KMPDU
Kenya Medical Practitioners
Pharmacists and Dentists Union

# STRATEGIC PLAN (2025-2029)

## Organizing for Justice, Confronting Power, and Securing a Health System that Treats Workers and Patients with Dignity.

**OCTOBER 2025**

# Contents

# Abbreviations and Acronyms

| | |
|---|---|
| **BETA** | Bottom-Up Economic Transformation Agenda |
| **CBA** | Collective Bargaining Agreement |
| **COTU-K** | Central Organization of Trade Unions – Kenya |
| **CPD** | Continuous Professional Development |
| **CS** | Cabinet Secretary |
| **EHR** | Electronic Health Record |
| **FES** | Friedrich Ebert Stiftung |
| **FGD** | Focus Group Discussion |
| **GoK** | Government of Kenya |
| **HRH** | Human Resources for Health |
| **HRH-ICC** | Human Resources for Health Inter-agency Coordinating Committee |
| **ILO** | International Labour Organization |
| **ITUC** | International Trade Union Confederation |
| **KNUN** | Kenya National Union of Nurses |
| **KMA** | Kenya Medical Association |
| **KMPDC** | Kenya Medical Practitioners and Dentists Council |
| **KMPDU** | Kenya Medical Practitioners, Pharmacists and Dentists Union |
| **KNCHR** | Kenya National Commission on Human Rights |
| **KNH** | Kenyatta National Hospital |
| **MEL** | Monitoring, Evaluation and Learning |
| **MOH** | Ministry of Health |
| **NHWCA** | National health Workforce Coordinating Agency |
| **NEC** | National Executive Council (of KMPDU) |
| **NHIF** | National Hospital Insurance Fund |
| **NGO** | Non-Governmental Organization |
| **OECD** | Organisation for Economic Co-operation and Development |
| **PESTEL** | Political, Economic, Social, Technological, Environmental, Legal |
| **PPB** | Pharmacy and Poisons Board |
| **PPP** | Public-Private Partnership |
| **PS** | Principal Secretary |
| **PSI** | Public Service International |
| **RTWF** | Return-to-Work Formula |
| **SDGs** | Sustainable Development Goals |
| **SMART** | Specific, Measurable, Achievable, Relevant, Time-bound |
| **SRC** | Salaries and Remuneration Commission |
| **SWOT** | Strengths, Weaknesses, Opportunities, Threats |
| **UHC** | Universal Health Coverage |
| **WHO** | World Health Organization |

# Preface

The Kenya Medical Practitioners, Pharmacists, and Dentists Union (KMPDU), representing over 7,000 doctors across public, private, and mission hospitals, stands at a pivotal moment in Kenya's healthcare landscape. Since our establishment in 2011, KMPDU has been a steadfast advocate for doctors' welfare, creation of a harmonious labour and industrial relations environment, and creating and sustaining a productive health sector in Kenya. KMPDU has achieved significant milestones through the 2017 and 2024 Collective Bargaining Agreements, impactful community engagement via medical camps, and strategic partnerships with organizations like Kelin, Amnesty International Kenya, and Public Service International (PSI) among others. Yet, we face persistent challenges: devolution has fragmented human resource management, leading to inconsistent policies and frequent industrial actions; over 60% of our members report burnout; and 64.4% express intent to emigrate due to inadequate working conditions. These realities underscore the need for a bold, inclusive, and forward-looking roadmap as articulated in this Strategic Plan document. The Strategic Plan 2025-2029 is our commitment to transforming these challenges into opportunities.

Developed through a participatory process involving members, county governments, the Ministry of Health, and partners, this plan outlines a vision for a stronger, member-driven KMPDU. It prioritizes Organizing and Membership Growth; Collective Bargaining and Industrial Power; Education, Leadership and Political Development; Research, Policy and Advocacy; Communication and Public Image; and Financial Sustainability and Internal Democracy. By leveraging our digital platforms, such as the KMPDU app and social media presence (with 9,670 Facebook likes and 879 LinkedIn followers), and building on our advocacy legacy, we aim to grow our membership beyond 7,000, reduce brain drain, and solidify our role the champion of the rights of Doctors, Pharmacists, and Dentists in Kenya.

This plan is not just a document but a call to action for our members, stakeholders, and communities. It reflects the collective aspirations of medical practitioners, pharmacists, and dentists across Kenya's diverse regions and sectors, united in our pursuit of dignity, fairness, functional healthcare system, and quality life for all. We invite all stakeholders to join us in implementing this vision, ensuring that KMPDU remains a beacon of hope and an advocate of the rights of health professionals in our country and beyond.

**Dr. Abidan Mwachi**
**National Chairman, KMPDU**

# Acknowledgment

The Kenya Medical Practitioners, Pharmacists, and Dentists Union (KMPDU) extends its heartfelt gratitude to all who contributed to the development of the Strategic Plan 2025-2029. This plan, designed to advance doctors' welfare and universal healthcare in Kenya, is a testament to the collective vision, dedication, and collaboration of our diverse stakeholders.

We wish to acknowledge the National Executive Council (NEC) for providing leadership and guidance throughout the strategic planning process, and the Secretariat for coordinating consultations, research, and documentation. Special thanks go to the branch officials and members across the country who actively participated in surveys, interviews, and validation workshops, ensuring that this plan reflects the aspirations and priorities of the union's membership. Your experiences, from the challenges of burnout and brain drain to the aspirations for better working conditions and an effective workforce governance, have shaped this plan's priorities and strategies.

Our appreciation extends to the Ministry of Health, particularly Health CS Hon. Aden Duale and PS Dr. Ouma Oluga, PS Mary Muthoni, as well as county government officials, for their openness to dialogue and commitment to harmonious industrial relations and advancing the rights of healthcare workers as well as the welfare of KMPDU members. Your partnership is critical to ensuring the development and implementation of our CBAs and advancing fair labour practices at the workplace.

We are deeply grateful to our partners, including Kelin, Amnesty International Kenya, the Central Organization of Trade Unions (COTU-K), and Public Service International (PSI), for their expertise, resources, and unwavering support in strengthening our advocacy and capacity-building efforts. Special thanks also goes to Friedrich Ebert Stiftung (FES), for providing technical, financial and logistics support in the development of this Strategic Plan. The collaboration of partners has enriched our approach to addressing the welfare of members, policy influence, community engagement, and organizational sustainability.

We recognize the commitment of the Strategic Planning Committee and the consultant who facilitated the drafting and refinement of this document. Their expertise, dedication, and collaborative spirit have shaped this comprehensive roadmap for the future of KMPDU. Additionally, their dedication to transparency, inclusivity, and data-driven decision-making has ensured that this plan reflects the needs of all members, from interns to specialists, women to rural doctors.

Finally, we thank the communities we serve, whose support during medical camps and advocacy campaigns (e.g., #DoctorsDeserveBetter) reinforces KMPDU's mission. This Strategic Plan 2025- 2029 is a shared commitment to a stronger, more responsive labour and industrial relations environment, and we look forward to working together to achieve its goals.

**Dr. Davji Bhimji Atellah**
**Secretary General, KMPDU**

# A Call to Solidarity

This Strategic Plan is more than a document. It is a statement of who we are and what we are determined to become, a union ready to defend our profession, our patients, and the very soul of public healthcare in Kenya. As your National Treasurer, I see this plan not just through the lens of numbers, but as a blueprint for power; the social, economic, and moral power we need to win lasting dignity for doctors, healthcare workers, and the people of Kenya.

For years, we have worked within a system that values profits over patients and budgets over the well-being of workers. This broken model of healthcare driven by austerity and privatization has pushed over 60% of our members into burnout and left nearly two-thirds planning to emigrate in search of respect and rest. These are more than statistics; they are the human cost of policies that treat care as a commodity instead of a right. Yet, every time we have stood together in protest, in negotiation, in strike and we have proven a simple truth: our unity is our greatest weapon**!** However, conviction alone cannot sustain a struggle; It must be powered by resources, by strategy, and by trust.

That is why **KRA 6: Financial Sustainability and Internal Democracy** stand at the heart of this plan. Because a union without financial independence cannot claim true freedom. Our vision is to build a financially resilient, transparent, and action-ready union. We will:

- Diversify our income, so no single source can compromise our independence.
- Build a strong emergency and strike funds so that when we withdraw our labour, we do so with confidence, prepared to endure and to win.
- Deepen internal democracy through transparency, ensuring that every member can see where every shilling goes.
- Strengthen our Research Capacity, our treasury is our means to fund research that exposes failed policies and sustain campaigns that win public support.

Solid and consistent financial resources will enable us to finance legal battles that defend our members, and to invest in the political education that builds a conscious, fearless, and united membership.

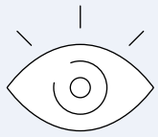
Members, let us build a union that stands on its own feet, one so grounded, so transparent, and so united that our victory in the struggle for dignity, fairness, and a just health system is not only possible, but inevitable.

**Dr. Mercy Nabwire**
**National Treasurer, KMPDU**

# Executive Summary

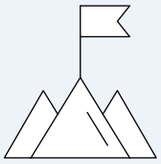
The Kenya Medical Practitioners, Pharmacists, and Dentists Union (KMPDU) Strategic Plan 2025- 2029 is a roadmap to advance the welfare of members, enhance public policy advocacy, and ensure organizational sustainability. Representing over 7,000 doctors across Kenya's public, private, and mission hospitals, KMPDU addresses critical challenges, including devolution-related fragmentation, high burnout rates, brain drain, and employer resistance in private sectors. Building on successes like the 2017 and 2024 Collective Bargaining Agreements (CBAs) and community engagement through medical camps, this plan sets a vision of member-driven, inclusive, and impactful union.

The rationale for KMPDU's strategic plan lies in its role as a structured, proactive approach to advocating for healthcare workers' rights and improving the welfare of members. By aligning with ILO core labor standards, the Constitution of Kenya 2010, and the Labour Relations Act, 2007, the plan enables KMPDU to negotiate better working conditions, address systemic healthcare challenges, promote professional development, and foster solidarity among members. Through community engagement, policy advocacy, and global collaboration, the strategic plan ensures sustainable improvements in healthcare workers' welfare and public health outcomes, addressing both immediate grievances and long-term systemic issues.



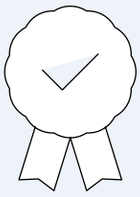
## Vision

A thriving healthcare system in Kenya where medical practitioners, pharmacists, and dentists are empowered, valued, and equipped to deliver exceptional care for all.



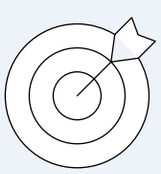
## Mission

To unite doctors, pharmacists, and dentists in advocating for decent working conditions, fair remuneration, and quality, accessible healthcare for all Kenyans through collective bargaining, policy advocacy, and strategic partnerships.



## Core Values

1. **Integrity**: Upholding transparency, accountability, and ethical conduct in all actions and decisions.
2. **Solidarity**: Fostering unity and collective action among members to achieve shared goals.
3. **Excellence**: Promoting high standards in professional practice and advocacy to enhance healthcare delivery.
4. **Equity**: Advocating for fair treatment, equal opportunities, and inclusive representation for all members, regardless of region or sector.
5. **Innovation**: Embracing creative solutions and modern technologies to address challenges and improve member services.
6. **Social Justice:** Championing healthcare as a human right.
7. **Democracy**: Providing a democratic and legal platform for member participation, decision- making, and representation to ensure accountability and inclusivity in union affairs



## Strategic Goals

1. Enhance the Welfare and Rights of Members
2. Strengthen Collective Bargaining and Labour Relations
3. Advance Health Sector Reforms and Policy Advocacy
4. Promote Professional Development and Ethical Practice
5. Strengthen Union Governance, Leadership, and Institutional Capacity
6. Foster Solidarity, Partnerships, and Collaboration
7. Promote Equity, Inclusivity, and Social Justice in Health

KMPDU has identified six interlinked Key Results Areas (KRAs) that will guide its priorities during the 2025–2029 planning period. By pursuing these KRAs — These KRAs include: Organizing and Membership Growth; Collective Bargaining and Industrial Power; Education, Leadership and Political Development; Research, Policy and Advocacy; Communication and Public Image; and Financial Sustainability and Internal Democracy — KMPDU commits itself to addressing pressing challenges such as member value, inadequate workforce governance, underfunding, poor industrial relations, and the emerging risks of workforce migration and health system shocks.

**Implementation will be phased to ensure efficiency and sustainability:**

- **Phase I (2025–2026):** Institutional strengthening, resource mobilization, and groundwork for reforms.
- **Phase II (2026–2027):** Expansion of programs and consolidation of advocacy initiatives.
- **Phase III (2027–2028):** Scaling up successful initiatives and strengthening partnerships.
- **Phase IV (2029):** Evaluation, learning, and transition into the next strategic cycle.

Successful implementation of this plan will depend on the collective commitment of members, strong leadership from the National Executive Council (NEC), active participation of branch officials, and collaboration with national, regional, and international partners. Monitoring, evaluation, and adaptive learning will be embedded throughout the plan to ensure accountability, transparency, and continuous improvement.

Ultimately, this plan envisions a united and sustainable KMPDU that delivers tangible value to its members while shaping the future of health workforce governance in Kenya. By 2029, KMPDU aspires to stand not only as a guardian of the rights and welfare of health professionals, but also as a transformative force in building a fair, just, and resilient health system for Kenya and beyond.

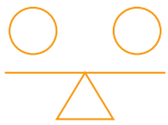
CHAPTER ONE

# Introduction and Background

## 1.1 Introduction and Context

Health sector governance in Kenya is about balancing the rights and responsibilities of patients, healthcare personnel and professionals, and the health system environment. Patients expect quality and dignity; doctors need fair working conditions and resources to deliver care; the health system must provide supportive infrastructure, policies, and accountability. Where this balance is broken, tensions emerge (strikes, poor service, inequities). Strong industrial relations and good workforce governance creates a win–win relationship for all.

The Constitution of Kenya, 2010, establishes a devolved system of governance under Article 6, creating a national government and 47 semi-autonomous county governments. Devolution aims to promote equitable resource distribution, enhance local participation, and improve service delivery. Schedule Four of the Constitution delineates functions between the national and county governments, but some functions are shared or have overlapping responsibilities, leading to complexities in implementation. In the health sector, this governance framework shapes the relationships between patients, healthcare professionals/personnel, and the health sector environment, including working conditions, which significantly influence healthcare delivery.



**Health sector governance in Kenya is about balancing the rights and responsibilities of patients, healthcare personnel and professionals, and the health system environment.**

## 1.2 Industrial Relations Framework in Kenya

Labour and industrial relations practices in Kenya have evolved significantly since the adoption of the 2010 Constitution and the Labour Relations Act of 2007, which provide a robust framework for trade unions, collective bargaining, and dispute resolution. However, challenges such as underfunding, adversarial relations, and restrictions on strikes in essential services persist, particularly in the health sector. For the Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU), representing over 7,000 medical professionals, these dynamics shape its advocacy for better working conditions and equitable healthcare delivery.

KMPDU, established in 2011, is dedicated to uniting members of all cadres to enhance their welfare, advocate for quality healthcare, and strengthen collective bargaining power in Kenya. Healthcare workers, especially medical doctors, pharmacists, and dentists play a key role in health system in Kenya. They provide essential services that safeguard public health, prevent disease, and save lives. Because of the critical

nature of their work, healthcare workers are entitled to specific rights and protections that ensure their safety, dignity, and ability to deliver quality care. These rights are reinforced by ILO conventions (international labour standards), the Constitution of Kenya 2010, the Labour Relations Act, 2007, and professional codes of ethics.

The development of this Strategic Plan is driven by the need to provide a clear roadmap for advancing the rights, welfare, and professional development of members while strengthening the health system in Kenya. In recent years, healthcare sector has faced persistent challenges, including inadequate remuneration, poor working conditions, understaffing, limited career progression, and insufficient policy engagement in the health sector among others. These issues undermine not only the morale and productivity of members but also the quality of healthcare services delivered to the public.

This Strategic Plan provides a structured framework for addressing these challenges in a systematic and sustainable manner. Specifically, this plan is to:

1. **Provide Strategic Direction** – Ensure that organizational efforts are aligned to clear goals, priorities, and actions over the plan period.
2. **Strengthen Advocacy and Representation** – Enhance the ability of members to influence policy, labour, industrial relations, and health sector reforms.
3. **Promote Members' Welfare** – Address the socio-economic needs of members, including fair compensation, safe working conditions, and career growth opportunities.
4. **Enhance Accountability and Transparency** – Establish measurable objectives and performance indicators to track progress, improve governance, and ensure responsible use of resources.
5. **Respond to Emerging Challenges** – Provide a proactive framework for addressing dynamic health sector challenges such as pandemics, technological changes, and evolving health financing models.
6. **Foster Partnerships and Collaboration** – Strengthen engagement with government, employers, international organizations, and civil society to advance the rights of healthcare workers and improve health outcomes.
7. **Institutional Strengthening** – Build organizational capacity of KMPDU to effectively deliver on its mandate through improved structures, systems, and human capital.

In essence, this Strategic Plan is not only a tool for organizational growth but also a social contract between the union/organization, its members, and stakeholders, ensuring that the voices of healthcare professionals are heard, their rights secured, protected, and their welfare advanced.

## 1.3 Strategic Plan Development Process

The methodology is grounded in a participatory, iterative, and evidence-based approach, combining stakeholder engagement, data analysis, and strategic foresight. It adapts established strategic planning frameworks, such as the Balanced Scorecard and SWOT/PESTEL analysis, tailored to KMPDU's role in a devolved health system. The following phases have been undertaken:

### 1. Preparatory Phase

- **Constitutional/Legal Alignment:** Review the Constitution of Kenya (2010), Labour Relations Act, Employment Act, Health Act 2017, and international labour standards (ILO Conventions).
- **Institutional Review:** Assess KMPDU's Constitution, governance structures, previousstrategic plan (if any), and union mandates.
- **Planning Team Formation:** Establish a **Strategic Planning Committee** including NEC, branch leaders, secretariat, and technical advisor.
- **Inception Meetings:** Agree on scope, timelines, methodology, and stakeholder engagement process.

### 2. Situation Analysis

- **Desk Review:** Analyze documents (previous plan, annual reports, CBAs, policy documents, health sector reports).

