

STRATEGIC PLAN 2014 - 2018

Sustainable Financing towards Universal Health Coverage in Kenya

FOREWORD

It is said that a healthy nation is a wealthy one, Kenya has already taken strides towards 'wealth' with provisions in regards to matters health in the constitution and vision 2030 blueprint.

- *Vision 2030: To provide "equitable and affordable health care at the highest achievable standard"; and "create a national health insurance scheme in order to promote equity in health care financing".*
- *The Constitution of Kenya: 'bill of rights' - guarantee to 'social security' and emergency health care for all; devolution of service provision to Counties.*

There is urgent need harness existing and new resources towards increasing the level of health insurance population coverage.

Debates have intensified since 2004 regarding how best to achieve Universal Healthcare Coverage (UHC) to ensure access to quality and affordable health care for all Kenyans, whether such services are available in the private or public sectors. It is government's intention that this will go a long way in building the social pillar in Kenya's Vision 2030 over the next 5 to 10 years, the majority of poor Kenyans will have access to quality and affordable health care.

We as a Fund have embraced the concept of Universal Health Coverage shown strong commitment in reduction of financial burden in health. We must all serve our members with dignity and respect through prudent management of the resources and efficient service delivery as laid out in this plan.

Hon. Muhamud M. Ali

Chairman, Board of Management

CHIEF EXECUTIVE'S STATEMENT

It is my delight and honour to introduce to you the NHIF 2014 - 2018 Strategic Plan. This fourth Strategic Plan is a well-researched and thought out map to guide us as we take our positions as hunters in the marketplace. This plan is anchored on government policies including the Constitution of Kenya, the Vision 2030, Medium Term Plan II and Health Sector plans. As the Fund continues executing its mandate, the plan takes cognisance of the challenges and opportunities in our working environment.

In the previous Strategic Plan 2010 - 2015 emphasis was on organizational paradigm shift that would challenge the Fund's status quo as the "rulers", this was at a time when we had taken comfortable posture, but with emergent of competing health insurance products in the market place there was need to reinvent ourselves. There were various challenges experienced during implementation of that Strategic Plan, however major milestones were also achieved. The major setbacks in that period were amendment to the NHIF Act No 9 and review of the contribution rates.

In the health sector, lack of a Health Bill to re-define role of all players and inadequate regulation of the health insurance market were other setbacks. Internally, there were challenges of measuring actual staff productivity, Publicity and communication, management information system especially integration with newly developed technologies as well as adequacy in analysing data for decision making. This notwithstanding, the Fund has expanded benefits through increased revenue, membership and new business from the Civil Servants Scheme.

The plan has been developed to enable the Fund to position ourselves as "hunters" to ensure that Kenyans have access to quality and equitable health care through health insurance towards achievement of Universal health coverage. To ensure achievement of our goals and objectives, emphasis will be laid on reengineering our processes to improve service delivery, quality management, increasing access, policy reviews and implementation, review of the contributions, benefit maximization, ICT capacity enhancement and overall efficiency gains to reduce the administrative costs.

The Fund in this Strategic plan has major focus on expansion of coverage in the informal sector and coverage of the indigent population through government support. Stakeholder engagement and public and private partnerships will be strengthened to ensure the Fund works in harmony with stakeholders.

The strategic objectives that will ensure implementation of programmes and initiatives in this plan are:

- 1. To effectively and efficiently register members, collect contributions and pay out benefits*
- 2. To enhance the Fund's quality management system*
- 3. To prudently manage resources*
- 4. To develop and maintain strong customer relationships*
- 5. To develop and retain relevant competencies*

Every member of staff has responsibility in service to the contributors. As a team that will be pulling and pushing each other in the right direction, I am sure we have more than adequate capacity as “hunters” to realise the stakeholders’ needs.

Geoffrey Mwangi

Ag. Chief Executive Officer

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1. CONTEXT

The National Hospital Insurance Fund (NHIF) was established under Cap 255 of the Laws of Kenya in 1966 as a department in the Ministry of Health to provide health insurance exclusively for those in the formal employment. In 1972 an amendment was made to allow for membership for those in the informal employment. The Fund was transformed into a state corporation through an Act of parliament, NHIF Act No. 9 of 1998. Contribution rates increased with the introduction of a graduated scale in 1990 with NHIF contributions capped at salaries of KSh.15,000 and monthly contributions ranging from KSh.30 to KSh.320. These are the current rates, as increased rates proposed in 2010 by the Fund are under suspension by court order.

