STRATEGIC PLAN 2013-2017

KeNAAM

Kenya NGO's Alliance Against Malaria

Kenya NGOs Alliance Against Malaria

Strategic Plan

2013-2017

Mission

KeNAAM is committed to scaling up effective malaria interventions and addressing related diseases and conditions among vulnerable communities in Kenya

Vision

A Malaria free Kenya

Recommended Citation:

Kenya NGOs Alliance Against Malaria 2013. The KeNAAM Strategic Plan 2013 - 2017

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Funded by: FANIKISHA Institutional Strengthening Project

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Design/Layout by SWISHCOM ENTERPRISE | printed in Nairobi, Kenya.

Foreword

With the time set for malaria pre-elimination in sight, Kenyans continue to grapple with the devastating effects of the disease. By 2017, it is hoped that the country will be ready to move the fight against malaria to the next level - the elimination stage.

However, this remains a pipe dream, as malaria is still ranked as one of the leading killer of children under five years. Latest statistics show that malaria claims 16,000 lives annually. Sadly, majority of cases of severe disease and death resulting from malaria are attributed to delays in seeking prompt treatment following the onset of symptoms.

Even with malaria being a major headache for the country, a myriad of problems continue to haunt the under fives contributing to the high levels of maternal mortality and child morbidity.

It is out of this realization that made KeNAAM rethink its focus from merely tackling malaria to incorporate other focal areas. The Strategic Plan of 2013 -2017 maps out a new strategic with attention being accorded to scaling up the gains made and redefining the competitive strategic advantage for KeNAAM.

Hence the birth of 'Malaria ++' a concept that will see KeNAAM expand to address, but from a malaria lens – maternal, neonatal and child health; advocacy on malaria and health sector policy development and knowledge management; and community health systems strengthening.

This strategy allows KeNAAM to ride on its years of experience in malaria advocacy, to scale up community uptake maternal health (reduced maternal mortality rate); child health (reduced child morbidity and mortality rates) and nutrition (improved nourishment of under-5s). It proposes the adoption of integrated programs to increase access to skilled birth attendants to pregnant women, the utilization of Antenatal services, access to essential newborn care, and immunization coverage and diarrhea management in children aged between 0-59 months.

This Strategy therefore, comes to nip the problem at the bud, by seeking to guide the prioritization of activities, marshal more support towards the disease and mobilize new investments to help bridge the existing gaps. It clearly maps out the way forward by outlining the work done, work in progress and what needs to be done.

KeNAAM aspires to integrate this into the malaria intervention strategy of 2013 – 2017 through the application of practical and innovative methodologies that take consideration of the complexities of the current thinking in the operating legal, policy and institutional environment in this sector.

The strategy takes cognizance of the fact that these are the most efficient means to deliver higher programmatic impact, guide programming and resourcing efforts and partnership development. In line with this KeNAAM business model has been reviewed to incorporate the realities of this strategy. The model in addition to the secretariat, it is incorporating the grant making and technical assistance modules. This new business model will seek to have a value add to both the membership and the communities that are served by KeNAAM mission and vision.

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Acknowledgements

KeNAAM wishes to sincerely thank various partners for their extraordinary contributions to the successful completion of its 2013 – 2017 Strategic Plan.

The commitment, technical support and stewardship from the members and stakeholders who took time off their busy schedule to participate in this tedious but extremely important process is highly appreciated.

Further, this document would not be complete without the dedication of the teams who burned the midnight oil, combing out ways to see how KeNAAM can play a bigger role in healthcare but from a malaria lens.

KeNAAM staff cannot go unmentioned, the consultant unrecognized and our advisors unsung, for their relentless effort in ensuring that this critical document reflects the needs of our mothers and children in Kenya.

Our gratitude goes to the Ministry of Health through the Division of Malaria Control, for their critical input in the formulation of the document.

Finally, special credit goes to FANIKISHA Institutional Strengthening Project financed by USAID for funding the exercise as well as providing the much needed technical direction in the development of this strategy.

The completion of this document is a testimony of your interest in advancing the fight against malaria as well as tackling maternal and child health issues.

This strategy marks major milestone for KeNAAM, as it ushers in a new twist to the tale of a 10 year organization whose ambition in fighting malaria has now grown in leaps and bounds, to integrate maternal and child health.

Acronyms

AMREF	African Medical Research Foundation
BCC	Behaviour Change Communication
CDC	Centre for Disease Control
CSO	Civil Society Organization
DFID	Department for International Development
HIO	Health Investment Orientation
HSO	Health Services Objective
ITP	Intermittent Preventive Treatment
KeNAAM	Kenya NGOs Alliance Against Malaria
KHP	Kenya Health Policy
LE	Life Expectancy
MDGS	Millennium Development Goals
MERL	Monitoring, Evaluation, Research and Learning
MOH	Ministries of Health
MRF	Monitoring and Review Framework
NGO	Non-governmental Organization
NHSP	National Health Strategic Plan
NMP	National Malaria Policy
PLHIV	People Living With HIV
RBM	Roll Back Malaria
SAGA	Semi-Autonomous Government Agencies
SMS	Short Message Service
UNCEF	United Nations Children Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Summary

This plan presents the 2013-2017 Strategic Plan KeNAAM. KeNAAM has relied on a detailed situational analysis to craft the strategic direction.

The strategic direction has taken the form of the strategic areas below:

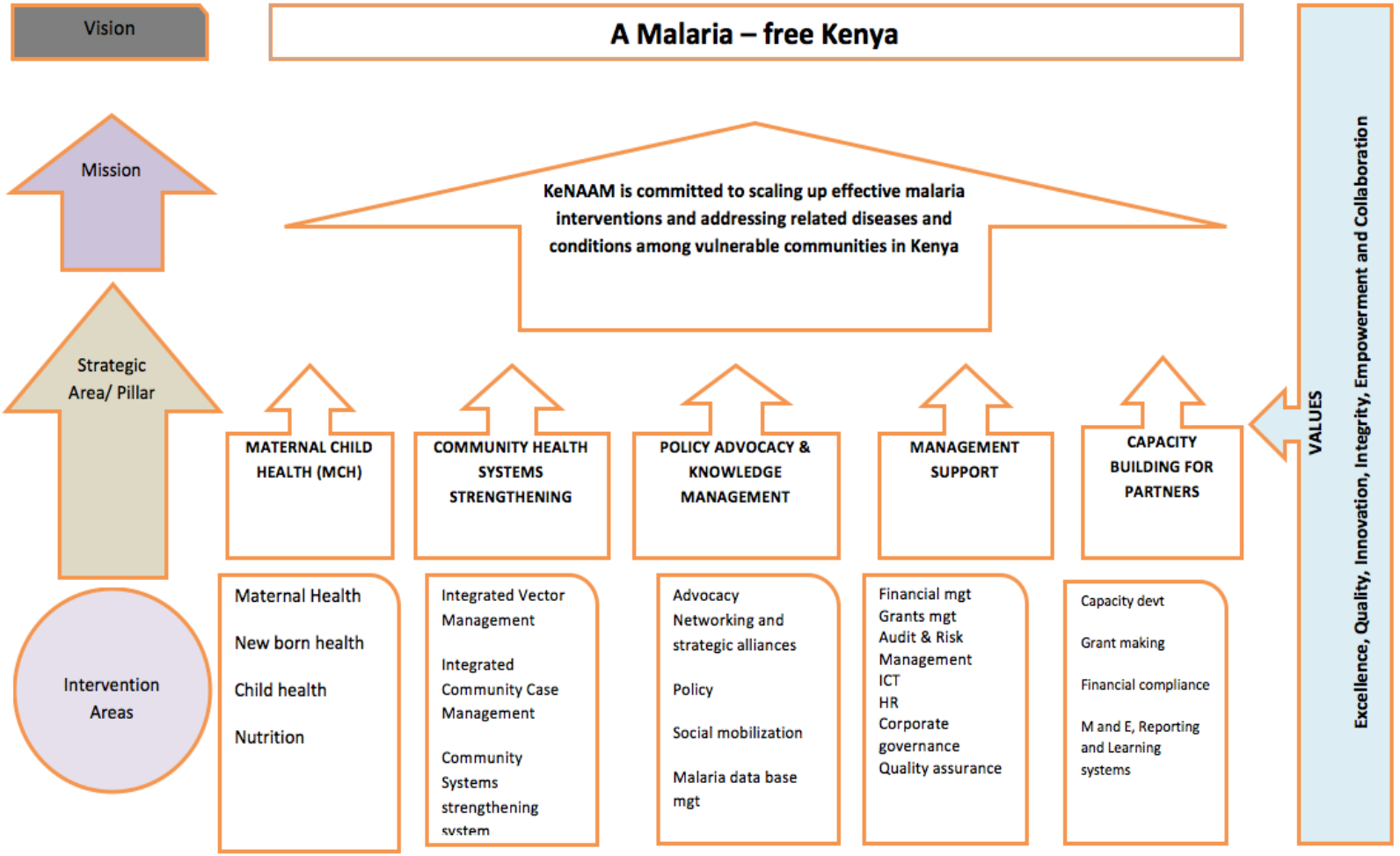
Strategic Areas/ Pillars

1. ***Maternal Neonatal and Child Health:***
   Strategic Objective: *To reduce maternal mortality and child morbidity through the provision of integrated services*
2. ***Policy Advocacy, Networking and Knowledge Management***:
   Strategic Objective: *To influence an enabling malaria and health sector policy environment, through policy advocacy & knowledge management systems.*
3. ***Community Health Systems Strengthening:***
   Strategic Objective: *To improve the health and wellbeing of vulnerable communities through strengthened innovative systems.*
4. ***Internal Management Support Systems:***
   Strategic Objective: *To develop an agile internal institutional framework of systems, structures and accountabilities that deliver on the work of partners and the mission of KeNAAM*
5. ***Capacity building for partners:***
   Strategic Objective: *To build the capacity of partners to be able to deliver the mission of KeNAAM*

