# THE NATIONAL NURSES ASSOCIATION OF KENYA (NNAK)

# STRATEGIC PLAN 2022/23-2026/27

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## Acronyms

| | |
|---|---|
| **ACLS** | Advanced Cardiovascular Life Support |
| **AGM** | Annual General Meeting |
| **APSEA** | Association of professional association of east Africa |
| **BSL** | Basic Life Support (BSL) and |
| **CME** | Continuous Medical Education |
| **CPD** | Continuous Professional Development |
| **ECSACON** | East, Central and Southern African college of nurses |
| **GCEF** | Girl Child Education Fund |
| **HELB** | Higher Education Loans Board |
| **ICN** | International Council of Nurses |
| **KHF** | Kenya Health Federation |
| **KNUN** | Kenya National Union of Nurses |
| **KWHIS** | Kenya Health Workforce Information System |
| **NNAK** | National Nurses Association of Kenya |
| **ODENNA** | Organizational Development of National Nurses Association |
| **PESTEL** | Political, Economic, Social, Technological, Environmental, Legal |
| **SDG** | Sustainable Development Goals |
| **SWOT** | Strengths, Weaknesses, Opportunities and Threats |
| **UKAID** | United Kingdom Agency for International Development |
| **UNFPA** | United Nations Population Fund |
| **USAID** | United States Agency for International Development |
| **WHO** | World Health Organization |

## Foreword

I'm pleased to introduce to you the National Nurses Association of Kenya (NNAK) strategic plan 2022/23-2026/27. The plan is developed at a time when we desperately need it and with the strategic objectives and strategies developed, there is all indication that it will be the Associations game changer. The process of developing this plan was quite participatory involving all members as they were given a chance to make their valuable contributions. Similarly, the leadership being guided by experts had in-depth analysis of the Association in the process of scanning the environment for purpose of developing this member centred strategic plan.

I'm pleased to report to you honorable members, stakeholders, and partners that we deployed an all-inclusive approach where participants were accorded time, allowed to build consensus on problem statements, develop strategic objectives to the problems. The team also identified strategies to address the public image of our association and strategic objectives that will lead to the reinforcement of effective leadership and governance, an enhanced professional capacity development and facilitation of experiential membership growth.

This strategic plan is pegged on the challenges we have experienced as an Association overtime which include ineffective leadership and governance, membership decline and poor capacity building framework. The plan is a building block emanating from the previous one of 2015-2019 and seeks to bring permanent solutions to problems which have bedevilled the Association for a long time and also give hope to present members and future members.

Honorable members, with the realization of this strategic plan, we visualize to be a unifying member responsive nurses and midwives Association in the country and beyond. Our mandate is to represent nurses and midwives in promoting professional development, social welfare, advocacy through innovative governance among others. We believe in human dignity, professionalism in the line of duty, integrity among members, being mindful to our members and unity of purpose.

Finally, I plead with all our honorable members, stakeholders and partners to come on board to help the National Nurses Association of Kenya effectively address the challenges my leadership has put together and the strategies proposed in this strategic plan to enable us achieve the mandate entrusted on us by the great nurses of this country.

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**Collins Ajwang'**

**Chairman – NNAK**

## Acknowledgement

The development of NNAK Strategic Plan could not have come at a better time, especially in the year 2022/23 when it coincides with several partner and corporate institutions having the need to realign their strategies as a result of many emerging professional, political, socio-economic, environmental and legal changes brought about by effects of covid-19 pandemic. The rapid advancement in nursing and midwifery practices, the increased demand of nursing workforce globally and a more enlighten public calls for accountability in nursing and midwifery practices and demonstration of a clear strategic approach to leadership and governance.

In a very special way, NNAK members appreciates the financial support from Johnson & Johnson and The Aga Khan-SONAM partnering with the desire to showcase excellence in nursing and midwifery through training and prudent resource mobilization and management.

We in equal measure, recognize and appreciate all our Honourable Members for support and participation in the whole process from inception to adoption and we sincerely extend our gratitude for your unreserved commitment to the Association. The entire National Executive Council Members, committees, chapter leaders, you have remarkably steered this process actively with unusual vigour to perfection. The representative teams from various branches and chapters, we thank you for your exemplary performance, burning the midnight oil so that we could actualize the dream.

We wish to immensely appreciate the tireless efforts of the NNAK board ably headed by the honourable National Chairman Mr. Collins Ajwang' for identifying and prioritizing the urgent need for development of this Strategic Plan for the Association and steering the process to conclusion.

We could not have achieved our objective without the sacrifice and pragmatic guidance by our brilliant facilitator Mr. Bernard Simiyu of Peak Network Consultants for his exemplary work, we are indeed indebted.

We cannot forget to appreciate timely guidance and advice given by ICN representative and board member for Africa; the Rwandan Nurses Union president Mr. Andre Gitembagara. Truly you are a man of wisdom.

Last and not least to all persons who assisted in one way or the other, materially, intellectually or morally, we are sincerely indebted to you as we implement this strategic journey. Finally, we dedicate this work to NNAK Members, the nurse and midwife's fraternity who are the frontline service providers and the communities who are our esteemed clients.

Thank you,

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**Stephen Ng'ang'a**

**National secretary**

## Executive Summary

The Association has a mandate to promote excellence in nursing and midwifery with the ultimate goal of improving expertise and experience of the nurses as well as the patients' outcomes. The Association has been facing challenges such as inefficiencies' in operations, ineffective financial management, low membership, inadequate Nursing and midwifery professional Capacity development, low participation and utilization of research, insufficient continuous training, limited nursing technological advancement, inappropriate professional public image, inadequate member's welfare support and inadequate visibility and publicity that have greatly affected its existence. There is therefore dire need to clearly refocus the direction of its operations, and hence the development of this Strategic Plan 2022/23-2026/27.

This strategic plan was developed by engaging the Associations members from the grassroots in collaboration with Johnson &Johnson (J&J) and Aga Khan University school of nursing and midwifery (AKU-SONAM) The inception workshop in the development of the plan brought together the Associations' leadership who developed structured and purposive environmental scan data collection tools.

This strategic plan has been designed into eight chapters aligned to address strategic context, environmental scan, strategic model, financial implication & mobilization, strategic organisation structure, monitoring and evaluation, implementation matrix and emerging issues.

