereafter 8.1.6 Put in place a proper financial system with computerised system, competent staff, finance Committee , revenue tracking and collection system by 30 Sep	- A Strategic Plan - HR, Financial, ICT, Procurement policies and procedures manuals - COC organogram - Service charter displayed - Job descriptions for staff - Terms of Reference for committees and council members - Annual operational plans, and their quarterly, annual financial and audit reports - Finance Committee records and the details of its Investments including vehicles and office building - ICT software and

Table 3.3: Results Framework for the COC 2011 – 16 Strategy			
Strategic Objective & Expected Results	**Verifiable Indicators of Achievement**	**Key Activities**	**Outputs**
8.3 An informed Council at the forefront of health and human development issues through operational research and effective Knowledge Management	relations with proper briefing to each new Council or staff	2011 8.1.7 Develop an Investment Plan for the acquisition of a COC office and vehicles by 30 June 2011 8.1.8 Develop policies and guidelines for research, Knowledge Management and other partnerships by 30 April 2012 8.1.9 Develop a Council operational research and Knowledge Management policy, procedures, priorities, and 3 year action plan by May 2012 8.1.10 Develop clear Council procedures for office bearers' handover to the next Council by 15 May 2011 and by that time every year	hardware - Develop an Investment Plan in place for the Council's acquisition of an office, vehicles and other assets with self sustainability in mind - Data and knowledge bases of Council information - Number of researches and knowledge sharing exchanges undertaken - Handover plan in place an records of Council and committee transitions

3.5 Implementation Time Frame and Responsibility for Activities

The Clinical Officers Council in its official sitting will remain overall responsible for the full implementation of this Strategic Plan. Under the Council, its specific Officers or Committees will be delegated with tasks as shown in Annex I, with the detailed outputs required against the shown time schedule.

Once it is officially launched, it is not expected that this Strategic Plan's years 2011 -16 objectives, expected results or the key activities will be reviewed until the Plan's completion. However, revisions may be undertaken after a systematic review similar in process to the strategic planning process. This may for example be if the intended Mid-Term Evaluation indicates a strong need to do so. In that case the Council will initiate a planning process to realign the Strategic Plan to the extent required for the remaining duration (up to June 2016).

In a typical year, the COC planning cycle aligned to the Government budgetary cycle will flow as shown in Figure 1 under the Executive Summary. An Annual Work Plan and Budget will be done by 28 April every year preceded by a review of the previous year's accomplishments. Planning will be completed in time for funding to be mobilized and implementation of activities for that year started on 1 July in line with the Government financial year. Ongoing Plan progress monitoring will take place as part of Council operations, but a rigorous Final Evaluation is intended in addition to the Mid-Term one.

3.6 Council's Strategic Management and Governance

The Clinical Officers Council's governance and organization review are both significant activities to be undertaken in pursuit of this Strategic Plan's objectives. Strengthening the Council as an institution was identified as an essential pillar in COC achieving the other five-year objectives under this Plan. In addition, the Council requires to better realign itself to the Kenya national Constitution now in place – a governance issue.

The strategic planning process also raised the observation that some of the desired outcomes for the Clinical Officers cadre require the Council to consistently pursue a long term approach. (Such issues include the place of the CO cadre within Kenya health, livelihood/wellbeing and COC professional development). Thus strengthening the Council's strategic management processes and structures will need to remain among this Strategic Plan period's high priorities.

3.7 Budget and Financing the Plan

At present, the Council is primarily self-financed through fees mechanisms, primarily from examination, registration and licensing. Within the first three months of this Strategic Plan, the Council will as part of the first (year 2011/12) Annual Work Plan develop a detailed Budget and how it will be financed. Also an Investment Plan towards self sustainability, initially targeting the acquisition of a Council office, vehicles and other urgent office assets.

3.8 Planning Assumptions and Risks

The following fundamental assumptions have been made within this Strategic Plan.

a) The Plan assumes the ongoing underlying need within the Kenyan health system, for a Government institution focusing on the CO cadre, and the continuation of the cadre's own distinct role

b) The Plan assumes that the present structure of the Kenya health sector will remain for period ie COC under the Ministry of Health with approximately the same duties and scope of operational discretion. The details of how this Ministry is organized either as one or two ministries is not critical to the Plan's implementation although it would have a bearing at administrative and operational activity level

c) At the planning stage there were no indications of a likelihood of the new national Constitution unexpectedly altering any other factors relating to the identity and role of the COC. It was therefore assumed that any new laws being enacted as the Constitution is implemented will largely maintain the Council's present status. Amendment of the Council's basic law, Cap 260 is envisaged as an advocacy activity within this Strategic Plan.