- **Internal Assessment (SWOT):** Identify strengths, weaknesses, opportunities, and threats in union operations.
- **External Scan (PESTEL):** Assess political, economic, social, technological, environmental, and legal trends affecting labour rights and the health sector.
- **Stakeholder Mapping:** Map key actors — members, government (national & county), other unions (e.g., KNUNM), employers (MoH, counties), regulators (KMPDC), and partners (donors, NGOs, global unions).
- **Membership Needs Assessment:** Conduct surveys, FGDs, or interviews to capture doctors' and pharmacists' priorities (welfare, working conditions, professional growth).

### 3. Strategic Direction Setting

- **Vision, Mission, Core Values:** Reaffirm or redefine KMPDU's identity and long-term aspirations.
- **Principles & Philosophy:** Ground the plan on solidarity, equity, justice, professionalism, and advocacy.
- **Strategic Issues/Pillars:** Identify 8 core thematic areas for interventions.
- **Goals & Objectives:** Define measurable outcomes under each pillar.

### 4. Strategy Formulation

- **Strategies & Interventions:** Outline the approaches KMPDU will use to achieve its objectives (e.g., collective bargaining, legal action, advocacy, research, campaigns).
- **Activities:** Break down into actionable programs (e.g., negotiation workshops, litigation support, member welfare schemes).
- **Key Performance Indicators (KPIs):** Establish measurable indicators for tracking progress.
- **Risk Analysis & Mitigation:** Identify potential risks (political interference, strikes backlash, financial shortfalls) and mitigation measures.

### 5. Implementation Framework

- **Roles & Responsibilities:** Clarify NEC, Secretariat, branches, and members' roles.
- **Institutional Strengthening:** Define reforms for internal governance, financial management, ICT, and communication.
- **Resource Mobilization:** Outline strategies for funding (membership dues, grants, partnerships).
- **Capacity Building:** Plan training for leaders, shop stewards, and members.

### 6. Monitoring, Evaluation & Learning (MEL)

- **Results Framework:** Link objectives → strategies → activities → outputs → outcomes → impact.
- **Data Collection & Reporting Tools:** Develop templates for quarterly/annual reporting.
- **Evaluation:** Mid-term and end-term evaluation to assess performance.
- **Learning & Adaptation:** Use feedback to adjust strategies and remain relevant.

### 7. Validation & Approval

- Draft plan shared with stakeholders (members, partners, labour institutions) for feedback.
- Validation workshop to refine the draft.
- NEC/Council adoption of the plan.
- Launch and dissemination to members, government, and partners.

## 1.4 Mandate and Historical Context of KMPDU

KMPDU is a pivotal trade union representing medical doctors, pharmacists, and dentists in Kenya, advocating for their rights, welfare, and professional development within a complex healthcare landscape. Operating in a devolved system with ongoing efforts toward Universal Health Coverage (UHC), KMPDU addresses critical issues such as poor remuneration, inadequate working conditions, and policy gaps.

KMPDU was formally established in 2010 under Kenya's Labour Relations Act to represent the labor interests of medical doctors, pharmacists, and dentists in both public and private sectors.

The union emerged in response to systemic challenges in Kenya's healthcare system, including chronic underfunding, workforce shortages, and the lack of a dedicated labor-focused organization for doctors and dentists. Prior to KMPDU's formation, the Kenya Medical Association (KMA), a professional body, addressed some advocacy needs but focused more on professional standards than labor rights. KMPDU filled this gap by prioritizing collective bargaining and workplace issues.

The union gained significant visibility during the 2011 doctors' strike, which highlighted grievances such as low salaries, inadequate staffing, and poor working conditions. KMPDU's most notable achievement came with the 2017 doctors' strike, a 100-day action that culminated in the signing of a landmark Collective Bargaining Agreement (CBA) with the government, addressing salary increments, promotions, and risk allowances. However, incomplete implementation of the 2017 CBA remains a central issue, shaping KMPDU's ongoing advocacy efforts.

## 1.5 Strategic Framework of KMPDU

### 1.5.1 Vision

A thriving healthcare system in Kenya where medical practitioners, pharmacists, and dentists are empowered, valued, and equipped to deliver exceptional care for all.

### 1.5.2 Mission

To unite doctors, pharmacists, and dentists in advocating for decent working conditions, fair remuneration, and quality, accessible healthcare for all Kenyans through collective bargaining, policy advocacy, and strategic partnerships.

### 1.5.3 Core Values

a. **Integrity**: Upholding transparency, accountability, and ethical conduct in all actions and decisions.

b. **Solidarity**: Fostering unity and collective action among members to achieve shared goals.

c. **Excellence**: Promoting high standards in professional practice and advocacy to enhance healthcare delivery.

d. **Equity**: Advocating for fair treatment, equal opportunities, and inclusive representation for all members, including women and young doctors, regardless of region or sector.

e. **Innovation**: Embracing creative solutions and modern technologies to address challenges and improve member services.

f. **Social Justice**: Championing healthcare as a human right.

g. **Democracy:** Providing a democratic and legal platform for member participation, decision- making, and representation to ensure accountability and inclusivity in union affairs

### 1.5.4 Strategic Goals

1. **Enhance the Welfare and Rights of Members**
   - Secure fair remuneration, safe working conditions, and comprehensive benefits for doctors, pharmacists, and dentists.
   - Promote occupational health, safety, and wellbeing programs.
2. **Strengthen Collective Bargaining and Labour Relations**
   - Negotiate and implement effective CBAs with national and county governments.
   - Build capacity in industrial relations, conflict resolution, and legal advocacy.
3. **Advance Health Sector Reforms and Policy Advocacy**
   - Influence national and county health policies to strengthen service delivery.
   - Advocate for equitable financing, and efficient workforce planning.
   - Promote establishment of a National Health Workforce Coordination Agency.
4. **Promote Professional Development and Ethical Practice**
   - Support continuous professional development (CPD), training, and research for members.

- Strengthen adherence to ethical standards and professional codes of practice.

5. **Strengthen Union Governance, Leadership, and Institutional Capacity**

   - Enhance internal governance structures, transparency, and accountability.
   - Improve financial sustainability through prudent management and resource mobilization.
   - Modernize ICT and communication systems for effective member engagement.

6. **Foster Solidarity, Partnerships, and Collaboration**

   - Build alliances with other health sector unions, labour movements, and professional associations.
   - Strengthen engagement with regional and global unions (e.g., ITUC, PSI).
   - Partner with civil society, academia, and development partners on health and labour issues.

7. **Promote Equity, Inclusivity, and Social Justice in Health**

   - Champion equitable access to healthcare for all Kenyans, especially marginalized groups.
   - Advocate for gender equity, youth empowerment, and fair representation in health sector leadership.

CHAPTER TWO

# Industrial Relations Framework and Healthcare Governance in Kenya

## 2.1 Introduction and Context

The industrial relations framework and healthcare governance in Kenya are intricately linked, shaping the interactions among healthcare professionals, patients, KMPDU, county governments, the national government, and other stakeholders in the health sector. The Constitution of Kenya, 2010, and the County Governments Act, 2012, provide the legal foundation for devolved health governance, while labor laws govern industrial relations, particularly employment decisions affecting healthcare professionals (medical doctors, pharmacists, and dentists) and other health workers.

The industrial relations framework governs employer-employee relations, including recruitment, remuneration, working conditions, and dispute resolution. In the health sector, it is shaped by the following laws and institutions:

### 1. Key Legislation:

**Constitution of Kenya, 2010**:

- **Article 41**: Guarantees labor rights, including fair remuneration, reasonable working conditions, and the right to strike and join trade unions (e.g., KMPDU).
- **Article 232:** Outlines public service values, such as transparency, meritocracy, and equitable representation.

**Labour Relations Act, 2007:**

- Governs trade union activities, collective bargaining agreements (CBAs), and strike actions.
- Recognizes KMPDU as a trade union representing doctors, pharmacists, and dentists.

**Employment Act, 2007:**

- Sets standards for contracts, wages, and working conditions.
- Requires fair treatment and prohibits discrimination in employment.

**County Governments Act, 2012** (Sections 57–71):

- Establishes County Public Service Boards (CPSBs) to manage human resource function in the county government, including county health workers (Levels 1–5 facilities).
- Mandates adherence to national labor standards set by the Salaries and Remuneration Commission (SRC).

**Public Service Commission Act, 2017:**

- Governs employment for national public servants, including health workers in Level 6 referral hospitals (e.g., Kenyatta National Hospital).

**Health Act, 2017:**

- Defines health sector governance, including human resource roles, and supports Universal Health Coverage (UHC).

### 2. Key Institutions:

- **KMPDU:** Advocates for health workers' rights, negotiating CBAs (e.g., 2017 CBA) and organizing strikes to address salary delays, contract employment, and poor conditions.

- **CPSBs:** Manage county-level HRM, including hiring, paying, and disciplining health workers.
- **Public Service Commission (PSC):** Oversees national-level health worker employment.
- **SRC:** Sets salary and benefit guidelines for public servants, including health workers.
- **Ministry of Labour and Social Protection:** Mediates labor disputes and oversees CBA implementation.
- **Intergovernmental Relations Technical Committee (IGRTC):** Facilitates national-county coordination on shared functions, including health HRM.
- **Ethics and Anti-Corruption Commission (EACC):** Investigates mismanagement of health budgets affecting salaries.

**3. Industrial Relations Dynamics:**

- **Collective Bargaining:** KMPDU negotiates CBAs with the Ministry of Health (MoH) and counties, but implementation varies (e.g., 2017 CBA improved salaries in Nairobi but not consistently in rural counties like West Pokot).
- **Strikes:** Frequent KMPDU-led strikes (e.g., 2017, 2021, 2024) due to delayed salaries, short-term contracts, and understaffing disrupt services, straining patient- doctor relations.
- **Dispute Resolution:** The Labour Relations Act mandates conciliation and arbitration, but delays in resolving disputes fuel prolonged strikes.

## 2.2 Key ILO Conventions and Their Implications for KMPDU

The International Labour Organization (ILO) provides a global framework protecting workers' rights, promoting decent work, and guiding trade union activities. For the KMPDU, these conventions form the legal and normative foundation for advancing members' rights, strengthening collective bargaining, and promoting social dialogue within Kenya's health sector.

### 2.2.1 ILO Convention No. 87 (Freedom of Association and Protection of the Right to Organize, 1948)

**Core Principle:** Guarantees all workers and employers the right to form and join organizations of their own choosing without prior authorization.

**Implications for KMPDU:**

- Reinforces KMPDU's legitimacy as an independent trade union representing medical professionals.
- Protects members from employer or government interference in union affairs.
- Strengthens KMPDU's advocacy when confronting attempts to limi registration, recognition, or participation in industrial relations processes.
- Provides a global standard KMPDU can invoke when lobbying for respect of union autonomy and rights to organize, picket, and participate in strikes.

### 2.2.2 ILO Convention No. 98 (Right to Organize and Collective Bargaining, 1949)

**Core Principle:** Ensures workers' protection against anti-union discrimination and promotes voluntary negotiation between employers and workers to regulate employment terms.

**Implications for KMPDU:**

- Supports the union's right to negotiate and enforce **Collective Bargaining Agreements (CBAs)** with government and health institutions.
- Offers international backing when demanding that CBAs be **implemented and respected**.
- Empowers KMPDU to challenge unfair labour practices, victimization, or intimidation of union members.
- Encourages the creation of a robust **social dialogue framework** with the Ministry of Health and the Public Service Commission.

### 2.2.3 ILO Convention No. 151 (Labour Relations in the Public Service, 1978)

**Core Principle:** Provides public service employees with rights to organize, collective bargaining, and protection against acts of anti-union discrimination.

**Implications for KMPDU:**

- Affirms the right of public sector doctors to unionize and bargain collectively despite being government employees.
- Forms the basis for demanding **structured negotiation platforms** such as Joint Negotiation Councils within the public health system.
- Strengthens KMPDU's advocacy for institutionalized dispute resolution mechanisms that respect health professionals' rights.

### 2.2.4 ILO Convention No. 154 (Collective Bargaining, 1981)

**Core Principle:** Encourages collective bargaining as a key element of industrial relations and promotes machinery to facilitate negotiation between workers and employers.

**Implications for KMPDU:**

- Supports KMPDU's push for regular, good-faith negotiations and monitoring of CBA implementation.
- Promotes establishment of **permanent consultative frameworks** within the health sector for ongoing dialogue.
- Guides the union in developing negotiation skills, data-driven advocacy, and evidence-based bargaining positions.

### 2.2.5 ILO Convention No. 155 (Occupational Safety and Health, 1981)

**Core Principle:** Ensures the protection of workers' health and safety at the workplace through preventive measures, standards, and consultation mechanisms.

**Implications for KMPDU:**

- Strengthens KMPDU's advocacy for safe, well-equipped, and adequately staffed healthcare facilities.
- Supports campaigns for improved working conditions, including protective equipment, mental health support, and fair workloads.
- Provides international justification for demanding government accountability on occupational health and safety in hospitals.

### 2.2.6 ILO Convention No. 102 (Social Security – Minimum Standards, 1952)

**Core Principle:** Sets minimum standards for social security, including medical care, sickness, maternity, unemployment, and employment injury benefits.

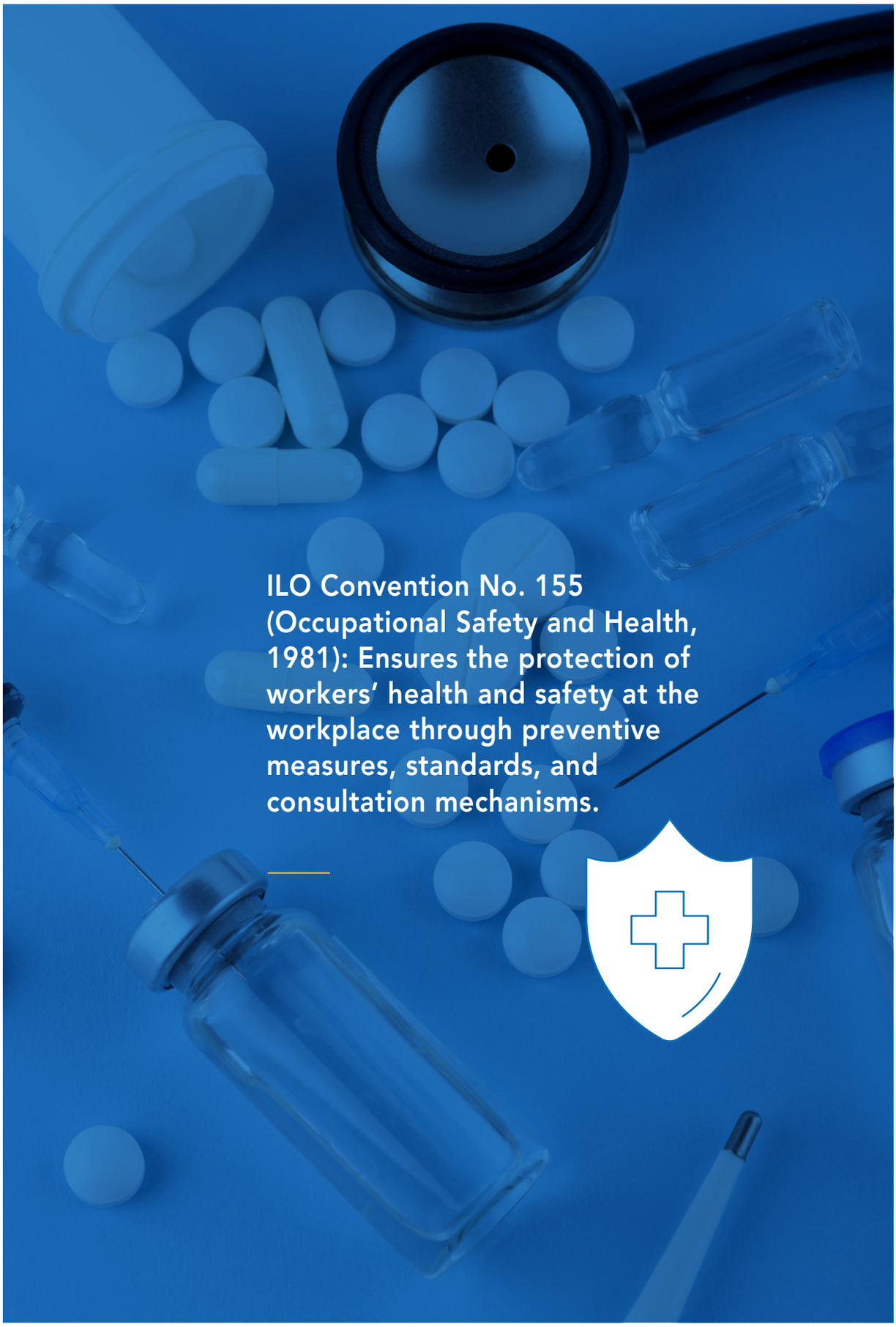
**Implications for KMPDU:**

- Supports KMPDU's campaigns for **comprehensive health insurance**, pension, and welfare systems for doctors.
- Provides a rights-based foundation for improving the medical professionals' **social protection** frameworks.
- Aligns with KMPDU's advocacy for fair compensation and dignified post-retirement benefits.

#### Overall Implication

By aligning its strategies and campaigns with these ILO conventions, **KMPDU** can:

- Anchor its demands in internationally recognized labour standards.
- Build stronger legal and moral legitimacy in negotiations with government.
- Strengthen alliances with international labour organizations (ILO, ITUC, PSI, WHO).
- Enhance policy advocacy for decent work, fair remuneration, safety, and professional dignity in Kenya's health sector.


ILO Convention No. 155 (Occupational Safety and Health, 1981): Ensures the protection of workers' health and safety at the workplace through preventive measures, standards, and consultation mechanisms.

## 2.3 Health Sector Trade Unions in Kenya and Implications for KMPDU

Kenya's health sector has witnessed the emergence and formal registration of multiple trade unions representing various professional cadres. Some of these Unions include KNUNM – Kenya National Union of Nurses and Midwives (Nurses and Midwives), KUCO - Kenya Union of Clinical Officers (Clinical officers), KULT – Kenya Union of Laboratory Technologists (Laboratory professionals), PAWAU – Public Health and Allied Workers Union (Public health officers and allied cadres), and UASU-Medical School Chapters (Medical teaching staff in universities) among others. These unions have been instrumental in advocating for workers' rights, influencing policy reforms, and negotiating for better working conditions.

### 2.3.1 Current Status and Characteristics of Health Trade Unions

**Fragmentation and Specialization**

- The sector is highly fragmented with each cadre represented by its own union.
- This has led to narrow, profession-specific bargaining, with minimal cross-union coordination.