The strategic planning process identified three (3) strategic objectives and ten (10) strategies that are geared towards realising the Association goal. The strategic plan envisions a unifying member responsive nurses and midwives Association in the country and beyond with a mission to represent nurses and midwives in promoting professional development, social welfare and advocacy through professional capacity development, membership growth and innovative governance and is committed to uphold human dignity, be mindful to members enshrined with unity of purpose and ensure professionalism and integrity in line of duty among members as core values in its operations.

It is estimated that the implementation of the activities of this 5-year strategic plan will require a projected budget of KES 186.8 Million. The strategic plan supposes that this budget will be funded through member's subscriptions, partners support, donor grants and associations investments. The execution of this strategic plan will be under a special strategic organizational structure implementing the strategies through Annual Association Work Plan (AAWP) with clear monitoring, Evaluation and learning framework. A data definition table and annual performance targets have been developed to guide the process of monitoring and evaluation. It's expected that by the end of the term of this strategic plan, the Association would have realised its vision.

# 1.0 Strategic Context

## 1.1 Background of the Association

The National Nurses Association of Kenya (NNAK) is a professional association which brings together all cadres of nurses and midwifes in Kenya whether in health care practice, education, management and research. NNAK was established in 1968, legally recognized under Societies Act Cap 108 of the Laws of Kenya. The Association has branches in all the 47 counties. The Association is affiliated globally to the International Council of Nurses (ICN), regionally to the East, Central and Southern African college of nurses (ECSACON), Association of professional association of east Africa (APSEA) and locally to the Kenya Healthcare Federation (KHF).

**Purpose and Mandate:** The mandate of the Association is to promote excellence in nursing and midwifery with the ultimate goal of improving expertise and experience of the nurses as well as the patients' outcome. To achieve these goals, there is need for a comprehensive strategic plan to ensure seamless, smooth and progressive running of the services at the Association.

**Institutional Governance:** NNAK has an organogram where the AGM bona fide members sit at the top. These are all nurses who are members of NNAK and able to attend the Annual General Meeting (AGM). The second level is composed of the National Executive Council (NEC) who are elected by members at the county level. Within these member's different committees namely; (education and research; finance; publicity; disciplinary) are nominated. Then the third level is composed of the National Elected Officials (NEO) who are elected by the members during the AGM. The committees nominated by the NEC may be standing or ad-hoc depending on the need of the Association and the urgency of the matter. At the bottom of the structure is the secretariat who are employed by the Association to assist at the national office.

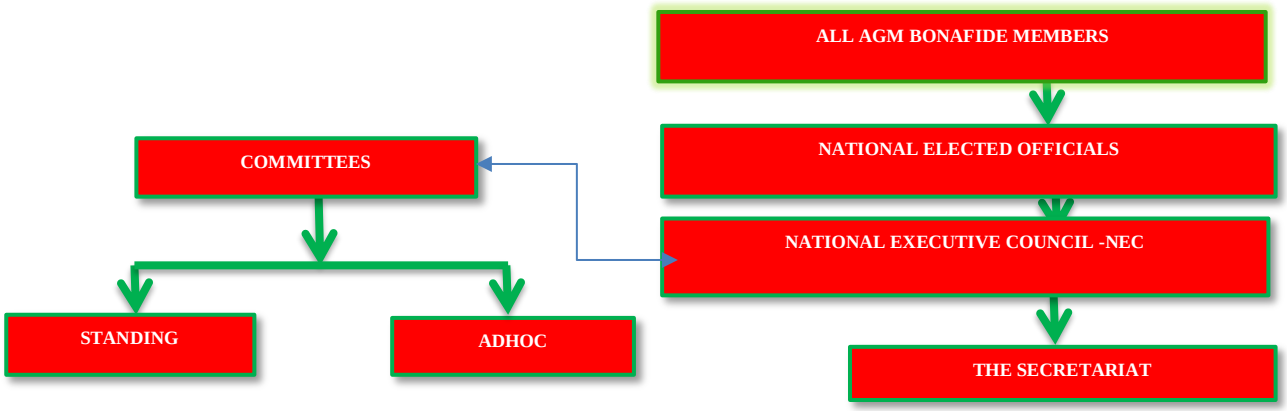


*Figure 1: Association's Organizational Structure*

## 1.2 Previous Performance/Achievements and Gaps

### 1.2.1 Performance/Achievements of the Association

i. **Hosting of a psychosocial support centre during Covid-19 pandemic:** Through partnership with the Equity Group, Covid-19 Foundation and Kenya Medical Association, the Association has continued to host a 24-hour call centre where nurses can get psychological help.

ii. **Financial support to members through partnership with Equity Bank:** The Association has partnered with Equity Bank to offer financial literacy training to its members. So far more than30 branches have undertaken the training.

iii. **Provision of free CPD materials such as booklets**: The Association has maintained the provision of stationeries such as scientific booklets to members who participate in Annual Scientific Conferences and AGMs.

iv. **Support of deceased members' girl child education:** The Association runs the deceased member's Girl Child Education Fund with the support of International Council of Nurses (ICN). This commenced in 2006 and has since supported 120 orphan girls, out of these 7 have been supported to pursue a career in nursing.

v. **Provision of negotiated health insurance for members:** In collaboration with AMREF Flying Doctors the Association has created a corporate account where members are able to access emergency medical services both on the ground and on air at 10% discounted rates.

vi. **Exchange Programs in capacity building:** The Association runs an exchange program with other international National Associations e.g., Taiwan Nurses Association. The program aims to support professional growth for specialized nurses. 12 members have benefitted from this program.

vii. **Provision of academic growth through physical and virtual learning:** Members are able to access Continuous Medical Education courses virtually and physically offered by the Association at subsidized rates through our Nurses Academy.

viii. **Adequate training materials, supplies and equipment for training and learning**: The Association is well equipped in terms of training infrastructure, equipment and expertise to enable continuous training of nurses.

ix. **Participation in research consortium to promote evidence-based practice:** NNAK is a member of the Kenya Paediatric Association Research Consortium which champions for evidence-based advocacy for PHC/RMNCAH+N and secures research grants to help nurture nursing trends.

x. **Offering of CPD points for nursing license renewal:** The Association is accredited by NCK to offer CPD points to members who undergo professional development trainings held either at the national or branch level. This facilitates the renewal of their practice licenses.

xi. **Involvement in development of Nursing training curriculum:** The Association has collaborated with other entities such as NCK to generate curricula to be used in training of nurses at various levels.

xii. **Participation in the creation of the Nursing Services Policy and Nursing Scheme of Service:** NNAK has been involved in the development of the National Nursing and Midwifery Policy document and the Nurses Scheme of Service.

xiii. **Nightingale Awards:** The Association in collaboration with Johnson & Johnson has had an initiative of identifying and awarding nurses for exemplary performance and consequently motivating them.

xiv. **IDP IELTS Test Center –** We have partnered with IDP IELTS center who will provide relevant IELTS information and full details on IELTS registration process including application, delay, or cancellation procedures to ensure the deferrer's staff can give instructions toprospective candidates among others. We have also applied to be considered as an NCLEX examination center.

