COUNTY GOVERNMENT OF KITUI

THE COUNTY ASSEMBLY

SECOND ASSEMBLY – (FIFTH SESSION)

COMMITTEE ON HEALTH AND SANITATION

REPORT BY THE COMMITTEE ON HEALTH AND SANITATION ON STUDY VISIT TO TURKEY ON STRATEGY FOR HEALTH CARE LEADERSHIP AND EMERGING ISSUES MANAGEMENT

(25TH SEPTEMBER- 1ST OCTOBER, 2021)

CLERK OF ASSEMBLY CHAMBERS **NOVEMBER, 2021**

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KITUI.

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1.0. ABBREVIATIONS & ACRONYMS

FMP-	Family Medical Program
GERF-	Government Employees Retirement Fund
GNI-	Gross National Income
GDP-	Gross Domestic Production
GNP-	Gross National Production
HTP-	Health Transformation Programme
K-CHIC-	Kitui County Health Insurance Cover
MoD-	Ministry of Defense
MOH-	Ministry of Health
OECD-	Organization for Economic Cooperation and Development
PHC-	Primary Health Care
UHI-	Universal Health Insurance
SPO-	State Planning Organisation
WHO-	World Health Organization

2.0 PREAMBLE

The Committee on Health and Sanitation is constituted pursuant to the provisions of Standing Order 190

The Committee is mandated under the Standing Order to inter - alia

i. *To investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration, operations and estimates of the assigned department.*
ii. *Study the programme and policy objectives of the department and the effectiveness of the implementation*
iii. *Study, assess and analyze the relative success of the department as measured by the results obtained as compared with their stated objectives*
iv. ***Make reports and recommendations to the County Assembly as often as possible, including recommendation of proposed legislation.***

In executing her mandate, the Sectoral Committee oversees the County Ministry of Health and Sanitation. As currently constituted the Committee comprises of the following members:-

1)	Hon. Philip M. Nguli	Chairperson
2)	Hon. Nicholas N. Mwalali	Vice chairperson
3)	Hon. Geoffrey M. Mwalimu	Member
4)	Hon. Elizabeth N. Peter	Member
5)	Hon. Anthony K. Mbiti	Member
6)	Hon. Stephen I. Katana	Member
7)	Hon. Dr. Grace Mutua	Member
8)	Hon. Eliud M. Nding'uri	Member
9)	Hon. Josphine K. Mutie	Member
10)	Hon. Charles M. Maema	Member
11)	Hon. Jane Mutua	Member

It is in pursuit of the above mandates, objectives and the sustained efforts by the County Assembly to expose the Members of the Committee and Staff to other jurisdictions that a delegation traveled to Turkey to study the best practices in the health sector to equip members with the right skills,

knowledge and experiences in order to be able to carry out their mandate effectively and adequately.

Mr. Speaker,

A healthy nation is a wealthy nation, affordable and universal quality Health care is one of the four pillars of the National Government's Development Agenda. Further, in adherence to the Abuja declaration of 2015 where all Member states agreed to increase their spending towards health care up to 15% of their total annual budgets, Kenya has continued to increase her budgetary allocation towards heath in the subsequent budgets although a little lower than the agreed percentage at the declaration.

Mr. Speaker,

Kitui County has an approximate citizenry of 1,012,709 consisting of 48% male and 52% female (2009 National Census Report) spread in approximately 205,491 homesteads. Kitui County is characterized by a rapidly growing population, water scarcity, falling food production and low resilience to climate change. The combined effects of climate change and rapid population growth are increasing food insecurity, environmental degradation, and high poverty levels at (63.1%) in the County (Population Action International Report). Given this state of affairs in our county, provision of quality health care for all forms the basis of this study visit to Turkey.

Mr. Speaker,

Health is one of the devolved functions as per the provisions of the 2010 dispensation. Kitui County has not been left out in embracing this spirit, Her Excellency the Governor has enlisted healthcare in her five development agenda pillars with a view of providing quality health care for all residents of Kitui County through the proposed universal health care under a County Health Insurance Cover (KCHIC). The county is also at an advanced stage in implementing the universal health care for all following a nationwide rollout of the same program by the national government.

In order to ensure success in the UHC program, the Committee on Health and Sanitation will play a key role in the legislation and policy scrutiny to ensure the program is anchored in the law. It is in this understanding that the Committee found this study vital in equipping its members with the requisite knowledge, skills, and experiences to offer guidance needed to implement a successful universal healthcare program.

2.1. Justification for the visit to Turkey

By international standards, Turkey has spiraled as leading world class case study of exceptional excellence in healthcare research, investment, financing and leadership.

The fact that Turkey has the best equipped hospitals, state of art health facilities, cutting edge technology and excellent patient care and staffing requirements makes it exemplary learning experience for Committee on Health and Sanitation.

The objective of the program was to offer an insight to Turkey's healthcare management in relation to organization, human resource management, strategy tools, risk management, healthcare technology assessment and finance performance management.