The Amendment of the National Hospital Insurance Fund Act in 1998, for the first time introduced profound changes on health insurance. While maintaining the principle of mandatory insurance for the wage earning workforce, the Act allowed the scheme to introduce cost related payments instead of the hitherto daily bed rate only, extension of the health package to include outpatient health costs, doctor's fees and laboratory investigations and extension of health insurance to health centres and other lower facilities leading to better access and higher standard of the healthcare services

In 2004/2005, Government attempted to redress the short comings in the financing of healthcare in the country through the enactment of the National Social Insurance Act and proposed repealing of the National Hospital Insurance Fund Act (1998). However, the proposal generated tremendous negative reaction from many interest groups. This led to shelving of the proposed Act and with this a return to status quo ante, with regard to the challenges and shortfalls that the health sector experiences in financing.

To ensure that more people have access to affordable, high quality healthcare, there is need to redesign healthcare models to put the customer right at the centre, and ensure that we provide and contract healthcare services that deliver the highest value to our customers.

Health systems around the world are facing the combined challenges of rising costs, ageing populations and increasing patient demand for high quality services. There is increasing recognition of the need to improve the 'system' through which health services are delivered. We also know that healthcare services can be more effective and efficient by focusing more on prevention, and that integrated care - all parts of a healthcare system working together - can be effective in producing better patient outcomes more cost effectively.

Financing healthcare delivery in the country has continued to remain a major challenge to the economy and a hindrance to equal access to healthcare services of high standards. Several pioneering efforts to address this challenge characterize the post-independence history of Kenya. In 1965, the then Government took a ground breaking step on the continent in financing health care delivery through the introduction of a mandatory Health Insurance for all employed persons earning more than Kshs. 1,000 per month. At the same time the Government abolished the user fee of five shillings that public healthcare institutions levied on the users. The combined effects of these two measures increased access to government health facilities and services as well as an increasingly high number of Kenyans able to obtain inpatient care from private healthcare providers in the country.

The momentum created by these changes is felt to this day resulting into ever increasing high volumes of users particularly in the outpatient public health facilities and rapid expansion of the private health sector. The influx into the public sector and the near collapse of the Faith Based Healthcare Services was further worsened in 2002 when Government drastically reduced user fees to Kshs 20 in Government hospitals and Kshs 10.00 in its Health centres.

Many studies during the past fifty years repeatedly reveal an over-stretched public sector and an under-utilized private sector including the Faith Based Healthcare Services. Indeed by 1989, the public sector was at breaking point forcing Government to introduce co-payments in its health facilities. The period was also marked with re-current unrest among health workers demanding better pay and improvement in working conditions.

The Amendment of the National Hospital Insurance Fund Act in 1998, for the first time introduced profound changes on health insurance. While maintaining the principle of mandatory insurance for the wage earning workforce, the Act allowed the scheme to introduce cost related payments instead of the hitherto daily bed rate only, extension of the health package to include outpatient health costs, doctor's fees and laboratory investigations and extension of health insurance to health centres and other lower facilities leading to better access and higher standard of the healthcare services.

Today, approximately 11% of the population in the country is contributing to the Fund, enabling about 16 million Kenyans to benefit from health insurance. This translates to approximately 10% contribution from the Fund to the overall public expenditure in health.

The health insurance market structure in Kenya is comprised of private healthcare insurance schemes of several varieties as well as the NHIF. The private prepaid schemes range from traditional indemnity insurers, community based health schemes, employer schemes and

health maintenance organizations. As a result, the market has many, fragmented risk pools, and most financing is out of pocket. The market structure is also affected by supply side constraints which include poor regulation of the supply side and high provider costs. With the devolved county governments, there is need to emphasize the importance of pooling of resources to ensure that populations do not suffer catastrophic health expenditures when they need treatment from the health facilities.

Public (63.3%)	Private (36.7%)
Government = 21.8%	Direct OOP = 28%
External = 34.5%	Private health insurance = 3%
NHIF = 7% (Population coverage=20%)	Other private expenditure = 5.7%

Table 1:- Healthcare Financing at a glance

Debates have intensified since 2004 regarding how best to achieve Universal Healthcare Coverage (UHC) to ensure access to quality and affordable health care for all Kenyans, whether such services are available in the private or public sectors. It is government's intention that this will go a long way in building the social pillar in Kenya's Vision 2030 over the next 5 to 10 years, the majority of poor Kenyans will have access to quality and affordable health care through expected government support for indigents. The catastrophic expenditures that families currently experience in paying for health services will also be minimized for all social strata in our communities.