### 1.2.2 Main challenges and prevailing gaps

i. **Lack of a professional secretariat:** The Association has not been engaging its secretariat on professional terms which has caused ineffective programme implementation, monitoring and evaluation.

ii. **Lack of a national member data base:** The exact total number of members remains unknown thus making it difficult to generate member identification numbers and estimate revenues from members' subscription.

iii. **Constant wrangles and lack of trust among the leaders:** Since 2015 the Association has been embroiled in power struggle at the national level leading to lack of trust by members, partners and other stakeholders. This has led to loss of focus on implementation of the Association's goals and has also contributed to dwindling membership hence loss of revenue.

iv. **Lack of investment in research:** Research provides data to make decisions and aid in planning. Lack of this data has crippled the Association's ability to make crucial decisions in improving nursing care, e.g., provision of evidence-based nursing.

v. **Inconsistencies in the Association's Constitution and By-Laws:** There are conflicting areas in the Association's Constitution and by-laws. Additionally, there is no interpretation of some Articles in the Constitution.

vi. **Ballooning level of debts:** The Association's revenue has been dwindling and as a result it has accumulated a lot of debt due to recurrent expenditure.

vii. **Lack of a structured induction process for both the national and branch leaders:** The Association lacks a concrete model of induction for its leaders at the branch and national levels. This hinders effective running of the Association's operations.

viii. **Low membership:** Out of all the Kenyan nurses and midwives averaging 65,000 in number, NNAK has a membership of just 12,000 – a paltry 18% of the total number in Kenya. This implies a critical gap in membership numbers and as a result limits the amount of revenue received by the Association.

ix. **Ineffective revenue collection framework:** The checkoff system adopted for use by the counties to collect and remit members' subscription is not being used by some counties. Some counties also fail to remit members' subscription even after deductions. The Association thus fails to operationalize some programs on large scale due to lack of funds.

x. **Lack of monitoring and evaluation framework:** There lacks a monitoring and evaluation framework for the programs of the Association. Therefore, it is difficult to measure the Association's progress, and challenges.

### 1.3 National, Regional and Global Strategic linkages

**International Council of Nurses:** NNAK is committed to enhance member growth, professional capacity development and effective leadership and governance which is in sync with ICN's aim to support training in leadership, innovative growth and membership empowerment through the Organizational Development of National Nursing Associations (ODENNA) project.

**Commonwealth Nurses and Midwives Federation:** CWNMF envisions to improve the health of citizens of the Commonwealth countries by enhancing access to nursing education, influencing health policy and strengthening nursing leadership. NNAK contributes to this by fostering access to continuous professional development among its members and influencing the formulation of nursing and midwifery policy document.

**Association for Professional Societies of East Africa (APSEA):** APSEA's mandate includes giving opportunity to relate and share with other professional societies, training on leadership management and ethics and ethical policy formulation. NNAK as an Association works in collaboration with APSEA to advocate for high standards of ethics as well as workplace policies that promote strong nursing leadership, and positive influence on health policies.

**Kenya Health Federation (KHF):** KHF's strategic goal is to have an enabling environment that supports quality and affordable healthcare for all Kenyans. The mission of the Federation is therefore to take care of the interests of stakeholders, among them health sectors workers, majority of whom are nurses. NNAK contributes to this mission by advocating for the best interest of nurses while promoting quality healthcare to the citizens.

**John Hopkins Program for International education in Gynaecology and Obstetrics (JHPIEGO):** NNAK in partnership with JHPIEGO Kenya, seeks to build health workers skills and develop systems that save lives and guarantees healthier future for women and children.

**Kenya obstetrical and Gynaecological society (KOGS):** NNAK is working with KOGS to ensure high quality of sexual and reproductive health services through advocacy, training and research.

### 1.4 Strategic Planning Process

The leadership of the Association had the inception workshop to brainstorm on the strategic planning process. The workshop gave birth to two sets of questionnaires meant to collect data from the executive members and the rest of the members of the Association. The data was collected, analysed and compiled for presentation in a second workshop. The leaders were given an opportunity to review, critique and validate the data which was then used to develop the strategic model and the rest of the chapters of the strategic plan 2022/23-2026/27.

## 2.0 Situation Analysis

### 2.1 Strength, Weakness, Opportunity and Threat (SWOT) Factors

**Strengths**

i. **Consistent holding of annual scientific conferences, symposiums and workshops:** The Association has consistently held annual scientific conferences, workshops and symposiums where members acquire more skills and network with other nurses locally and internationally.

ii. **Existing professional capacity building academy:** The Association recurrently organizes and supports members to undertake short capacity building courses such as Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS). About 100 nurses have so far been trained.

iii. **Research and Education Committee:** In partnership with other entities such as AKU, NNAK works to enhance research in order to improve evidence-based nursing practices.

iv. **Accredited to provide CPD:** The Association is accredited by NCK to provide Continuous Medical Education (CMEs), and other health service courses (Basic Life Support, Advanced Cardiac Life Support) targeting Continuous Professional Development.

v. **Good relationship with partners:** The Association's partnerships and cooperation with its partners such as Bayer, Jubilee Insurance, National Health Insurance Fund (NHIF) and Higher Education Loans Board (HELB), Equity Bank, AKU-SONAM enable it to initiate programs that benefit members and nurses in general.

vi. **Empathy with members:** The Association runs a sponsorship program for supporting education of the deceased member's girl child. This sponsorship is supported by the International Council of Nurses (ICN).