The main risks that may influence the success of this Strategic Plan are as follows:
- Interruptions due to the Council's leadership and administrative transitions
- Unexpected major changes in the form of Kenya health professional cadres
- Economic recession in the country.

Each of these is briefly elaborated below and how they have been mitigated within the Plan.

1 Council's Leadership Transitions. This is a risk point in terms of both leadership passion and commitment, and technical appreciation of the Plan's content as changes take place within the Council's membership. To mitigate against that and enable the Council to sustain the Plan's pace of implementation even should there be changes within its membership:
  – Caution has been made to document the Plan and the background rationale leading to its chosen actions
  – The provision has been made for Annual Work Planning within a clear strategic framework. This will enable each leadership team at hand to specifically tailor the details of its activities and budgets to the immediate Council priorities even while retaining the initially envisaged five year Plan's overall strategic focus

2 Unexpected Health Cadre Realignments. Major unforeseen changes in the format of Kenya health professional cadres (including Clinical Officers) are considered unlikely. The complexity of the sector and the variety of participants mean that any significant changes of strategic concern to the Council will generate considerable debate and take time. Surprise changes are therefore very unlikely. Never the less, the Council recognizes background discussions of this kind which arise from time to time and it intends to be more engaged in them. Thus within this Plan the Council includes efforts at strengthening its lobbying and advocacy capacity intended to place it suitably as a proactive participant in all health sector strategic discussions and cadre negotiations. These efforts will initially be specifically aimed at seeking changes to Cap 260

3 Economic Recession in the Country. The Council anticipates the funding of this Plan from its traditional licensing and other designated incomes, in addition to Government and donor/technical partner support. The Plan hopes for the sustenance in these sources, and possibly increased income to enable it to make the required investments. The possibility of any major economic recession affecting Kenya is a significant risk. Even though judge as improbable at present, that risk is made more complex and worth close

watch because of 2012 being an election year in the country. These are economic factors that the Council will examine in detail within the Investment Plan and its resource mobilization approach.

4 MONITORING AND EVALUATION

4.1 Monitoring & Evaluation Milestones

Figure 1 above shows the main tasks and timing cycles for this Strategic Plan's monitoring and evaluation of the implementation of this Strategic Plan. Tables 3.1 - 3 and Annex I provide the evaluation and monitoring frameworks respectively. At the technical level, the M&E framework is designed to ensure results based planning that remains tied to the Plan's original strategic objectives, while at the same time being continuously informed by the findings emerging from monitoring of ongoing implementation activities. An annual planning cycle starting every 1 April and closing with the approval of an Annual Work Plan ready for execution from 1 July is intended. A Mid-Term and Final evaluation of the Strategic Plan's achievements and lessons are planned. The Mid Term evaluation is intended to inform the later half of the strategy and the Final evaluation to inform the next COC strategic plan of July 2016. Plan implementation monitoring reports will form a standing agenda item in the Council's quarterly meetings.

4.2 Communication of the Strategic Plan

In order for the Plan to carry the momentum of the implementation good will and value added by all present and future Council members and other stakeholders, communication on it will be key. Understanding the rationale and choices leading to the Plan will inspire teams to want to achieve the COC vision it carries. For that reason, the Council will go to considerable length to share the COC Years 2011 -16 Strategic Plan with various audiences including among others, Clinical Officers together with potential and current donor partners.

The following ways of communicating and application of the Plan are intended:

- All activities of the Council will be based on the Strategic Plan
- The Mission, Vision and Objectives statements will be posted on walls of the Council office, and as appropriate appear on Council materials such as the website, letterheads, brochures, posters and newsletters
- Copies of the Strategic Plan will be shared with the Government line Ministry and other bodies. Also with COC's existing and potential funding/technical partners.