Over the years, the Ministry of Health has been pro-active in reforming the health sector evidenced by the formulation of the National Health Sector Strategies; 1999/2004 and 2005/2010. The key objective of this strategy is to contribute to the reduction of health inequalities and reduce the downward trend in health related impact and outcome indicators. In the backdrop of an over-stretched public sector and utilized private sector healthcare services the onus is therefore on us to formulate and support innovative programs to help the poor. There is also need for the government to involve other health providers i.e. private and the faith based facilities.

The 2010 World Health Report highlighted the important role of health financing in achieving universal coverage, and in 2011, the 64th World Health Organization (WHO) assembly urgently called for health systems to reform their health financing arrangement in a manner

that promotes prepayment health financing mechanisms (World Health Organization, 2010). It is widely accepted that prepayment health care financing arrangements provide greater financial protection, promote equity and efficiency in the health systems and are therefore preferable to out-of-pocket health care financing (WHO, 2000).

A prepayment mechanism that is increasingly adopted as an avenue to achieving universal health coverage is health insurance. However, it has been recognized that a major challenge in the design of health insurance arrangements in developing countries is how to ensure that the poor or indigents are included in these financing arrangements; that they are afforded the same benefit from health insurance coverage as the non-poor, and can access health care when they need it.

Poverty has proved to be a major hurdle in the pursuit of equality and general economic growth in Kenya. In the same breath, poverty in relation to health has become apparent and as a country is a growing concern. This has been occasioned by unaffordable health solutions which are characterized by out-of-pocket payments for health which have proven to be the largest proportion in terms of expenditure among the poor in Kenya. These direct payments discourage people from using health services especially preventive and promotive, and as a result they are systemically pushed into poverty due to their ill-health.

Extending insurance coverage to the poor through an insurance subsidy is anticipated to have the following effects among the poor: reduce the level of out-of-pocket expenditure and subsequently the incidence of catastrophic health expenditures; increase access to and utilization of healthcare services and, in turn, improve health outcomes.

2. CORPORATE STATEMENTS

VISION

To be a world-class social health insurer

MISSION

To provide accessible, affordable, sustainable, equitable and quality social health insurance through optimal utilization of resources to the satisfaction of stakeholders

OBJECTIVES

1. To effectively and efficiently register members, collect contributions and pay out benefits
2. To enhance the Fund's quality management system
3. To prudently manage resources
4. To develop and maintain strong customer relationships
5. To develop and retain relevant competencies

STRATEGIES

1. Enhance customer relationships
2. Improve operating quality & efficiency
3. Enhance channels & offerings

CORE VALUES

The core values are based on Chapter 6 of the Constitution of Kenya - Leadership & Integrity