**Weaknesses**

i. **Lack of professional secretariat:** The organization does not have a professional secretariat that can run the day-to-day operations of the Association. Consequently, there are communication hiccups between leaders and members.

ii. **Weak revenue collection system:** There is minimal monthly subscriptions due to low membership. The county governments' remittance can be delayed for up to 2-3 months, with the private and faith-based facilities failing to remit totally. Only 43% of branches are consistent with their monthly remittances.

iii. **Lack of investment for additional income:** The Association has miniature investments that do not have impactful financial help which can add more value to the Association and its members. This causes overreliance on the revenue generated from monthly subscriptions.

iv. **Lack of commitment:** Some members of the Association intentionally fail to make their monthly subscriptions. Other members fail to turn up for conferences, workshops and annual general meeting.

v. **Election malpractice at branch level:** Some branches do not involve members in the election of leaders. Sometimes, it occurs that leaders are elected without following the right protocol to meet selfish personal interests.

vi. **Weak Monitoring and Evaluation (M&E) system:** There has neither been a proper framework of monitoring and evaluating the Association programs nor tools with which this could be done.

vii. **Limited members' engagement in decision making:** The members lack forums where they can give their ideas and feedback. They are therefore, often left out on decision making.

viii. **Insufficient support of national leaders at the grassroot level:** The leaders at the national level hardly visit the branches to get to understand and support the grassroot leadership.

ix. **Inconsistencies in the Constitution of the Association:** The Association's Constitution is deemed to be unclear, thus prone to not being adhered to strictly as should be. The Constitution for instance, does not clearly define and describe the structure of NEC, rendering it too big and difficult to control.

x. **Lack of resource mobilization structures:** The Association heavily relies on members' subscription and the good will of donors. This creates a weak link in the ability of the Association to independently initiate and fund research programs, scientific conferences and retreats.

xi. **Non-automation of Association functions**: Most of the Association's operations are done manually. This includes membership recruitment and retention procedures, maintenance of membership database and access to services by members.

**Opportunities**

i. **Adopting advanced nursing technology:** Digital revolution has caused easy access to technology through gadgets such as smartphones which has in turn enabled virtual training and conferences. These technologies can be harnessed to enhance real-time engagement between members and leaders.

ii. **Engagement of donors and partners:** The Association has many partners both locally and internationally for example, ICN, WHO, USAID, UKAID, UNFPA and AMREF, and Aga Khan University among others. The Association can seize the opportunity and lobby for more support in terms of training, and funding of research, CPD and CMEs for nurses.

iii. **Embracing Exchange Program opportunities:** Due to the good local and international relationship with the partners, the Association can grab the opportunity to organize for more exchange programs where members can exchange work cultures, ideas, and skills.

iv. **Facilitation of Nurses' outmigration:** The government has signed an MoU with the UK government to enable nurses migrate for work to the United Kingdom. The Association can encourage their unemployed members to take advantage of this opportunity and enhance their career growth.

v. **Utilization of research and innovation in enhancing evidence-based practice:** There are clinical research findings available that can be adopted by the Association members to enable them enhance nursing practice through evidence-based nursing processes.

**Threats**

i. **Persistent conflicts among leaders:** Some branches report personal differences between leaders which affect the performance of the Association at the offices and members. This causes division and the Association ineffectiveness.

ii. **Competition from other Associations:** NNAK faces competition from other Associations competing associations because they all target the same nursing population in terms of interests and profession.

iii. **Compromise of performance through political interference:** Political interference particularly from major stakeholders such as the NCK, MOH, KNUN and political leaders compromise performance of the Association and her members. For example, the government halted member subscription deductions during the period Jan-March 2021.

iv. **Unfavourable contractual employment for nurses:** Nurses deployed on contractual terms may not be able to sustain membership and pay subscription fee. They withdraw membership when the contract ends.

v. **Skewed membership age distribution:** High number of NNAK members are attaining retirement age and the newly employed nurses know little about the Association. Because of this, they lack interest in joining and participating in the Association affairs.

## 2.2 Political, Economic, Social, Technology, Environment & Legal (PESTEL) Analysis

**Political Factors**

i. **Delayed Salaries leading to Nurses' industrial action:** There has been massive industrial actions by nurses across the counties due to salary delay and poor working environment by the county governments.

ii. **Political instability which causes anxiety among Nurses and Midwives:** The political landscape in Kenya is characterized with ethnic profiling during electioneering periods. In the past, election outcomes have been contested which often leads to conflicts and forceful inter-county migrations.

iii. **Insecurity of Nurses and Midwives in hostile environments:** Some parts of Kenya such as Baringo, Wajir, Garissa, Isiolo, and Lamu experience recurrent insecurity incidences evidenced by unexplained killings. The situation creates tension and fear among nurses and midwives in such places.

iv. **Limited institutional budget for nursing and midwifery practice:** There is inadequate budgetary allocation by institutions towards nursing and midwifery services. This leads to low supply of commodities such as PPEs which poses nurses and midwives to risks of infections.

v. **Limited employment of nurses and midwives by the government:** The number of nursing and midwifery graduates from the seventy-one (71) KMTC institutions has been on a steady rise in the period between 2012 and 2021. However, the employment rate by the government has been very low leading to high levels of unemployment among nurses.

vi. **Ethical nurses and midwives' deployment partnerships:** The Kenyan government has signed a deal with the UK government to have approximately 30,000 nurses with Degrees and Diplomas migrate to the United Kingdom for employment opportunities and to gain world-class nursing experience. This may facilitate out-migration of nurses and reduction in membership involvement and numbers.

**Economic Factors**

i. **Brain drain of nurses and midwives from Kenya to other countries:** Nurses and midwives are increasingly migrating to other countries mainly in search of better wages. Loss of nursing professionals to international outmigration may diminish the membership of the Association. This will then trickle down to loss of revenue by the Association.

ii. **Economic strains on Nurses and Midwives due to global inflation:** The rising cost of living and inflation has been exacerbated by the Covid19 pandemic from 2020 and the recent political unrest between Ukraine and Russia since early 2022. This has affected the nurses and the Association's cost of operations.

iii. **Minimal funding for nursing and midwifery research:** According to the Health Act 2017 (Constitution of Kenya, 2010), 30% of the National Research Fund should be for health research. Most nurses don't have access to this funding to enable them participate in research and develop the nursing profession.

iv. **Low remuneration of Nurses and Midwives:** There has been frequent industrial action in Kenya by nurses and midwives, with the most recent being demands for the enacting of the Collective Bargaining Agreement (CBA) which addresses uniform and nursing service allowances. Insufficient wages may lead to resignation or deviation of nurses to other careers.