All these pillars have been designed to integrate malaria in all aspects. In delivering these pillars KeNAAM will leverage on her experience and track record of advocacy work on malaria over the years. While the entry point is malaria intervention areas will integrate other aspects of health particularly maternal, neonatal and child health.

FIGURE 1: THE STRATEGY MAP FOR KENAAM

THE STRATEGY MAP FOR KENAAM



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CHAPTER 1: INTRODUCTION

1.1 ABOUT KENAAM

The Kenya Alliance of NGOs Against Malaria (KeNAAM) is a network of non-state actors providing Malaria and related health services in Kenya.

The foundation of KeNAAM was driven by the realization that at that time, 2001, there was no single institution in the country that could singly reverse the devastating trends of Malaria hence the need to pool resources together to compliment the Ministry of Health in tacking the disease. Principally, the major interventions of KeNAAM were hinged on coordination and communication.

The table below provides the historical timeline to what the organization is today.

TABLE 1: HISTORICAL TIMELINE

Year	Event
November 2001	Informally founded as a network of CSOs providing malaria health care services in Kenya, out of the deliberations of the Core Group through the Kenya's CSOs 'Fresh Air Malaria' conference in Nairobi
June 5th 2003	The name KeNAAM is adopted and a secretariat established and hosted at African Medical Research Foundation (AMREF) in Nairobi.
2006	KeNAAM is registered as an Non-governmental Organization (NGO) with the NGO Board of Kenya
2006- 2008	KeNAAM implements its first Strategic Plan and KeNAAM Malaria Advocacy Strategy.
2009-2011	Strategic Plan extended to cover a transition period to consolidate gains made since 2006. Findings domiciled in *"NGO Malaria Secretariat: Foundation for advocacy and impact, 2009*" and *"Rapid Qualitative Assessment of the Malaria Control Environment in Kenya, 2009"*publications.
November 2012	KeNAAM formulates her 2013-2017 Strategic Plan

1.3 KeNAAM Vision, Mission and Core Values

VISION: A Malaria Free Kenya

MISSION: KeNAAM is committed to scaling up effective malaria interventions and addressing related diseases and conditions among vulnerable communities in Kenya

CORE VALUES:

i. ***Excellence:*** *KeNAAM will at all times strive for excellence in implementing internal processes, interaction with stakeholders and customers by upholding the highest standards of professionalism in the market.*

ii. ***Quality:*** *KeNAAM will at all times uphold the highest professional and ethical standards in the delivery of quality malaria and health services to target communities*

iii. ***Innovation:*** *KeNAAM is committed to employing innovation in the delivery of goods and services to target communities.*

iv. ***Integrity:*** *KeNAAM will at all times conduct her operations in a transparent and accountable manner*

v. ***Empowerment;*** *In the development of support; goods and services; and knowledge, KeNAAM will always seek to empower partners and target communities for the purpose of creating local solutions and long term sustainability.*

vi. ***Collaboration:*** *KeNAAM will at all times foster collaboration, networking and linkages for achieving results*

1.4 Strategic Planning Methodology

Strategic planning is a key process for the organization through which the desired future can be achieved. This is done through establishing priorities, forcing making of strategic choices, pulling the entire organization together and providing an outline on the application of resources. This was the overriding theory behind the strategic plan formulation for the period 2013-2017.

The planning methodology adopted a conventional route that sought to clearly defineorganizational objectives, scan the operating and integrating environments, and assess both the external and internal situation to formulate strategy, evaluate progress and make adjustments as necessary to stay on track.

The methodology was participatory, interactive and provided the depth in insights. The planning framework focussed logically on the following:

a) ***Where we are now?:****This was a holistic assessment of where KeNAAMis now as an organization.*

b) ***Where do we need to be?*** *This identified the gap and the desired future for KeNAAM*

c) ***How do we close the gap?*** *This is the thrust of the Strategic Plan 2013/7*

d) ***How do we monitor our progress:*** *This set parameters on how to measure the gain to be made in the news strategic period 2013/7*

Triangulation of the answers to these questions was found in the work carried out with stakeholder surveys, meetings and forums, whose learning and findings form an integral part of the plan. The process enabled the organization to address the critical performance issues (Strategic Areas or Pillars), create the right balance between what KeNAAMis capable of doing verses what KeNAAMwould like to do. This was particularly important as KeNAAM is expanding/ stretching its mandate to ***malaria + + -*** to include (integrate) other health related themes like maternal and child health to on-going work on malaria and working through (grant making)partners. The five (5) year strategic window allows for sufficient time period to close the performance gap.

The design of the plan is that of a visionary document, broad enough to convey the necessary/ possible future and state, flexible as to allow and accommodate changes over time and strategic to guide decision making at lower levels- operational, tactical and individual. All strategies are practical, innovative and take full account of the complexities of the current thinking in the operating legal, policy and institutional environment. The presence of members of the KeNAAMBoard in the planning workshopswas not only conveying a powerful of commitment but shed insights into the process. The strategic plan is highly supported and owned by the partners, international NGOs and the line ministries of the Government of Kenya. This means that KeNAAM will leverage collaboration, cooperation and partnerships in delivering this strategy.

KeNAAM has re-organized her management support systems, designed a robust structure to deliver the plan, and defined capacity development programs for partner organization as a means to charting the new strategic direction. The intervention areas are deemed as the most efficient means to deliver higher programmatic impact, guide programming andresourcing efforts; and partnership development.

The table below provides the summary of planning steps.

Table 2: Planning Methodology

Steps	Short Process Definitions and Explanations
1. Vision, Mission, Core Values and Objectives	The future of KeNAAM is embodied in the mission and vision statements, including the unchanging values and the purposes of organization and forward-looking visionary goals that guide the pursuit of future opportunities. Guided by the mission, the management of KENAAMand key stakeholders defined measurable financial and strategic objectives.
2. Environmental Scanning	The stakeholders in the planning sessions conducted the internal analysis of KENAAMthrough the SWOT analysis. The task environment and external macro-environment was scanned through PESTLE analysis
3. Strategy Formulation	Given the information from the environmental scan, The stakeholders in the planning sessions matched organizational strengths and opportunities while addressing weaknesses to the external threats. The idea here was to determine competitive advantage.
4. Strategy Implementation	The selected strategy will be implemented by means of programs, budgets and procedures that the stakeholders in the planning sessions developed.
5. Evaluation and Control	The implementation of the strategy will be monitored and adjustments made as needed. Steps to evaluation and control will include: a) definition of parameters to be measured b) definition of target values for those parameters c) performance of measurements d) comparison of measured results to pre-defined standard and making necessary changes

Source: Agile Consulting 2012


CHAPTER 2: ENVIRONMENTAL SCANNING

2.1 INTERNAL ENVIRONMENT

2.1.1 SWOT ANALYSIS

The SWOT analysis provided a snap shot of the organization by studying the internal and external factors that will be important in delivering the mission of KeNAAM

The factors studied under the SWOT analysis were categorized into three (3) - corporate governance, operations and programs. The planning team also devised strategies/ tactics along each area to ensure that every aspect had been taken into account.

Table 2 below presents the summary of the SWOT analysis of the organization. The analysis provided the inputs to developing the pillars and strategies.

The SWOT analysis is majorly an up-to-date reflection of weaknesses and strengths in the internal business processes that will impact on the core business of integrating malaria with - Maternal and child health, Policy, advocacy and Knowledge Management, Community health systems strengthening, Internal management support systems and Capacity building for partners. This is the basis within which this strategic plan has at strategic (pillar) level introduced the institutional strengthening pillar (internal management support systems) so as to develop a suite of internal processes that will deliver and agile and efficient organization.