HONESTY, INTEGRITY AND ACCOUNTABILITY

Honesty in the execution of duties

Declaration of any personal interest that may conflict with duties

Accountability to the public for decisions and actions

Discipline and commitment in service

PROFESSIONALISM

Selection on the basis of personal integrity, competence and suitability

Objectivity and impartiality in decision making

DEDICATION & COMMITMENT

Respect and service to all

Promote public confidence & dignity

MANDATE

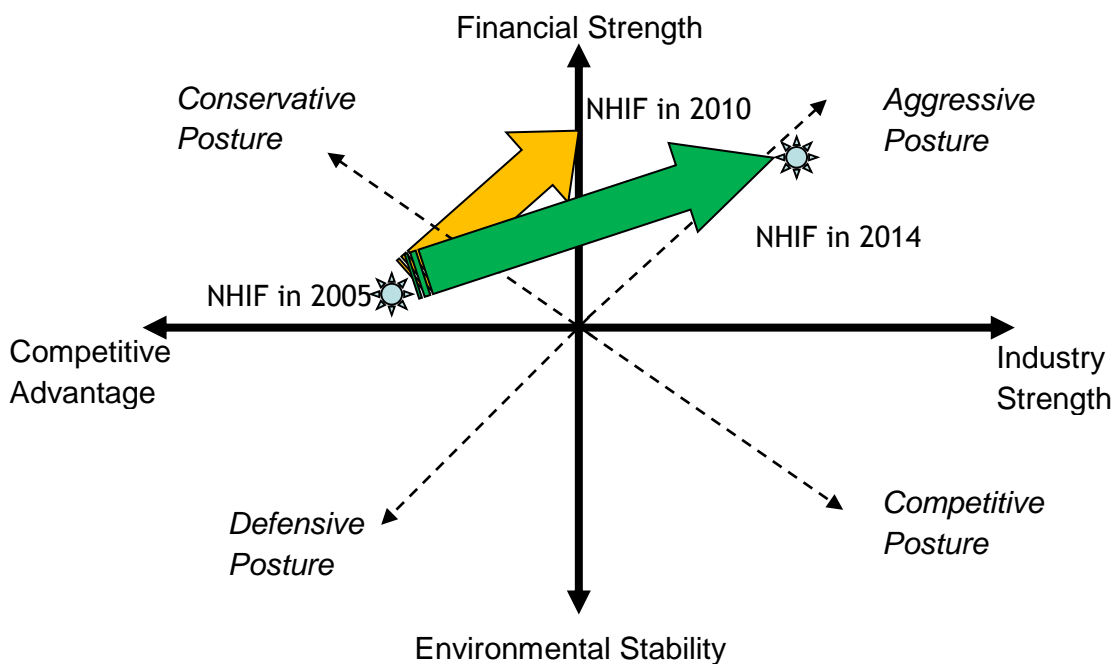
1. To effectively and efficiently register members, collect contributions and pay out benefits
2. To regulate the contributions payable to the Fund and the benefits and other payments to be made out of the Fund;
3. To enhance and ensure adherence and conformity to international standards in quality service delivery
4. To ensure prudent management of resources
5. To contract service providers and provide access to health services
6. To protect the interests of contributors to the Fund
7. To advise on the national policy with regard to national health insurance and implement all Government policies relating thereto

3. OUR BUSINESS MODEL

3.1 VALUE PROPOSITION

It is inevitable that the Fund's value proposition changes. This arises due to absolute paradigm shift to become a real hunter organization. For the longest time the Fund has maintained a conservative posture in murky red waters even as a bold step was taken into the jungle. Entering into the jungle to rule implies that the Fund consumes **ANYTHING** of worth by maximising all available resources including time.

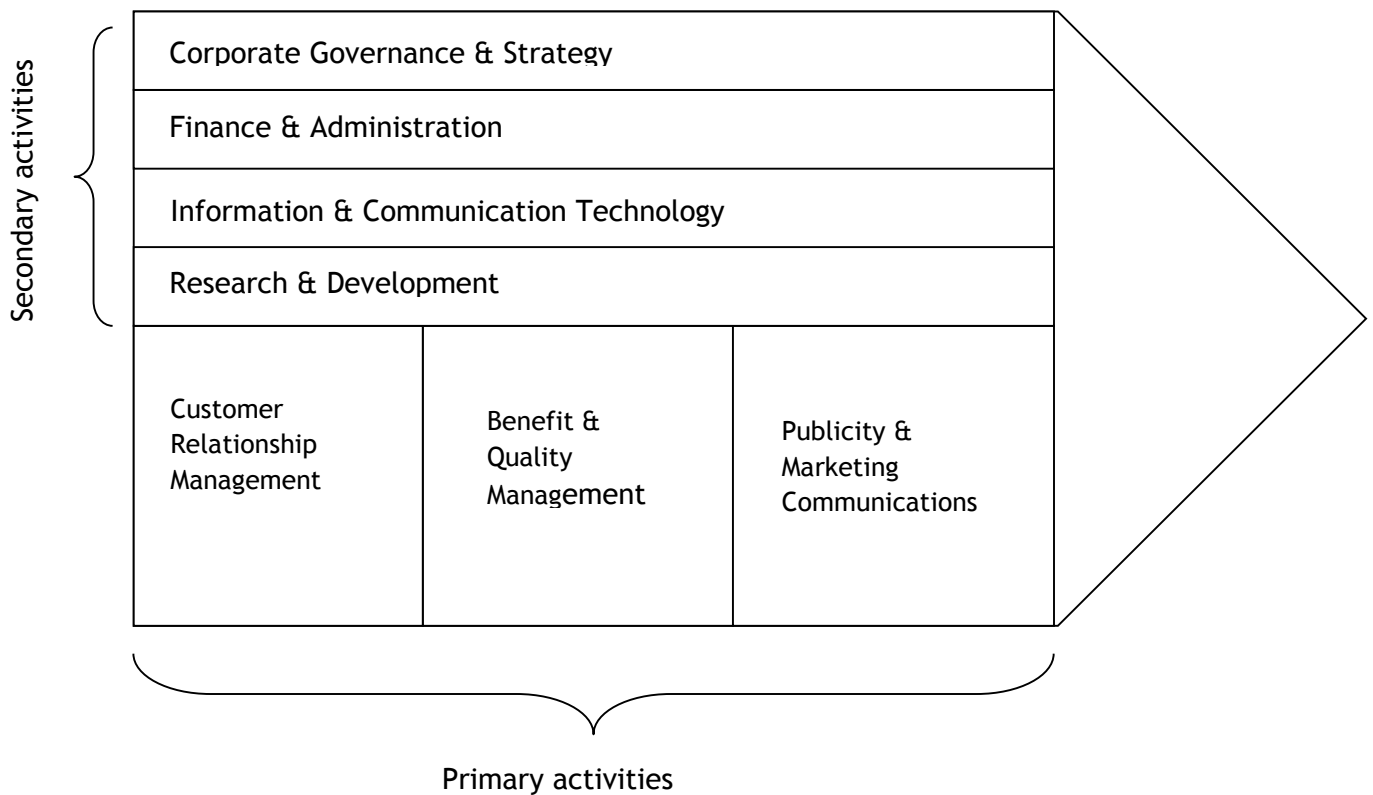
As a hunter organization the Fund will focus on improving value for all stakeholders. The customer will always come first. Therefore, it is expected that there will be total transformation of the NHIF brand. How this will be attained will be through stakeholder engagement in terms of service provision from registration to actualizing benefits.