**Social Factors**

i. **Workplace occupational health and safety inadequacies:** There was inadequate training and PPEs provided for nurses as they served patients with the Covid-19 virus and other infectious diseases. This undermined their ability to respond especially in the early days of the pandemic and exposed them to other infections.

ii. **Insufficient nurses and midwives' professional mentorship and development:** Nurses and midwives have complained of lack of proper mentorship from senior, more skilled counterparts. This leads to demotivation and eventually loss of nurses to other careers.

iii. **Increased outmigration/attrition of nurses and midwives:** Attrition of nurses has been caused by deaths, retirements and outmigration to developed countries. This has increased staff shortage and workload. The current ratio of nurses to population in Kenya is 1.2 nurses to 1000 people which is way below the recommended WHO ratio of 3 nurses per 1,000 population.

iv. **Negative gender-based perception on nursing profession by the society:** The society perceives that nursing is a female career therefore it is not accorded the same respect as male dominated professions. This contributes to the negative image of nursing.

v. **Negative attitude towards career progression by nurses:** There are no clear pathways to evaluate clinical competence among nurses. As a result, some have lost interest in pursuing Continuing Medical Education and other trainings, upon securing a stable job.

vi. **Unwillingness of nurses and midwives to join the Association:** Majority of nurses despite knowing the existence and importance of the Association, still show little or no interest in the Association membership and activities as Associations fail to demonstrate value.

vii. **Unfavourable nurses and midwives' employment terms by employers:** The government is currently employing very few nurses and midwives on contract terms. Nurses under contract employment often do not subscribe to professional organizations due to the unreliable income stream.

viii. **Negative perception from the public:** Reports in the media depict nurses as rude and uncaring leading to a negative perception by the public.

**Technological Factors**

i. **Underutilization of telemedicine and tele mentoring infrastructure in nursing and midwifery:** The government is to lay foundation for telemedicine in health facilities across the country. Telemedicine and tele mentoring is currently not much utilized by nurses because of inadequate technological infrastructure and knowledge.

ii. **Inadequate digitalization of the clinical processes**

Most public hospitals have not embraced automation systems such as the EMR and EHR to facilitate clinical processes. Manual documentation exacerbates the high workload nurses are currently experiencing.

iii. **Distance Learning**: The world is evolving in technology, with a lot of educational opportunities being offered online. Nurses and midwives can advance their skills and knowledge at the comfort of their homes or workplaces.

**Environmental Factors**

i. **Increased Nurses and Midwives' workload due to climate change and Global warming:** Climate change and global warming predisposes communities to poverty, diseases, malnutrition and disasters which increases workload as result of ill-health and injuries. These factors directly affect the nurse's physical and mental health.

ii. **Improved occupational health and safety measures for the nurses:** The implementation of the Occupational Safety and Health Act 2010 creates a suite of resources to help nurses work in a more

protected environment as hospitals improves workplace safety needs and enhances safety in patient handling procedures.

iii. **Nurses and midwives' exposure to occupational health hazards in hospitals:** Nurses are exposed to health hazardous due to inadequate health care waste management system, and emission of radioactive pollutant in the environment. These hazards cause injuries, illness and to an extent fatality.

iv. **Nurses and Midwives' Fatalities caused by natural disaster:** Unforeseen occurrence of natural disasters such as the covid-19 pandemic affects nurses directly or indirectly in terms of increase in workload and nurses getting infected.

**Legal Factors**

i. **Insufficient Laws against Unlawful Employment Termination of Nurses and Midwives:** An estimate of 400 nurses in Taita Taveta and 188 in Kirinyaga Counties had their employment terminated in 2019 for protesting against delayed salaries, promotions, and non-remittance of statutory deductions.

ii. **Law against nurses and midwives' violation of patient's rights:** Article 43 (1) (a) of the Kenyan Constitution states that everyone has a right to the highest attainable standard of health. Therefore, any utterances and actions undermining patients' access to healthcare services is a legal offense punishable by law. Nurses have faced litigation which sometimes leads to loss of license.

iii. **Low inclusion of nurses and midwives in policy making:** Most of the Kenyan nurses are not being included in the policy making process. Only a few, mostly those in leadership get involved due to their position. They are mainly policy implementers rather than policy developers. The contribution of nurses is vital as they are at a close point of interaction with patients, community and family members.

iv. **Insufficient nursing and midwifery telemedicine regulation:** Telemedicine in Kenya lacks uniform standards to regulate practical details such as the nature of health services that can be provided and how to provide them. Without clear and rigorous regulations in place, nurses will not be able to provide services to patients without fear of unintended breach.

v. **Change in labour laws and policies affecting employment of nurses and midwives:** The Labour laws are weak and cannot protect the employee against unlawful dismissal and provide for better terms of employments.

## 2.3 Stakeholder Analysis

| No. | Stakeholder | Stakeholder Expectation | NNAK Expectation |
|---|---|---|---|
| 1 | Ministry of Health | Compliance with policies and regulations | Provision of regulation and policies |
| 2 | Nurses | Advocacy for standard remuneration and good working conditions | Adherence to Association's code of conduct |
| 3 | Nursing Council of Kenya | Promotion of professionalism and policy compliance. | High quality curriculum for nurses |
| 4 | International Council of Nurses (ICN) | Ensure compliance with international policies and regulations | Streamline standards of practice |
| 5 | Association of Professional Societies in East Africa | Maintain high professional standards and integrity | Promotion of high standards of professionalism and integrity |
| 6 | Patients/Public | Promotion of professionalism in Nursing practice | Respect and collaboration with nurses during service delivery |
| 7 | Learning Institutions | Effective mentoring of nursing graduates | Quality training of nurses |
| 9 | Other Nursing Associations | Productive collaboration in advocating for nurses' welfare | Effective collaboration in promoting nursing professional excellence |
| 10 | The Commonwealth Federation of Nurses (CNF) | Participation in workshops and training programs | Influence health policy and promote capacity development |
| 11 | Partners | Promote quality health services through fostering of excellent nursing practice | Offer financial support for conferences and training of nurses |

## 3.0 Strategic Model

The National Nurses Association of Kenya's Vision, Mission and Core Values statements and strategic objectives unpacks ideas that show the guiding principles which informs the direction the Association should take as it works towards the achievement of its mandate.