**Uneven Union Density**

- Higher union density in public sector, especially among doctors and nurses.
- Low density in private hospitals due to:
  - Fear of victimization
  - Lack of awareness
  - Weak enforcement of labour rights in the private sector

**Uncoordinated Collective Bargaining**

- CBAs are negotiated independently, often without reference to sector-wide standards.
- Lack of harmonized salary structures and benefits across counties and between sectors.

**Industrial Action and Labour Disputes**

Frequent strikes and work stoppages are a sign of:

- Poor dispute resolution mechanisms
- Weak adherence to CBAs by governments
- Fragmented union response to common challenges

**Limited Policy Influence**

- Despite being vocal, most unions lack technical capacity, strategic alliances, and sustained platforms for engaging in national policy formulation (e.g., UHC, SHIF reforms, health budget decisions).

**Legal and Institutional Weaknesses**

- Some unions face internal governance issues, political interference, and weak member mobilization capacity.
- Union representation at the county level remains inconsistent, limiting influence on HR decisions at devolved units.

### 2.3.2 Implications for KMPDU and Opportunities for Strategic Growth and Influence

| Area | Implication |
|---|---|
| Labour Sector Leadership | KMPDU can assert itself as the anchor union by leading coordinated advocacy and labour solidarity. |
| Formation of a Federation | The establishment of a National Federation of Health Sector Trade Unions would increase bargaining power and sector unity. KMPDU can champion and shape this process. |
| Joint Sector-Wide Campaigns | Collaborating with other unions on health financing, UHC, and staffing norms can amplify impact and member value. |
| Expand Membership in Private Sector | With strategic outreach and protection mechanisms, KMPDU can grow its influence and membership among private sector doctors. |

## 2.4 SWOT Analysis

This SWOT analysis summarizes the internal strengths and weaknesses affecting KMPDU's ability to achieve its mission of advocating for members and quality healthcare delivery in Kenya.

### 2.4.1. Membership Strength

#### Membership Density and Coverage

- **High density among employed doctors:** KMPDU maintains strong membership among public sector doctors and dentists, estimated at 70-85% density in core constituencies
- **Fragmentation across sectors:** Weaker penetration in private sector, county governments, and among pharmacists
- **Geographic concentration:** Membership strength concentrated in urban centers (Nairobi, Mombasa, Kisumu) with weaker presence in rural counties
- **Cadre divisions:** Membership primarily medical officers and specialists; less organized among interns, medical officers (interns), and newly graduated doctors

#### Membership Engagement

- **Mobilization capacity**: Demonstrated ability to mobilize members during industrial action (2017 strike showed 100-day solidarity)
- **Variable participation:** High engagement during crises/strikes but lower routine participation in union activities
- **Communication gaps:** Disconnect between national leadership and grassroots members, especially in counties
- **Apathy concerns:** Growing member fatigue after repeated strikes and unresolved grievances

#### Strengths

- Strong professional identity and solidarity among doctors
- Historical credibility from successful past actions (2017 strike achieved significant gains)
- Essential service leverage creates inherent structural power
- Relatively educated membership capable of sophisticated organizing

#### Weaknesses

- **Membership attrition:** Brain drain continuously depletes experienced, committed members
- **Free-rider problem:** Non-members benefit from collective bargaining gains without contributing
- **Weak retention of young members:** New graduates often disillusioned or plan emigration
- **Limited cross-cadre solidarity:** Tensions between specialists and general practitioners; doctors vs. pharmacists
- **County-level fragmentation:** Devolution has created 47 different employment contexts, weakening unified action
- **Private sector gap:** Growing private healthcare employment largely unorganized

#### Strategic Implications

- Need for systematic membership recruitment and retention programs
- Development of county-level organizing infrastructure
- Strategies to address free-rider problem and strengthen closed-shop arrangements
- Cross-sectoral organizing to include private sector doctors
- Youth engagement initiatives to capture and retain new graduates

### 2.4.2 Leadership Structure and Quality

#### Governance Framework

- **Democratic structures:** Annual delegates conferences, national executive council, branch leadership

- **Secretary General dominance:** Strong personality-driven leadership (Dr. Davji Atellah and predecessors) provides visibility but risks over-centralization
- **National vs. branch tensions:** Power concentration at national level vs. weak county branch autonomy
- **Electoral processes:** Competitive elections but sometimes fractious, creating internal divisions

### Leadership Competencies

- **Strong media and advocacy skills:** National leadership effective in public communication and framing issues
- **Legal and negotiation capacity:** Ability to engage in complex CBA negotiations and litigation
- **Limited strategic planning:** Reactive rather than proactive approach; crisis-driven rather than long-term strategy
- **Weak organizational development:** Insufficient attention to internal capacity building, systems, and processes

### Strengths

- Articulate, credible leadership with professional standing
- Strong networks within medical community
- Media savvy and ability to shape public narrative
- Willingness to take militant action when necessary

### Weaknesses

- **Succession planning gaps:** Over-reliance on individual leaders; weak bench strength
- **Limited democratic culture:** Top-down decision-making; insufficient member consultation
- **Burnout risk:** Small cadre of activists bearing disproportionate burden
- **Gender imbalance in leadership:** Leadership predominantly male despite growing number of female doctors
- **Insufficient training:** Branch leaders often lack organizing, negotiation, and conflict resolution skills
- **Strategic capacity deficit**: Limited long-term strategic thinking; firefighting mode dominates
- **County leadership weakness:** Branch leaders often poorly supported and under-resourced

### Strategic Implications

- Invest in leadership development programs at all levels
- Create mentorship and succession planning systems
- Strengthen democratic processes and member participation in decision-making
- Build county branch capacity through training, resources, and autonomy
- Develop diverse leadership pipeline including women and youth
- Establish strategic planning and organizational learning systems

## 2.4.3 Financial Health and Revenue Streams

### Membership Dues

- **Primary income source**: Monthly deductions from member salaries where check-off systems exist
- **Collection challenges:** Inconsistent collection in counties; some members in arrears
- **Private sector gaps:** Difficulty collecting from private sector members
- **Rate adequacy:** Subscription rates may not reflect inflation and growing organizational needs

### Other Revenue

- **Limited diversification:** Over-reliance on membership dues; minimal alternative revenue streams

- **No endowment or reserves:** Little strategic financial reserves for sustained industrial action
- **Grant funding:** Minimal engagement with development partners or international labor solidarity funds

### Expenditure Patterns

- **Administrative costs:** Salaries for secretariat staff, office operations
- **Strike funds:** Emergency support for members during industrial action often depletes resources
- **Legal fees:** Significant costs for litigation and CBA negotiations
- **Communication and advocacy:** Media, publications, campaigns
- **Member services:** Limited investment in member benefits beyond collective bargaining

### Strengths

- Consistent membership dues from public sector employees
- Relatively stable income during non-crisis periods
- Low debt burden

### Weaknesses

- **Financial fragility:** Limited reserves to sustain prolonged industrial action
- **Inadequate strike funds:** Cannot provide sustained financial support to striking members
- **Poor financial management systems:** Weak budgeting, accounting, and financial controls in some branches
- **Lack of transparency:** Financial reporting to members often inadequate and unclear
- **No investment strategy:** Funds not strategically invested for growth
- **County financial autonomy unclear:** Tensions over revenue sharing between national and branches
- **Limited member services:** Union doesn't provide insurance, legal aid, or professional development that could justify higher dues
- **Vulnerability to check-off removal:** Over-dependence on employer-mediated collection

### Strategic Implications

- Develop sustainable financing strategy including revenue diversification
- Build strategic reserves and strike funds
- Strengthen financial management systems and transparency
- Explore value-added member services (insurance, legal aid, CPD, loan schemes)
- Establish clear revenue-sharing formula between national and counties
- Develop relationships with international labor solidarity organizations
- Consider social enterprise or investment strategies for long-term sustainability

## 2.4.4 Gender Participation and Composition

### Membership Demographics

- **Growing feminization:** Approximately 40-45% of medical students and young doctors are female (increasing trend)
- **Gender distribution varies by specialty:** Women more represented in pediatrics, obstetrics/gynecology, family medicine; underrepresented in surgery
- **Age and gender intersection:** Younger cohorts more gender-balanced; older cohorts male-dominated

### Leadership Representation

- **Severe underrepresentation:** National leadership and executive positions predominantly male
- **Token representation**: Women in leadership often in "gendered" positions (welfare, communications) rather than strategic roles

- **Branch variation:** Some county branches have female leadership but not proportional to membership

### Participation Patterns

- **Lower visibility:** Female members less visible in union activities, strikes, and public advocacy
- **Intersection with family responsibilities:** Childcare and domestic responsibilities limit participation in evening meetings, strikes
- **Workplace gender dynamics:** Hierarchical medical culture and gender norms affect women's willingness to challenge authority

### Strengths

- Growing number of female doctors provides expanding base
- Some progressive male leaders recognize gender equity importance
- Constitutional and legal framework supports gender equality

### Weaknesses

- **Glass ceiling:** Structural barriers prevent women's advancement to leadership
- **Gender-blind policies:** Union policies don't address specific challenges facing female doctors (maternity, harassment, work-life balance)
- **Masculine organizing culture:** Militant, confrontational union culture may alienate some women
- **No gender mainstreaming:** Lack of systematic approach to gender equity in union operations
- **Reproductive rights gaps:** Limited advocacy on maternity leave, childcare, breastfeeding facilities
- **Sexual harassment:** Insufficient attention to workplace sexual harassment and gender- based violence
- **Work-family tensions:** Union activities scheduled without consideration of family responsibilities
- **Invisibility:** Women's contributions and concerns often marginalized

### Strategic Implications

- Adopt gender quota or affirmative action for leadership positions
- Establish women's committees or caucuses
- Mainstream gender in collective bargaining (maternity leave, childcare, flexible work, anti-harassment)
- Schedule meetings and activities with family responsibilities in mind
- Provide leadership training specifically for women members
- Advocate for workplace policies addressing sexual harassment and gender discrimination
- Collect and analyze gender-disaggregated data on membership and participation
- Build alliances with women's rights organizations

## 2.4.5 Youth Participation and Demographic Profile

### Definition and Scope

- **Medical interns:** Newly graduated doctors in 1-year internship program
- **Junior doctors:** Medical officers in first 5-7 years of practice
- **Age cohort:** Generally under 35-40 years old

### Youth Membership Numbers

- **Significant proportion:** Youth represent 30-40% of membership given continuous graduation of new doctors
- **High churn:** Many young doctors emigrate within 2-5 years of graduation, creating constant turnover
- **Variable engagement:** Initial enthusiasm often gives way to disillusionment

### Youth Participation Patterns

#### Strengths

- **Digital natives:** Comfortable with social media organizing and online mobilization
- **Idealistic energy:** Often more willing to take militant action early in career
- **Less to lose:** Fewer family and financial obligations make participation easier
- **Fresh perspectives:** Bring new ideas and challenge established practices

#### Weaknesses

- **Marginalization in structures:** Youth underrepresented in formal leadership positions
- **Dismissed as inexperienced:** Contributions often devalued by senior members
- **No dedicated youth structures:** Lack of youth wings, committees, or caucuses
- **Precarious employment:** Interns and contract doctors fear victimization for union activity
- **Short-term horizons:** Plans to emigrate reduce investment in union building
- **Cynicism about outcomes:** Repeated disappointments create apathy
- **Financial constraints:** Cannot afford dues or strike participation as easily
- **Intergenerational tensions:** Resentment that senior doctors enjoy better conditions negotiated by previous struggles

### Youth-Specific Issues

- **Intern exploitation:** Low intern stipends, delayed payments, poor accommodation, inadequate supervision
- **Unemployment after internship:** Difficulty securing employment, forcing emigration or underemployment
- **Student debt:** Loans for medical school create financial pressure
- **Mental health:** High rates of burnout, depression, and suicidality among young doctors
- **Career progression barriers:** Limited specialist training positions
- **Contract work insecurity:** Casualization particularly affects young doctors

### Strategic Implications

- Establish formal youth wing or young doctors' committee with resources and autonomy
- Reserve leadership positions for youth members (age-based quotas)
- Address youth-specific issues in collective bargaining (intern welfare, entry-level salaries, mental health)
- Leverage youth digital skills for organizing and communications
- Create mentorship programs connecting senior and junior members
- Develop retention strategies addressing emigration push factors
- Provide subsidized or waived dues for interns and unemployed graduates
- Training programs specifically for emerging young leaders
- Youth-friendly meeting formats and communication channels

## 2.4.6 Organizational Culture

### Strengths of Current Culture

- **Militant tradition:** Willingness to strike and take confrontational action when necessary
- **Professional pride:** Strong identification with medical profession and commitment to patient care
- **Solidarity moments:** Demonstrated capacity for unity during crises (2017 strike)
- **Public service ethos:** Many members motivated by commitment to public healthcare

### Cultural Weaknesses and Challenges Reactive vs. Proactive

- **Crisis-driven:** Union springs to life during disputes but limited activity during "peace time"
- **Firefighting mode:** Constantly responding to emergencies rather than building long-term capacity
- **Strategic vacuum:** Little space for reflection, learning, and strategic planning

### Hierarchy and Democracy Deficits

- **Top-down culture:** National leadership makes decisions with limited grassroots consultation
- **Elite dominance:** Senior doctors and specialists dominate; junior doctors marginalized
- **Limited transparency:** Decision-making processes and finances not always transparent to members
- **Weak accountability:** Leaders not systematically held accountable between elections

### Internal Divisions

- **Generational gaps:** Tensions between senior and junior doctors
- **Public vs. private sector:** Different interests and limited cross-sector solidarity
- **Specialty hierarchies**: Surgeons vs. physicians vs. family medicine; status competitions
- **Geographic divisions:** Nairobi-centric culture marginalizes rural and county concerns
- **Ethnic and political undercurrents:** Unspoken ethnic considerations in elections and appointments

### Communication Culture

- **Poor internal communication:** Members often learn about union positions from media rather than internal channels
- **One-way communication:** Leadership communicates to members rather than fostering dialogue
- **Social media dependency:** Over-reliance on WhatsApp and Twitter creates information chaos
- **Limited systematic education:** Insufficient member education on labor rights, organizing, union history

### Gender and Inclusion

- **Masculine culture:** Aggressive, confrontational style may alienate some members
- **Boys' club dynamics:** Informal networking and decision-making excludes women
- **Ableism:** Little attention to members with disabilities

### Professionalism vs. Unionism Tension

- **Professional identity primary:** Many members see themselves as doctors first, union members second
- **Status concerns:** Worry that union militancy undermines professional dignity
- **Individualism:** Strong professional individualism sometimes conflicts with collective solidarity
- **Private practice aspirations:** Many members' goal is private practice, weakening commitment to public sector organizing

### Strategic Implications

Cultural Transformation Needed

- **From reactive to strategic:** Build organizational rhythms, planning cycles, and learning systems
- **From top-down to participatory:** Strengthen democratic culture, consultation, and grassroots empowerment
- **From exclusive to inclusive:** Address gender, youth, and diversity gaps
- **From crisis-mobilization to sustained engagement:** Build year-round member engagement
- **From division to solidarity:** Bridge generational, sectoral, geographic, and specialty divides
- **From opacity to transparency:** Systematic communication, financial reporting, and accountability

## Specific Interventions

1. **Democratic renewal program:** Review and strengthen democratic structures, election processes, and accountability mechanisms
2. **Member education curriculum:** Systematic programs on labor rights, organizing, union history, and solidarity
3. **Communication strategy:** Multi-channel internal communication system ensuring members are informed and consulted
4. **Diversity and inclusion policy:** Explicit commitments and mechanisms for gender, youth, and other marginalized groups
5. **Strategic planning process:** Annual retreats, planning cycles, and performance monitoring
6. **Conflict resolution mechanisms:** Mediation and dialogue processes for internal disputes
7. **Solidarity-building activities:** Social events, mentorship, cross-generational and cross-specialty exchanges
8. **Ethical standards:** Code of conduct for leaders and members
9. **Learning organization:** Systems for documentation, evaluation, and learning from experience

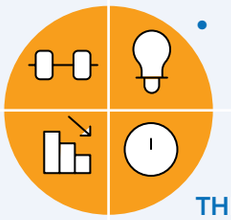
## 2.4.7 Summary of SWOT Analysis

### STRENGTHS

- High membership density in core public sector constituency
- Strong professional identity and solidarity capacity
- Articulate, media-savvy national leadership
- Historical credibility from successful industrial actions
- Essential service structural power
- Growing membership base with new graduates
- Democratic governance structures (even if imperfect)

### OPPORTUNITIES

- Growing number of young, educated doctors
- Increasing female participation in medical profession
- Digital tools for organizing and mobilization
- Potential for value-added member services
- International labor solidarity networks
- Constitutional framework supporting labor rights
- Public sympathy for health workers



### WEAKNESSES

- Leadership over-centralization and succession planning gaps
- Financial fragility and inadequate reserves
- Gender inequality in leadership and participation
- Youth marginalization despite demographic significance
- County-level organizational weakness
- Reactive, crisis-driven culture
- Limited strategic planning capacity
- Poor internal communication and transparency
- Private sector organizing gap
- Internal divisions (generational, sectoral, specialty)

### THREATS

- Brain drain continuously depleting committed members
- Member fatigue and disillusionment after repeated struggles
- Devolution fragmenting bargaining power
- Privatization undermining collective organization
- Government hostility and repression during strikes
- Financial unsustainability of prolonged disputes
- Generational disconnect leading to youth exit
- Internal divisions undermining solidarity

### Strategic Priorities for Internal Strengthening

1. **Organizational Development:** Invest in systems, processes, planning capacity, and county infrastructure
2. **Leadership Pipeline:** Systematic leadership development at all levels with succession planning
3. **Financial Sustainability:** Diversify revenue, build reserves, improve financial management
4. **Democratic Renewal:** Strengthen participation, transparency, and accountability mechanisms
5. **Gender and Youth Mainstreaming:** Affirmative action, dedicated structures, and addressing specific concerns
6. **Member Engagement:** Year-round activities, education programs, and communication systems
7. **Cultural Transformation:** From reactive to strategic, from exclusive to inclusive, from top-down to participatory
8. **Unity Building:** Bridge internal divisions through dialogue, cross-sector organizing, and shared experiences

**Critical Success Factor**: KMPDU's external power (ability to win better conditions) depends fundamentally on internal organizational health. Without addressing these internal weaknesses, even favorable external conditions cannot be fully exploited.