ANNEX I: IMPLEMENTATION TIME FRAME AND INDIVIDUALS RESPONSIBLE FOR ACTIVITIES

Objective	Key Activities	Lead Person (Title)	Mar - Jun 2011	Year 1 Jul – Dec 2011 Q1	Year 1 Jul – Dec 2011 Q2	Year 1 Jan - Jun 2012 Q3	Year 1 Jan - Jun 2012 Q4	Year 2 Jul - Dec `12 H1	Year 2 Jan - Jun `13 H2	Year 3 Jul - Dec `13 H1	Year 3 Jan - Jun `14 H2	Year 4 Jul - Dec `14 H1	Year 4 Jan –Jun `15 H2	Year 5 Jul - Dec `15 H1	Year 5 Jan - Jun `16 H2
1 Standardize quality and harmonize training and internship for Clinical Officers by 2015	1.1.1 Review checklist tools for approval of institutions for training and interns by 30 April 2011	Registrar	→												
	1.1.2 Review Council inspection tools by 30 June 2011	Chair – Training Committee	→												
	1.1.3 Carryout quarterly inspection of training institutions starting March 2011	,,	→	→	→	→	→	→	→	→	→	→	→	→	→
	1.1.4 Index students within 30 days of reporting to the training institutions	,,		-	-	-	-	-	-	-	-	-	-	-	-
	1.1.5 Administer registration Council exams in May and September every year	,,	→		→		→	→	→	→	→	→	→	→	→
	1.1.6 Review all Internship Centers by 30 June 2011	,,	→												
	1.1.7 Establish routine process of placing students in internship centres for practical training within 30 days of their being ready to attend internship	,,	-	-	-	-	-	-	-	-	-	-	-	-	-

Objective	Key Activities		Lead Person (Title)	Mar - Jun 2011	Year 1 Jul – Dec 2011 Q1	Year 1 Jul – Dec 2011 Q2	Year 1 Jan - Jun 2012 Q3	Year 1 Jan - Jun 2012 Q4	Year 2 Jul - Dec `12 H1	Year 2 Jan - Jun `13 H2	Year 3 Jul - Dec `13 H1	Year 3 Jan - Jun `14 H2	Year 4 Jul - Dec `14 H1	Year 4 Jan –Jun `15 H2	Year 5 Jul - Dec `15 H1	Year 5 Jan - Jun `16 H2
2 Establish CPD structure, system and processes by 2012	2.1.1	Develop clear structures for assessment and application of CPD aligned to CO cadre licensing renewal and career advancement	Registrar													
	2.1.2	Develop CPD monitoring and evaluation framework by 15 of April 2011	,,	—												
	2.1.3	In conjunction with KCOA hold 4 provincial forums before June 2012 to disseminate the CPD scoring criteria	,,	→	→	→	→									
	2.1.4	Distribute CPD booklets to all Clinical Officers by 31 December 2011	,,		—	—										
	2.1.5	Undertake quarterly monitoring of the CPD structure's effectiveness and evaluate it to refine its design	,,	→	→			→	→	→	→	→	→	→	→	→
3 Achieve up to date examination, registration, licensing and professional discipline of all Clinical Officers duly	3.1.1	Document proper procedures by 31 March 2011 for registration and licensing of Clinical Officers	Chairperson – Training Committee	—												
	3.1.2	Administer two Council registration exams in May and September every year to candidates who have met all the Council registration requirements	Registrar	→		→		→	→	→	→	→	→	→	→	→

Objective	Key Activities (→ Related periodic activities; ·— Ongoing activities; — One-off activity)		Lead Person (Title)		Year 1				Year 2		Year 3		Year 4		Year 5	
				Mar - Jun 2011	Jul – Dec 2011		Jan - Jun 2012		Jul - Dec `12	Jan - Jun `13	Jul - Dec `13	Jan - Jun `14	Jul - Dec `14	Jan –Jun `15	Jul - Dec `15	Jan - Jun `16
					Q 1	Q 2	Q 3	Q 4	H1	H2	H1	H2	H1	H2	H1	H2
trained in approved institutions by 2015	3.1.3	Establish an Examination Bank by April 2011 for the final qualifying students to be registered under the Act	Registrar	—												
	3.1.4	Revise and disseminate COC Code of Conduct booklet to all Clinical Officers by end of October 2011	Registrar & Chair – Disciplinary Committee	—	—											
	3.1.5	Develop and implement sensitisation mechanisms for all Clinical Officers eligible to be registered and licensed	,,	—												
	3.1.6	Design and apply by the Council a regular schedule for submitting the names of new Clinical Officers for Gazetting by the Minister	,,	—	-	-	-	-	-	-	-	-	-	-	-	-
	3.1.7	Design and apply a standard Council and legal approach for regularly taking disciplinary action against Clinical Officers and institutions not complying with the rules and regulations of the COs Act	,,	—												
	3.1.8	Undertake Inspectorate/Supportive supervision in February and August annually	Inspectorate Committee		-	-			-	-	-	-	-	-	-	-