TABLE 3: SWOT ANALYSIS SUMMARY

STRENGTHS TO *MAINTAIN, BUILD UPON OR LEVERAGE*			
Corporate Governance Skilled board members Goodwill from KeNAAM members Gained autonomy Legal registration Represented in APEX bodies Resource mobilization	**Operations** Financial system in place Existing networks with GOK and other Development partners Skilled staff in place Website in place	**Programs** Networking and collaboration with key partners Strong linkage with the community	**Advocacy** Documentation and communication Capacity in project design and implementation Strength in facilitating & implementation of programs

WEAKNESSES:	**ACTIONS** *TO REMEDY, CHANGE OR STOP*
Governance Lack of score card –lack of clear performance indicators No governance manual Lack of an oversight TOR Lack of governance structure **Programs** No M & E plan Lack of baselines-data Lack of holistic approach in malaria interventions **Operations** Unclear structure •Under –staffed • Lack of continuous trainings/orientation • No operational manual& policies	• Develop and institutionalize a governance manual • Develop oversight dashboard & monitor clear performance indicators • Review the existing governance structure and align to strategy-all other relevant systems • Employment based on need • Develop, monitor & continuously review of manual • Conduct evidence based programming • Aligning projects interventions to the strategy • Develop monitoring, evaluation, research & learning strategy • Embrace best practices in project management • Develop a risk mitigation plan • Identify other partners in malaria for synergies
OPPORTUNITIES: *TO BE PRIORITIZED CAPTURED, BUILT ON OR OPTIMIZED*	**ACTIONS TO** *PRIORITIZE, CAPTURE, BUILD ON OR OPTIMIZE*
Governance Good will from government Good relations from donors. Representation at National and global levels-RBM, KCM **Programs** • Grant making • Scaling up/expanding outreach •Networking •Decentralization of KeNAAM services •Operation research	• Skills mapping • More capacity orientation/strengthening • Enhance network forums • Continued active participation • Dynamic and interactive website • Active participation & involvement-use forums for advocacy • Maintain a strong community linkage through promotion of participatory meetings/ forums • Participatory involvement of local community in programming
THREATS	**ACTIONS** *TO COUNTER, MINIMIZE OR MANAGE*
Re-aligning KeNAAM with the new County system Competing organizations Limited resources	• Involve county governance • Review resource mobilization strategy • Building consortium for pool funding • Desk review (on a daily basis) for resources • Cultivate donor relations

2.2 External Environment

2.2.1 Overview of the Health Sector in Kenya

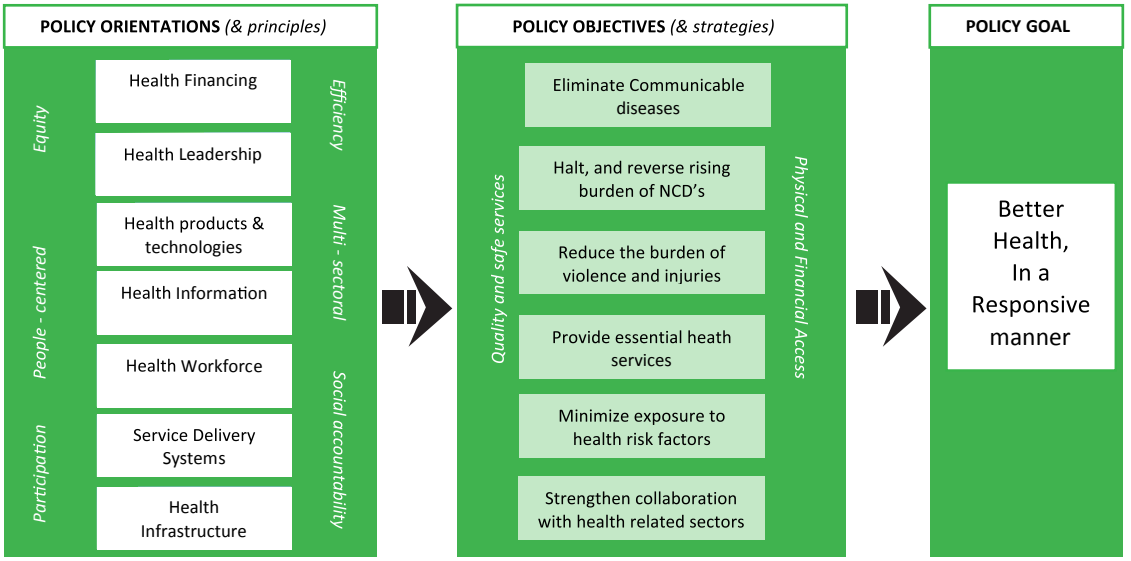
Kenya's Vision 2030 aims to structure the health delivery system and shift the emphasis to promoting health care in order to lower the nation's disease burden. This is aimed at improving access and equity in the availability of essential health care and results in a healthy population. In order to achieve this, the Vision 2030 has proposed a devolution approach that will allocate funds and responsibility for the delivery of health care in both the health care facilities and community level in order to empowering Kenyan households and social groups to take charge in improving their own health.

This KeNAAM Strategy is designed to deliver services in the health sector in Kenya, based on a national framework that takes cognizance of

a) Kenya Health Policy, 2012 – 2030: Overall Policy Direction
b) Medium Term Plan 2, 2013 – 2017: Government Wide medium term focus
c) Annual Work Plans (each year): Annual operational focus each year
d) Kenya HealthSector Strategic And Investment Plan – KHSSP July 2012 – June 2017

The overall direction is hinged in the Kenya Health Policy, 2012- 2030. This policy is based on the 2010 Constitution of Kenya and the Kenya Vision 2030.Being a health (not a ministry) policy, it is aimed at facilitating the sectors implementation of the provisions of the new constitution, and the realization of the country's vision 2030 objectives and includes all actions, across all sectors that impact health.

Figure 2: *The Kenya Framework for Health Policy Direction 2012-2030*



Global Health Initiatives have positioned health as a strategic social investment in realizing the Millennium Development Goals- 4 (reduce child mortality) and 5 (reduce maternal mortality). Progress on MDGs 4 and 5 has been uneven, and with less than three years left until the 2015 deadline for attaining the goals, child and maternal deaths are not declining fast enough.

The World Malaria Report 2012 established that, during the period 2007- 2012, there has been an impressive increase in international malaria funding targeting prevention, control and elimination. Since the call by the United Nations Secretary General, Ban Ki-moon in 2008 for universal access to Malaria interventions, there has been marked expansion in the distribution of life saving commodities in the areas of sub- Saharan Africa with high disease burden.

Through concerted efforts by endemic state governments, donor and global malaria partners there is visibility of strengthened control and ground results. Owing to scaling up of malaria interventions in the past decade, an estimated 1.1 million malaria deaths were averted. However, the Report holds that available funding still falls short of the resources required for reaching the health-related Millennium Development Goals and other internationally agreed global malaria targets. In fact, an estimated US$ 5.1 billion is needed every year between 2011 and 2020 to achieve universal access to malaria interventions. At present, only US$ 2.3 billion is available, less than half of what would be needed. There is an urgent need to identify new funding sources in order to further scale up and sustain malaria control efforts, and to protect the investments made in the last decade.

The existing funds require to be stretched to increase their application efficiency – value for money of malaria commodities and the efficiency of service delivery. The Report holds that malaria is a 'needless tragedy' – that as an entirely preventable and treatable disease – still takes the life of an African child every minute. The most vulnerable communities in the world continue to lack sufficient access to long-lasting insecticidal nets, indoor residual spraying, diagnostic testing, and artemisinin-based combination therapies. The mosquitoes transmitting the parasite among the human populations are similarly becoming increasingly resistant to insecticides, while malaria epidemic have increased in frequency due to environmental changes.

2.2.2 *The Malaria Situation in Kenya*

In Kenya, with malaria shielding responsibility for 30 per cent of outpatient consultations, 19 per cent of hospital admissions and 3–5 per cent of inpatient deaths, the second National Health Sector Strategic Plan (NHSSP II 2005–2010) and the Ministry of Public Health and Sanitation's 2008– 2012 Strategic Plan ; the Government of Kenya recognizes malaria as a health and socio-economic burden and, considers malaria control a necessary and priority investment. In fact, 20 million people – more than half the entire population – are regularly affected by the most deadly malaria parasite: *Plasmodium falciparum*. The table below presents some malaria indicators in the country.

Table 4 Malaria Indicators

Indicators	Frequency
Annual related deaths (children)	34,000
Cases of severe anemia and low birth weight	6,000
Inpatient cases	19%
Outpatient cases	30%
Malaria contribution to deaths of under- 5s	25%
Obstructed labor	8
Other indirect causes	8

Source: Government of Kenya

With approximately 70% of all deaths of children under the age of 5 years being caused by only five conditions – acute respiratory infections, diarrhoea, malaria, measles and malnutrition; and given the statistics above, KeNAAMrecognizes that " malaria is a priority condition for prevention and home based case management within the household and community component of IMCI".