## 2.5 PESTEL Analysis of KMPDU's External Environment

### 2.5.1 Political Factors Political Economy

- **Devolution of health services (2013):** Power fragmented across 47 county governments, creating multiple negotiation points and weakening KMPDU's centralized bargaining power
- **Political interference in health sector:** Appointments based on patronage rather than merit; political cycles disrupt long-term health planning
- **Fiscal federalism tensions:** Revenue-sharing disputes between national and county governments affect health budgets and salary payments
- **Political instability and priorities:** Government focus shifts between healthcare and other sectors based on political expediency
- **Corruption and resource leakage:** Budgeted health funds diverted, undermining service delivery and creating frustration among workers

### Government Policy

- **Universal Health Coverage (UHC) agenda:** Government commitment to UHC creates opportunities for KMPDU to advocate for workforce expansion but also risks privatization and cost-cutting
- **Austerity measures:** IMF-influenced fiscal consolidation limits wage bills and healthcare spending
- **Public sector wage freezes:** Salaries Board caps and wage bill restrictions directly affect KMPDU members' compensation
- **Medical training policy:** Limited expansion of medical schools despite shortage creates artificial scarcity
- **Health worker deployment policies:** Inequitable distribution between urban/rural and across counties
- **COVID-19 response:** Exposed health system weaknesses; government's handling of frontline worker protection and compensation created tensions

### 2.5.2 Economic Factors Employer Power

- **Monopsony power:** Government (national and county) as dominant employer of doctors gives it excessive bargaining leverage
- **Financial constraints of county governments:** Many counties face cash flow problems, leading to delayed salaries and benefits
- **Private sector growth:** Expanding private healthcare sector offers alternative employment but often with weaker collective organization

- **Brain drain leverage:** Employers aware that dissatisfied doctors emigrate, but often unwilling to address retention
- **Casualization trends:** Increasing use of contract and temporary positions undermines job security and union density

### Financialization

- **Healthcare commodification:** Growing treatment of health as market commodity rather than public good
- **Insurance-driven model:** Shift to SHIF (Social Health Insurance Fund) and private insurance changes service delivery incentives
- **Medical tourism:** High-end private facilities cater to wealthy clients while public system deteriorates
- **Debt-servicing priorities:** Government prioritizes debt repayment over social sector spending
- **Cost-recovery mechanisms:** User fees and pay-for-service models in public facilities create tensions between patient care and revenue generation
- **Private equity in healthcare:** Entry of financial investors into hospital chains alters employment relationships and priorities

### Privatization

- **Public-Private Partnerships (PPPs):** Increasing PPPs in health infrastructure with unclear implications for worker rights
- **Outsourcing of services:** Non-core services (catering, laundry, security) outsourced, creating two-tier workforce
- **Private hospital expansion:** Growth of private chains (Aga Khan, Nairobi Hospital, etc.) fragments workforce organization
- **Regulatory capture:** Private sector influence on health policy undermines public system investment
- **Two-tier system emergence:** Quality gap between private and public healthcare widens, affecting worker morale

## 2.5.3 Social Factors Social Movements

- **Patient rights movements:** Growing activism around healthcare access could be ally or adversary depending on framing
- **Anti-corruption movements:** Civil society pressure on health sector corruption aligns with KMPDU interests in resource accountability
- **Youth unemployment activism:** Broader frustration with joblessness creates sympathy for worker struggles but also competition for resources
- **Gender movements:** Increasing recognition of gender disparities in medical profession; majority of nurses female while doctors predominantly male creates organizing challenges
- **Community health movements:** Grassroots organizing around primary healthcare could provide coalition partners
- **Social media activism:** Digital platforms enable rapid mobilization but also misinformation and government surveillance

### Demographic and Social Trends

- **Rising health needs:** Growing population and disease burden increase demand for services
- **Public expectations:** Middle class demands better healthcare quality, creating pressure on both employers and workers
- **Changing professional identity:** Younger doctors less willing to accept poor working conditions than previous generations
- **Rural-urban divide:** Urban concentration of doctors while rural areas underserved creates ethical and political tensions
- **Professional prestige erosion:** Declining social status of medical profession affects recruitment and retention

## 2.5.4 Technological Factors

### Digitalization

- **Electronic health records:** Implementation requires training and changes workflow; opportunity for efficiency but also surveillance
- **Telemedicine expansion:** COVID-19 accelerated virtual consultations; implications for work organization and cross-border practice unclear
- **AI and diagnostic tools:** Potential to augment or replace certain medical functions; anxiety about professional displacement
- **Digital health surveillance:** Government capacity to monitor health workers through digital systems
- **Online organizing platforms:** Social media and messaging apps facilitate rapid union communication and mobilization
- **E-learning and CPD:** Continuous professional development increasingly online, affecting training standards and costs

### Medical Technology Advancement

- **Equipment sophistication:** Requires ongoing training and investment; disparities between facilities affect practice quality
- **Evidence-based medicine:** Growing emphasis on protocols and guidelines potentially reduces professional autonomy
- Medical informatics: Data-driven healthcare management creates new skills requirements

## 2.5.5 Legal Factors

### Labour Laws Environment

- **Constitutional right to strike:** 2010 Constitution protects industrial action but with essential services limitations
- **Employment Act 2007:** General labor protections but enforcement weak, especially in counties
- **Labour Relations Act:** Provides collective bargaining framework but disputes resolution often delayed
- **Essential services designation:** Healthcare often classified as essential, limiting strike rights
- **Fair Administrative Action Act:** Provides remedies for unfair treatment but judicial processes slow
- **Occupational Safety and Health Act:** Protections for workplace safety often violated without consequences
- **Weak enforcement mechanisms:** Labor courts and inspectorate under-resourced and slow
- **County-level legal variations:** Different counties interpret and apply labor laws inconsistently

### Professional Regulation

- **Medical Practitioners and Dentists Act:** Regulatory framework through Kenya Medical Practitioners and Dentists Council (KMPDC)
- **Professional discipline vs. union advocacy:** Tension between maintaining professional standards and defending members
- **Licensing and practice restrictions:** Regulatory barriers to flexible practice and locum work
- **Foreign qualification recognition:** Process affects supply of medical professionals

## 2.5.6 Environmental Factors

### Public Health Environment

- **Disease burden:** High prevalence of communicable diseases (HIV/TB/malaria) alongside rising non-communicable diseases strains workforce
- **Health infrastructure deficit:** Inadequate facilities, equipment, and supplies compromise care delivery and worker safety
- **Occupational hazards:** Exposure to infectious diseases, violence, burnout; limited protection and compensation
- **Climate and health:** Emerging climate-related health challenges (flooding, drought) require adaptive responses
- **Pandemic preparedness:** COVID-19 exposed systemic vulnerabilities; future pandemic risk remains

### Working Conditions

- **Understaffing crisis:** Doctor-to-population ratios far below WHO recommendations
- **Resource scarcity:** Frequent medicine and supply stockouts force improvisation
- **Unsafe facilities:** Poor infrastructure endangers both patients and workers
- **Geographic disparities:** Hardship allowances insufficient to incentivize rural deployment

## 2.5.7 Global Factors

### International Migration

- **Brain drain:** Aggressive recruitment by UK, USA, Middle East, Australia depletes Kenyan workforce
- **Remittance economy:** Emigration provides individual escape valve but undermines collective action
- **International labor standards:** ILO conventions provide normative framework but limited enforcement in Kenya
- **Global health initiatives:** Vertical programs (HIV, TB, malaria) sometimes bypass public system

### Global Health Governance

- **WHO standards and guidelines:** International norms on health worker density and working conditions
- **Sustainable Development Goals (SDGs):** Goal 3 (health) and Goal 8 (decent work) provide advocacy frameworks
- **Global health security:** Post-COVID emphasis on preparedness may drive investment
- **International solidarity:** Connections with global health worker unions (e.g., Public Services International)

### Strategic Implications for KMPDU Critical Threats

1. Devolution fragmentation weakening centralized bargaining
2. Fiscal austerity limiting wage and staffing improvements
3. Privatization fragmenting workforce and weakening solidarity
4. Brain drain providing exit option that undermines collective action
5. Weak legal enforcement making victories difficult to secure

### Key Opportunities

1. UHC momentum creating space for workforce expansion advocacy
2. Post-COVID recognition of health worker importance
3. Social movement alliances around healthcare access and anti-corruption
4. Digital tools for organizing and communication
5. Constitutional rights framework providing legal foundation
6. Public sympathy for healthcare workers' conditions linked to patient care quality

### Strategic Imperatives

- **Multi-level organizing:** Develop county-level capacity while maintaining national coordination
- **Coalition-building:** Partner with patient groups, civil society, and other unions
- **Policy expertise:** Invest in research and technical capacity to engage in UHC and health financing debates
- **Legal strategy:** Strategic litigation and enforcement pressure on labor rights
- **Retention advocacy:** Frame brain drain as national crisis requiring systemic solutions
- **Public narrative:** Link working conditions to patient care quality and health system sustainability
- **International solidarity:** Leverage global connections for advocacy and learning

The PESTEL analysis reveals that KMPDU operates in a complex, challenging environment where political fragmentation, fiscal constraints, and privatization

trends threaten traditional union power, but where constitutional protections, public sympathy, and global health imperatives create strategic openings for innovative organizing and advocacy.

## 2.6 Stakeholder Mapping and Description

### KMPDU Members (Doctors, Pharmacists, Dentists)

- **Role:** Core constituents of the union, including medical officers, interns, registrars, consultants, and specialists in public and private sectors.
- **Interests:** Improved salaries, non-practice allowances, better working conditions, professional development, and protection from unfair labor practices.
- **Influence**: High – Members drive the union's agenda through participation in strikes, collective bargaining, and voting for leadership.
- **Relationship with KMPDU:** Direct beneficiaries and decision-makers through membership fees and participation in union activities.
- **Engagement Strategy:** Regular communication through meetings, social media, and newsletters; involvement in collective bargaining agreements (CBAs).

### KMPDU Leadership (National Executive Committee)

- **Role:** Elected officials, including the Secretary General, National Chairman, and branch leaders, responsible for strategic direction, negotiations, and advocacy.
- **Interests:** Strengthening union influence, achieving successful CBAs, and ensuring member welfare.
- **Influence**: Very High – They represent KMPDU in negotiations with government and employers.
- **Relationship with KMPDU:** Central to operations, policy-making, and external representation.
- **Engagement Strategy:** Leadership training, strategic planning workshops, and transparent communication with members.

### 1. Government Stakeholders

Government entities are critical due to their role as employers and regulators of healthcare in Kenya.

### Ministry of Health (MoH)

- **Role**: Primary employer of public sector doctors and overseer of national health policy.
- **Interests:** Ensuring healthcare delivery, managing public health crises, and maintaining labor stability.
- **Influence:** Very High – Controls funding, policy, and employment terms for public sector doctors.
- **Relationship with KMPDU:** Often adversarial during strikes but collaborative during negotiations, as seen in the 2024 Return-to-Work Agreement.
- **Engagement Strategy:** KMPDU engages through CBAs, strikes, and dialogues to push for better terms and health policies.

### Salaries and Remuneration Commission (SRC)

- **Role:** Sets and reviews remuneration and allowances for public sector employees, including non-practice allowances.
- **Interests:** Balancing fiscal responsibility with fair compensation.
- **Influence:** High – Decisions directly impact doctors' remuneration, as seen in the 2023 legal challenge over non-practice allowances.
- **Relationship with KMPDU:** Contentious when SRC proposes allowance reviews, but KMPDU has legal recourse to challenge decisions.
- **Engagement Strategy:** Legal petitions, stakeholder consultations, and public advocacy to influence SRC decisions.

### County Governments

- **Role:** Employers of doctors at the county level, responsible for salary payments and health facility management.

- **Interests:** Delivering county-level healthcare while managing budgets.
- **Influence:** High – Directly affect doctors' working conditions and salary disbursements.
- **Relationship with KMPDU:** Mixed, with conflicts over delayed salaries (e.g., Kiambu County in 2024) but potential for collaboration.
- **Engagement Strategy:** KMPDU uses legal action, strikes, and negotiations to address salary delays and working conditions.

### Kenya Medical Practitioners and Dentists Council (KMPDC)

- **Role:** Regulates training, licensing, and practice of medical professionals and health institutions.
- **Interests:** Ensuring ethical, quality healthcare and compliance with standards.
- **Influence:** Moderate – Impacts KMPDU members through licensing and regulatory oversight.
- **Relationship with KMPDU:** Collaborative on professional standards but neutral on labor issues.
- **Engagement Strategy:** KMPDU collaborates on training and ethics but does not directly negotiate labor terms with KMPDC.

## 2. Professional Associations

These organizations represent related professional interests and often collaborate with KMPDU.

### Kenya Medical Association (KMA)

- **Role:** National association of doctors advocating for professional standards and welfare.
- **Interests:** Promoting quality healthcare and doctors' welfare, overlapping with KMPDU's goals.
- **Influence:** Moderate – Influences policy but lacks KMPDU's collective bargaining power.
- **Relationship with KMPDU:** Collaborative, with shared advocacy for healthcare quality and doctor welfare.
- **Engagement Strategy:** Joint advocacy campaigns and representation in health policy forums.

### Pharmaceutical Society of Kenya (PSK) and Kenya Dental Association (KDA)

- **Role:** Professional bodies for pharmacists and dentists, respectively.
- **Interests:** Advancing professional standards and welfare for their members.
- **Influence:** Moderate – Represent specific cadres within KMPDU's membership.
- **Relationship with KMPDU:** Close collaboration due to shared membership and goals.
- **Engagement Strategy:** Coordinated advocacy and joint training initiatives.

## 3. International and Local Partners

KMPDU collaborates with various organizations to strengthen its advocacy and capacity.

### International Partners (e.g., Public Service International, FES, University of Witwatersrand, Amnesty International Kenya)

- **Role:** Provide technical, financial, and advocacy support for labor rights and healthcare.
- **Interests:** Promoting global labor standards, universal healthcare, and human rights.
- **Influence:** Moderate – Offer resources and international visibility but limited direct control over local outcomes.
- **Relationship with KMPDU:** Supportive, providing training, funding, and global advocacy platforms.
- Engagement Strategy: KMPDU leverages partnerships for training, research, and global health advocacy.

### Local Partners (e.g., Central Organization of Trade Unions - COTU-K, Fredrick Ebert Stiftung)

- **Role:** Support KMPDU's labor advocacy and capacity building.
- **Interests:** Strengthening trade unions and workers' rights in Kenya.

- **Influence:** Moderate – Provide resources and solidarity but focus on broader labor issues.
- **Relationship with KMPDU:** Collaborative, with COTU-K offering a platform for broader labor advocacy.
- **Engagement Strategy:** Joint campaigns and training programs for union officials.

### 4. Other Stakeholders

Additional groups with indirect but significant influence on KMPDU's operations.

**Kenya Medical Supplies Authority (KEMSA)**

- **Role:** Supplies medical equipment and drugs to public health facilities.
- **Interests:** Efficient supply chain management for healthcare delivery.
- **Influence:** Moderate – Impacts working conditions by ensuring availability of medical supplies.
- **Relationship with KMPDU:** Indirect, with KMPDU advocating for better supply chains to support members' work.
- **Engagement Strategy:** Dialogue with KEMSA leadership to address supply shortages.

**Public (Patients and Communities)**

- **Role:** Beneficiaries of healthcare services provided by KMPDU members.
- **Interests**: Access to quality, affordable healthcare.
- **Influence:** Low to Moderate – Public support can amplify KMPDU's advocacy during strikes.
- **Relationship with KMPDU:** Indirect but critical, as public perception affects strike actions and advocacy outcomes.
- **Engagement Strategy:** Public campaigns to highlight healthcare system challenges and gain community support.

**Media**

- **Role**: Shapes public and stakeholder perceptions of KMPDU's actions.
- **Interests:** Reporting on healthcare issues, labor disputes, and public health crises.
- **Influence:** High – Can sway public opinion and pressure government responses.
- **Relationship with KMPDU:** Mixed, depending on coverage; KMPDU uses media to amplify its message.
- **Engagement Strategy:** Press releases, interviews, and social media campaigns to communicate goals.

## 2.7 Impact of KMPDU Strategic Plan 2020-2024

The Strategic Plan 2020-2024 was aimed at to advancing KMPDU's core objectives: improving doctors' working conditions, advocating for universal healthcare, strengthening collective bargaining, and enhancing organizational capacity. The plan's impact is based on KMPDU's activities, including CBAs, strikes, partnerships, and member engagement, as well as challenges faced during the period.

### 1. Improving Doctors' Working Conditions

**Objective:** Secure better remuneration, comprehensive medical cover, safer workplaces, and timely promotions through CBAs and advocacy.

### Impact

**Successes:**

- **2024 Return-to-Work Agreement**: Negotiations with the Ministry of Health in addressing issues like fair remuneration, working conditions, and intern placements hence marking progress in implementing the 2017 CBA and enhancing member welfare.
- **Strike Actions**: The 2024 strike, following the 2017 100-day strike, pressured county and national governments to address delayed salaries, promotions, and internship postings, particularly in counties like Kiambu and Wajir. Legal victories, such as the 2023 Wajir County case, protected members' rights.
- **Member Feedback**: Social media comments (e.g., "Thank you KMPDU for standing with us") reflect appreciation for advocacy, especially among public sector doctors.

**Challenges:**

- Implementation delays in CBAs persisted, particularly in private and mission hospitals, where employer resistance limited the Check-Off-System for dues collection (KSh 3,000 monthly).
- High burnout rates (over 60% in 2023) and brain drain (64.4% of health professionals plan to emigrate) indicate ongoing issues with working conditions, particularly in rural areas like North Eastern region.

**Impact Rating**: Moderate to High. Significant progress in public sector advocacy, but gaps remain in private/mission sectors and rural areas.

## 2. Advancing Universal Healthcare

**Objective:** Collaborate with stakeholders to promote quality, affordable healthcare as a human right, aligning with Kenya's Universal Health Coverage (UHC) agenda.

### Impact

**Successes:**

- Partnerships: KMPDU's collaboration with organizations like Amnesty International Kenya, People's Health Movement, and the Ministry of Health supported UHC advocacy. The union has committed to supporting the Taifa Care model, emphasizing accessible healthcare.
- Policy Influence: KMPDU's advocacy kept healthcare policy on the government's agenda, with strikes highlighting staffing shortages and funding gaps, contributing to discussions on a national health service commission.
- Community Engagement: Post-2024 strike medical camps, such as the prison CSR event, demonstrated KMPDU's commitment to public health, earning positive feedback from communities.