2.2. Delegation

The following members were nominated by the Committee to undertake the exercise.

1.	Hon. Nicholas N. Mwalali	Chairperson of the Delegation.
2.	Hon. Anthony N. Mwanzia	Member
3.	Hon. Stephen I. Katana	Member

4.	Hon. Geoffrey M. Mwalimu	Member
5.	Hon. Charles M. Maema	Member
6.	Hon. Jane Mutua	Member
7.	Onesmus Mutua Mbwang'a	Clerk accompanying the delegation

2.3. Acknowledgement

The delegation wishes to thank the office of the Speaker and that of the Clerk of Assembly for allowing the Committee to conduct the study visit in Turkey, for the facilitation, planning and organizing for the travel and the necessary logistical arrangements.

The delegation also appreciates the Ministry of devolution for facilitating the approval of the foreign travel. Special thanks also go to Octavian Consultancy Development Company who organized the relevant areas of visit and also played a key logistical role for this successful trip. It is therefore my pleasant duty and pleasure on behalf of the delegation to present this study visit report for adoption by the Assembly.

HON. NICHOLAS N. MWALALI –MCA
(Leader of Delegation)

Report Compiled by Onesmus M. Mbwang'a (Clerk Assistant)

CHAPTER II

3.0. HISTORICAL BACKGROUND OF TURKEY

Turkey is a transcontinental country located in Southeastern Europe and Southwestern Asia bordering the Black Sea. The Republic of Turkey is surrounded on three sides by the Mediterranean, Aegean, and Black seas. It is known locally as Turkiye Cumhuriyeti; the shortened form of this name is Turkiye. Neighboring counties are Greece to the west; Bulgaria to the northwest; Georgia, Armenia and Iran to the east; and Iraq and Syria on the south. Majority of these boundaries were established after the collapse of the Ottoman Empire. Throughout history, Turkey has been the center of trade and migration route because of her long shoreline and her strategic location as a bridge between continents.

Turkey lies within one of the most active earthquake regions in the world, the Alpine-Himalayan mountain belt, and severe earthquakes, especially in northern Turkey, are not uncommon. There are many active fault lines. In the 1900s seven major quakes occurred along the North Anatolian fault. The Marmara earthquake occurred on August 17, 1999, and was one of the most severe earthquakes in Turkish history. The quake measured 7.4 on the Richter scale and was one the most devastating disasters of the century.

Turkey covers an area of 783,562 km^2; the country is more than twice the size of Germany or slightly smaller than the U.S. states of Texas and Louisiana combined. Turkey is divided into seven geographical provinces: the Marmara Region, the Aegean Region, the Mediterranean Region, the Central Anatolia Region, the Black Sea Region, the Eastern Anatolia Region, and the Southeastern Anatolia Region. Four of the regions (the Marmara Region, the Aegean Region, the Mediterranean Region, and the Black Sea Region) are named after the seas that are adjacent to them; the Marmara Sea is an internal sea entirely surrou nded by land and connected to the Black Sea and the Aegean Sea through straits. The other three regions were named in for their location in the central plateau, the Anatolia.

In 2000, the population of Turkey was approximately 65.7 million. Approximately 30 percent of the population is under age fifteen. Almost half of this number live in costal areas. Approximately 80 percent of the

population is Turkish, and 20 percent is Kurdish. The annual population growth rate was estimated at 1.27 percent. In 2000, Turkey's literacy rate was 82.3 percent. More males were literate (91.7 percent) than females (72.4 percent). Some 45.8 percent of the labour force works in agricultural areas, 33.7 percent in service areas, and 20.5 percent in industrial areas.

About 99.8 percent of all Turks are Muslims; most of these are Sunni. The small non-Muslim population is comprised of Christian and Jews. Turkish is the official language, but Kurdish, Arabic, Armenian, and Greek are also spoken. English is taught in the compulsory primary school, so its use is becoming more widespread.

Turkish nationalists led by Mustafa Kemal, a war hero later know as Atatürk or father of Turkey, organized a resistance force and took the offensive against the Allies in Anatolia. Following a series of impressive victories, he led the nation to full independence. In November 1922, the National Assembly became the government in Turkey. In October 1923, the Republic of Turkey was proclaimed and Kemal was unanimously elected President of the Republic. The constitution was ratified in 1924. Kemal moved the capital to Ankara and worked to transform Turkey into a modern westernized nation. He created a new political and legal system, abolished the sultanate and caliphate, made both government and education secular, gave equal rights to women, changed the Arabic script to a Roman alphabet and number system, and advanced Turkey's industry, agriculture, arts, and sciences.