The industry remains attractive and the external environment provides opportunity for the Fund to enter the jungle. The focus of the government is to achieve universal coverage by 2030. This can be realised even earlier considering the strategic intent of the Fund.

In this regard, the Fund has remodelled the value chain. The formal sector is saturated and there is negligible growth. On the other hand, the voluntary sector is the jungle where all efforts will focus on. The primary activities focus on the customer service while the

secondary activities which are support will focus on strengthening of internal processes and controls for value creation



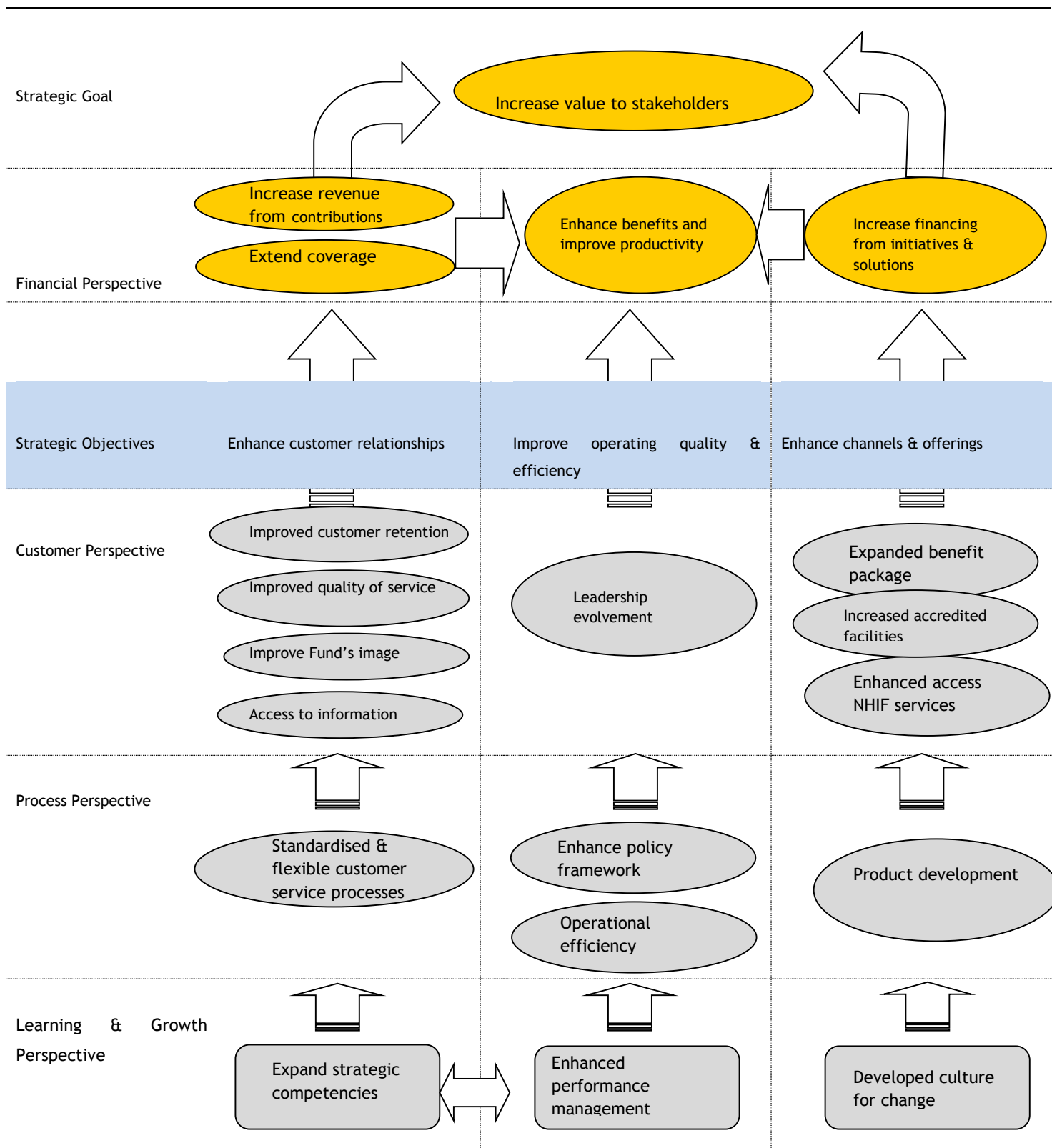
The following have been identified as the primary activities:

- ❖ Customer relationship Management
- ❖ Benefit Management & Quality Management
- ❖ Publicity & Marketing Communications

The following have been identified to as the secondary activities:

- ❖ Corporate Governance & strategy
- ❖ Research & development
- ❖ Finance & Administration
- ❖ Information Communication & Technology

3.2 STRATEGY MAP



4. OUR SCORECARD 2014 - 2018

4.1 FINANCIAL PERSPECTIVE

Strategic objective	Output	Measure	Initiative
Enhance customer relationships	a. Expanded revenue opportunities	<ul style="list-style-type: none"> ▪ Revenue growth ▪ Cost reduction 	<ul style="list-style-type: none"> ▪ Amendment of NHIF Act no 9 ▪ Health Insurance Subsidies ▪ Informal sector strategy ▪ Enhance compliance ▪ Enhance strategic partnerships ▪ Activity based budgeting ▪ Paperless processes
	b. Extended coverage	<ul style="list-style-type: none"> ▪ Membership growth 	<ul style="list-style-type: none"> ▪ Health Insurance Subsidies ▪ Informal sector strategy ▪ Enhance compliance ▪ Enhance strategic partnerships
Improve operating quality & efficiency	c. Improved governance & transparency	<ul style="list-style-type: none"> ▪ Annual Structured forums ▪ Corruption index ▪ Organizational performance ▪ Risk Index 	<ul style="list-style-type: none"> ▪ Public disclosure ▪ Corporate governance policy ▪ Review the Board charter ▪ Develop board/committees work plan and information requirements ▪ Orientation and continuing board education ▪ Performance contracting and assessment
Enhance Channels & offerings	d. Reviewed provider payment mechanism	<ul style="list-style-type: none"> ▪ GRD mode of payment ▪ Increased benefit payout ratio 	<ul style="list-style-type: none"> ▪ Advocacy with stakeholders ▪ Training ▪ Determine structure of case grouping ▪ Determine the cost distribution across ICD Codes ▪ Merge clinical and economic criteria to determine case groups ▪ Design an information and billing system