**Challenges:**

- Devolution of healthcare to counties created inconsistencies in policy implementation, complicating KMPDU's UHC advocacy efforts.
- Limited tangible progress in addressing systemic issues like underfunded public healthcare facilities, reducing the perceived impact of KMPDU's efforts.

**Impact Rating**: Moderate. Notable advocacy efforts, but systemic barriers limited measurable progress in UHC implementation.

## 3. Strengthening Collective Bargaining

**Objective:** Enhance KMPDU's bargaining power through membership growth, legal support, and employer recognition agreements.

### Impact

**Successes:**

- **CBA Achievements**: The 2017 CBA with national and county governments and the 2024 Return-to-Work Agreement strengthened KMPDU's bargaining position, securing commitments on remuneration and working conditions.
- **Legal Support**: Successful legal actions, such as the 2023 Wajir County case, reinforced KMPDU's ability to protect members' rights, boosting confidence.
- **Membership Engagement**: Social media and the KMPDU app (with real-time updates and resources) enhanced member involvement in bargaining processes.

**Challenges:**

- Resistance from private and mission hospitals hindered recognition agreements, limiting bargaining power in these sectors.
- Inconsistent dues collection due to employer resistance or brain drain reduced financial capacity for sustained bargaining efforts.

**Impact Rating**: High in public sector, Low to Moderate in private/mission sectors. Strong legal and public sector gains, but challenges in non-public sectors persisted.

## 4. Enhancing Organizational Capacity

**Objective:** Improve KMPDU's governance, communication, and financial systems to support membership growth and operational efficiency.

## Impact

**Successes:**

- **Digital Tools**: The KMPDU app and social media platforms (9,670 Facebook likes, 879 LinkedIn followers) improved communication, with features like event calendars and notifications enhancing engagement.
- **Leadership Development**: Training for elected officials in unionism and labor matters, as noted in KMPDU's partnerships with the Global Labour University, strengthened governance. These highlight efforts to build financial and organizational systems, particularly in branches like North Rift.
- **Partnerships**: Collaborations with COTU-K, PSI, and FES bolstered KMPDU's capacity for advocacy and training.

**Challenges:**

- Centralized governance limited regional representation, alienating members in areas like North Eastern.
- Lack of transparent financial reporting and robust M&E systems reduced trust and hindered evaluation of strategic outcomes.
- Resource constraints limited investments in training, digital infrastructure, and regional coordination.

**Impact Rating**: Moderate. Progress in digital engagement and leadership training, but gaps in transparency and regional outreach persisted.

## Overall Impact of the Strategic Plan

**Achievements:**

- Strengthened advocacy through CBAs and strikes, improving public sector working conditions and raising UHC awareness.
- Enhanced member engagement via digital platforms and community initiatives like medical camps.
- Built partnerships with local and international organizations, amplifying KMPDU's influence.

**Shortcomings:**

- Limited progress in private and mission hospital sectors due to employer resistance and lack of tailored advocacy.
- Persistent challenges with transparency, financial management, and regional coordination reduced member satisfaction.
- Systemic issues like brain drain and devolution complexities hindered broader impact on healthcare policy and member welfare.

**Overall Impact Rating**: Moderate. The Strategic Plan achieved significant advocacy wins and improved organizational tools, but gaps in transparency, regional inclusivity, and sector- specific support limited its full impact.

# 2.8 Lessons Learned and Recommendations

- **Strengthen Regional Outreach**: Establish regional offices and coordinators to address local needs and improve coordination.
- **Target Private/Mission Sectors**: Secure recognition agreements and develop sector-specific advocacy to boost membership and bargaining power.
- **Enhance Transparency**: Publish annual financial and performance reports on the KMPDU app and website to build trust.
- **Invest in M&E Systems**: Develop a robust monitoring and evaluation framework to track progress and demonstrate impact to members.
- **Address Brain Drain**: Advocate for competitive salaries, mental health support, and career development to retain doctors.
- **Expand Digital Capacity**: Upgrade the KMPDU app with features like feedback forums and training modules, optimized for low-bandwidth areas.
- **Resource Constraints**: Limited funding hindered the implementation of training programs and branch expansion. Only 50% of

planned funding was secured due to over-reliance on membership dues.

- **Policy Implementation**: Delays in national and county-level policy adoption slowed healthcare reforms.
- **Member Engagement**: Low participation in some county branches due to inadequate communication channels.
- **External Factors**: COVID-19 disruptions in 2020–2022 affected planned activities, particularly training and advocacy events.
- **Stakeholder Engagement**: Regular consultations with members and county governments enhanced buy-in for CBAs.
- **Diversified Funding**: Over-reliance on membership dues limited financial flexibility; external grants proved critical for specific programs.
- **Adaptability**: Digital platforms (e.g., virtual meetings, membership portal) were effective in maintaining operations during COVID-19.
- **Capacity Building**: Continuous training for leadership and staff is essential to sustain organizational growth.

## 2.9 Power Resource Approach and Trade Union Revitalization

### 2.9.1 Understanding the Concept

The Power Resource Approach (PRA) is a strategic framework developed in labor studies to analyze and enhance trade unions' capacity to counter employer dominance and achieve workers' gains amid globalization, digitalization, and economic crises. It provides an understanding of how trade unions (including KMPDU) can rebuild and maintain their influence in the face of declining membership, weakening collective bargaining, and hostile political environments. It emphasizes that unions must strategically mobilize multiple sources of power rather than relying solely on traditional collective bargaining.

### 2.9.2 Core Power Resources

The PRA identifies four key power resources that KMPDU can leverage:

1. **Structural Power** - derived from workers' position in the economic system
   - Marketplace bargaining power (labor scarcity, skills)
   - Workplace bargaining power (ability to disrupt production/services)
2. **Associational Power** - strength through collective organization
   - Membership density and union coverage
   - Internal cohesion and solidarity
   - Organizational capacity and resources
3. **Institutional Power** - embedded in labor laws and regulations
   - Legal protections for organizing and bargaining
   - Representation in tripartite bodies
   - Recognition agreements and procedures
4. **Societal Power** - legitimacy and support from broader society
   - Coalition-building with civil society organizations
   - Public sympathy and framing of issues
   - Community embeddedness

### 2.9.3 Implications for KMPDU Strategies

KMPDU operates in a context of structural vulnerabilities like underfunding, strikes and disputes, and policy gaps in Kenya's devolved health system. PRA offers tailored implications for KMPDU's revitalization:

- **Leverage structural power:** Healthcare's "essential" status provides inherent leverage; KMPDU can amplify this through targeted work-to-rule actions or ethical campaigns highlighting patient risks during disputes, pressuring government for wage hikes and staffing reforms.

- **Build associational power:** Amid low union density in private clinics, strategies like digital organizing (e.g., apps for member recruitment) and inclusive drives for precarious workers (interns, community health promoters) can boost membership, drawing from Asian PRA case studies on gig/platform sectors.

- **Enhance institutional power:** Advocate for stronger legal protections via coalitions with bodies like the Kenya Medical Association, pushing amendments to the Labour Relations Act for sector-specific bargaining rights, similar to European unions rebuilding statutory guarantees post-crisis.

- **Cultivate societal power:** Form alliances with patient rights groups, faith-based organizations, or global health NGOs (e.g., WHO affiliates) to frame demands as public health imperatives, countering government narratives and securing political wins like the 2024 CBA negotiations.

Given Kenya's context, KMPDU shall:

- Diversify power sources rather than relying solely on strikes
- Invest in research and policy capacity to engage technically in health debates
- Develop cross-county organizing strategies given devolved health services
- Address internal divisions (public vs. private sector, different specialties)
- Build sustainable strike funds to maintain associational power during disputes

Overall, adopting PRA can transform KMPDU from reactive strike-led tactics to a holistic model, fostering sustainable gains in a neoliberal African context by interlinking resources for long-term resilience. It suggests that KMPDU's success depends on simultaneous development of multiple power resources and strategic flexibility in deploying them based on specific contexts and challenges.

CHAPTER THREE

# Strategic Direction

## 3.1 Introduction to the Strategic Pillars

KMPDU enters the 2025–2029 strategic planning cycle at a critical juncture in Kenya's health sector. Over the past decade, the union has championed health workers' rights, negotiated key agreements, and advocated for improved working conditions and health system reforms. However, persistent challenges—ranging from weak health workforce governance to underfunding of the health sector—demand a stronger, more sustainable, and more accountable union strategy.

KMPDU has identified **six** interlinked Key Results Areas (KRAs) that will guide its priorities during the 2025–2029 planning period. These KRAs represent the union's collective response to challenges facing healthcare workers while positioning KMPDU as a resilient, member-focused, and influential voice in shaping Kenya's health workforce policies and practices, and safeguarding the welfare of doctors, dentists, and pharmacists. Together, they form the foundation of the union's strategic house, ensuring that every action contributes to protecting members' welfare, strengthening health workforce governance, and advancing health sector reforms.

These KRAs include: Organizing and Membership Growth; Collective Bargaining and Industrial Power; Education, Leadership and Political Development; Research, Policy and Advocacy; Communication and Public Image; and Financial Sustainability and Internal Democracy.

## 3.2 Principles Guiding the Strategic Direction

KMPDU's actions in 2025–2029 will be anchored on the following principles:

**Equity & Justice** – Fair representation and advocacy for all members.

**Accountability & Transparency** – Responsible governance and open reporting.

**Solidarity & Unity** – Collective bargaining power and union cohesion.

**Professionalism & Integrity** – Upholding ethical standards in practice and advocacy.

**Evidence-Based Advocacy** – Using research and data to influence policy.

**Sustainability** – Ensuring long-term financial and institutional resilience.

**Member-Centeredness** – Prioritizing welfare, rights, and professional growth.

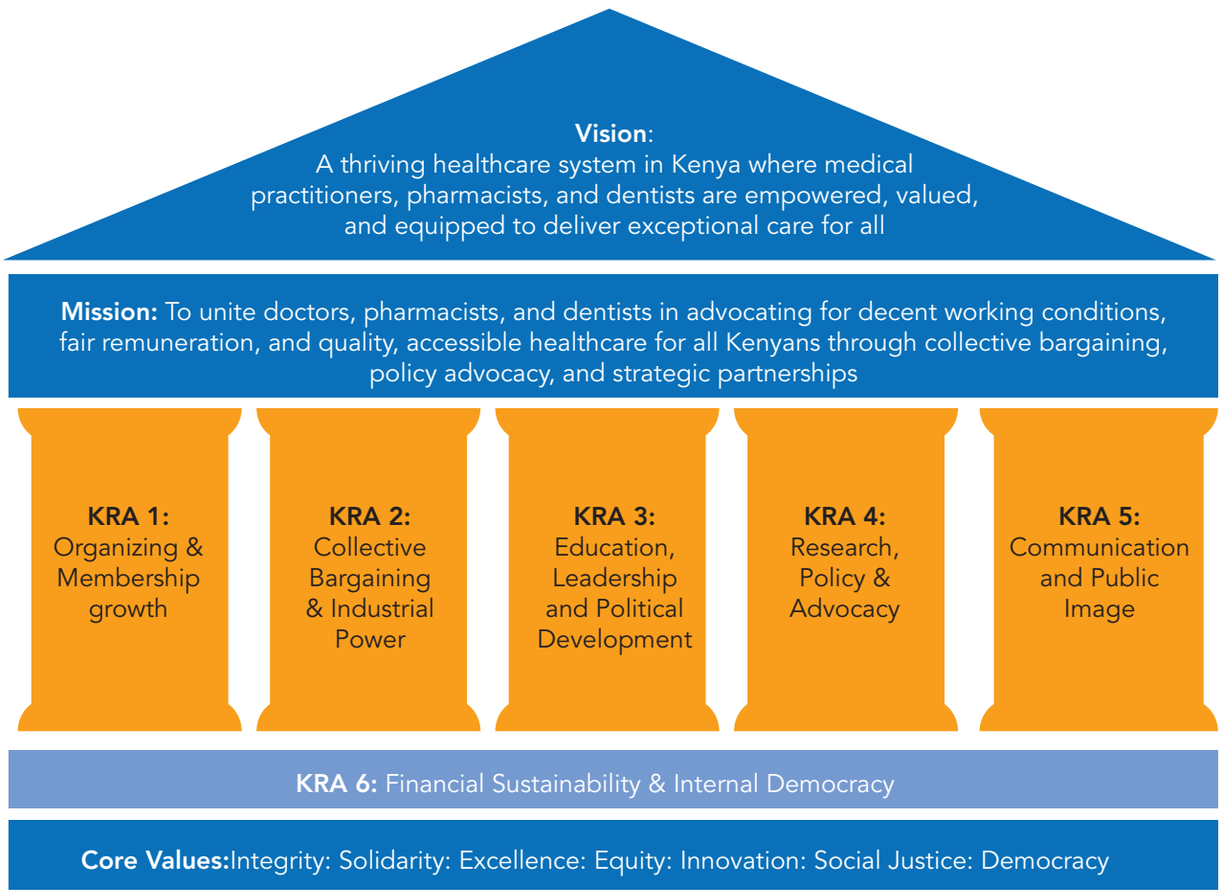
## 3.3 Strategic House of KMPDU

The Strategic House of KMPDU is a visual and conceptual framework that organizes the union's strategic direction into a cohesive structure, illustrating how its components work together to achieve its vision. It is built on a foundation, supported by KRAs, and aimed at a unifying vision.

- Foundation: and Values
- **Walls**: **Core KRAs**
- **Roof**: Strategic Outcomes (**Vision, Mission)**

The Strategic House ensures that all elements of KMPDU's 2025-2029 plan are interconnected, with each component reinforcing the others to achieve a unified vision. By addressing strategic issues through targeted goals and objectives, KMPDU will build a strong foundation for transformative impact in the healthcare sector as well as the welfare of its members. **Figure 1** represents the Strategic House.

Figure 1: THE STRATEGIC HOUSE OF KMPDU



## 3.4 KRA 1: Organizing and Membership Growth

### Rationale

A strong, growing membership base is the foundation of union power and legitimacy. KMPDU shall expand its reach across all healthcare facilities, ensure diverse representation, and build structures that reflect Kenya's demographic diversity while addressing emerging workplace transformations.

### Strategic Issues

- Fragmented membership in rural and peripheral health facilities
- Low participation among young doctors and interns
- Gender disparities in union leadership and engagement
- Inadequate digital tools for member recruitment and retention
- Climate-related health workforce displacement and migration
- Precarious employment arrangements in private sector

### Goal

To achieve 95% membership density across all medical practitioners in Kenya with robust, inclusive, and digitally-enabled organizing structures by 2030.

### Objectives

1. Increase membership from current levels to 90% of eligible doctors by 2027
2. Establish functional union structures in 100% of counties with gender-balanced leadership
3. Recruit and retain 80% of newly qualified doctors within their first year of practice
4. Develop digital organizing infrastructure reaching 100% of members
5. Integrate climate resilience considerations into all organizing activities

### Strategies

- **Intergenerational Organizing**: Create mentorship programs pairing senior doctors with young members, establishing "organizing ambassadors" in medical schools and internship programs
- **Gender-Responsive Recruitment**: Implement targeted campaigns addressing barriers to women's participation, including flexible meeting schedules and childcare support
- **Digital-First Approach**: Deploy mobile apps, WhatsApp organizing groups, and virtual branch meetings to reach dispersed members
- **Climate-Aware Workforce Planning**: Map climate vulnerability across health facilities and organize workers in climate-affected regions
- **Precarious Worker Integration**: Develop specific organizing strategies for locum doctors, consultants, and private practice physicians

### Key Actions and Activities

**1. Digital Membership Platform Launch (Q1 2026)**

- Mobile app with self-service enrollment, dues payment, and member verification
- AI-powered chatbot for 24/7 member support
- Blockchain-based membership verification system

**2. County Organizing Blitz (Ongoing, 2026-2028)**

- Quarterly organizing campaigns in under-represented counties
- Gender-balanced organizing teams with youth representatives
- Mobile enrollment drives targeting remote health facilities

**3. Medical School Integration Program**

- Student union chapters in all 12 medical schools
- Annual "Future of Medical Work" conferences for students

- Digital literacy and union orientation in curriculum

**4. Women and Young Doctors Caucuses**

- Establish dedicated structures with autonomous organizing capacity
- Leadership development programs with 50% women participation targets
- Mentorship circles addressing work-life balance and career progression

**5. Climate Resilience Mapping**

- Assess climate impacts on health workforce distribution
- Organize workers in climate-vulnerable facilities (floods, droughts, extreme heat)
- Advocate for just transition support for displaced health workers

### Key Performance Indicators

- **Membership density:** 90% by 2027, 95% by 2030
- **Gender balance:** Women constitute 45% of membership and 40% of leadership by 2028
- **Youth engagement:** 75% of doctors under 35 actively participating in union activities
- **Digital adoption:** 85% of members using digital platforms for union engagement by 2027
- **Geographic equity:** Membership density variance across counties below 15%
- **Retention rate:** 90% annual membership retention
- **New member onboarding:** 80% of new doctors enrolled within first 3 months of practice
- **Climate-vulnerable areas:** 100% of facilities in high-risk zones organized by 2028

### Expected Strategic Outcomes

- **Enhanced Union Density:** KMPDU becomes the most comprehensively organized medical union in East Africa
- **Inclusive Representation:** Gender-balanced, intergenerational leadership reflects Kenya's diverse medical workforce
- **Digital Transformation:** Industry-leading digital infrastructure enables rapid mobilization and member engagement
- **Climate Readiness:** Union positioned as leader in health workforce climate adaptation
- **Bargaining Power:** Increased membership translates to stronger collective voice in negotiations
- **Sustainable Growth:** Self-reinforcing cycle of recruitment, engagement, and retention

## 3.5 KRA 2: Collective Bargaining and Industrial Power Rationale

Collective bargaining is the core function through which unions deliver tangible improvements in wages, conditions, and dignity at work. KMPDU must modernize its bargaining approach to address emerging workplace challenges including digital surveillance, artificial intelligence, climate impacts on working conditions, and non-standard employment.

### Strategic Issues

- Stagnant wage growth relative to inflation and cost of living
- Inadequate protection for workers in precarious arrangements (locum, contract, private sector)
- Employer use of technology for intensified surveillance and control
- Gender pay gaps and discriminatory practices affecting women doctors
- Climate change impacts on workplace safety (heat stress, flooding, air quality)
- Limited bargaining coverage in private healthcare sector
- Erosion of working conditions through digitalization and restructuring

### Goal

To secure comprehensive, gender-equitable, and future-proof collective agreements covering 100% of

medical practitioners with enforceable provisions on wages, working conditions, digital rights, and climate justice by 2030.