These reforms introduced by Atatürk before his death in 1938 are still the ideological foundation of modern Turkey. Until 1950, the political party established in 1923, the Republican People's Party, dominated all elections. From 1950-1960, the Democratic Party governed Turkey. In 1960 a military coup ousted the government; a new constitution was written, and a civilian government was reinstated in 1961. For the remainder of the twentieth century, there were many political upheavals and changes. The current constitution was ratified in November 1982. Throughout all the changes, the ruling government has remained committed to the basic principles established when the republic was formed in 1923.The government system is a republican parliamentary democracy; the chief of state is the president, and the head of government is the prime minister. The country is administratively divided into

79 provinces. The governor of each province is appointed by the Council of Ministers on the recommendation of the Ministry of Interior, and is responsible to all central government ministries.

Currency: Turkish lira
Gross domestic product: 761.4 billion USD (2019) -World Bank
GDP per capita: 9,126.56 USD (2019) -World Bank
Minimum wage: 440.29 EUR per month (Jun 2020) -Eurostat
GNI per capita: 27,660 PPP dollars (2019) -World Bank
GDP growth rate: 0.9% annual change (2019) -World Bank
Unemployment rate: 14.0% (May 2020) -Eurostat

CHAPTER III

4.0 HISTORICAL DEVELOPMENT OF TURKISH HEALTHCARE

The healthcare system in Turkey has a highly complex structure. The Ministry of Health (MOH), universities and the private sector are the health service providers in the Turkish health system. The most rampant causes of mortality in the country are: in infancy, infectious diseases; in children aged 1-5, infectious diseases and their complications, mostly associated with malnutrition; in adolescents and the early twenties, accidents, in those aged 25-44, heart disease and accidents; in those aged 45-64, heart disease and respiratory disorders. Turkey Infant mortality, at 52.6 per 1,000 live births is one of the most significant health problems in Turkey. Childhood mortality is also high, although it varies with the part of the country, with an overall figure for mortality among children under 5 of 60.9 per 1,000. This is 50.5 in urban areas and 76.4 in rural areas and accounts for 50 percent of all deaths

4.1. History of Turkish Healthcare

The Turkish MOH was initially established in 1920, and the foundations of the current Turkish public health system were built in the period between 1923 and 1946. In 1946, the Social Insurance Organisation called "Sosyal Sigortalar Kurumu" (SSK) was created to provide health insurance to private sector and blue collar public-sector employees (OECD 2008).

In 1950 Government Employee's Retirement Fund (GERF) called "Emekli Sandigi" was established to provide service to white-collar programme was

introduced as a temporary solution until the adoption of employees (government employees), military personnel with retirement and disability pension, local administration council members, parliamentary and military school students (Alkan et al. 2008).

The Universal Health Insurance (UHI) system was introduced by the government in the first five-year development plan in 1963 and then reintroduced in the National Health Policy (1990), however it could not be applied because of changes in government, economic crisis and lack of investment.

Between 1986 and 1989, the government adopted the Law on programme was introduced as a temporary solution until the adoption of Launching Health Insurance through Bağ-Kur (the Social Insurance Agency for Merchants, Artisans and Self-employed). Then, in 1992 the Green Card programme was introduced as a temporary solution until the adoption of UHI. It aimed to provide free healthcare services to poor and uninsured people. However, as of the end of 2007 approximately 9 million citizens had utilised the Green Card system (Erus and Aktakke 2009). By 2003, there were a number of different social security schemes used by Turkey; namely Social Insurance Organisation (SSK), Government Employees Retirement Fund (Emekli-Sandigi), Bağ-Kur and Green Card (Yesil Kart). Insured citizens were allowed to use different facilities and pharmacies according to their social security service. Payment mechanisms across the health insurance funds also varied.

4.2. Health Transformation Programme

In 2003, the Health Transformation Programme (HTP) covering the period 2003-13 was adopted by the MOH. The EU accession process has also provided additional momentum for the implementation of a more streamlined healthcare system (Varol and Saka 2008). By October 2008, the harmonisation of the benefit package was completed and finally UHI gathered all insured citizens (Bag-kur, SSK, Emekli Sandigi and Green Card holders) under a single insurance umbrella.

Under this new umbrella, the programme was introduced as a temporary solution until the adoption of Health Insurance Certificate ("Saglik Karnesi"), which formally served as a document to prove health insurance plan

coverage, was abolished and a new health information system was implemented making patients' records easily accessible by using their identity card numbers. There is also a plan to issue employees with credit card-like social security cards, which can be easily swiped to provide hospitals and pharmacies with their insurance details.

After the introduction of the HTP, family medicine was adopted in some cities, and the aim of the programme is to further generalise its' implementation across Turkey. Additionally, a Performance-Based supplementary Payment system was initiated. According to this system, revolving funds are distributed to healthcare personnel based on the comparative level of deprivation of their workplace. Preventive care practices are also emphasised as performance criteria. By the beginning of 2003, the share of full-time practitioners was 11 percent, and this has reached 75 percent as a result of these implementations (OECD/Organisation for Economic Co-operation and Development, 2008).