### 3.1 The Vision

To be the unifying member responsive nurses and midwives Association in the country and beyond

### 3.2 The Mission

To represent nurses and midwives in promoting professional development, social welfare, advocacy through professional capacity development, membership growth, and innovative governance.

### 3.3 Core Values

- Human dignity
- Mindful to members
- Professionalism in line of duty
- Integrity among members
- Unity of purpose

### 3.4 Strategic Objectives

After a critical analysis of the Association's current environment and situation, the Association come up with 3 broad strategic objectives which are further broken down into 10 strategies as shown below:

#### 3.4.1 Strategic Objective 1: Strengthen Effective Leadership and Governance

The Association has had a weak leadership and governance system due to lack of innovative management, ineffective operational systems, insufficient collaboration and partnership linkages and imprudent financial management. Therefore, the strategies adopted to mitigate these include:

a) Establish Innovative Management
b) Establish Effective Operations Systems
c) Enhanced Prudent Financial management
d) Enhanced collaboration and strategic Partnership linkages

### 3.4.2 Strategic Objective 2: Enhance Professional Capacity & Technological Development

NNAK, from its internal analysis established that their existence inadequacy in nursing and midwifery professional capacity development. This is traced to low participation and utilization of research, insufficient continuous training, limited nursing technological advancement and inappropriate professional public image. The following strategies have been formulated to address these challenges and achieve optimum professional capacity development:

a) Optimize Participation/Utilization of Research and Technological Advancement
b) Enhance Adequate Continuous Training for Nurses and Midwives
c) Establish Pertinent Professional Public Image.

### 3.4.3 Strategic Objective 3: Establish Exponential Membership Growth

In order for the Association to address the decline in membership that is due to ineffective recruitment structure, inadequate members' welfare support and inadequate visibility and publicity, the following strategies have been adopted to achieve the objective:

a) Establish Advanced Recruitment Structures
b) Expand Members Welfare Support Matrix
c) Enhanced Visibility and Publicity

# 4.0 Financial Implication, Resource Mobilization and Risk Mitigation

## 4.1 Financial implication

The financial implication of the strategic plan is projected at a cost of Kshs. 186.8 Million. The table below illustrates the financial schedule for the period 2022/23-2026/27.

| Strategic Objectives | Summary of Yearly Budgets in KES. '000' | | | | | |
|---|---|---|---|---|---|---|
| | **2022/23** | **2023/24** | **2024/25** | **2025/26** | **2026/27** | **Total** |
| Reinforce effective leadership and governance | 25,443 | 16,847 | 13,848 | 12,136 | 10,005 | **78,279** |
| Enhance Professional Capacity and Technological Development | 13,600 | 11,800 | 10,000 | 9,850 | 10,000 | **55,250** |
| Establish Exponential Membership Growth | 14,500 | 12,150 | 10,250 | 8,180 | 8,180 | **53,260** |
| **Grand Total** | **53,543** | **40,797** | **34,098** | **30,166** | **28,185** | **186,789** |

## 4.2 Resource Mobilization

The Association has envisioned 4 strategies to mobilize resources to fund the strategic plan 2022/23-2026/27. The main source being from members' contribution, below is a breakdown of the projection.

i. Members Subscription 42%
ii. ASC/AGM and Chapter Symposium registration fee 19%
iii. Partners and Collaborators 37%
iv. Investments 2%

## 4.3 Risk/Assumption on Implementation of Strategy

**Assumptions**

The Assumptions of the Association about the three strategic objectives adopted to guide the implementation of this plan include;

| Strategic Objective | Assumption |
|---|---|
| SO1: Reinforce effective leadership and governance | A new structure for implementation of the strategic plan must be in place. |
| SO2: Enhance Professional Capacity and Technological Development | Availability of funds to support research and continuous trainings. |
| SO3: Establish Exponential Membership Growth | A 30% increase in membership by end of 2023. |

**Risks**

The Association identified the following Risks associated with the implementation of the strategy; unmet revenue targets, insufficient total funds to fully implement budget allocations, resistance to specific proposed changes, misappropriation of the available funds, minimal interest and motivation to participate in CPD and competition from other Nursing Associations. The risks above have been assessed and weighted as shown below. Correspondingly, the Association has devised mitigation measures to address them.

| Risk | Level of Risk | Mitigation Measures |
|---|---|---|
| Unmet revenue target from member subscription | High | ▪ Constant follow-up with the employers to remit 100% of member deductions<br>▪ Increase membership growth |
| | | |
| Resistance to specific proposed changes | High | ▪ Establishing policies and structure to ensure sensitization and implementation<br>▪ Education of members on the identified strategic areas |
| Misappropriation of the available funds | High | ▪ Establish policies to ensure strict adherence to the proposed budgets |
| Competition from other Nursing Associations | High | ▪ Introduce unique incentive to members<br>▪ Implement better welfare matrix programs to members |
| Minimal interest and motivation to participate in Continuous Professional Development | Low | ▪ Link CPD trainings to licensure<br>▪ Advocacy for Continuous Medical Education<br>▪ Introduce incentives to motivate uptake of CPD trainings |

## 5.0 Strategic Organization Structure

This Strategic Association's organization structure shows the key purposes and the offices responsible for the implementation of the strategic objectives in line with the provisions in the Association Constitution.

### 5.1 Proposed Strategic Organization Structure

The new strategic plan requires a clear operationalization structure to guide in the implementation and achievement of the strategic goal. This operationalization structure does not replace the existing organization organogram, but it helps the Association to identify a team of dedicated individuals who will drive the strategic agenda as stipulated in the strategic objectives. The selection criteria will include people who have the professional capacity to help in implementation of the strategic plan and champion towards the realization of the objective outcomes. Other consideration of the selection includes vast knowledge of the strategic plan as well as a broad experience in the nursing field. The selection process will be done by the National Executive Officials of the Association and ratify by NEC. The president will have the overall role of guiding and supervising the team tasked with the implementation of the plan. The structure below demonstrates the implementation matrix for the strategic objectives and key committee chairpersons to take charge of the process.