## Objectives

1. Achieve real wage increases of 8-10% annually across all bargaining units
2. Negotiate sector-wide agreements covering 80% of private sector doctors by 2029
3. Secure contractual protections on AI, algorithmic management, and digital rights in 100% of agreements
4. Eliminate gender pay gaps and achieve gender-responsive workplace policies in all agreements by 2028
5. Integrate climate adaptation and occupational safety provisions in all collective agreements
6. Reduce working hours to 48-hour weekly maximum with adequate rest periods

## Strategies

- **Strategic Bargaining Framework:** Develop comprehensive bargaining demands integrating future of work issues, gender equity, and climate justice
- **Sectoral Bargaining Expansion:** Organize multi-employer bargaining in private healthcare sector
- **Digital Rights Agenda:** Negotiate protections against algorithmic bias, surveillance, and AI-driven displacement
- **Gender-Responsive Bargaining:** Centre women's experiences including maternity protection, harassment prevention, and equal pay
- **Climate and Safety Integration:** Demand infrastructure upgrades, heat stress protocols, and disaster preparedness
- **Intergenerational Solidarity:** Ensure youth voice in bargaining priorities and mentorship pathways

## Key Actions and Activities

### 1. Comprehensive Bargaining Demands Development (Q2 2026)

- National consultations with membership using digital and in-person forums
- Gender-disaggregated needs assessment
- Youth members' consultation on career development and future skills
- Climate vulnerability assessment for health facilities
- AI and technology impact analysis

### 2. Public Sector CBA Negotiations (2026-2027)

- Demand 12% annual wage adjustment linked to inflation
- Gender pay gap audit and elimination plan
- Mandatory 26 weeks paid maternity leave and 4 weeks paternity leave
- Protection against AI-based performance monitoring without transparency
- Climate-proofed workplace infrastructure (cooling systems, flood protection)
- Just transition support for workers in facilities affected by climate events
- Mental health support and work-life balance provisions

### 3. Private Sector Organizing and Bargaining (2027-2029)

- Sectoral agreement framework covering minimum standards
- Gender equity audits in private hospitals
- Protection against zero-hours contracts and precarious work
- Technology agreements limiting surveillance and ensuring algorithmic transparency

### 4. Digital Rights and Future of Work Protections

- Right to disconnect after working hours
- Consultation rights on introduction of AI diagnostic tools
- Data privacy protections for health workers
- Training and reskilling support for technology transitions
- Protection against displacement by automation

### 5. Industrial Action Readiness

- Digital strike balloting and mobilization systems
- Gender-inclusive picket line organization and support
- Climate-adapted industrial action (safe gathering spaces, heat considerations)
- Intergenerational solidarity networks for sustained action
- Legal defense fund for members facing retaliation

### 6. Gender-Responsive Workplace Provisions

- Anti-sexual harassment protocols with independent reporting mechanisms
- Flexible work arrangements for caregiving responsibilities
- Equal pay audits and remediation timelines
- Women's health and safety committees in all facilities
- Leadership development opportunities for women members

## Key Performance Indicators

- **Wage growth:** Real wage increases averaging 8-10% annually
- **Coverage rate:** 95% public sector, 80% private sector doctors under collective agreements by 2029
- **Gender pay gap:** Eliminated in public sector by 2028, reduced by 50% in private sector
- **Digital rights:** 100% of agreements contain AI, data privacy, and surveillance protections by 2028
- **Climate provisions:** 100% of agreements include climate adaptation and workplace safety measures
- **Working hours compliance:** 95% of members working within maximum hour limits
- **Agreement enforcement:** Grievance resolution rate of 85% within 90 days
- **Women's representation:** Women constitute 50% of bargaining teams
- **Youth engagement:** Members under 35 constitute 30% of bargaining committees
- **Industrial action effectiveness:** 90% success rate in disputes requiring industrial action

## Expected Strategic Outcomes

- **Improved Living Standards:** Significant real wage growth enabling dignified living for all members
- **Comprehensive Protection:** Robust contractual safeguards addressing traditional and emerging workplace challenges
- **Gender Justice:** Elimination of discriminatory practices and achievement of substantive equality
- **Digital Rights Leadership:** KMPDU recognized as pioneer in negotiating protections for technology-mediated work
- **Climate Resilience:** Health workers protected from climate impacts through infrastructure and policy improvements
- **Sectoral Transformation:** Private sector organized and covered by minimum standards
- **Enhanced Union Power:** Demonstrated capacity to win and enforce strong agreements strengthens member confidence
- **Intergenerational Solidarity:** Young and senior doctors unified around shared priorities

## 3.6 KRA 3: Education, Leadership and Political Development Rationale

An informed, skilled, and politically conscious membership is essential for union democracy, effective leadership, and strategic power. KMPDU must invest in comprehensive education programs that build capacity across generations, promote gender equity in leadership, address climate and technology transitions, and develop political sophistication to advance workers' interests.

### Strategic Issues

- Limited leadership pipeline, particularly among women and young members
- Inadequate political education on labor rights, social justice, and economic systems
- Knowledge gaps on digital transformation, AI, and future of work implications
- Insufficient understanding of climate justice and health workforce impacts
- Weak succession planning and intergenerational knowledge transfer
- Gender stereotypes limiting women's leadership aspirations and opportunities
- Low political literacy regarding health policy, budgets, and governance

### Goal

To develop 1,000 trained union leaders (50% women, 40% under 40 years) equipped with knowledge, skills, and political consciousness to lead KMPDU and advance health workers' rights in the context of digital, climate, and social transitions by 2030.

### Objectives

1. Train 200 members annually in union organizing, bargaining, and leadership
2. Establish gender-balanced leadership at all union levels (45-55% representation)
3. Develop political education curriculum integrating climate justice, digital rights, and social equity
4. Create mentorship programs pairing 500 young members with experienced leaders
5. Build research and analytical capacity among 100 members on future of work issues
6. Achieve 80% of leadership positions filled through internal development programs

### Strategies

- **Intergenerational Learning Framework:** Structured mentorship, reverse mentoring (young to senior on digital), and peer learning circles
- **Gender-Transformative Leadership:** Targeted programs addressing barriers to women's leadership with safe spaces and confidence building
- **Future-Focused Curriculum:** Integrate climate change, AI, automation, and just transition into all education programs
- **Political Education for Power:** Develop critical consciousness on capitalism, imperialism, structural adjustment, and alternatives
- **Digital Learning Platforms:** Hybrid education using online modules, webinars, and in- person intensives for accessibility
- **Partnerships and Exchanges:** Collaborate with global union federations, gender rights organizations, and climate justice movements

### Key Actions and Activities

**1. Union Leadership Academy (Launch Q1 2026)**

- **Foundation Program (3 months):** Union history, organizing principles, collective bargaining, labor law
- **Intermediate Program (6 months):** Strategic planning, campaign development, financial management, communication
- **Advanced Leadership Program (1 year):** Political economy, health systems analysis, governance, international solidarity
- Gender-responsive pedagogy with 50% women participants
- Scholarships for young members and those from marginalized regions

- Digital delivery with in-person intensives quarterly

## 2. Women's Leadership Initiative

- "She Leads" program: 60 women annually in accelerated leadership development
- Topics: Negotiation, public speaking, media engagement, managing bias, work-life integration
- Peer support networks and mentorship circles
- Childcare support and family-friendly scheduling
- Confidence-building and assertiveness training
- Pipeline development for elected positions

## 3. Young Doctors' Leadership Laboratory

- Annual cohort of 50 members under 35
- Focus: Future of work, digital organizing, climate activism, social media strategy
- Innovation challenges addressing union challenges
- Reverse mentoring: Young members train senior leaders on technology
- International exchange programs with youth movements

## 4. Climate Justice and Just Transition Education

- All leaders trained on climate science, health impacts, and adaptation
- Workshops on organizing in climate-affected communities
- Just transition principles: ensuring fair transition for all workers
- Intersection of climate, gender, and health inequalities
- Advocacy skills for climate policy influence

## 5. Digital Transformation and Future of Work Program

- AI literacy: Understanding algorithms, data ethics, automation risks
- Digital rights advocacy: Privacy, surveillance, algorithmic bias
- Reskilling preparation: Identifying future skills needs
- Technology bargaining: Negotiating tech introduction and protections
- Cybersecurity and digital safety for organizers

## 6. Political Education and Ideological Development

- Marxist and labor movement history and global capitalism
- Political economy of healthcare: privatization, commodification, alternatives
- Structural adjustment and neoliberalism impacts on health systems
- Social determinants of health and workers' role in health justice
- Building alliances with social movements (feminism, climate, anti-racism)
- Electoral politics and health worker representation

## 7. Mentorship and Succession Planning

- Formal mentorship program matching 500 pairs annually
- Succession planning for all elected and appointed positions
- Knowledge documentation and institutional memory preservation
- Intergenerational dialogue sessions on union history and future
- Shadowing opportunities for emerging leaders

## Key Performance Indicators

- **Training throughput:** 200 members trained annually, cumulative 1,000 by 2030
- **Gender parity:** Women constitute 50% of all training participants and 45% of leadership positions by 2028
- **Youth representation:** Members under 40 constitute 40% of leadership bodies by 2029
- **Program completion:** 90% completion rate for all education programs
- **Leadership pipeline:** 80% of leadership vacancies filled internally from development programs
- **Geographic diversity:** Participants from all 47 counties, proportional representation
- **Knowledge retention:** 85% of participants demonstrating competency in post-training assessments
- **Mentorship satisfaction:** 80% of mentees and mentors rating experience as valuable
- **Political engagement:** 70% of trained members active in union governance and campaigns
- **Cross-cutting themes:** 100% of programs integrate gender, climate, and digital transformation

## Expected Strategic Outcomes

- **Robust Leadership Pipeline:** Continuous supply of skilled, committed leaders across all demographics
- **Gender-Balanced Leadership:** Women's equal representation and influence in union governance
- **Intergenerational Vitality:** Dynamic integration of experience and innovation across age groups
- **Political Sophistication:** Membership capable of critical analysis and strategic thinking on complex issues
- **Climate Leadership:** Union positioned as leader in health sector climate justice advocacy
- **Digital Literacy:** Membership equipped to navigate and shape technology transitions
- **Ideological Clarity:** Shared understanding of union values, purpose, and vision
- **Democratic Culture:** Informed, engaged membership strengthening internal democracy
- **Movement Building:** Leaders skilled in alliance-building and social transformation
- **Organizational Sustainability:** Succession planning ensuring continuity and renewal

# 3.7 KRA 4: Research, Policy and Advocacy Rationale

Evidence-based advocacy rooted in rigorous research is essential for policy influence and public legitimacy. KMPDU must build research capacity to analyze labour laws, implementation Decent Work Agenda, health systems, document working conditions, project future trends, and develop policy alternatives that advance health equity, workers' rights, gender justice, climate resilience, and dignified work in the digital age.

## Strategic Issues

- Limited internal research capacity and reliance on external consultants
- Inadequate data on gender-disaggregated working conditions and pay equity
- Insufficient analysis of climate change impacts on health workforce and service delivery
- Lack of evidence-based projections on AI, automation, and future skills needs
- Weak policy development capacity on alternative health financing and delivery models
- Limited engagement with academic institutions and research networks
- Insufficient documentation of precarious work and informal employment in health sector
- Gender-blind policy analysis failing to address women's specific challenges

## Goal

To establish KMPDU as the leading source of research, analysis, and policy alternatives on health workforce issues in Kenya, producing gender-sensitive, climate-aware, and future-focused evidence that drives progressive policy change by 2030.

## Objectives

1. Establish a Research and Policy Organ with 2 full-time researchers by 2027
2. Produce 20 peer-reviewed research publications annually by 2029
3. Develop 10 comprehensive policy alternatives on health systems, working conditions, and future of work
4. Influence 80% of major health policy decisions through evidence-based advocacy
5. Build research partnerships with 10 universities and international labor research institutes
6. Create publicly accessible database on health workforce conditions, gender-disaggregated
7. Train 50 member-researchers in participatory action research methods

## Strategies

- **Institutional Capacity Building:** Establish dedicated research unit with professional staff and infrastructure
- **Participatory Action Research:** Engage members as co-researchers to document lived experiences
- **Gender and Intersectional Analysis:** Centre women's experiences and analyze intersections of gender, age, class, disability
- **Climate and Health Workforce Research:** Map climate vulnerabilities, project migration patterns, assess adaptation needs
- **Future of Work Foresight:** Analyze AI, telemedicine, automation impacts; project skills needs; develop just transition frameworks
- **Policy Alternatives Development:** Move beyond critique to develop feasible, progressive alternatives to neoliberal health policies
- **Strategic Communications:** Translate research into accessible formats for members, policymakers, and public

## Key Actions and Activities

### 1. KMPDU Research and Policy Organ Establishment (2026)

- Recruit Manager Research and 2 researchers (gender-balanced team)
- Establish research ethics protocols and community engagement frameworks
- Develop partnerships with universities for PhD placements and joint research
- Secure research funding from progressive foundations and international labor organizations
- Create digital research repository and data management systems

### 2. Health Workforce Conditions Survey (Biennial, starting 2026)

- Comprehensive survey of 5,000+ doctors on wages, hours, conditions, harassment, wellbeing
- Gender-disaggregated data analysis on pay gaps, leadership opportunities, discrimination
- Climate impact assessment: heat stress, infrastructure damage, displacement
- Technology use and concerns: AI adoption, surveillance, data privacy
- Precarious work documentation: contract types, job security, benefits access
- Intergenerational analysis: comparing experiences of young and senior doctors
- Public reporting with policy recommendations

### 3. Gender Pay Equity Research Program

- Audit gender pay gaps in public and private health sectors
- Analyze occupational segregation and glass ceiling effects

- Document pregnancy and maternity penalties
- Assess impact of career breaks on women's earnings and progression
- International comparisons with best practice jurisdictions
- Policy recommendations for pay equity legislation and enforcement

## 4. Climate Change and Health Workforce Research

- Mapping climate vulnerability of health facilities (flooding, heat, water scarcity)
- Projecting health workforce migration due to climate displacement
- Analyzing climate-related occupational health risks (heat stress, vector-borne diseases)
- Just transition framework for workers in climate-affected facilities
- Advocacy for climate adaptation funding for health sector
- International research collaboration on health worker climate justice

## 5. Future of Work and Digital Transformation Research

- AI and automation impact assessment: job displacement risks, skills needs
- Telemedicine and remote work implications for working conditions
- Algorithmic management and surveillance in health facilities
- Platform work and gig economy in healthcare (locum doctors, consultancy)
- Digital divide analysis: gender and generational dimensions
- Reskilling and lifelong learning needs assessment
- Policy alternatives for just digital transition

## 6. Health Systems Policy Alternatives Development

- Universal Health Coverage financing models beyond insurance
- Public health system strengthening alternatives to privatization
- Community health worker integration and decent work standards
- Primary healthcare revitalization strategies
- Health equity frameworks addressing social determinants
- Public pharmaceutical production and access
- Climate-resilient health infrastructure

## 7. Member-Researcher Development Program

- Annual training for 50 members in participatory action research
- Mentorship by professional researchers
- Small grants for member-led research projects
- Documentation of workplace struggles and victories
- Story-telling and qualitative research methods
- Publishing member research in union publications and academic journals

## 8. Policy Advocacy Campaigns

- **Gender Pay Equity Act:** Mobilize for legislation mandating equal pay audits and remediation
- **Climate Justice for Health Workers:** Advocate for adaptation funding and just transition support
- **Digital Rights in Healthcare:** Push for regulations on AI transparency, data privacy, and worker consultation
- **Decent Work in Health Sector:** Campaign for elimination of precarious contracts

- **Universal Health Coverage:** Promote progressive models centered on public provision
- **Intersectional analysis:** Ensure all campaigns address gender, youth, and climate dimensions
- **Federation of Health Sector Unions:** Advocate for the establishment of a federation of health sector unions that enhances collective bargaining, solidarity and advocacy for health workforce rights and health system reforms in Kenya
- **National Health Workforce Coordination Agency:** Advocate for the establishment of a National Health Workforce Coordination Agency to centralize Human Resource for health governance.
- **Partnerships and Networks:** Provide a strategic linkage of national fights to international solidarity networks like PSI, ITUC, GUFs, etc.

### Key Performance Indicators

- **Research output:** 20 publications annually in peer-reviewed journals and union media by 2029
- **Policy influence:** 80% of major health workforce policies reflect KMPDU evidence and recommendations
- **Research capacity:** Research Institute operational with 5 full-time staff by 2027
- **Partnerships:** Active research collaborations with 10 universities and international institutes
- **Member engagement:** 50 member-researchers trained and active annually
- **Gender integration:** 100% of research includes gender-disaggregated data and analysis
- **Climate focus:** 25% of research portfolio dedicated to climate and just transition issues
- **Digital transformation:** 20% of research on AI, automation, and future of work
- **Public engagement:** Research reaches 1 million Kenyans annually through media and campaigns
- **Policy alternatives:** 10 comprehensive policy frameworks developed and promoted by 2030
- **Data accessibility:** Public database with 10,000+ data points on health workforce accessible online
- **Federation of Health Sector Unions:** The Federation of Health sector Unions established
- **National Health Workforce Coordination Agency:** National Health Workforce Coordination Agency established.

### Expected Strategic Outcomes

- **Thought Leadership:** KMPDU recognized as authoritative voice on health workforce issues
- **Policy Influence:** Evidence-based advocacy shapes progressive health policy reforms
- **Gender Justice:** Research exposes inequalities and drives corrective action
- **Climate Preparedness:** Union and health sector equipped with data for climate adaptation
- **Future of Work Readiness:** Anticipatory research guides just transition strategies
- **Democratic Knowledge:** Member-researchers deepen union democracy and grassroots power
- **Public Legitimacy:** Research-backed positions enhance credibility with public and policymakers
- **Movement Alliances:** Research strengthens collaboration with academia, civil society, and international labor
- **Alternative Vision:** Policy frameworks articulate progressive alternatives to neoliberal health systems
- **Evidence-Based Action:** Research directly informs organizing, bargaining, and campaigns

## 3.8 KRA 5: Communication and Public Image Rationale

Strategic communication is essential for building public support, countering anti-union narratives, projecting member experiences, and shaping public discourse on health and labor issues. KMPDU must develop sophisticated, multi-platform communication capacity that reaches diverse audiences, centers marginalized voices, leverages digital tools, and frames health worker struggles within broader social justice movements.