The other objectives of the health transformation programme are to:

- Strengthen primary healthcare services;
- Improve the administrative and financial autonomy of health facilities; suffer from overcapacity and lack of finances; University Hospitals, which have
- Accelerate the accreditation for qualified and effective health services;
- Support the health system by education and science institutions;
- Improve the home care policy,
- Generalise Tele-Medicine and Tele-Health systems in order to provide remote health services in the field of screening;
- Improve the quality and increase the number of intensive care units;
- Decrease maternal and infant mortality rates; and
- Carry out the European Union harmonisation/accession process (SGK/Republic of Turkey Social Security Institution, 2008).

4.3. Financing of Healthcare System

The financing of healthcare system has three main sources, which are: Government budget funded by taxation revenue, contributions from employed citizens, and out-of-pocket payments (differing from 3 to 10

Turkish Lira according to the type of hospital), which are made by each individual who uses the health service (SGK/Republic of Turkey Social Security Institution, 2008). Citizens in vulnerable groups of society such as pregnant women, war veterans, diabetics and tuberculosis patients do not have to pay any charges. Expats, however, are obligated to pay for health services until they have lived and worked continuously in Turkey for two years.

Employers must register their employees with the health insurance fund and then income is automatically deducted from employees' salary. Dependant family members are covered by the contributions paid by employed family members. The unemployed, old age pensioners and people on long-term sickness benefit or maternity leave do not have to make payments. Self-employed people must make their own contributions to the health insurance fund.

4.4. Hospitals

There are several types of hospitals throughout Turkey: State-funded hospitals, University Hospitals, which have the highest standard of care out of all three of hospital types and boast highly skilled personal, and private hospitals. Although a limited percentage of Turkish citizens can afford to use private healthcare, it is affordable in comparison to Western expectations and on a par with western standards. Therefore, in recent years there has been a marked increase in the number of people travelling to Turkey as "medical tourists" to take advantage of this cost disparity.

4.5. Pharmacies

Only general practitioners (GPs) and consultants (senior doctors who have completed a higher level of specialized training) can prescribe medicine and prescription medicine is only available from registered chemists or hospital pharmacies. Employed people and dependent family members pay 10 percent of medicine price(SGK/Republic of Turkey Social Security Institution, 2008).

4.6. Emergency Care

Emergency care is available free for Turkish citizens including those without state health insurance. Emergency departments are open 24 hours all year and can be reached by dialing 112. By 2008 all ambulances, which are used in 112

Emergency Health Services, were accredited to the European standards (Akdag 2008).

4.7. Dentists & Ophthalmologists

Dental care in Turkey is of high standard as the dentists have facilities which meet Western standard and they are mainly private with no fixed prices for treatments. Also, Turkey has a reputation for expert laser surgery, to the point where some Turkish lasik surgeons now train ophthalmologists in other countries. Thus, many foreigners come to Turkey for ophthalmologic procedures.

4.8. Organizational structure of healthcare

Health care services in Turkey are provided mainly by the Ministry of Health (MoH), the Social Insurance Organisation (SSK), Universities, the Ministry of Defense (MoD), and private physicians, dentists, and pharmacists. Other public and private hospitals also provide services, but their total capacity is low. The autonomy of the agencies which provide health care makes it difficult to ensure effective co-ordination and delivery of services. The MoH is the major provider of hospital care and primary care and the only provider of preventive health services. At the central level, the MoH is responsible for the country's health policy and health services. At the provincial level, health services provided by the MoH are administered by Provincial Health Directorates accountable to the Provincial Governors.

4.9. Planning, regulation and management

The parliament is the ultimate legislative body and regulates the health care sector. The two main bodies responsible for planning the health care services are the State Planning Organisation (SPO) and the Ministry of Health. The role of SPO is to define the macro, policies. The MoH in turn develops operational plans regarding the provision of health care services. The MoH is also responsible for the implementation of defined policies.

In every province there is a provincial health directorate which is administratively responsible to the governor of the province and technically responsible to the MoH. Administrative responsibility mainly involves administration of personnel and estates management, whereas technical responsibility involves decisions concerning health care delivery, such as the

scope and volume of services. Appointments of the provincial health directorate personnel is made by the MoH by the approval of the Governor.

The MoH operates an integrated model and provides primary, secondary and tertiary care. Primary care is provided by the MoH, through the health centers, mother & child health and family planning units, some vertical units such as TB dispensaries and health posts. The provider units are technically responsible to the provincial health directorates and administratively to the governor in provinces, to the kaymakam in the districts. The MoH appoints staff and appointments are approved by the governor. Apart from physicians, the distribution of the personnel to the provider units is undertaken by the provincial health administration.

The governor and the kaymakam has the authority to relocate staff if needed. MoH also operates secondary and tertiary hospitals. These hospitals are technically responsible to the provincial health directorates and administratively to the governor in provinces, to the kaymakam in the districts. The MoH is the decision maker of financial resource allocation for the current and capital expenditure once its budget is approved by the parliament.