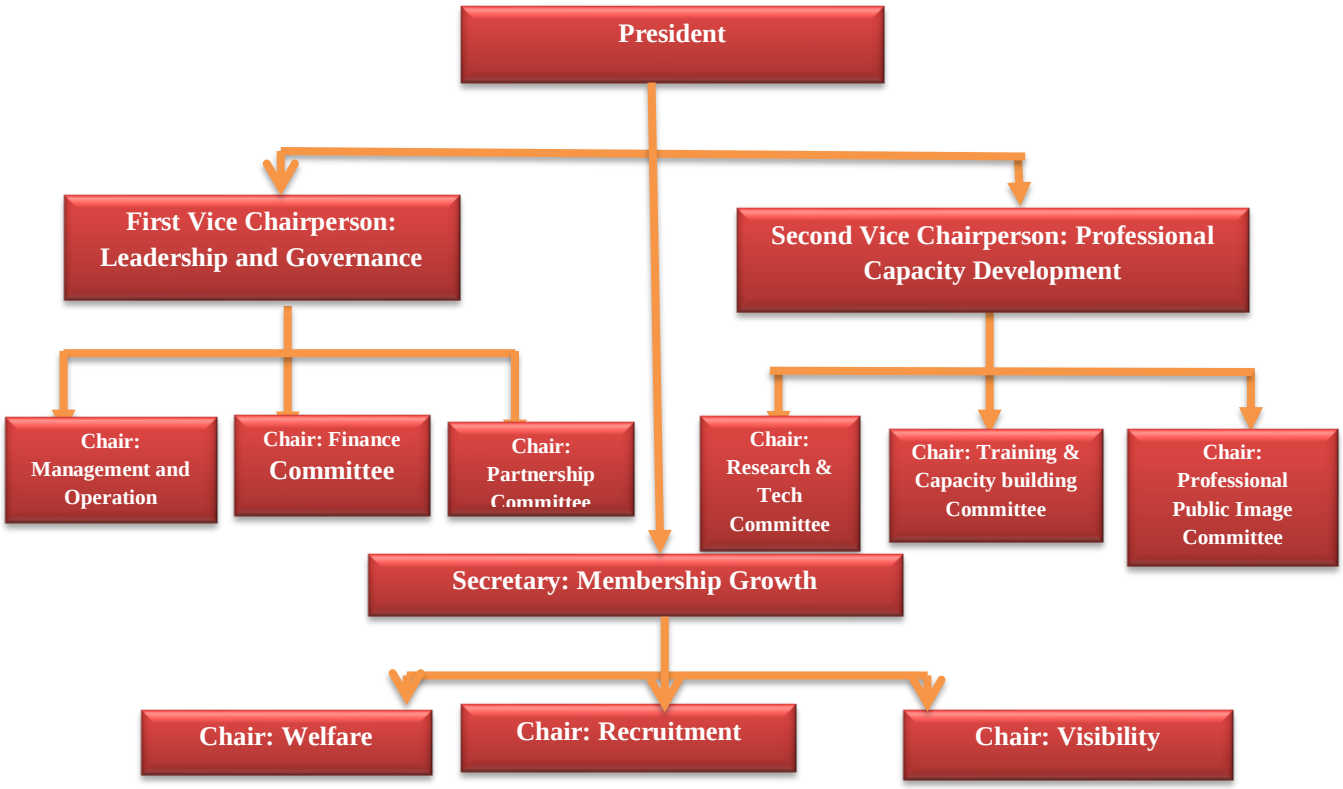


*Figure 2: Organizational Strategic Structure*

## 6.0 Monitoring, Evaluation and Learning

Monitoring, Evaluation and Learning will be used to appraise the progress, measure performance and the strategic review of the Association guided by the planned activities. This aims to improve current and future management of outcomes and measurement of effectiveness and efficiency of strategic plan and its execution to meet the set objectives. The MEL will focus on the communication of the Strategic plan, its implementation and tracking of results.

### 6.1 Communication of the Strategic Plan

After the successful strategic planning, it is imperative to cascade the same to members of the Association for understanding, ownership and adoption. The Association will use several methodologies to do sensitization to members. First, the National Executive Committee members who participated in the development of the strategic plan to be champions, have a virtual/physical sensitization meeting with branch chairpersons (NEC) and branch executives who will in turn disseminate the strategic plan to all Association members across the 47 counties and the diaspora. We will also utilize webinars, softcopy strategic plan sent via emails to members and physical group discussions at branch level. Once members adopt the strategic plan the organization will be ready to launch the plan.

### 6.2 Implementation of the Strategic Plan

For the Association to implement the adopted strategic plan, it will develop an Annual Association Work Plan (AAWP) which will translate strategic plan into yearly actions. A new strategy structure will be drawn and aligned to the work plan for easy implementation.

### 6.3 Monitoring, Evaluation and Reporting of Progress

To monitor and evaluate the annual development work plan, the Association will come up with M&E tools and a framework with clear performance indicators, which will be evaluated on quarterly basis to determine progress. Reports on progress will be generated from the M&E data and presented to the National Executive Committee for action and further recommendation. Review of the evaluated performance indicators can be done in case of divergence reports at the end of the review period, and remedial measures taken.

## 7.0 Implementation Matrix

**Strategic Objective 1**

| **Strategic Issue:** A weak leadership and governance system due to lack of innovative management, ineffective operational systems, insufficient collaboration and partnership linkages and imprudent financial management. | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Strategic Objective** | **Strategy** | **Core Activities** | **Year and Budget Kshs. '000'** | | | | | |
| | | | **22/23** | **23/24** | **24/25** | **25/26** | **26/27** | **Responsible** |
| Strengthen effective leadership and governance | Establish innovative management | Effective communication and feedback mechanism | _ | _ | 3741 | 1926 | 794 | First Vice Chairperson (Leadership and governance) |
| | | Effective strategic structures | 7374 | 3743 | 1871 | 1926 | 1588 | |
| | | Adequate management procedures | _ | 3743 | 1871 | 1926 | 794 | |
| | Effective operations systems | Effective monitoring and evaluation tools | 1844 | 1872 | 1871 | 1926 | 1588 | |
| | | Adequate framework to guide operations | 3687 | 3743 | 749 | 771 | 635 | |
| | | Effective constitutional framework | 3687 | _ | _ | _ | _ | |
| | Enhanced Prudent Financial management | Efficient revenue collection and generation | 1844 | 936 | 936 | 963 | 794 | |
| | | Adequate investment portfolio | 3687 | 1874 | 1871 | 1926 | 1588 | |
| | | Compliance with budgetary allocation | 369 | 375 | 375 | 193 | 159 | |
| | Enhanced collaboration and strategic Partnership linkages | Effective structural framework in interaction with partners | 1844 | _ | _ | _ | 1588 | |
| | | Efficient lobbying and advocacy | 922 | 375 | 375 | 386 | 318 | |
| | | Adequate accountability to partners | 185 | 188 | 188 | 193 | 159 | |
| **TOTAL** | | | **24,443** | **16,847** | **13,848** | **12,136** | **10,005** | |