Geographically, 75% of Kenya's population lives in malaria-endemic areas. Kenya has four malaria epidemiological zones:

a) **Endemic** – Areas of stable

malaria have altitudes ranging from 0 to 1300 meters around Lake Victoria in western Kenya and in the coastal regions. Rainfall, temperature and humidity are the determinants of the perennial transmission of malaria. The vector life cycle is usually short with high survival rate due to the suitable climatic conditions. Transmission is intense throughout the year with annual entomological inoculation rates of 30-100.

b) **Seasonal malaria transmission**- this epidemiological zone in arid and semi-arid areas of northern and southeastern parts of the country experiences short periods of intense malaria transmission during the rainfall seasons. Temperatures are usually high and water pools created during the rainy season that provides the malaria vectors breeding sites.
Extreme climatic conditions like El Nino southern oscillation lead to flooding in these areas leading to epidemic outbreaks with high morbidity rates due to low immune status of the population.

c) **Malaria epidemic prone areas of western highlands of Kenya** - Malaria transmission in the western highlands of Kenya is seasonal with considerable year-to-year variation. The epidemic phenomenon is experienced when climatic conditions favour sustainability of minimum temperatures around 18C. This increase in minimum temperatures during the long rains period favours and sustains vector breeding resulting in increased intensity of malaria transmission. The whole population is vulnerable and case fatality rates during an epidemic can be up to ten-times greater than what is experienced in regions where malaria occurs regularly.

d) **Low risk malaria areas** – this zone covers the central highlands of Kenya including Nairobi. The temperatures are usually too low to allow completion of the sporogonic cycle of the malaria parasite in the vector. However, with increasing temperatures and changes in the hydrological cycle associated with climate change are likely to increase the areas suitable for malaria vector breeding with introduction of malaria transmission in areas it never existed.

In 2009, the population of Kenya was estimated at 39, million people. This analysis has attempted to illustrate the geographical coverage of malaria epidemiology on the population sample of 39 million. The results are presented below in Table 6.

Temperatures are usually high and water pools created during the rainy season that provides the malaria vectors breeding sites.
Extreme climatic conditions like El Nino southern oscillation lead to flooding in these areas leading to epidemic outbreaks with high morbidity rates due to low immune status of the population.

Table 5 Kenya Population Distribution by Malaria Epidemiology

Epidemiology Strata	2009 Population	Percentage of Population	Cumulative Population
Lake Stable Endemic and Coastal Seasonal Stable Endemic	11,452,028	29.4	29.0
Highland Epidemic Prone	8,007,718	20.3	49.3
Seasonal Low Transmission Arid and Semi-Arid	8,029,683	20.4	67.7
Low Risk	11,933,834	30.3	100
	39,423,263		

Source: National Malaria Strategy

The conclusion of this analysis is made from the Kenya National Malaria Policy 2010 which states that the basic control strategies include;

i) Provision of prompt diagnosis and effective treatment at all levels of the health care system
ii) Integrated vector control management including use of long lasting insecticide nets
iii) Indoor residual spraying
iv) IPT in pregnancy
v) Surveillance, monitoring, evaluation and operations research
vi) Advocacy, communication and social mobilization.

A key phenomenon of the health sector is the connection between mortality and pregnancy. Malaria infections during pregnancy have the possibility of leading to clinical symptoms or asymtomic- conditions which are largely associated with miscarriages, stillbirths, low birth weight and maternal morbidity. Pregnancy related deaths are the leading causes of death for mothers. Children continue to die of causes that can be both prevented and treated using proven, low-cost interventions.

Pneumonia, diarrhoea and malaria cause over 40% of all deaths of children under the age of five years worldwide. In Kenya, over 90% of all deaths due to malaria occur among young children.Prevention of malaria in pregnancy is crucial to improving maternal and child health in Kenya.

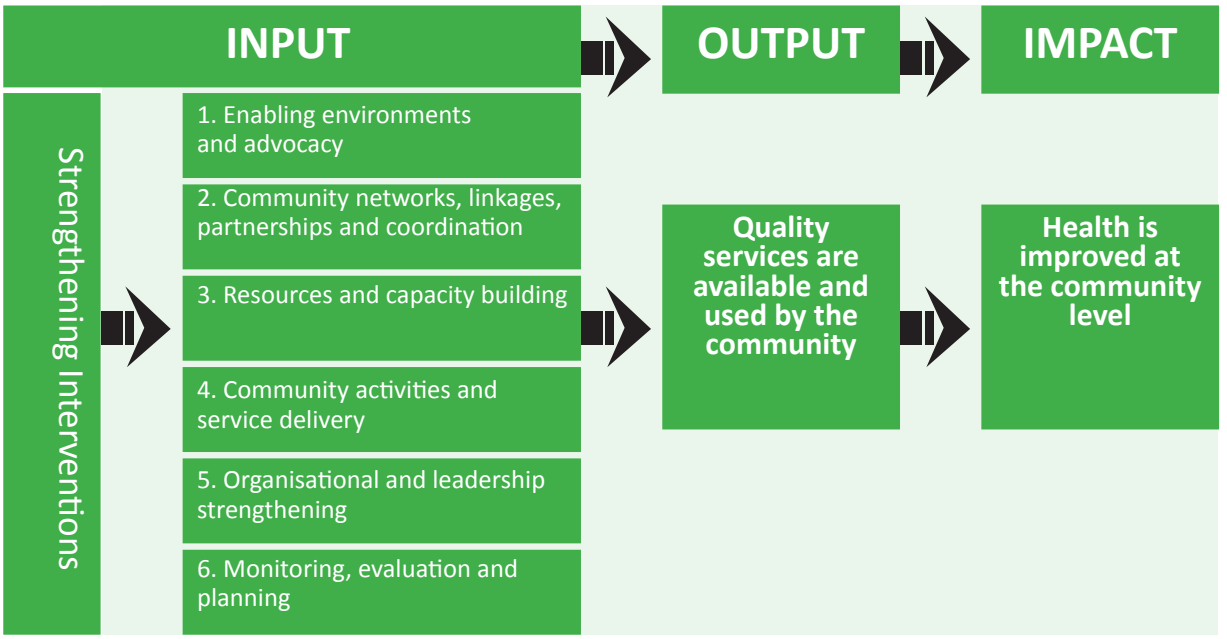
Current GOK policy calls for pregnant women to receive two or more doses of sulfadoxine-pyrimethamine (SP) for Intermittent Preventive Treatment in pregnancy (IPTp). However, available data suggests that the use of SP, especially the second dose, still remains too low at 13%.

To increase the number of pregnant women using SP, it is important to support the training of health workers and community health workers to correctly deliver the IPTp intervention in all endemic districts. This can be strengthened through targeted Behaviour Change Communication (BCC) strategies

KeNAAM and its membership in the pursuit of working with the community structures will focus on building a Community Health System Strengthening infrastructure. Community basedorganisations and networks have unique ability to interact with affected communities, react quickly to community needs and issues and engage with affected and vulnerable groups.

They provide direct services to communities and advocate for improved programming and policy environments. This enables them to makea communitycontribution to health, and to influence the development, reach, implementation and oversight of public systems and policies. Figure 3 below illustrates how the community systems strengthening role fits within the intervention logic of the overall health policy framework.

FIGURE 3: *STRENGTHENING COMMUNITY HEALTH INTERVENTIONS*



Source: CSS Framework 2010

Community systems strengthening initiatives have the aim of achieving improved outcomes for interventions to deal with major health challenges such as malaria and many others public health issues. An improvement in health outcomes can be greatly enhanced through mobilization of key affected populations and community networks and an emphasis on strengthening community based and community led systems for: prevention, treatment, care and support; advocacy; and development of an enabling and responsive environment. In order to have real impact on health outcomes, however, community organisations and actors must have effective and sustainable systems in place to support their activities and services.

This includes a strong focus on capacity building, human and financial resources, with the aim of enabling community actors to play a full and effective role alongside the health, social welfare, legal and political systems. CSS is a means to prioritise adequate and sustainable funding for specific operational activities and services and, crucially, core funding to ensure organisational stability as a platform for operations and for networking, partnership and coordination with others.

This is what broadly shapes the strategic focus for KeNAAM.