The Ministry of Finance directly allocates funds to some budget lines such as salaries, to the accounts of hospitals or to the provincial health administrations, following the authorization of MoH. The Ministry of Defence, the Ministry of Labour and Social Security, the municipalities, universities (with medical faculties) and several State Institutions have largely autonomous provider units, mainly hospitals, which are administratively responsible to the respective organisation, and technically responsible to the MoH.

4.10. Decentralization of the healthcare system

Decentralisation of the Turkish health care system is in line with deconcentration. The provincial health administrations are subordinate units of the MoH and possess some administrative functions. While technically responsible to the MoH, the provincial health administrations and the provider units are administratively responsible to the governors who ensure the inter-ministerial co-ordination at the provincial level.

4.11. Health care finance and coverage

The annual growth rate of GNP in Turkey is currently about 5 percent. Since 1963 total health care expenditure has accounted for between 3.0 percent and 4.3 percent of GNP. The allocation to the Ministry of Health from the national budget has been between 3 and 4 percent.

Overall health expenditure also includes spending by social security organizations such as the Social Insurance Organisation, the Government Employees Retirement Fund (GERF), the Social Insurance Agency of Merchants, Artisans and Self-employed (Bag-Kur) and university hospitals, health expenditures for civil servants, state economic enterprise hospitals, foundations, private health insurance companies, and out-of-pocket payments (user charges).

The major source of funds for Ministry of Health hospitals is allocations from general government revenues (83%) and fees paid to hospitals by either insurers or individuals (12%). Since 1988 additional funding (5%) has been available from earmarked taxes on fuel, new car sales, and cigarettes. In recent years, inflation has presented a major challenge to efforts to control public expenditure. It has, therefore, become routine to revise the initial general budget allocations during the financial year.

4.12. University Hospitals:

University hospitals have two main funding sources: state budget allocations through the Higher Education Board and universities' own funds. The state budget covers both recurrent and capital expenditure. Through attention to self generated funds, that can be retained, revenues have been strengthened compared to state hospitals.

Social Insurance Organisation (SSK): SSK is a social security organisation for private sector and blue-collar public sector workers, and functions both as an insurer and as a health care provider. Members mainly use SSK services but are referred when needed to MoH, University and private health institutions. The SSK does not provide or pay for preventive services. SSK health services are funded by premiums paid by employees and employers.

There are two other sources of funding in addition to premiums: income from fees paid on behalf of non-members using SSK facilities (for example Bag-Kur

members), and income obtained through co-payments (10 percent for retired and 20 percent for employed) of drug costs for outpatients.

Even though efforts are made to ensure that the different insurance branches of SSK are self financing, the surplus of income over health care expenditure has been used to subsidise other SSK activities such as pensions. However, in recent years the surplus has been declining to a point where expenditure matches the revenue.

4.13. Provision of Services Sources of Funds

Public State Budget through Ministry of Health Ministry of Health Social Insurance Organisation Higher Educational Council University Hospitals Ministry of Defense Municipalities Other Public Sector Sources State Economic Enterprises Compulsory Insurance Ministry of Defense Social Insurance Organisation Other Ministries Bag-Kur Private GERF Turkish and International Hospitals Private Insurance Funds Private Physicians Out-of-pockets Payments (User Charges) Private Pharmacists Private Laboratories Philanthropic Source:

Health Sector Master Plan Study, Price Waterhouse/Ankon, State Planning Organisation, 1990 One of the major problems that SSK management faces today is the over emphasis on cost containment policies at the expense of quality. There are widespread complaints by SSK users about the quality of health care and accessibility of SSK health facilities. There are also private funds established in accordance with article 20 of the SSK Law. These funds are open to insurance, banking and stock market institutions, and provide services to their members at least the same level as permitted by the SSK Law.

4.15. Primary Health care delivery

Since the enactment of law on socialisation of health services in 1961, the government has been committed to a programme of national health services. The basic health units are health centers and health posts at the village level. According to the legislation, health posts staffed by a midwife serve a population of 2,500 - 3,000 in rural areas. There are 11,888 health posts in Turkey. Health centers serve a population of 5,000 - 10,000 and are staffed by a team consisting of at least a physician, a nurse, a midwife, a health technician, and a medical secretary.

The main functions of health centers are the prevention and treatment of communicable diseases; immunization; maternal and child health services, family planning; public health education; environmental health; diagnosis and treatment of cases subject to primary level of care; and the collection of statistical data. There are 4,927 health centers in Turkey. Although the socialisation law calls for integrated health services, there are 269 mother/child health / family planning centers, 256 tuberculosis dispensaries, 16 syphilis dispensaries, 12 leprosy dispensaries, and four mental health dispensaries, which also offer preventive health services. The Ministry of Health is the largest health services provider in Turkey, employing about 195,000 staff. It operates 677 hospitals (including specialist hospitals) with a total of 77,753 beds, and it runs 11,888 health posts, and 4,927 health centers for primary and preventive care.