Objective	Key Activities (→ Related periodic activities; ·· Ongoing activities; — One-off activity)	Lead Person (Title)	Mar - Jun 2011	Year 1 Jul – Dec 2011 Q1	Year 1 Jul – Dec 2011 Q2	Year 1 Jan - Jun 2012 Q3	Year 1 Jan - Jun 2012 Q4	Year 2 Jul - Dec `12 H1	Year 2 Jan - Jun `13 H2	Year 3 Jul - Dec `13 H1	Year 3 Jan - Jun `14 H2	Year 4 Jul - Dec `14 H1	Year 4 Jan –Jun `15 H2	Year 5 Jul - Dec `15 H1	Year 5 Jan - Jun `16 H2
	3.1.9 Undertake two Customer Satisfaction Surveys: – A baseline survey before June 2011 – Comparator survey between January and June 2013	,,	—			— ··									
4 Facilitate increase at least 20% increase in job opportunities for Clinical Officers by 2015	4.1.4 Review Cap 260 to allow for private practice of COs after 3 years of supervised employment	COC Chairperson & Registrar	—												
	4.1.5 Lobby the Government for more employment opportunities for COs through more accurate perception of the cadre's competences and possible roles	COC Chairperson	··	··	··	··	··	··	··	··	··	··	··	··	··
	4.1.6 Design and implement an Empowerment Program to: – Build Clinical Officers' competences in management leadership to the level of heading Health Centers – Lobby the Government for management and leadership positions for CO cadre to head Health Centers	,,	→	→	→	→		→	→	→	→	→	→	→	→
5 Facilitate professional insurance coverage for	5.1.1 Collaborate with Kenya Clinical Officers Association to arrange an attractive insurance for COs with insurance companies	COC Chairperson	—												

Objective	Key Activities (→ Related periodic activities; ·· Ongoing activities; — One-off activity)		Lead Person (Title)	Mar - Jun 2011	Year 1				Year 2		Year 3		Year 4		Year 5	
					Jul – Dec 2011		Jan - Jun 2012		Jul - Dec `12	Jan - Jun `13	Jul - Dec `13	Jan - Jun `14	Jul - Dec `14	Jan –Jun `15	Jul - Dec `15	Jan - Jun `16
					Q 1	Q 2	Q 3	Q 4	H1	H2	H1	H2	H1	H2	H1	H2
all Clinical Officers in private practice by 2015	5.1.2	Create awareness to COs of the importance of professional insurance cover	COC Chairperson	→		→			→		→		→		→	
6 Systemize and formalize the Council's collaboration with various key partners by 2015	6.1.1	Set up a Legislation Review Committee in collaboration with relevant stakeholders	COC Chairperson & Registrar	—												
	6.1.2	Design and carry out plan for lobbying sector stakeholders including Members of Parliament (MPs) for the review of Cap 260 by 30 May2011	,,	—												
	6.1.3	Organize at least 4 provincial awareness creation/promotion forums on CPD every year	,,	··	··	··	··	··	··	··	··	··	··	··	··	··
	6.1.4	In partnership with other regulatory bodies, KCOA and other stakeholders half yearly assess progress of COs on CPD	COC Chairperson & Registrar & Chair, Training Committee	→	→	→	→	→	→	→	→	→	→	→	→	→
	6.1.5	In partnership with KCOA create awareness once a year in training institutions on the value of registration and licensing of COs after training	Chair, Training Committee	→		→			→		→		→		→	

Objective	Key Activities		Lead Person (Title)	Mar - Jun 2011	Year 1				Year 2		Year 3		Year 4		Year 5	
					Jul – Dec 2011		Jan - Jun 2012		Jul - Dec `12	Jan - Jun `13	Jul - Dec `13	Jan - Jun `14	Jul - Dec `14	Jan –Jun `15	Jul - Dec `15	Jan - Jun `16
					Q 1	Q 2	Q 3	Q 4	H1	H2	H1	H2	H1	H2	H1	H2
	6.1.6	The Inspectorate Committee carries out quarterly inspections of at least 20 private licensed clinics per year both as Joint Inspection by all regulatory bodies and/or as a Committee of the Council	Chair, Inspection Committee	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶
	6.1.7	Identify as part of Annual COC planning, areas of possible partnership within the Strategic Plan, the potential partners and design of the areas of collaboration	COC Chairperson	▶			▶			▶		▶		▶		▶
7 Put in place a framework for monitoring and evaluating Council activities by September 2011	7.1.1	Develop monitoring and evaluation systems by April 2011	Chairperson - COC	—												
	7.1.2	Train all the Council members and staff on M&E by May 2011, with annual refreshers	Registrar	▶			▶			▶		▶		▶		▶
	7.1.3	Undertake on a quarterly basis supportive supervision organized for effective national and sector coverage	,,	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶
	7.1.4	Hold quarterly program review meetings on the Council activities	COC Chairperson	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶
	7.1.5	Computerize Council activities by June 2011	,,													
8 Develop and	8.1.1	Develop an approved CoC:														