## Strategic Issues

- Limited internal communication capacity and over-reliance on reactive crisis communication
- Negative media framing of union actions as "selfish" rather than public interest advocacy
- Inadequate use of digital and social media platforms for member engagement and public outreach
- Insufficient amplification of women's voices and gender justice dimensions of struggles
- Weak storytelling capacity to humanize health workers' experiences
- Limited engagement of young members in content creation and digital activism
- Inadequate climate and digital transformation narratives in union communication
- Poor coordination between internal member communication and external public messaging

## Goal

To position KMPDU as a trusted, progressive voice for health equity and workers' dignity, reaching 10 million Kenyans annually through strategic, values-driven communication that centers gender justice, intergenerational solidarity, climate responsibility, and the future of dignified work by 2030.

## Objectives

1. Establish a professional communications department with 7 full-time staff by 2026
2. Achieve 5 million social media followers across platforms by 2029
3. Secure positive media coverage in 70% of union-related stories
4. Produce 500+ pieces of multimedia content annually (articles, videos, podcasts, infographics)
5. Ensure 50% of external content features women members and gender justice themes
6. Engage 30% of members as active content creators and digital ambassadors
7. Build strategic partnerships with 20 progressive media outlets and influencers

## Strategies

- **Integrated Communication Framework:** Coordinate internal member communication, public relations, digital activism, and brand management
- **Values-Driven Messaging:** Frame all communication around health equity, gender justice, climate responsibility, and dignified work
- **Digital-First Approach:** Prioritize social media, podcasts, and online platforms while maintaining traditional media engagement
- **Member Storytelling:** Center health workers' lived experiences, particularly women and young doctors
- **Intergenerational Content Creation:** Empower young members as digital content creators while honoring senior members' experiences
- **Climate and Future Narratives:** Integrate climate justice and digital transformation into all communication
- **Proactive Agenda-Setting:** Move beyond reactive communication to shape public discourse

## Key Actions and Activities

### 1. Communications Department Establishment (Q1 2026)

- Team Structure: Director of Communications, Social Media Manager, Content Producer, Media Relations Officer, Graphic Designer, Videographer, Digital Organizer
- Gender-balanced team with intergenerational representation
- Professional equipment: Studio, cameras, editing software, design tools
- Digital infrastructure: Website redesign, social media management tools, email platform
- Training budget for continuous skills development

### 2. Brand Identity and Messaging Refresh (2026)

- Participatory brand development process engaging diverse membership

- Visual identity: Modern, inclusive, professional logo and color scheme
- Messaging framework: Core values, key messages, narrative bank
- Gender-inclusive language guidelines
- Climate responsibility and future of work integration
- Style guide for consistent communication across platforms

## 3. Digital and Social Media Strategy

- **Platform Presence:** Facebook, Twitter/X, Instagram, TikTok, YouTube, LinkedIn, WhatsApp
- **Content Calendar:** Daily posts, weekly videos, monthly podcasts
- **Member-Generated Content:** 200 members trained annually as digital ambassadors
- **Young Doctors' Social Media Squad:** 50 young members creating viral content
- **Hashtag Campaigns:** #DoctorsForEquity #HealthWorkersMatters #JustTransition #DigitalDignity
- **Live Streaming:** Town halls, negotiations updates, industrial actions
- **Influencer Partnerships:** Collaborate with progressive social media personalities

## 4. Multimedia Content Production

- **Video Series:**
  - "Day in the Life" profiles of diverse members
  - "Women in Medicine" highlighting women leaders and their struggles
  - "Future of Healthcare" exploring AI, telemedicine, and worker impacts
  - "Climate Health Warriors" documenting adaptation efforts
- **Podcast:** "The Pulse" - Biweekly discussions on health, work, and justice
- **Infographics:** Gender pay gaps, climate impacts, working conditions data visualization
- **Photo Essays:** Documenting health workers' experiences artistically
- **Member Blogs:** Platform for diverse member voices and perspectives

## 5. Strategic Media Engagement

- **Media Training:** 100 members trained as spokespeople (50% women)
- **Press Release System:** Rapid response capacity for 24/7 news cycle
- **Op-Eds and Commentary:** Place 50+ opinion pieces annually in major outlets
- **Media Partnerships:** Build relationships with progressive journalists and outlets
- **Press Conferences:** Regular engagement with gender-balanced panels
- **Media Monitoring:** Track coverage and counter misinformation rapidly

## 6. Internal Member Communication

- **Monthly Newsletter:** "KMPDU Voice" - Updates, member profiles, education resources
- **WhatsApp Groups:** County and specialty-based groups for rapid information sharing
- **Quarterly Magazine:** In-depth features, research findings, international solidarity
- **Town Halls:** Quarterly virtual and in-person gatherings for dialogue
- **SMS Alerts:** Critical updates to all members instantly
- **Member Portal:** Self-service information access, dues status, benefits

## 7. Campaigns and Public Education

- **Health Equity Campaign:** "Healthcare is a Right" - Linking worker conditions to patient care quality

- **Gender Justice Campaign:** "Equal Pay, Equal Say" - Exposing pay gaps and demanding equality
- **Climate Health Campaign:** "Healthy Planet, Healthy People" - Positioning health workers as climate advocates
- **Digital Rights Campaign:** "Our Data, Our Rights" - Educating public on AI and surveillance in healthcare
- **Intergenerational Solidarity:** "Young and Senior, We Stand Together" - Countering divide-and-rule tactics
- **Public Service Values:** "Public Health for Public Good" - Countering privatization narratives

### 8. Crisis Communication and Rapid Response

- **Crisis Communication Plan:** Protocols for industrial actions, negative incidents, attacks
- **Rapid Response Team:** 24/7 capacity to counter misinformation
- **Fact-Checking Unit:** Quickly address false claims about union or members
- **Member Support Communication:** Guidance during strikes, negotiations, legal challenges
- **Digital Security:** Protect members from online harassment and doxxing

## Key Performance Indicators

- **Social media reach:** 5 million followers across platforms by 2029
- **Engagement rate:** 5% average engagement on social media posts
- **Content production:** 500+ multimedia pieces annually
- **Positive media coverage:** 70% of union-related stories favorable or balanced
- **Op-ed placement:** 50+ opinion pieces in major outlets annually
- **Member engagement:** 30% of members actively consuming and sharing union content
- **Women's visibility:** 50% of external content features women members
- **Youth engagement:** Members under 35 create 40% of social media content
- **Website traffic:** 500,000 unique visitors annually by 2028
- **Email open rates:** 40% average for member communications
- **Video views:** 10 million cumulative video views annually by 2029
- **Podcast downloads:** 50,000 downloads per episode by 2029
- **Survey approval:** 75% of members satisfied with union communication
- **Public perception:** 60% of Kenyans view KMPDU favorably in surveys

## Expected Strategic Outcomes

- **Public Support:** Broad public recognition of health workers' dignity and struggles
- **Counter-Narrative Power:** Successfully reframe union actions from "selfish" to public interest advocacy
- **Gender Justice Visibility:** Women's experiences and leadership prominently featured in public discourse
- **Intergenerational Unity:** Public perception of unified, dynamic union across generations
- **Climate Leadership:** KMPDU recognized as health sector climate justice champion
- **Digital Rights Awareness:** Public educated on AI and surveillance issues in healthcare
- **Member Empowerment:** Members feel proud, informed, and connected to union
- **Media Influence:** Union shapes health policy discourse through strategic communication
- **Movement Building:** Communication strengthens alliances with progressive organizations and movements
- **Recruitment Tool:** Strong public image attracts new members and supporters
- **Negotiating Leverage:** Public support translates to political pressure during bargaining

## 3.9 KRA 6: Financial Sustainability and Internal Democracy Rationale

Financial independence and democratic governance are the bedrock of union autonomy and legitimacy. KMPDU must diversify revenue streams, ensure transparent financial management, and deepen participatory democracy with particular attention to gender equity, youth participation, and inclusive decision-making that prepares the union for future challenges including climate and digital transitions.

### Strategic Issues

- Over-reliance on membership dues limiting financial flexibility
- Inadequate reserves for sustained industrial action or crisis response
- Gender gaps in participation in union governance and decision-making
- Limited engagement of young members in leadership and accountability structures
- Insufficient transparency in financial management creating accountability concerns
- Weak asset management and investment strategy
- Climate risks to union assets and revenue (facility damage, displaced members)
- Digital transformation costs and inadequate technology investment
- Limited income generation from union assets and services

### Goal

To achieve financial sustainability with diversified revenue generating KES 500 million annually, build emergency reserves equivalent to 12 months operating costs, and deepen participatory democracy with gender-balanced representation and 70% member participation in union governance by 2030.

### Objectives

1. Increase non-dues revenue to 30% of total income by 2028
2. Build emergency fund of KES 300 million by 2029
3. Achieve 95% dues collection rate across all members
4. Ensure gender-balanced representation (45-55%) in all elected bodies by 2027
5. Increase member participation in annual general meetings to 50% (physical or digital)
6. Establish youth quota of 30% in all decision-making structures
7. Implement digital voting and participatory budgeting reaching 80% of membership
8. Achieve 100% financial transparency with public quarterly reporting

### Strategies

- **Revenue Diversification**: Develop income from investments, services, partnerships, and social enterprises
- **Inclusive Governance:** Strengthen participatory structures, digital democracy tools, and accountability mechanisms
- **Gender Mainstreaming**: Implement quotas, remove barriers to women's participation, and resource women's leadership
- **Intergenerational Governance**: Create dedicated youth structures andensure meaningful participation in decision-making
- **Digital Democracy**: Deploy technology for accessible, inclusive participation across geographic and demographic divides
- **Climate-Resilient Planning**: Assess climate risks to union assets and build adaptive financial strategies
- **Transparent Accountability**: Public financial reporting, independent audits, and member oversight mechanisms
- **Strategic Investment**: Asset growth balancing social values with financial returns

## Key Actions and Activities

### 1. Financial Diversification Strategy (2026-2030)

#### Investment Portfolio Development

- Establish KMPDU Investment Fund with KES 100 million seed capital
- Ethical investment criteria: Exclude fossil fuels, tobacco, privatized healthcare
- Green bonds and climate-positive investments (30% of portfolio)
- Real estate investments in affordable housing for members
- Cooperative banking partnerships for preferential member services
- Target: 15% annual return generating KES 50 million by 2029

#### Service Income Generation

- KMPDU Training Institute: Fee-based continuing medical education for non- members
- Legal Services Expansion: Retainer-based legal advice for members, cost recovery
- Research Consultancy: Contracted research for government, NGOs, international organizations
- Conference and Events: Annual health workers' conference with sponsorships
- Publications: Peer-reviewed journal with subscription revenue
- Target: KES 80 million annual revenue by 2029

#### Social Enterprises

- KMPDU Wellness Centres: Member-owned clinics offering services at fair prices
- Medical Equipment Cooperative: Bulk purchasing for members at discounted rates
- Housing Cooperative: Facilitate affordable housing development for members
- Insurance Products: Negotiate group life, health, and professional indemnity policies
- Target: KES 60 million annual surplus by 2030

#### Strategic Partnerships

- International labor organizations: Solidarity funding for campaigns and capacity building
- Progressive foundations: Grants for research, education, and organizing
- Global union federations: Financial support for international initiatives
- Diaspora doctors: Voluntary contributions and fundraising
- Target: KES 40 million annually

### 2. Dues Collection and Member Financing (Ongoing)

#### Enhanced Collection Systems

- Automated payroll deduction agreements with all major employers
- Mobile money integration for self-employed and private practitioners
- Digital payment platform with SMS reminders and online receipts
- Flexible payment plans for members facing financial hardship
- Dues amnesty programs for members in arrears (with gender-sensitive provisions)
- Target: 95% collection rate by 2027

#### Dues Structure Review

- Progressive dues based on income levels (higher earners pay more)
- Reduced rates for interns, locum doctors, and unemployed members
- Gender analysis of affordability and ability to pay
- Special provisions for members on maternity/ paternity leave
- Climate emergency fund levy (0.5% of dues) for disaster response

### Voluntary Contributions

- "Solidarity Plus" program for members contributing above regular dues
- Strike fund contributions with matching by union
- Legacy giving program for estate contributions
- Climate action fund for health facility adaptation projects

## 3. Democratic Governance Structures (2026-2027)

### Constitutional Reforms

- Gender quota: 45-55% representation in all elected bodies
- Youth quota: Minimum 30% under 40 years in decision-making structures
- County representation: Ensure geographic equity in national leadership
- Term limits: Maximum 3 consecutive terms for elected officials (promotes renewal)
- Recall mechanisms: Members can recall non-performing leaders with 30% petition
- Climate and digital rights: Embed in constitution as core union values

### National Executive Council

- 21 members: Chairperson, Secretary General, Treasurer, 18 regional representatives
- Gender-balanced through quota system
- Youth representatives (minimum 6 under 40 years)
- Quarterly meetings with published minutes and decisions
- Annual accountability session with membership

### Annual General Meeting (AGM) Transformation

- Hybrid format: Physical venue with live streaming and digital participation
- Digital voting for remote delegates
- Pre-AGM county consultations gathering member input
- Women's and youth pre-AGM caucuses developing priorities
- Participatory budgeting: Members vote on priority expenditures
- Target: 50% member participation (physical or digital) by 2028

### Branch and County Structures

- Mandatory gender balance in all branch leadership (45-55%)
- Monthly branch meetings with digital attendance option
- Youth organizing committees in all counties
- Women's committees with autonomous organizing capacity
- Climate and digital transformation working groups
- Regular financial reporting to members

## 4. Gender Equity and Women's Empowerment (Ongoing)

### Structural Measures

- Gender quota enforcement: Monitor and sanction non-compliance
- Women's committee with dedicated budget (5% of total budget)
- Childcare support for union meetings and events
- Gender-responsive meeting scheduling (avoiding late evenings)
- Anti-sexual harassment policy and independent complaints mechanism
- Gender audit of all union processes and policies (biennial)

### Capacity Building

- Women's leadership development fund: KES 10 million annually
- Mentorship program pairing aspiring women leaders with experienced members
- Public speaking and confidence-building workshops
- Media training for women spokespeople
- International exchange programs for women leaders


KMPDU must diversify revenue streams, ensure transparent financial management, and deepen participatory democracy with particular attention to gender equity, youth participation, and inclusive decision-making that prepares the union for future challenges including climate and digital transitions.

### Addressing Barriers

- Transport and accommodation support for women attending meetings
- Flexible participation options (digital attendance)
- Zero tolerance for intimidation or harassment
- Gender-sensitive language and communication
- Recognition and celebration of women's leadership contributions

## 5. Youth and Intergenerational Democracy (2026-2028)

### Youth Structures

- KMPDU Youth League: Autonomous structure with own budget (3% of total)
- Youth representatives on all decision-making bodies (30% quota)
- Annual Youth Assembly setting priorities and accountability
- Digital organizing platforms designed by and for young members
- Innovation fund for youth-led initiatives (KES 5 million annually)

### Intergenerational Dialogue

- Quarterly forums bringing young and senior members together
- Reverse mentoring: Young members advise senior leaders on technology
- Joint campaign development integrating diverse perspectives
- Succession planning ensuring knowledge transfer
- Recognition of both experience and fresh perspectives

### Youth-Friendly Participation

- Social media-based engagement and decision-making
- Short video updates and interactive content
- Gamification of union participation and education
- Flexible meeting formats (online, evening, weekend options)
- Youth culture integration (music, art, creative expression)

## 6. Digital Democracy and Transparency (2026-2029)

### Digital Participation Platform (Launch Q3 2026)

- Secure member portal with authentication
- Digital voting on constitutional amendments, leadership elections, and policy decisions
- Participatory budgeting: Members allocate discretionary funding
- Online forums for policy discussions and deliberation
- Real-time financial dashboards showing income, expenditure, and reserves
- Mobile app for seamless participation
- Accessibility features for members with disabilities

### Transparency Mechanisms

- Quarterly Financial Reports: Detailed income, expenditure, and balance sheet published online
- Annual Audited Accounts: Independent audit with public presentation at AGM
- Salaries Disclosure: All staff and official salaries published annually
- Contract Transparency: Major contracts and procurement published
- Decision Registers: All Executive Council decisions published with rationale
- Member Access: Right to request and receive information within 14 days

### Digital Security and Privacy

- Encrypted communication for sensitive organizing discussions
- Data protection policy complying with Kenya Data Protection Act
- Cybersecurity training for all leaders and staff

- Protection against digital surveillance and infiltration
- Member data sovereignty: Members control their own information

## 7. Financial Management and Accountability (Ongoing)

### Professional Financial Management

- Qualified finance team: Finance Director, 2 accountants, 1 auditor
- Modern accounting systems with real-time reporting
- Budget development with member input through participatory process
- Monthly management accounts reviewed by Executive Council
- Quarterly variance analysis and corrective actions

### Internal Controls

- Dual authorization for all expenditures above KES 100,000
- Competitive procurement with transparent tender processes
- Asset register with annual physical verification
- Travel and expense policies with enforcement
- Fraud prevention policy and whistleblower protection

### Audit and Oversight

- Independent external audit annually
- Internal audit function reviewing controls and compliance
- Finance Committee (7 members, gender-balanced) oversight
- Member audit committees at county level
- Annual financial literacy workshops for members

## 8. Climate-Resilient Financial Planning (2027-2030)

### Climate Risk Assessment

- Audit all union assets for climate vulnerability (flooding, heat, extreme weather)
- Assess revenue risks from member displacement and facility closures
- Evaluate investment portfolio for climate-related financial risks
- Scenario planning for climate-induced membership changes

### Adaptive Strategies

- Climate emergency fund: KES 50 million by 2029
- Insurance coverage for union properties against climate events
- Geographic diversification of investments
- Green infrastructure upgrades for union buildings (solar, rainwater harvesting, cooling)
- Support fund for members displaced by climate events

### Climate-Positive Investments

- Divest from fossil fuel companies and climate-destructive industries
- Invest in renewable energy, sustainable infrastructure, and green jobs
- Support worker cooperatives in climate adaptation sectors
- Affordable housing projects with climate-resilient design
- Target: 30% of investment portfolio in climate-positive assets by 2029

## 9. Reserve Building and Crisis Preparedness (2026-2029)

### Emergency Reserve Fund

- Build to KES 300 million (12 months operating costs) by 2029
- Annual contribution of 20% of surplus to reserves
- Strict access criteria: Only for existential threats or sustained industrial action
- Independent investment management with ethical criteria
- Regular stress testing of reserve adequacy