4.16. Secondary and tertiary care

Hospital services are provided by the MoH, the Ministry of Defense, the Ministry of Labour and Social Security, some State Economic Enterprises, Universities, and the private sector. Of the total of 1051 hospitals, 677 are run by the MoH. These provide 51 percent of the hospital beds in the country, with an occupancy rate of 55 percent. SSK provides only curative services to its members in 115 hospitals with 25,196 beds (15.9 percent) and an occupancy rate of around 65 percent. The 29 university hospitals provide health services with 19,852 beds.

Each Ministry of Health hospital is administered by a head doctor who is a practicing clinician, with a hospital administrator assisting him in day-to-day administration. Both are appointed by the Ministry of Health. The head doctor, in general, is appointed on the basis of length of service and reputation and not necessarily due to his/her managerial abilities. There are two major sources of funding for public hospitals; state budget allocations and self-generated revenues. State budget allocations are made through simple adjustments by taking into consideration the previous year's inflation rates and sent to the Ministry of Health. Self-generated funds arise from fees paid for services by individuals or third-party insurers. Fees paid for the health services are determined by a commission consisting of Ministry of Health and

Ministry of Finance representatives without considering the actual cost of the services.

4.17. Financing/Payment to hospitals

Ministry of Health hospitals generate almost one third of their income through third party payments, at statutorily defined levels which do not reflect the actual costs. A third party payment is made for each patient. The payment can be made by an insurance organisation (GERF, SSK, Bag-Kur, or private), by the organisation where the patient works (Governmental or non-governmental) directly by the state (for those entitled to the green card) or by the patient himself as an out of pocket payment. Personnel costs, which account for two-thirds of expenses, are always paid from the General Budget through allocations by the Ministry of Health. The SSK (Social Security Organization) operates its own facilities and is financed from the health premium contributions received from SSK's members.

4.18. Successes in Turkey's Health Care

Over the past decade, Turkey has implemented remarkable health-care reforms, achieving universal coverage in 2003, and dramatically expanding access to care for the population. Accompanied by significant investment in the hospital sector and the establishment of a family physician system, the Health Transformation Programme (HTP) has delivered a high level of activity in the health system. The reforms benefited from ambitious leadership and a clear set of priorities (focused on expanding health insurance and improving access and, in the clinical domain, on maternal and child health). An evaluation culture built in from the beginning and a willingness to open up the reform process to external scrutiny were also fundamental elements.

Centralisation and rationalisation of the health system's governance was critical in achieving recent health-care successes.

The Family Medicine Program (FMP), launched in 2005, assigns each Turkish citizen to a specific state-employed family physician, who offers a wide range of primary healthcare services that are free-of-charge. Furthermore, these services are provided at family health centers, which operate on a walk-in basis and are located within the neighborhoods in close proximity to the patients.

The FMP caused large declines in mortality rates across all age groups with more pronounced impacts among infants and the elderly, and a moderate reduction in the birth rates, primarily among teenagers.

The Turkish healthcare reforms has essentially established a socialized medicine program for basic healthcare services since the services are provided free-of-charge by state-employed family physicians. This is in sharp contrast with most other interventions, especially those concerning demand-side incentives, which primarily focus on the impact of reducing out-of-pocket healthcare expenses.

Additionally, there is a growing concern among the leading global health organizations, policymakers and practitioners about the importance of achieving universal health coverage, i.e., ensuring basic and affordable healthcare services to all citizens irrespective of their ability to pay.

The Turkish healthcare system has undergone a major transformation marked by significant investments in state of art healthcare infrastructure, proper education of healthcare personnel, modernization of patient tracking (HIMS) and payment systems, and most importantly, the launching of the Family Medicine Program (FMP) which was introduced in 2005. Every Turkish citizen is required to register with a particular family physician, who is in charge of providing a wide range of healthcare services at neighborhood clinics that operate on a walk-in basis.

4.19. Turkish Healthcare Response towards the COVID-19 Pandemic

During the coronavirus crisis, Turkey, compared to advanced countries, appeared to have a good healthcare system, with almost no capacity problems related to its hospitals, healthcare workers, or medical equipment.

Yet, in order to prepare itself to face another possible crisis, the country has been continuing to find new ways of consolidating its healthcare sector, determining its shortcomings through a World Bank-backed project. Turkey's success in health has been celebrated around the world this is according to Auguste Tano Kouame, the World Bank country director for Turkey.

Turkey's preparedness in tackling pandemics dates long way back especially the aftermath of devastating Marmara earthquake of 1999, which killed some

17,000 people, when the country had to do a lot to retrofit and upgrade some hospitals which strengthened and contributed to Turkey's capacity in the fight against the virus.

world bank has started project in Turkey which aims at enhancing Turkey's capacity in mobilizing additional mechanical ventilators in bigger cities like Istanbul, which has had almost 60% of the total cases of infection in the country. Another area identified under the project is the testing capacity of Turkey, which needs to be raised despite the fact that the country has increased its testing capacity from 1,000-2,000 to 30,000 people and even exceeded that number on a daily basis.