Objective	Key Activities (→ Related periodic activities; ·— Ongoing activities; — One-off activity)	Lead Person (Title)	Mar - Jun 2011	Year 1 Jul – Dec 2011	Year 1 Jan - Jun 2012	Year 2 Jul - Dec `12	Year 2 Jan - Jun `13	Year 3 Jul - Dec `13	Year 3 Jan - Jun `14	Year 4 Jul - Dec `14	Year 4 Jan –Jun `15	Year 5 Jul - Dec `15	Year 5 Jan - Jun `16
				Q 1 Q 2	Q 3 Q 4	H1	H2	H1	H2	H1	H2	H1	H2
implement structures, systems and processes for human resources, financial management, M&E and Knowledge Management (KM) to enhance the Council's operational capacity by 2015	– Strategic Plan by 31 March 2011 – Annual Work Plan from the Strategic Plan by 31 March 2011 and by 28 April annually thereafter	COC Chairperson											
	8.1.2 Develop a Council organogram and Service Charter by 30 Sep 2011	Registrar											
	8.1.3 Develop HR, Financial, ICT, Procurement policies and procedures manuals by 30 Sep 2013	Registrar											
	8.1.4 Develop clearly defined roles and responsibilities for committees, secretariat staff and Council members by 30 Sep 2011	COC Chairperson											
	8.1.5 Put in place a proper financial system with computerised system, competent staff, finance Committee , revenue tracking and collection system by 30 Sep 2011	Chair, Finance Committee											
	8.1.6 Develop an Investment Plan for the acquisition of a COC office and vehicles by 30 June 2011	COC Chair, Registrar & Chair, Finance Committee											

Objective	**Key Activities** → Related periodic activities; ⋯ Ongoing activities; — One-off activity	**Lead Person (Title)**		**Year 1**				**Year 2**		**Year 3**		**Year 4**		**Year 5**	
			Mar - Jun 2011	**Jul – Dec 2011**		**Jan - Jun 2012**		**Jul - Dec `12**	**Jan - Jun `13**	**Jul - Dec `13**	**Jan - Jun `14**	**Jul - Dec `14**	**Jan –Jun `15**	**Jul - Dec `15**	**Jan - Jun `16**
				Q 1	**Q 2**	**Q 3**	**Q 4**	**H1**	**H2**	**H1**	**H2**	**H1**	**H2**	**H1**	**H2**
	8.1.7 Develop policies and guidelines for research, Knowledge Management and other partnerships by 30 April 2012	COC Chairperson		—	—										
	8.1.8 Develop a Council operational research and Knowledge Management policy, procedures, priorities, and 3 year action plan by May 2012	COC Chairperson				—									
	8.1.10 Develop clear Council procedures for office bearers' handover to their next Council by 15 May 2011 and by that time every year	COC Chairperson	-												

ANNEX II: LIST OF PARTICIPANTS IN THE COC YEARS 2011 – 16 STRATEGIC PLANNING PROCESS

NAME		ORGANISATION	DESIGNATION	Email Address
1	Ngugi Kariuki	Clinical Officers Council	Council member	gichiaMg@yahoo.com
2	Mutinda Kissingu	Clinical Officers Council	Council member	kissingumut@yahoo.com
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9	Cyprian Kamati	Kenya Clinical Officers Assn	Clinical Officer	cypriankairi@yahoo.com
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11	Peter M Kuhora	Kenya Clinical Officers Assn	Clinical Officer	Pmkuhora@yahoo.com
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15	John N Kariuki	Clinical Officers Council	Council member	gichirang@yahoo.com
16	Micah K Kisoo	Clinical Officers Council	Registrar	micakisoo@yahoo.com
17	Wesley Tomno	Kenya Clinical Officers Assn	KCOA Chairman	wesleytomno@yahoo.com
18	Gladys Koyengo	Clinical Officers Council	Council member	okakah2001@yahoo.com
19	Manaseh Bocha	Ministry of Medical Services	Deputy Chief Clinical Officer	manasehbocha@yahoo.com
20	June Mwende	Capacity Project Kenya	Training Systems Manager	jmwende@intrahealth.org
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22	Esther Ndeki	Capacity Project	Program Officer	endeki@intrahealth.org
23	Felister Mwangi	Capacity Project	HR & Admin Manager	fmwangi@intrahealth.org
24	Peter Maina	Maer Associates	Capacity Project Consultant	pmaina@maer.co.ke
25	Linah Njumwa	Maer Associates	Capacity Project Consultant	lnjumwa@maer.co.ke