## Strategic Objective 2

| **Strategic Issue**: NNAK, from its internal reports has realized the existence of inadequate Nursing and midwifery professional Capacity development. This can be traced to low participation and utilization of research, insufficient continuous training, limited nursing technological advancement and inappropriate professional public image. The following strategies have been formulated to address the challenges and achieve optimum professional capacity development. | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Strategic Objective** | **Strategies** | **Core Activities** | **Year and Budget Kshs. '000'** | | | | | **Responsible** |
| | | | **22/23** | **23/24** | **24/25** | **25/26** | **26/27** | |
| Enhance Professional Capacity and Technological Development | Optimize Participation/Utilization of Research and Technological Advancement | Increase the utilization of research and advance technology to enhance evidence-based practice | 3200 | 2,400 | 2,100 | 1,850 | 2,500 | Second Vice Chairperson (Capacity & Technological Development) |
| | | Expand research support opportunities to nurses | 2000 | 2,000 | 1,800 | 1,500 | 2,000 | |
| | | Increase investments in research and training/advocacy on new Technologies foe nurse and midwives | 4400 | 4400 | 3350 | 3850 | 4900 | |
| | Enhance Adequate Continuous Training for Nurses and Midwives | Increase nurses and midwives' access to continuous professional education opportunities | 800 | 600 | 550 | 700 | 1,000 | |
| | | Improve nurses and midwives' interest and motivation in continuous training | 400 | 400 | 400 | 600 | 800 | |
| | | Lobby for support by employers to facilitate nurses and midwives for continuous professional education | 1,200 | 600 | 400 | 350 | 400 | |
| | Establish Pertinent Professional Public Image | Instill positive ethical and cultural habits in nursing and midwifery practice | 400 | 300 | 200 | 300 | 350 | |
| | | Expand nurses and midwives' general knowledge and exposure | 400 | 300 | 200 | 300 | 350 | |
| | | Increase the general public knowledge on nurses and midwives' roles | 800 | 700 | 350 | 400 | 450 | |
| **TOTALS** | | | **13,600** | **11,700** | **9,350** | **9,850** | **12,750** | |

**Strategic Objective 3**

| **Strategic Issue:** Decline in membership due to ineffective recruitment structure, inadequate members welfare support and inadequate visibility and publicity. | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Strategic Objective** | **Strategy** | **Core Activity** | **Year and Budget Kshs. '000'** | | | | **Responsible** |
| | | | **22/23** | **23/24** | **24/25** | **25/26** | **26/27** | |
| Establish exponential membership growth | Establish Advanced Recruitment Structures | Innovative strategic structure in recruitment procedure | 4,000 | 2,000 | 2,000 | 1,000 | 1,000 | Secretary (Membership Growth) |
| | | Use of modern Technology in members recruitments | 500 | 300 | 300 | 100 | 100 | |
| | | Defined structured on point of recruitment | 3500 | 3500 | 3000 | 2500 | 2500 | |
| | Expand Members Welfare Support Matrix | Centralized unified member welfare | 2000 | 2000 | 900 | 800 | 800 | |
| | | Structured policy guideline on welfare | 300 | 150 | 100 | 80 | 80 | |
| | | Expanded membership support | 3000 | 3000 | 3000 | 3000 | 3000 | |
| | Enhanced visibility and publicity | Maximize positive responsible Use of media platform | 500 | 500 | 500 | 300 | 300 | |
| | | Enhanced marketing model | 500 | 500 | 300 | 300 | 300 | |
| | | Effective social cooperate responsibility | 200 | 200 | 150 | 100 | 100 | |
| **TOTALS** | | | **14,500** | **12,150** | **10,250** | **8,180** | **8,180** | |

## 8.0 Emerging Issues

### i. Looming Shortage of Nurses

Following the outbreak of Covid-19 pandemic at a time of growing shortage of nurses and midwives, the nurses and midwives are forced to do more work in environment which are more hazardous. The Association should therefore scale up advocacy for the welfare of the members as well as capacity building on skills such as BLS.

### ii. Telehealth and Technology in Health Care

The emergence of COVID- 19 especially introduced the concept of working from home where physical presence at work place was not needful. Consequently, the government of Kenya through Kenya Medical and Practitioners and Dentists Council launched telemedicine in efforts to contain the spread of Covid-19.

### iii. Government's Facilitation of Nurses' Migration abroad

The government initiated an exchange program in which some nurses are flown to the UK for further training and deployment. The situation introduces a scenario in which members of the Association begin to appreciate the English language competency necessary for the qualification for the program.

### iv. Evolution of the workplace

There are several non-hospital careers emerging for nurses, for example, travel nursing. The concept enables nurses to move between regions with the greatest health care needs and gain financial rewards. Becoming a travel nurse allows early-career nurses to explore nursing opportunities not based on expertise.

### v. Emerging diseases of international concern:

There continues to emerge new diseases such as Covid- 19, Monkey virus which put health workers and especially nurses at a greater risk of occupational health. Also there is re-emergence of diseases such as multi drug resistant tuberculosis

### vi. Psychological Effects of Covid-19 among nurses

The emerge of Covid 19 posed a great challenge to the mental health, wellbeing and resilience of nurses. This has led to higher rates of burn out that has exuberate the pre-existing severe nursing workforce shortage especially in low resource settings such s Kenya.

## Annex

List of participants in the Strategic Planning workshop

1. Collins Ajwang
2. Thomas M. Kabanya
3. Dennis Mbithi
4. Stephen Nganga
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7. Elizabeth Yator
8. Daniel Chelal
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10. Collins Nyonje
11. Naftali Chebii
12. Caroline Wachira
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14. Esther Ndiritu
15. Richard Wangombe
16. Daniel Awunda
17. David Mutai
18. Ann Kithinji
19. Longinus Wekesa
20. Rophina Eghwa
21. Edward Musila Juma
22. Paulina T. Ngala
23. James Ougo
24. Koech Nicholas
25. Otieno Wycliffe
26. Celestine Adipo