As for post-virus scenarios, Turkey could actually benefit from certain aspects of the crisis. The global economy and value chains will restructure themselves, a good example being that of China and its position in the aftermath of the global financial crisis.

4.20. CHALLENGES FACING TURKISH HEALTHCARE

As Turkey's economic indicators have improved, so have the country's health indicators. From 2002-2009,

- Life expectancy rose from 71.8 to 74.3 years
- Infant mortality declined by 52 percent
- Incidences of malaria fell from 11 cases per 100,000 people to 0.01 and incidences of measles fell from 14.7 per 100,000 people to 0.055
- Vaccination rates rose from 78 percent to 96 percent
- Hospital visits increased from 124 million to 295 million
- The number of primary care facilities increased 230 percent
- Primary care facility visits increased from 60 million to 198 million

Nevertheless, Despite the numerous successes in the Turkish healthcare as highlighted above the following challenges are being faced: Noncommunicable diseases are responsible for more than 70 percent of all deaths in Turkey. While there has been a decline in smoking rates since 2000, obesity rates have been rising throughout the. population. Turkey also faces demographic pressures. The share of its population over the age of 65 is projected to rise from 7.3 percent in 2013 to 10.7 percent in 2025 and 22.9 percent in 2050.

preparedness in tackling pandemics dates long way back especially the aftermath of devastating Marmara earthquake of 1999, which killed some 17,000 people. Kitui county should seek to put in place proper disaster preparedness strategies through increasing the infrastructural capacity, staffing and proper equipment to handle large numbers in the event of outbreaks as witnessed during the COVID-19 times.

5.4. Sufficient and timely funding to health facilities.

Sufficient and timely funding is crucial for quality health care provision. Turkey's health care is funded directly from the Ministry of Health. Hospitals generate almost one third of their income through third party payments which they are allowed to retain and use for service provision. Personnel costs, which account for two-thirds of health care expenses are always paid from the General Budget through allocations by the Ministry of Health. Kitui country's health care system has been faced with severe financing gaps where hospitals lack timely funding and as result service provision is interrupted from time to time. Proper funding and timely reimbursement to health facilities should be ensured for smooth service delivery.

5.5. Partnership with development partners

Health care provision is a capital intensive venture and may sometimes overwhelm own resources thus requiring to call for partnership with other partners. In the effort to ensure this is achieved, Turkey has partnered with the world bank in many projects among them is one project which aims at enhancing Turkey's capacity in mobilizing additional mechanical ventilators in bigger cities like Istanbul. The project will as well aims at increasing the testing capacity of Turkey to over 30,000 people for COVID-19 in a day. Kitui county should seek to partner with development agents such as AFYA HALISI, CMMB, AMREF among others in financing health care facilities and initiating health care related projects and programs to boost the county's resources.

5.6. Proper/sound leadership

Sound leadership is paramount in provision of quality health care. Under the founding president Mr. Atatürk, Turkey put in place sound ideological foundation for the modern turkey. The subsequent leaderships have followed the same spirit which has led to stable and democratic political administrations. Throughout all the changes, the ruling government has

remained committed to the basic principles established when the republic was formed in 1923. Kitui county has experienced change of guard in relation to its county leadership resulting from the aftermaths of the 2017 general elections. The first governor had put in place many health care infrastructural projects majority of which were done up to between 50- 90% completion. However, with the change of the county governor following the 2017 elections, and bearing in mind the current leadership had a different election manifestos, most of these projects have remained incomplete a factor which has led to wastage of public resources and lack value for money as these incomplete projects deny the people the much needed services.

5.7. Proper staffing

Turkey's health facilities are well staffed both at the primary level and the specialist level. According to the country's staffing norms, a health post is served by a midwife attending to a population of 2,500 - 3,000 in rural population of 5,000 - 10,000 and are staffed by a team consisting of at least a physician, a nurse, a midwife, a health technician, and a medical secretary. Kitui county health facilities lack sufficient staff, most of the primary care facilities are served by one or two nurses who are usually overwhelmed by the numbers seeking services from these facilities.

5.8. Health care systems

Turkey has a state of art health care system (HIMS) for proper data base of all patients which is networked in all hospitals. Patients seeking treatment have their health history/ data bank shared in all health care systems. This enables health care workers to quickly know the health history of their patients hence minimizing chances of wrong diagnosis and increasing accuracy in patient management.

5.9. Refurbished medical equipment

Turkey has at her disposal a wide range of refurbished medical equipment which are readily available for donation to less developed countries through partnership programs. The committee learnt that this program can greatly benefit our county in solving the problem of insufficient equipment in our health facilities.