4.2 CUSTOMER PERSPECTIVE

Strategic objective	Strategic Theme - Output	Measure	Initiative
Enhance customer relationships	a. Improved Customer retention	<ul style="list-style-type: none"> ▪ 80% retention rate 	<ul style="list-style-type: none"> ▪ Develop & Implement incentives ▪ SMS for reminders ▪ Automated Birthday & Holiday wishes ▪ Introduce Self-care
	b. Improved quality of service	<ul style="list-style-type: none"> ▪ Customer satisfaction index ▪ Patient satisfaction index ▪ HCP satisfaction index 	<ul style="list-style-type: none"> ▪ Implement CRM ▪ Implement contract management solution ▪ E-Procurement - vendor rating & cost centre ▪ Revamp call centre ▪ Enhance customer care centre capabilities ▪ Establish turnaround times in customer enquiries
	c. Improve the Fund's image	<ul style="list-style-type: none"> ▪ Improved brand index to x% 	<ul style="list-style-type: none"> ▪ Scheduled press forums ▪ Enhance & Operationalize the branding manual ▪ Corporate Social responsibility
	d. Access to information	<ul style="list-style-type: none"> ▪ Improved awareness Index to x% 	<ul style="list-style-type: none"> ▪ Public Information & education ▪ Enhance the Fund's presence ▪ County engagement
Improve operating quality & efficiency	a. Leadership and management evolvment	<ul style="list-style-type: none"> ▪ Customer satisfaction index ▪ Employee satisfaction index 	<ul style="list-style-type: none"> ▪ Mentoring & customer centric training ▪ Institute reward strategies according to customer satisfaction levels ▪ Dissemination of strategy to all front & back office staff ▪ Enhance internal communication system
Enhance Channels and offering	a. Expanded benefit package	<ul style="list-style-type: none"> ▪ Increased Benefit Payout ratio ▪ Patient satisfaction index 	<ul style="list-style-type: none"> ▪ Review the benefit package ▪ Define and cost a standard benefit package
	b. Enhanced access to services	<ul style="list-style-type: none"> ▪ No. of Accredited facilities ▪ No. of access points/ agencies ▪ No. of partnerships 	<ul style="list-style-type: none"> ▪ Accreditation of healthcare facilities - in and out patient ▪ Enhance the Fund's presence ▪ Design and implement portable health benefits

4.3 PROCESS PERSPECTIVE

Strategic objective	Strategic Theme - Output	Measure	Initiative
Enhance customer relationships	a. Standardized & flexible customer service processes	<ul style="list-style-type: none"> ▪ Customer satisfaction index ▪ Employee satisfaction index ▪ Brand equity 	<ul style="list-style-type: none"> ▪ Develop and implement a communication policy ▪ Review customer service policy ▪ Prepare guidelines on service provision standards ▪ Acquire ISO 10002:2004 Quality Management customer satisfaction ▪ Maintaining the ISO 9001: 2008 QMS certification
	b. Enhanced policy framework	<ul style="list-style-type: none"> ▪ Organizational performance index (OPI) ▪ Risk index 	<ul style="list-style-type: none"> ▪ Institute an excellence model ▪ Institute performance dashboards ▪ Mainstreaming risk management ▪ Develop and implement contract management policy ▪ Institute a Contract Management Solution ▪ Reengineer the ICT system ▪ Review & implement the project management policy
Improve operating quality & efficiency	b. Operational efficiency	<ul style="list-style-type: none"> ▪ Turnaround time ▪ Customer satisfaction ▪ Cost reduction 	<ul style="list-style-type: none"> ▪ Partner with National Registration Bureau ▪ Re-engineer core processes (Revenue collection, Claims, Member registration, Marketing, PR & customer care, Benefits & Quality Assurance, performance management and accreditation & contracting, data management ▪ Implement e-registration, e-claims, e-collections & EDMS
	c. Product development	<ul style="list-style-type: none"> ▪ Brand equity 	<ul style="list-style-type: none"> ▪ Research and development ▪ Establish a costing models for benefits ▪ Strategic alliances
Enhance Channels and offerings			

4.4 LEARNING AND GROWTH

Strategic objective	Strategic Theme - Output	Measure	Initiative
Enhance customer relationships	a. Developed strategic competencies	<ul style="list-style-type: none"> ▪ Competency gaps ▪ % of employees above/below competence ▪ % of low/high performing employees 	<ul style="list-style-type: none"> ▪ Establish and implement competency framework ▪ Establish a Competency inventory ▪ Competency development
Improve operating quality & efficiency	b. Enhanced performance management	<ul style="list-style-type: none"> ▪ Employee satisfaction index ▪ Organizational performance 	<ul style="list-style-type: none"> ▪ Staff performance contracting using Balance score card ▪ Implement the 360 - degree appraisal system ▪ Pay for performance ▪ Staff orientation/induction ▪ Mentorship programme
Enhance Channels and offerings	c. Developed culture for change	<ul style="list-style-type: none"> ▪ Customer satisfaction index ▪ Employee satisfaction index ▪ Organizational performance 	<ul style="list-style-type: none"> ▪ Institute a performance reward & sanctions system ▪ Strategic alliance ▪ Learning & sharing of knowledge