2.2.3 Pestle Analysis

The PESTLE Analysis provided an insightful examination of the operating environment by studying a range of significant factors (highlights) that are driving the "cutting edge" in practise.Table 7 presents the PESTLE analysis

Table 6: PESTLE Analysis

Factor	Highlights
Political	The devolved system of government provides new advocacy opportunities are lower levels Increased fear of the likelihood of the 2013- pre and post- election violence
Economic	Increment in poverty and structural inequality levels affects the communities hence changing priorities. Favorable Economic environment because funding will be done at the county level There is relatively inadequate funding for malaria programs by donors Inflation and rising fuel prices leading to high cost of living Growth in global depression leading to squeeze of development aid with refocus of resources to support European economies facing depression
Social	People are more open and receptive to malaria interventions. E.g. use of mosquito nets Higher population compared to the available facilities The society is more educated/informed
Technological	Easy delivery of health services eg use of RDTS Use of bulk SMS on BCC Rapid monitoring and community surveillance systems Use of vernacular radio stations to relay BCC information Information and Community Technology and Social Media revolution
Legal	Legal, policy and institutional changes following the enactment of the new constitution Review of the NGO Act presupposes movement from self-regulation to NGO regulation. The new constitution that is restructuring the health systems eg NHIF. More opportunities for health advocacy clauses on health incorporated in the new constitution. The constitution provides for diversity especially for the minority especially the disabled
Environmental	Climate change – flooding, drought, pollution of water bodies An influx of mosquitoes especiallyin Nairobi and informal sectors that are uncontrollable We should work closely with NEMA to address environmental issues. Emergence of a new breed of mosquitoes those are resistant to drugs.

Chapter 3: Strategic Direction

3.1 Introduction

The Strategic Plan 2013 – 2017is founded on the health policy environment in Kenya, the findings of the situational analysis (especially the SWOT Analysis and the operating environment), core competencies of KeNAAM, the institutional strengthening arrangements through USAID FANIKISHA grant, the new holistic approach in addressing malaria and health related conditions, a move to implement through partners and new opportunities in the resourcing and partnership domains.

Table 8 below presents the pillars.

Table 7: The Pillars

Pillar	Strategic Objective
1. MATERNAL NEONATAL AND CHILD HEALTH	To reduce maternal mortality and hild morbidity through the provision of integrated services
2. POLICY ADVOCACY, NETWORKING AND KNOWLEDGE MANAGEMENT	To influence an enabling malaria and health sector policy environment, through policy advocacy & knowledge management systems.
3. COMMUNITY HEALTH SYSTEMS STRENGTHENING	To improve the health and wellbeing of vulnerable communities through strengthened innovative systems.
4. INTERNAL MANAGEMENT SUPPORT SYSTEMS	To develop an agile internal institutional framework of systems, structures and accountabilities that deliver on the work of partners and the mission of KeNAAM
5. CAPACITY BUILDING FOR PARTNERS	To build the capacity of partners to be able to deliver the mission of KeNAAM

3.1.1The Malaria ++: Entry Point

The strategic planning process kicked off by consolidating the gains made so far by listing the achievements by the organization while using the a minimalistic approach of focusing on malaria advocacy, malaria prevention, epidemic preparedness, case management, surveillance, monitoring and evaluation and research. The implementation model has been a secretariat approach. The next question was***"what else would make sense for KeNAAM"?***

In the new strategic direction, attention has been given to scaling up the gains made and redefining the competitive strategic advantage for KeNAAM. Environmental scanning has yielded other areas that can be explored to further the mission of the organization. It has also been found necessary to benchmark

the organization with successful peer organizations like the African Medical Research Foundation, CARE International and Management Sciences for Health.

The niching will be achieved through a strategic focus that integrates malaria with other health related strategic routes. Dubbed the **malaria ++,** the mandate of the organizations has been expanded to address, but from a malaria lens – maternal, neonatal and child health; advocacy on malaria and health sector policy development and knowledge management; and community health systems strengthening.

The secretariat model of operating has in this strategy been tweaked to include a lean team at headquarters that works with a network of implementing partners countrywide. This strategic plan provides room for the capacity development of these partners to deliver programs that advance the mission of KeNAAM.

Institutional strengthening has been a key focus point for the strategic plan. To develop a pillar that strengthens the organizational capability for KeNAAM, the planning team has unpacked the findings of the Organizational Capacity Assessment (OCA) for KeNAAM, and crafted strategies that will deliver anagile internal institutional framework of systems, structures and accountabilities that deliver on the work of partners and the mission of KeNAAM.

Sub heading 3.1.2 through 3.1.6 contain the intervention areas for each of the chosen the strategic areas/ pillars.

3.1.2 Maternal, Neonatal and Child Health

Under this pillar, the KeNAAM will be working to reduce maternal and child mortality and morbidity through the provision of integrated services. KeNAAM will use its existing malaria program to scale up community uptake maternal health (reduced maternal mortality rate); child health (reduced child morbidity and mortality rates) and nutrition (improved nourishment of under-5s) will be delivered through the integrated programs. Table 8 presents the intervention logic.

Table 8: Maternal, Neonatal and Child Heath

KeNAAM strategic Direction	Focus Area	Intervention Areas	Outcomes	Outputs
Maternal Child Health	Maternal health	Reduced maternal mortality rate	Increased access to a skilled birth attendant by pregnant women	7110 CHWs trained on MCH
			Increased utilization of Antenatal services by pregnant women	Get calculation on pregnant women in western and Nyanza
			Increase access to essential newborn care	Draw proportion of new borns
	Child health	Reduced child mortality and morbidity	Improved immunization coverage	Draw proportion of new borns
			Improved diarrhea management in children 0-59 months	Draw proportion of new borns
			Improved pneumonia management	Draw proportion of new borns
	Child Nutrition	Children under 5 well nourished	Reduced stunting in children under five	
			Reduced wasting in children under five	
			Reduced underweight in children under five	
			Increased levels of exclusive breastfeeding	

3.1.3 Policy Advocacy, Networking and Knowledge Management

Under this pillar, KeNAAM will scale up her competencies in advocacy, to include policy, networking and knowledge management in the realm of malaria and related health conditions. The main objective here will be to influence an enabling malaria and health sector policy environment, through policy advocacy & knowledge management systems. The main interventions areas will be, through a malaria lens, advocacy (for and enabling health environment); networking and strategic alliances (to create synergies in malaria programming); policy (to create and enabling health environment) and knowledge management (to provide evidence based malaria programming). Table 9 illustrates the intervention logic

Table 9: Policy Advocacy, Networking and Knowledge Management

KeNAAM strategic Direction	Intervention Areas	Outcome	Outputs
Policy Advocacy, Networking and Knowledge Management	Advocacy	Enabling health environment	5 policy legislation on Community Needs updated/revised
			10 affiliates trained on community level one services
			Advocacy forums for right to health and service delivery
			Leadership to at least 10 members/affiliate organization on policy advocacy provided
	Networking and strategic alliances	Synergy in malaria programming	Standardized messaging on the promotion of behavior change towards malaria interventions
			3 in 1 principle – 1 coordination, 1 national strategy, 1 M n E
			Malaria visibility & partnerships created
	Policy	Enabling health policy environment	Contribution to at least 5 legislative policy
			Participated in the development of at least 10 Technical policy
			Involved in the formulation of at least 33 County policy in malaria endemic
	Knowledge Management	Evidence based programming	Updated dynamic data management system
			Operational research on 33 endemic counties
			Integrated M & E framework established
			Communication & marketing strategy
			Innovative best practices & tools tested & disseminated.
			Knowledge and best practices generated and shared to increase visibility

3.1.4 Community Health Systems Strengthening

Under this pillar, KeNAAM will be working to make a contribution to the community health strategy. The main objective here is to improve the health and wellbeing of vulnerable communities through strengthened innovative systems.

These systems include case management (reduced mortality rate); improved vector management (reduced vector-human contact); and community health systems strengthening (sustained community health systems). Table 10 presents the intervention logic.

Table 10: Community Health Systems Strengthening

KeNAAM strategic Direction	Focus Area	Intervention Areas	Outcomes	Outputs
Community Health system strengthening	Improved Vector Management	Reduced human vector contact	Universal coverage by LLINs	100,000 LLINs distributed
			People sleeping under any net	Increase net usage in the targeted malaria counties from 47% to 80%
	Community Case Management	Reduced Mortality rate	Diagnosed cases of malaria	100% malaria diagnosed cases (RDT) 100% of Diagnosed Malaria patient receiving effective treatment by 2016
			Treated cases of malaria	Malaria cases presented and treated within 24 hrs onset of suspected fever
			Malaria free counties	Mass Drug Administration campaigns conducted
	Community System Strengthening	Sustained community health services	Increased uptake of health services	Community Units Operationalized
		Neglected Tropical Diseases	Reduced vector infections	Integrated vector control services
		Work place health programs	Increased uptake of health services at the work place in endemic areas	Malaria program scaled up at the work place in endemic areas

3.1.5 Internal Management Support Systems

The outcome of the OCA processes, environmental scanning (SWOT analysis) and current trends in interventions around the health sector have precipitated the need for institutional strengthening arrangements for KeNAAM. At strategy level, KeNAAM has crafted the Internal Management Support Systems pillar, whose objective is to develop an agile internal institutional framework of systems, structures and accountabilities that deliver on the work of partners and the mission of KeNAAM.