### Strike Fund

- Separate fund for industrial action support: KES 100 million target
- Member contributions through voluntary levy
- International solidarity appeals during major actions
- Tiered support based on member circumstances (higher for single parents, primary caregivers)
- Gender-sensitive distribution considering women's additional care burdens

### Legal Defense Fund

- KES 50 million reserve for member legal support
- Insurance policies for employment disputes and professional indemnity
- Panel of retained lawyers with gender justice expertise
- Support for members facing climate-related employment issues (facility closures, displacement)

### Key Performance Indicators Financial Sustainability

- Total revenue: KES 500 million annually by 2030
- Non-dues revenue: 30% of total income by 2028
- Dues collection rate: 95% by 2027
- Emergency reserves: KES 300 million by 2029
- Investment returns: 15% annual average
- Operating surplus: 20% of revenue annually
- Debt-to-asset ratio: Below 10%

### Internal Democracy

- AGM participation: 50% of membership (physical or digital) by 2028
- Gender balance: 45-55% women in all elected bodies by 2027
- Youth representation: 30% under 40 years in decision-making structures by 2028
- Digital participation: 80% of members using digital democracy platform by 2029
- Branch meeting attendance: 40% average attendance
- Member satisfaction: 80% satisfied with democratic processes in annual survey
- Leadership diversity: All counties represented in national leadership

### Transparency and Accountability

- Financial reporting: 100% quarterly reporting published online
- Audit compliance: Unqualified audit opinion annually
- Information requests: 95% responded to within 14 days
- Corruption incidents: Zero tolerance with 100% investigation and action
- Member trust: 85% trust union financial management in surveys

### Gender and Inclusion

- Women's leadership: 45% women in elected positions by 2027
- Women's participation: 50% of AGM delegates women
- Youth leadership: 30% of National Executive under 40 years
- Disability inclusion: Accessible participation mechanisms for all members
- Geographic equity: All 47 counties represented in governance structures

### Climate Resilience

- Climate-positive investments: 30% of portfolio by 2029
- Fossil fuel divestment: 100% by 2027
- Climate emergency fund: KES 50 million by 2029
- Asset climate-proofing: 100% of union properties adapted by 2029
- Member climate support: Assistance for 100% of climate-displaced members

### Expected Strategic Outcomes Financial Independence

- Union fully self-sufficient with diversified revenue streams
- Capacity to sustain long-term industrial action without member hardship
- Strategic investments generate social and financial returns
- Financial stability enables ambitious organizing and campaigns

### Democratic Vitality

- Highly engaged membership with meaningful voice in union direction
- Gender-balanced leadership reflecting workforce diversity
- Intergenerational leadership ensuring innovation and continuity
- Transparent governance building member trust and legitimacy

### Gender Justice

- Women's equal participation and leadership in all union structures
- Union policies and practices model gender equity for health sector
- Women's specific needs and experiences centered in union work
- Pipeline of women leaders for sustained gender balance

### Youth Empowerment

- Young doctors actively shaping union strategy and priorities
- Digital-native organizing and communication approaches
- Succession planning ensuring organizational renewal
- Intergenerational solidarity strengthening collective power

### Climate Leadership

- Union finances aligned with climate justice values
- Organizational resilience to climate shocks and transitions
- Members supported through climate-related workplace changes
- Model for climate-responsible union financial management

### Institutional Resilience

- Strong reserves enabling strategic risk-taking
- Professional management with democratic accountability
- Digital infrastructure supporting efficient operations
- Adaptive capacity to navigate future uncertainties

### Movement Credibility

- Transparent governance strengthening public legitimacy
- Democratic practices inspiring other unions and civil society
- Financial sustainability enabling long-term movement building
- Model of participatory democracy for progressive organizations

These KRAs shall position KMPDU as a transformative union capable of advancing health workers' dignity while championing broader social justice. By integrating gender equity, intergenerational solidarity, climate responsibility, and digital rights across all KRAs, KMPDU will build power that is sustainable, inclusive, and responsive to 21st century challenges.

CHAPTER FOUR

# Framework for Effective Strategic Plan Execution

A strategic plan is only as effective as its implementation. KMPDU's success in delivering member value, driving policy advocacy, and sustaining membership and institutional growth depends on a clear framework that ensures accountability, alignment, resource mobilization, stakeholder engagement, and effective execution. Therefore, successful execution of the KMPDU Strategic Plan 2025–2029 requires a clear framework that defines the mechanisms, processes, and structures to guide implementation. This framework ensures that strategic goals are translated into actionable programs, monitored effectively, and aligned with the dynamic needs of members, the healthcare sector, and the socio-political environment.

## 4.1 Guiding Principles for Implementation

The framework is anchored on the following principles:

- **Member-Centeredness** – prioritizing the welfare, rights, and professional growth of doctors.
- **Accountability and Transparency** – ensuring prudent use of resources and open reporting.
- **Evidence-Informed Action** – basing interventions on research, data, and evidence.
- **Inclusivity and Participation** – engaging members, branches, and stakeholders in decision-making.
- **Equity and Solidarity** – ensuring fair representation of doctors across counties and cadres.
- **Sustainability** – embedding long-term resilience in union operations and advocacy.

## 4.2 Institutional Arrangements for Implementation

- **National Executive Council (NEC):** Provides overall leadership, oversight, and policy guidance for plan execution.
- **Secretariat:** Coordinates implementation, consolidates reports, and manages day-to-day operations.
- **National Advisory and Technical Committees:** Offer specialized guidance on legal, policy, health systems, and labour issues.
- **Branch Committees:** Translate national strategies into county-level action, ensuring grassroots involvement.
- **Partnerships:** Collaboration with government agencies, other health sector unions, civil society, professional associations, and international bodies for resources, technical support, and solidarity.

## 4.3 Implementation Approach

The plan will be implemented through a results-based management (RBM) approach, which emphasizes clear objectives, measurable outcomes, and continuous monitoring. The key stages include:

1. **Annual Work Planning:** Developing annual operational plans (AOPs) aligned to strategic objectives.

2. **Resource Mobilization:** Leveraging membership subscriptions, solidarity funds, donor partnerships, and innovative financing.
3. **Capacity Building:** Strengthening leadership, negotiation skills, and organizational systems.
4. **Advocacy and Engagement:** Proactive lobbying with national and county governments, employers, and stakeholders.
5. **Digital Transformation:** Deploying ICT platforms for communication, member services, data management, and transparency.

## 4.4 Resource Mobilization and Allocation

The successful execution of the KMPDU Strategic Plan 2025–2029 depends on the availability and prudent management of resources. Resources include financial, human, technological, and physical assets, as well as partnerships that enhance the union's operational capacity. Effective resource management ensures sustainability, efficiency, accountability, and maximum impact in serving members and advancing the union's mission.

### 4.4.1 Resource Categories

1. **Financial Resources**

- Sources: membership subscriptions, solidarity funds, grants and donor support, investment income, and partnerships.
- Key Needs: funding for advocacy, legal services, research, member welfare initiatives, capacity-building, ICT, and administration.

2. **Human Resources**

- Union leaders (national and branch levels), technical staff, and member volunteers.
- Key Needs: continuous leadership development, negotiation skills, policy research, digital skills, and staff retention.

3. **Technological Resources**

- ICT infrastructure for communication, data management, advocacy, and financial transparency.
- Key Needs: secure member database, digital platforms for engagement, cybersecurity, and virtual training tools.

4. **Physical and Logistical Resources**

- Union offices, training facilities, vehicles, and equipment.
- Key Needs: modernized offices, reliable logistics, and accessible meeting spaces at both national and branch levels.

5. **Partnership and Network Resources**

- Relationships with other health sector unions, professional associations, government, civil society, and international allies.
- Key Needs: resource mobilization partnerships, technical assistance, solidarity actions, and advocacy platforms.

### 4.4.2 Resource Mobilization Strategies

- **Membership Subscriptions:** Strengthening collection systems, enforcing compliance, and
- providing value for members' contributions.
- **Diversification of Revenue:** Establishing investment funds, exploring social enterprises, and partnering with donors.
- **Strategic Partnerships:** Collaborating with local and international organizations for technical and financial support.
- **Solidarity Funds:** Establishing emergency and strike funds to cushion members during industrial actions.
- **Grants and Project Funding:** Mobilizing support for research, advocacy, and capacity- building projects.

### 4.4.3 Resource Allocation Principles

- **Member-Centered Prioritization:** Ensuring resources directly address member welfare and working conditions.
- **Equity and Fairness:** Distributing resources across branches and counties in line with needs.
- **Efficiency and Value for Money:** Avoiding waste and optimizing use of limited resources.

- **Transparency and Accountability:** Clear reporting to members, annual audits, and open communication.
- **Sustainability:** Balancing immediate needs with long-term investments.

### 4.4.4 Resource Management Structures

- **National Executive Council (NEC):** Provides oversight and approves budgets and major expenditures.
- **Finance and Investment Committee:** Oversees financial planning, investment, and audits.
- **Secretariat:** Manages day-to-day resource allocation, reporting, and accountability.
- **Branch Committees:** Manage resources at the county level in line with national guidelines.
- **External Auditors:** Provide independent verification of financial integrity.

### 4.4.5 Monitoring and Accountability

- **Annual Budgeting and Work Plans:** Linked directly to strategic objectives.
- **Quarterly and Annual Reports:** Prepared and shared with NEC, branches, and members.
- **Audits:** Annual internal and external audits to strengthen trust and accountability.
- **Member Engagement:** Feedback mechanisms to ensure members' voices guide resource allocation.
- **Key Performance Indicators (KPIs):** Percentage of subscription compliance, funds allocated to member welfare, efficiency ratios, and growth of investment income.

## 4.5 Risk Management and Mitigation

The successful implementation of the KMPDU Strategic Plan 2025–2029 will take place within a dynamic and sometimes unpredictable environment. The healthcare and labour sectors in Kenya are highly sensitive to political shifts, economic fluctuations, health system reforms, and industrial relations dynamics. To ensure resilience, the union has adopted a Strategic Risk Management Framework that identifies potential threats, assesses their impact, and outlines mitigation strategies.

This framework enables the union to safeguard its objectives, protect member interests, and maintain credibility with stakeholders.

The implementation process will incorporate proactive risk identification and management:

### 4.5.1 Risk Categories

1. **Industrial Relations Risks**
   - Prolonged strikes, disputes, or deadlocks in collective bargaining.
   - Retaliatory actions from employers or government.
2. **Financial and Resource Risks**
   - Overdependence on membership subscriptions.
   - Insufficient resources for operations and advocacy.
   - Mismanagement or misuse of funds.
3. **Political and Policy Risks**
   - Shifts in government policy undermining labour rights or healthcare delivery.
   - Political interference in union affairs.
4. **Organizational and Governance Risks**
   - Weak internal systems, leadership gaps, or succession challenges.
   - Low member participation and fragmentation across counties.
5. **Reputation and Public Perception Risks**
   - Negative media portrayal during industrial action.
   - Loss of trust among members, partners, or the public.
6. **Legal and Compliance Risks**
   - Litigation risks arising from disputes with employers/government.

- Non-compliance with national labour laws and union regulations.

7. **Operational and Technological Risks**

- Poor communication and coordination among branches.
- Cybersecurity threats and misuse of digital platforms.

8. **Health System and External Risks**

- Pandemics, health crises, or emergencies that alter union priorities.
- Global economic shocks affecting healthcare budgets and employment.

### 4.5.2 Risk Management Process

KMPDU will adopt a five-step risk management cycle:

1. **Risk Identification** – Mapping risks through member feedback, scenario analysis, and horizon scanning.
2. **Risk Assessment** – Categorizing risks based on likelihood and impact (high, medium, low).
3. **Risk Mitigation** – Developing strategies, contingency plans, and safeguards.
4. **Monitoring and Review** – Tracking risks continuously and updating responses.
5. **Learning and Adaptation** – Using experiences and lessons learned to refine risk management.

### 4.5.3 Risk Mitigation Strategies

- **Industrial Relations Risks:** Strengthen collective bargaining frameworks, diversify negotiation tactics, enhance legal preparedness, and build solidarity actions.
- **Financial Risks:** Diversify revenue streams (grants, investments, partnerships), strengthen internal financial controls, and enforce transparency.
- **Political/Policy Risks:** Continuous advocacy, coalition-building with other unions and civil society, and policy research.
- **Organizational Risks:** Leadership development, digital transformation, member engagement programs, and succession planning.
- **Reputation Risks:** Proactive media engagement, public awareness campaigns, and strong communication strategy.
- **Legal Risks:** Strengthen legal department, ensure compliance training, and proactive engagement with labour boards.
- **Operational/Technological Risks:** Invest in ICT systems, cybersecurity training, and modern communication tools.
- **External Risks:** Build rapid response mechanisms, emergency funds, and partnerships with national/international allies.

### 4.5.4 Institutional Arrangements for Risk Management

- **National Executive Council (NEC):** Provides oversight on risk management and ensures accountability.
- **Secretariat:** Coordinates risk monitoring, prepares risk reports, and ensures compliance.
- **Branch Leadership:** Identifies and escalates local risks, implements risk responses at county level.
- **Risk and Audit Committee:** Independent body to assess risks, track mitigation measures, and advise leadership.
- **Members:** Actively report risks and participate in mitigation through solidarity actions.

### 4.5.5 Risk Monitoring and Reporting

- **Risk Register:** A centralized document tracking identified risks, mitigation measures, and status updates.
- **Frequency:** Quarterly reviews, annual risk audits, and updates during emergencies.
- **Reporting:** NEC to present risk reports at Annual Delegates Conferences (ADC) and through member bulletins.
- **Indicators:** Number of disputes resolved, financial health ratios, compliance levels, membership engagement levels, public perception metrics.

### 4.5.6 Risk Culture and Capacity Building

- Embedding risk awareness in union governance and operations.

- Regular training of leaders and members on labour rights, risk awareness, and crisis management.
- Encouraging open reporting and feedback channels to identify emerging risks.

## 4.6 Monitoring, Evaluation, and Learning (MEL)

Monitoring and Evaluation (M&E) is a critical component of the KMPDU Strategic Plan 2025–2029. It provides the mechanisms for tracking progress, assessing outcomes, and ensuring accountability to members and stakeholders. A well-structured M&E framework enables the union to learn from implementation experiences, strengthen decision-making, and adapt strategies to changing contexts in the health and labour sectors.

### 4.6.1 Objectives of the M&E Framework

1. To track the implementation of strategic objectives and activities.
2. To measure progress against agreed indicators and targets.
3. To ensure accountability, transparency, and prudent use of resources.
4. To facilitate timely decision-making and mid-course corrections.
5. To document lessons learned and best practices for future strategic cycles.

### 4.6.2 Monitoring and Evaluation Principles

- **Participation:** Members, leaders, and partners actively engaged in monitoring processes.
- **Transparency:** Open reporting of achievements, challenges, and lessons.
- **Accountability:** Clear roles, responsibilities, and reporting mechanisms.
- **Learning-Oriented:** Focused on continuous improvement, not just compliance.
- **Evidence-Based:** Using reliable data and analysis to guide decisions.

### 4.6.3 Monitoring and Evaluation Institutional Arrangements

- **National Executive Council (NEC):** Provides strategic oversight and reviews M&E reports.
- **Secretariat:** Coordinates data collection, consolidation, and reporting.
- **Branch Committees:** Collect and report data at the county level.
- **M&E Unit/Committee:** Ensures quality assurance, data integrity, and timely reporting.
- **Partners/Stakeholders:** Provide feedback, technical input, and external validation.

### 4.6.4 Monitoring and Evaluation Process

1. **Planning:** Annual work plans aligned to the strategic plan.
2. **Data Collection:** Routine collection through surveys, branch reports, financial records, and member feedback.
3. **Analysis:** Comparing performance against indicators, targets, and baselines.
4. **Reporting:** Quarterly, semi-annual, and annual reports disseminated to members and stakeholders.
5. **Evaluation:** Mid-term (2027) and end-term (2029) independent evaluations.
6. **Learning & Adaptation:** Using findings to refine strategies and inform the next strategic plan cycle.

### 4.6.5 Reporting and Feedback Mechanisms

- **Quarterly Progress Reports:** Shared with NEC and branch leaders.
- **Annual M&E Report:** Shared with members at the Annual Delegates Conference (ADC).
- **Feedback Platforms:** Member surveys, digital forums, and town halls.
- **Learning Forums:** Annual reflection workshops to discuss lessons and best practices.

## 4.7 Phasing of Strategic Plan Implementation

Implementation will be phased to ensure efficiency and sustainability:

- **Phase I (2025–2026):** Institutional strengthening, resource mobilization, and groundwork for reforms.
- **Phase II (2026–2027):** Expansion of programs and consolidation of advocacy initiatives.
- **Phase III (2027–2028):** Scaling up successful initiatives and strengthening partnerships.
- **Phase IV (2029):** Evaluation, learning, and transition into the next strategic cycle.

## 4.8 Conclusion

The KMPDU Strategic Plan (2025–2029) provides a clear roadmap for strengthening the union's role as the trusted defender of healthcare workers' rights and welfare, while advancing broader reforms in Kenya's health sector. Grounded in the principles of equity, accountability, solidarity, professionalism, evidence-based advocacy, sustainability, and member-centeredness, this plan charts a path toward a stronger, more resilient, and more impactful union.

By pursuing the six KRAs — These KRAs include: Organizing and Membership Growth; Collective Bargaining and Industrial Power; Education, Leadership and Political Development; Research, Policy and Advocacy; Communication and Public Image; and Financial Sustainability and Internal Democracy — KMPDU commits itself to addressing pressing challenges such as addressing member concerns, inadequate workforce governance, underfunding, poor industrial relations, and the emerging risks of workforce migration and health system shocks.

Successful implementation of this plan will depend on the collective commitment of members, strong leadership from the National Executive Council (NEC), active participation of branch officials, and collaboration with national, regional, and international partners. Monitoring, evaluation, and adaptive learning will be embedded throughout the plan to ensure accountability, transparency, and continuous improvement.

Ultimately, this plan envisions a united and sustainable KMPDU that delivers tangible value to its members while shaping the future of health workforce governance in Kenya. By 2029, KMPDU aspires to stand not only as a guardian of the rights and welfare of health professionals, but also as a transformative force in building a fair, just, and resilient health system for Kenya and beyond.

# Members of the Strategic Plan 2025–2029 Committee

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3. Dr. Mercy Nabwire – Member
4. Dr. Dennis Miskellah – Member
5. Dr. Steve Onyango – Member
6. Dr. Joseph Makomere – Member
7. Mr. Maxwel Kutondo – Secretariat
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