5. FINANCIAL PROJECTIONS

MEMBERSHIP '000	2013-14	2014-15	2015-16	2016-17	2017-18
Membership Growth (Principal Members & Dependants)	12,900	18,900	24,900	30,900	36,000
Membership Growth - Principal Members	4,300	6,300	8,300	10,300	12,000
Kshs '000,000'	2013-14	2014-15	2015-16	2016-17	2017-18
INCOME					
NATIONAL SCHEME					
Contributions	8,923	12,371	21,226	27,148	30,599
Other income	450	602	1,002	1,000	790
	9,374	12,973	22,228	28,148	31,389
<i>% Growth</i>	<i>14%</i>	<i>38%</i>	<i>71%</i>	<i>26%</i>	<i>12%</i>
SPECIAL SCHEMES					
Civil Servant Scheme	4,324	4,324	4,324	4,324	4,324
County government & Others	-	-	649	778	934
	4,324	4,324	4,973	5,102	5,258
TOTAL INCOME	13,698	17,297	27,201	33,250	36,647
BENEFITS					
Benefits - National Scheme	5,354	6,227	14,843	20,979	13,130
<i>National Scheme Pay-out</i>	<i>60%</i>	<i>60%</i>	<i>70%</i>	<i>77%</i>	<i>77%</i>

Benefits - Special Schemes	4,324	4,324	4,973	5,102	5,258
TOTAL BENEFITS	9,679	10,551	19,816	26,081	28,869
<i>Total Pay-out (Incl. Schemes)</i>	<i>73%</i>	<i>72%</i>	<i>73%</i>	<i>78%</i>	<i>79%</i>

ADMIN EXP

Total Admin expenditure	3,690	4,593	6,661	6,986	7,161
<i>% of contributions (incl. schemes)</i>	<i>28%</i>	<i>31%</i>	<i>24%</i>	<i>21%</i>	<i>20%</i>

SURPLUS	329	213	1,725	1,182	1,587
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6. MONITORING, EVALUATION AND LEARNING

The Fund will institute a performance management information system which will encourage corporate and individual monitoring of targets and outputs. The monitoring and reporting will be based on the balance scorecard perspectives.

The relevant sources of information for reporting will be the databases, financial management reports, surveys, special evaluations and researches. The reporting and learning activities will follow the sequence elaborated in the table.

Reporting	Timing	Learning Activities	Responsibility
1. Monthly Monitoring reports	<ul style="list-style-type: none"> 1st -10th Every Month 	<ul style="list-style-type: none"> To check progress of outputs and measure level of indicator achievement against targets To encourage departmental & branch self-evaluations and implement self-corrective actions To continuously hold monthly Work Improvement Team Meetings within departments that address progress of outputs 	<ul style="list-style-type: none"> General Managers Branch Managers Manager Strategy & Corporate planning
2. Quarterly evaluation reports & Management forums	<ul style="list-style-type: none"> 10th -15th October, January, April, July 	<ul style="list-style-type: none"> To gauge achievement of outputs on primary activities and secondary activities over the period of 3months and to monitor the trend To recommend areas of action, focus and priority Departmental self-evaluation and implementation of corrective actions To hold Senior Management Meetings to check organizational performance Quarterly Evaluation performance reports to the Ministry of Health 	<ul style="list-style-type: none"> General Managers Branch Managers Manager Strategy & Corporate planning
3. Annual review of the strategic plan & Management forums	<ul style="list-style-type: none"> 10th -15th July 	<ul style="list-style-type: none"> To monitor trend of performance over one year To check the progress of indicators against targets, outputs and check if strategic objectives remain relevant To recommend course of action to address challenges and set backs 	<ul style="list-style-type: none"> General Managers Branch Managers Manager Strategy & Corporate planning
4. Midterm evaluation of the Strategic Plan in 2016	<ul style="list-style-type: none"> 15th -20th July 2016 	<ul style="list-style-type: none"> To review progress towards achieving outputs and the strategic goals against targets, monitor trend of past period 	<ul style="list-style-type: none"> General Managers

Reporting	Timing	Learning Activities	Responsibility
		<ul style="list-style-type: none"> • Assess the appropriateness of overall strategy • Identify priority areas that require greater focus within remaining strategic period • Develop recommendations to be effected within remaining period 	<ul style="list-style-type: none"> • Branch Managers • Manager Strategy & Corporate planning
5. End term Evaluation of the Strategic Plan in 2018	<ul style="list-style-type: none"> • 15th -20th July 2018 	<ul style="list-style-type: none"> • To assess the overall strategy within period 2014-2018 • To identify milestones achieved, challenges and outputs that were not achieved • Lessons learnt from the strategic period • To identify areas of focus and priority to be effected in the next strategic period. • Design the next strategic plan 	<ul style="list-style-type: none"> • General Managers • Branch Managers • Manager Strategy & Corporate planning