Intervention areas that have been signed out here are institutional capacity development, program management and staff productivity and serviced delivery. The overriding theme around this pillar is to ensure that KeNAAM conducts its program business from an operational hub that endeavours to attain the highest level of efficiency (value for money) through employment of innovation and scaling interventions. Table 11 here presents the intervention logic.

Table 11: Internal ManagementSupport Systems

KeNAAM Strategic Direction		Intervention Areas	Outcomes	Outputs
Internal Management Support Services	Institutional Capacity	Sustained institutional capacity	Strengthened systems	Policy manuals developed for all IS categories
				Finance, HR , Grants and M & E system
	Programme management	Quality and informed programming	Improved efficiency and effectiveness of programme	Evidence based efficient and innovative programmes
	Staff productivity and service delivery	Productivity and service delivery	Improved productivity	Performance based reward system in place
				Change management mechanism put in place
				Market based Job Evaluation
	Resource Mobilization	Sustainable resource base for KeNAAM and affiliates	Increased organization sustainability	Develop & implement RM

3.1.6 Capacity Development for Partners

In the new strategic dispensation KeNAAM will be maintaining a lean secretariat at headquarter level and rolling out interventions countrywide by making grant to partners. The objective of this pillar will be to build the capacity of partners to be able to deliver the mission of KeNAAM. The main intervention areas will include the creation of a sustained institutional capacity at partner level; devolved and sustainable financing mechanism through grant making; financial management (creation of funds accountability systems); monitoring, evaluation and reporting; Human Resources Development and Resource Mobilization. Table 12 contains the intervention logic.

Table 12: Capacity Development for Partners

KeNAAM Strategic Direction	Focus Areas	Intervention areas	Outcomes	Outputs
Capacity Building for KeNAAM Partners	Capacity Development	Strengthened institutional capacity	Strengthened governance, management and financial systems	Finance, governance and strategic policy manuals in place
	Grant making	Devolved & sustainable financing mechanism	Well mapped out KeNAAM affiliates	Strategic affiliates engaged
			IS Roadmap for organization development	Affiliates IS roadmap in place
				Technical support to partners
			Sub grant to affiliates	KeNAAM members sub granted
	Data for decision making	Quality and informed programming	Improved Monitoring, Evaluation Reporting and Learning	M&E management system in place
	Resource Mobilization	Sustainable resource base for KeNAAM and affiliates	Strengthened capacity for affiliates on RM	Affiliates capacity on Resource Mobilization built

CHAPTER 4

CHAPTER 4: ORGANIZATIONAL MONITORING AND EVALUATION STRATEGY

4.1 THE APPROACH

A comprehensive Monitoring, Evaluation, Research and Learning (MERL) strategy has been developed to support the implementation of this strategic plan. The approaches KeNAAM seek to employ and ensure that the M&E objectives within thisstrategic plan are met include:

i. ***Result based approach*** – This approach focuses on use of evidence for decision making. KeNAAM will use this approach basing its decisions on the information supported by the MERL system.

ii. ***Stakeholder engagement –*** Stakeholder's engagement through the use of participatory methods will provide active involvement in decision-making for those with a stake in projects, program, or strategy and generate a sense of ownership. KeNAAM will engage stakeholders during planning meetings and review meetings that will be held on a quarterly basis.

iii. ***Institutional strengthening*** - As part of strengthening the MERL system within KeNAAM and affiliates, the M&E Officer will undertake on the job training during monitoring visits. This will facilitate hands on experience enhancing skills and competences in MERL. The monitoring visits will be planned to include discussions and updates in MERL


4.2 Guiding Principles of KeNAAM Strategic Plan MERL Framework 2013-2017

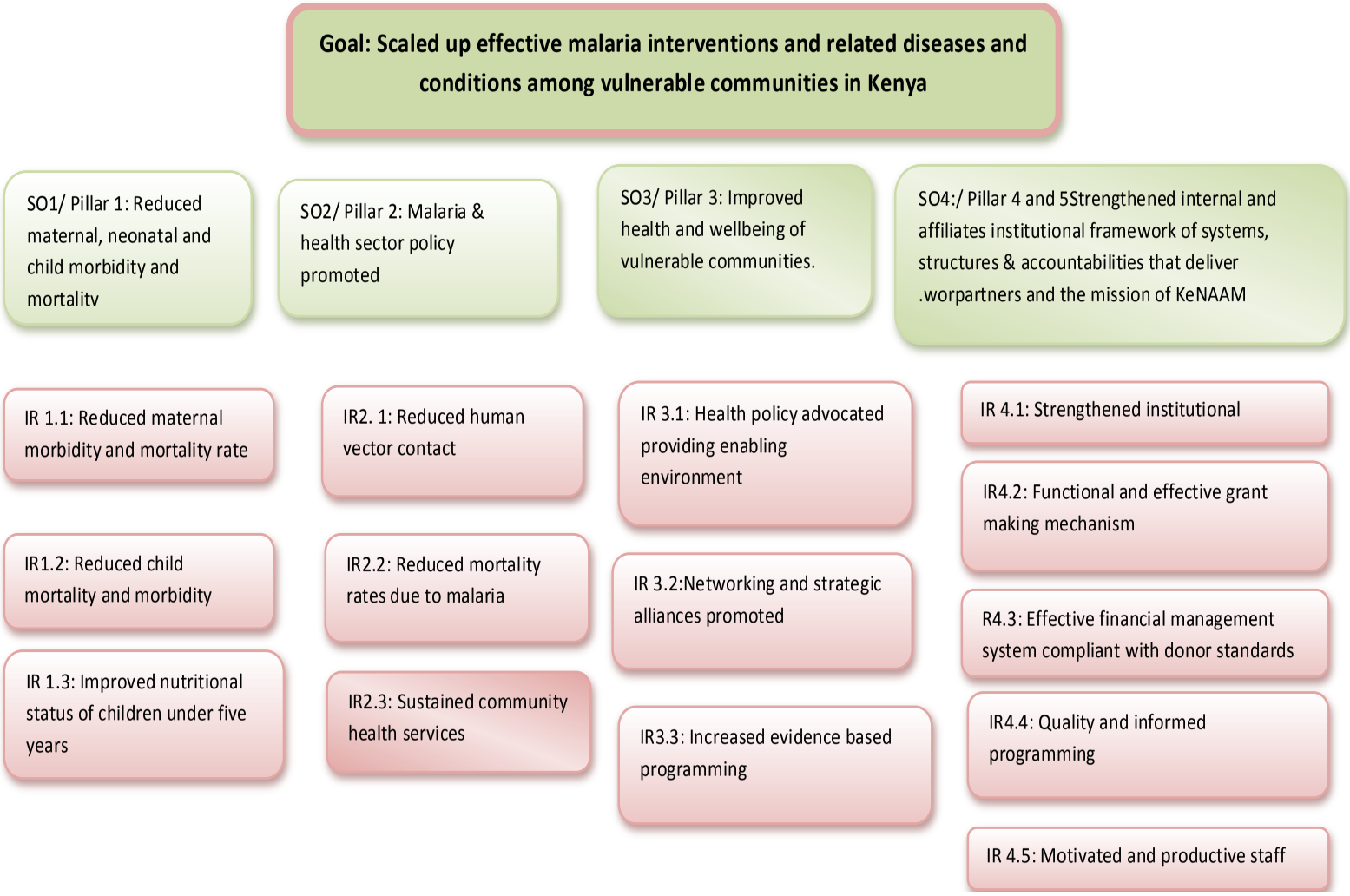
The guiding principles of the MERL Framework include:

- **Feasibility:** The methods, sequences, timing and processing procedures proposed are realistic, prudent and cost-effective.
- **Propriety:** The M&E activities will be conducted legally, ethically and with due regard for the welfare of those affected by its results.
- **Accuracy:** The M&E outputs will reveal and convey technically adequate information.
- **Simplicity:** The ease with which data are collected, analyzed and reported remains crucial. While procedures are likely to remain manual for a majority of implementers, KeNAAM will put in an effort to scale up computerized recording and reporting systems. The data collection and processing tools and procedures will be simple to ease their use at both partners and KeNAAM level. However this will be done cautiously without compromising on data quality. KeNAAM recognizes that some of the data tools are determined by national programs and therefore comply with national M&E systems.
- **Transparency and Accountability:** The partners, communities and beneficiaries will be actively engaged in the M&E functions as stipulated in the M&E Framework so as to ensure ownership and effective implementation.
- **Integration:** The M&E Framework is aligned to the relevant Health Sector Policy 2012-2030 areas specifically maternal, neonatal and child health (MNCH) and Kenya National Malaria Strategy 2009-2017 and the existing national reporting system. This will include use of the standard national data collection tools and indicators.
- **Action Orientation:** Capacity will be built to ensure that information generated by monitoring and evaluation processes are used for program development, planning, and operational management at all levels. A feedback mechanism is integrated in program monitoring. The sole aim of this principle is to ascertain that implementation decisions are data-driven.
- **Mainstreaming:** Malaria Network is a multi-sectoral partnership program. The different partners in the program have existing systems within which this plan will be mainstreamed or integrated. The many components of the strategic plan have specific interventions requiring different routine indicators and reporting formats to guide tracking the progress made. In a participatory manner, the M&E systems of different partners including the government will be harmonized or standardized where necessary to respond to the strategic objective of the program.

4.3 KeNAAM Strategic Plan MERL Framework 2013-2017

Figure 4: below illustrates the KeNAAM MERL framework for this strategic plan.

Figure 4: KeNAAM Strategic Plan Results Framework



CHAPTER 5: COSTING

5.1 KENAAM STRATEGIC PLAN 2013-2017 CONSOLIDATED BUDGET

Table 13 presents the budget summaries for the strategic plan for the period.

TABLE 13: STRATEGIC PLAN BUDGET

KeNAAM Strategic Objective/ Pillars	2013	2014	2015	2016	2017	Grand Total
Maternal and Child Health	50,700,808	184,525,868	202,978,455	223,276,300	245,603,930	907,092,553
Community Health System Strengthening	295,067,923	324,574,715	357,032,187	392,735,406	432,008,946	1,801,419,177
Policy Advocacy, Networking and Knowledge Management	149,789,037	164,767,941	181,244,735	199,369,208	219,306,129	914,477,050
Capacity building for partners	102,050,000	112,255,000	123,480,500	135,828,550	149,411,405	623,025,455
Internal Management Support Systems	39,869,067	43,855,974	48,241,571	53,065,728	58,372,301	243,404,641
Total Budget Per Year	**637, 484,027**	**829,979,498**	**912,977,447**	**1,004,275,192**	**1,104,702,711**	**4, 489,418,876**

From the table above, the total cost of implementing KeNAAM Strategic Plan 2013/2017 is KES 4, 489,418,876 (Approximately USD 53 Million). Five major strategic objectives or pillars that will guide its implementation of its programs break down the expenditure.An assumption of a total growth of 10% growth rate per annual for all the strategic objectives has been used. KeNAAM projects to maintain 5% expenditure for the secretariat cost and 95% to be used for program delivery. This is in line with the KeNAAM secretariat model of a lean Nairobi-based staff compliment, which leverages on membership strengths. The program delivery is through the sub granting while the secretariat does fund management and resource mobilization on behalf of its membership.

CHAPTER 6: DELIVERING THE STRATEGIC PLAN

6.1 CORPORATE GOVERNANCE AND THE ROLE OF THE BOARD

From the findings of the environmental scanning and new strategic direction, KeNAAMrequires understanding and implementing corporate governance. Corporate governance is the system that maintains the balance of rights, relationships, roles and responsibilities of members, directors and management in the direction, conduct, conformance and control of sustainable performance of the organization with honesty and integrity for the long-term interests of the organization, members, and business and the community stakeholders.

KeNAAM willbe governed by 2 boards;

a) a)The Advisory Council, which will be a non-governing body that provides support to the Board of Management on advisory capacity on technical and other issues related to RBM initiatives. This will be composed of a maximum of 13 individuals appointed by the Annual General Meeting, together with all members of the Board of Management. In addition the Board of Management shall have powers to co-opt any other member up-to a maximum of three (3) people to bring to the Council technical expertise and specialised skills that may be required at that time. The Council shall be made of individuals with expertise/competency, interest or are actively involved in malaria control initiatives.

b) The Management Boardwill consist of not less than five and not more than nine members. The Board of Management shall consist of the Chairperson, Vice-Chairperson, Secretary, and Treasurer, elected members and co-opted members in line with this constitution. The ChiefExecutive Officer shall serve as Secretary to the Board of Management with no voting rights.

The KeNAAMManagement Board has four (4) fundamental responsibilities:

1. Technical oversight and direction
2. Resource mobilization
3. Ensuring compliance and
4. Improving performance

This strategic plan finds the most significant accountabilities of the board to include- the following as stipulated in Table 14 below

Table 14: The Role of the Management Board

	Function	Accountabilities
1	CEO Matters	Select. Monitor and Evaluate Mentor and guide Set remuneration and assess Appoint and remove, as required
2	Resource Mobilization	Raise resources to sustain the KeNAAMstrategic pillars Connect KeNAAMto funding sources
3	Performance Matters	Establish suitable indicators of performance Monitor on a regular basis Make strategic decisions based on this information
4	Strategy Setting/ Approval	Provide overall long term direction Development of specific goals and targets
5	Risk Management	Ownership of risk management policies and practices Monitoring and regular update of risk management policies and practices
6	Compliance	Ensure organization meets all necessary policy, legal and regulatory requirements
7	Operating Framework	Provide leadership to the organization in an appropriate way Set policy agenda for organization Endorse direction as appropriate
8	Communication and Relationship Management	Manage communication with key stakeholder groups, including members and other relevant groups to assist the organization achieve its goals

To avoid conflict between the Board and Management KeNAAMrequires articulating what is the role of the board, and what is the role of management. Many boards are now adopting an approach of specifying exactly which issues require board involvement, and in many board charters a section dealing with ***'Matters Reserved for the Board'*** is included.

6.2 Board Structure

Finding and selecting appropriate board members is critical to the success of an organization. While KeNAAMis at the moment may be focused on the important task of raising much-needed funds for the organization, this is not the sore criterion for selecting or evaluating board members. The Board as part of the implementation will appoint ***Board Committees*** that will deal with the issues of ***resource mobilization, compliance and performance monitoring***

6.3 Institutional Arrangements

For KeNAAM, careful thought has been brought in to bear on the delivery of programs that are dictated by this plan.

The agility and efficiency required in realizing the vision of the organization has been built into the strategic areas dealing with capacity development. These so far are considered as the most viable means of achieving this. In the regard, the, the organizational structure and board roles have been revisited.

A number of key functions and desirable practices have been identified and incorporated into the implementation strategy. These are, but not limited to financing, tracking progress, identifying and mitigating risks.

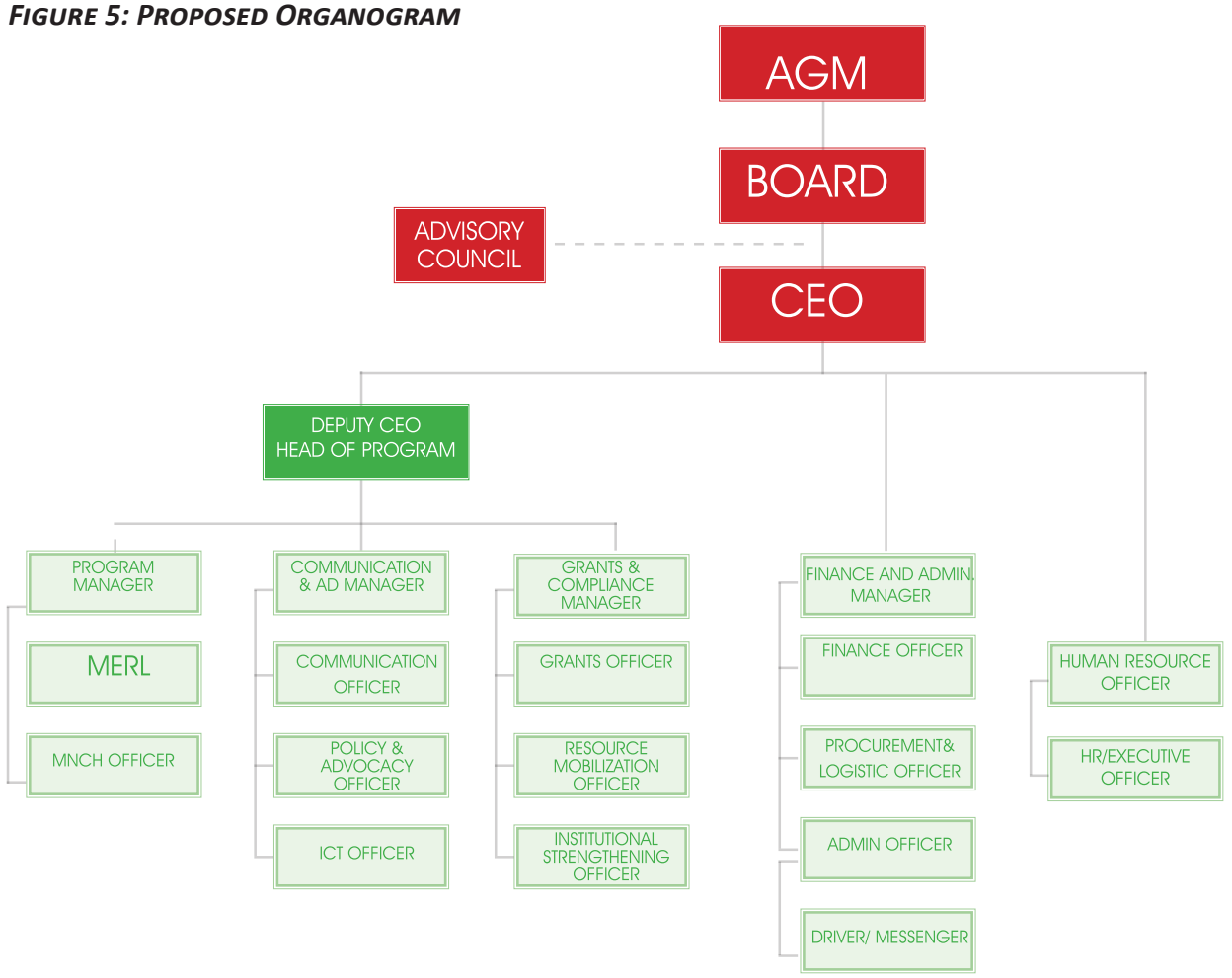
6.3.1 Phasing the Strategic Plan Implementation

The period October to December 2012 is the ***pre-strategic plan phase***. During this time, it is envisaged that KeNAAMwill clear all the outstanding business related to the various strategic plan, develop supporting strategies like the HR and Resource Mobilization and others to a level of determining the stage of organizational maturity and specific changes needed to strengthen the outfit to a level of adopting and executing this strategic plan.

6.3.2 Management Structure and Functions

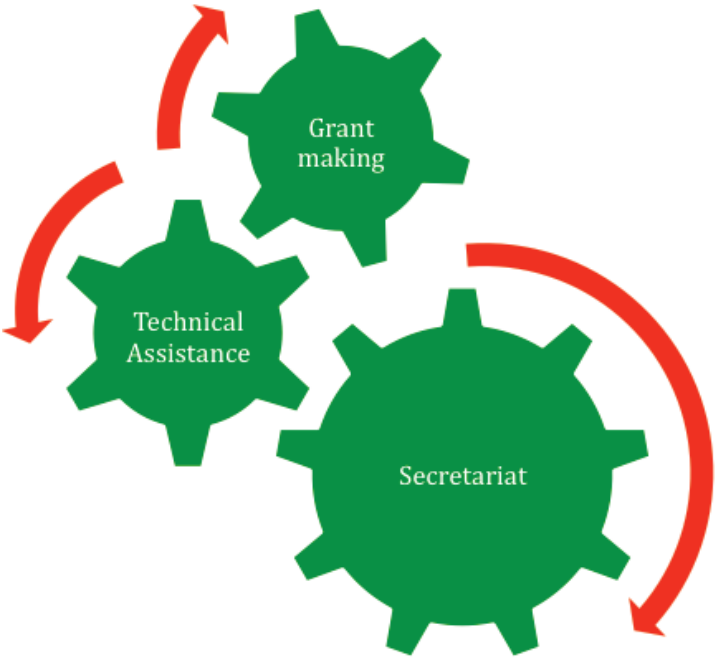
The proposed organizational structure for KeNAAM is as per figure 5 below:

Figure 5: Proposed Organogram



6.3.3 KeNAAM BUSINESS MODEL

KeNAAM Secretariat module: This incorporated the traditional functions of the KeNAAM based on the original mandate of Malaria advocacy, mapping of partners, information coordination and resource mobilization. The four functions which were originally envisaged as the main business for the secretariat will continue to be implemented in the new strategic plan.



Technical Assistance: In line with the Kenya Devolution system, KeNAAM will transfer the gains it has made at the national level to the devolved system. This will ensure the consistency in every development investment of having programs that do not only have effect at the community level but used to inform policy. KeNAAM will ensure that all its programs are contributing to the development of evidence based policy.

Grant Making: As development resources are becoming scarce, there is need to ensure grant investment are made for high impact program. This new business model will ensure that the partnership that the high percentage of the investment goes to the beneficiaries. As a policy, KeNAAM will ensure only 5% of the resources are used to manage the resources. This will ensure high return to the communities that are served by the KeNAAM and its partners.

6.4 Risk Management, Monitoring Framework and Reporting

6.4.1 Risk Management Aspects

The risk management of this strategic plan must be considered in order to take precautionary measures in good time and thus prevent failure of the strategic plan implementation. The following are some of the critical factors for success;

1. The KENAAM board and management must obtain ownership and buy-in from all relevant parties. These include membership, partners, local communities and the Government of Kenya (GoK), to mention a few.
2. The board and management must, and immediately intensify the fundraising capacity and efforts to secure new funding and other support. These sources could include private and public sectors as well as mechanisms for generating funds internally.
3. The management must start to track the annual work plans by establishing monitoring milestones, setting a general baseline, conducting half year and annual reviews and revising work plans

4. While this strategic plan document is an important asset for branding and creating the visibility of KeNAAM, it still is exposed to the risk of gathering dust on the shelves and resource centers. This risk must be addressed by an inclusive launch and wide dissemination of the document among stakeholders.

6.4.2 Process of Monitoring and Evaluation

KeNAAM will during the pre- strategic plan period require institutionalizing a simple internal performance monitoring and evaluation framework that is to be used across all programs and regions. Is should include among others business performance, governance, institutional, economic and other protocols.

This will be used or adopted to the monitoring, evaluation and reporting requirements of this project. All protocols shall be agreed upon with the Board and stakeholders. Progress against each project component will be tracked using the KeNAAM-specific indicators.

Specific to monitoring plans, KeNAAM will develop a performance-monitoring framework to track performance as per implementation plan. KENAAM should collect data from all strategic areas on quarterly basis.

Specific to evaluation, KeNAAM will implement both internal and external evaluation for all programs and projects.

The M and E and personnel and internal audit function will conduct internal evaluation. The senior management will jointly sanction external evaluation and will take form of mid-term and end term. Independent consultants shall carry these out.

6.4.3 Annual General Meetings, External Audits, Management and Board Meetings

There will be one (1) Annual General Meeting. There may on a need be basis other special general meetings. In all these the Board shall report to the stakeholders all matters (important) on how OF is achieving the performance targets. This will still be the Annual Strategic Plan Review

There will be one (1) Annual Audit of KENAAM and its affiliates. This shall be carried out by independent auditors and accountants appointed by the Board, through a resolution sanctioned by the Board.

The Advisory Council shall hold meetings at least once a year

The Management Board shall hold meetings at least twice a year, with Board committees setting their own calendars and agenda for meetings every year.

There will be monthly management (senior) meetings at KeNAAM

ANNEX1: KENAAM STRATEGIC PLAN REVIEW PARTICIPANTS LIST

NAME	ORGANIZATION
A.P.Venugupalan.Nair	GULLIN PHARMA
Ahonobadha Edward	KeNAAM
Amboko Zadok	ETERNITY COLLEGE
Amos Ochieng	KeNAAM board member / Artiful eyes
Andrew Anguko	FANIKISHA-MSH
Andrew Rian'ga	KNEAD
Angela Ngetich	KRCS
Ann Kan'gethe	LICASU-KENYA
Athuman Chiguzo	KeNAAM
Audi Mourine	KICOSHEP
Ben Mwongela	AGILE CONSULTING
Bihawa swaleh	PSI/KENYA
Catherine Njiiri	KeNAAM
Chacha L Matiko	KeNAAM board V.C/ Licasu
Christine Kiecha	FANIKISHA-MSH
Christine Okoth	CPDA
Cynthia M Nyakwama	WORLD VISION
Daniel Moronge	LICASU-KENYA
Dr. John Logedi	DOMC
Dr. Kisia Nduku	DOMC
Dr. Tom Owino	GAMI
Eddah Mbaya	Artful eyes
Edward Mwangi	KeNAAM
Emanuel Orangi	GLOBAL CHILD HOPE
Faith Koskei	WORLD NEIGHBOURS
Francis C. Chesang	WAFA
Geoffrey Kamadi	AMREN
George Makori	KeNAAM
Georgina Ndun'gu	KeNAAM
Gerald Mwangi Walterfong	WDS Africa & Capital Edge Solutions
Grace Kinyua	KSL
Gregg Bekko	FANIKISHA-MSH
Imelda Nasei	KeNAAM
Irene Mbugua	KeNAAM Chairperson/WORLD VISION
Jacinta Macharia	KeNAAM
Jeremiah Mchaka	PIED
Judith Mahindu	Deaf women society of Kenya
Kamau Ngamau	RTI
Kellen Muthoni Kisila	Kenya SIGN language
Kerubo Masese	AGILE CONSULTING
Michael M Mwanzia	SMILE AFRICA
Mogana Dan Ayuka	KENYA RED CROSS
Sam G. Gathari	AMNET
Sam Mulyanga	FANIKISHA-MSH
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2013-2017

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