CHAPTER V

6.0. COMMITTEE'S RECOMMENDATIONS

i. A proper policy framework should be enacted to ensure sufficient and timely funding and reimbursements for all health care facilities in Kitui County to ensure smooth service delivery. This should as well address the issue of financial autonomy to the health care facilities to shorten the turnaround time taken while seeking funding/ reimbursements.

ii. In order to achieve an efficient and effective health care for all, sufficient funds should be allocated to the health sector to put up enough health facilities, equipping the existing ones and proper staffing, remunerations and improved working conditions.

iii. Social Safety nets should be established to address the health care needs for the less fortunate/ low income earners, orphans, the sickly, the elderly and the vulnerable groups in the society.

iv. The county leadership should seek to partner with other development agents and countries with a view of getting new or refurbished equipment and also bridging the health care financing shortcomings/gaps.

v. From the lessons learnt following the COVID-19 pandemic, the county should set aside funds to improve on the county's disaster preparedness in relation to capacity of facilities, equipment and specialists. Sufficient funds to cater for COVID-19 testing for almost all persons should be budgeted for as well.

vi. The county should fully open up the economy and come up with strategies to enable locals learn to live with the COVID-19 pandemic while residents should be encouraged to follow MOH guidelines on COVID-19.

7.0. CONCLUSION

Health care financing is one of the factors as enlisted in global health care provision Thus, Sufficient funding is crucial for any leadership which aspires to achieve quality and sustainable health care for her citizenry. Kitui County's health care has been faced with numerous financing challenges which has led to severe shortage of drugs, staff strikes and go slows and to some extent brain drain where staff have left to seek greener pastures coupled with lack of crucial equipment in the theatres and maternities. It is paramount to consider increasing funding for the line ministry in subsequent budgets in order to cure this situation while the county leadership should seek to partner with donors and other development partners in order to close the existing funding gaps being experienced in this ministry. Emphasis should as well be put in place to ensure prudent utilization of health funds to reduce wastage and corruption coupled with embezzlement of public funds. Proper checks and balances should be instituted with a view of ensuring efficiency, cost reduction in offering health services in order to realize an effective service delivery for quality and affordable health care for all.

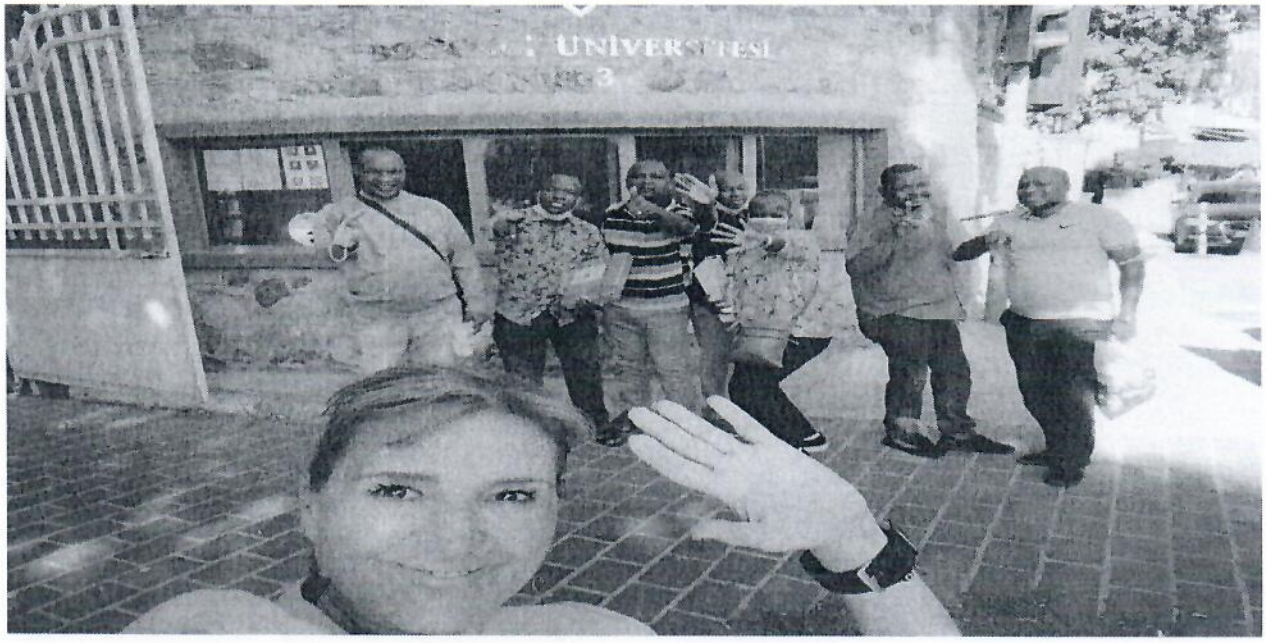
ANNEXTURES

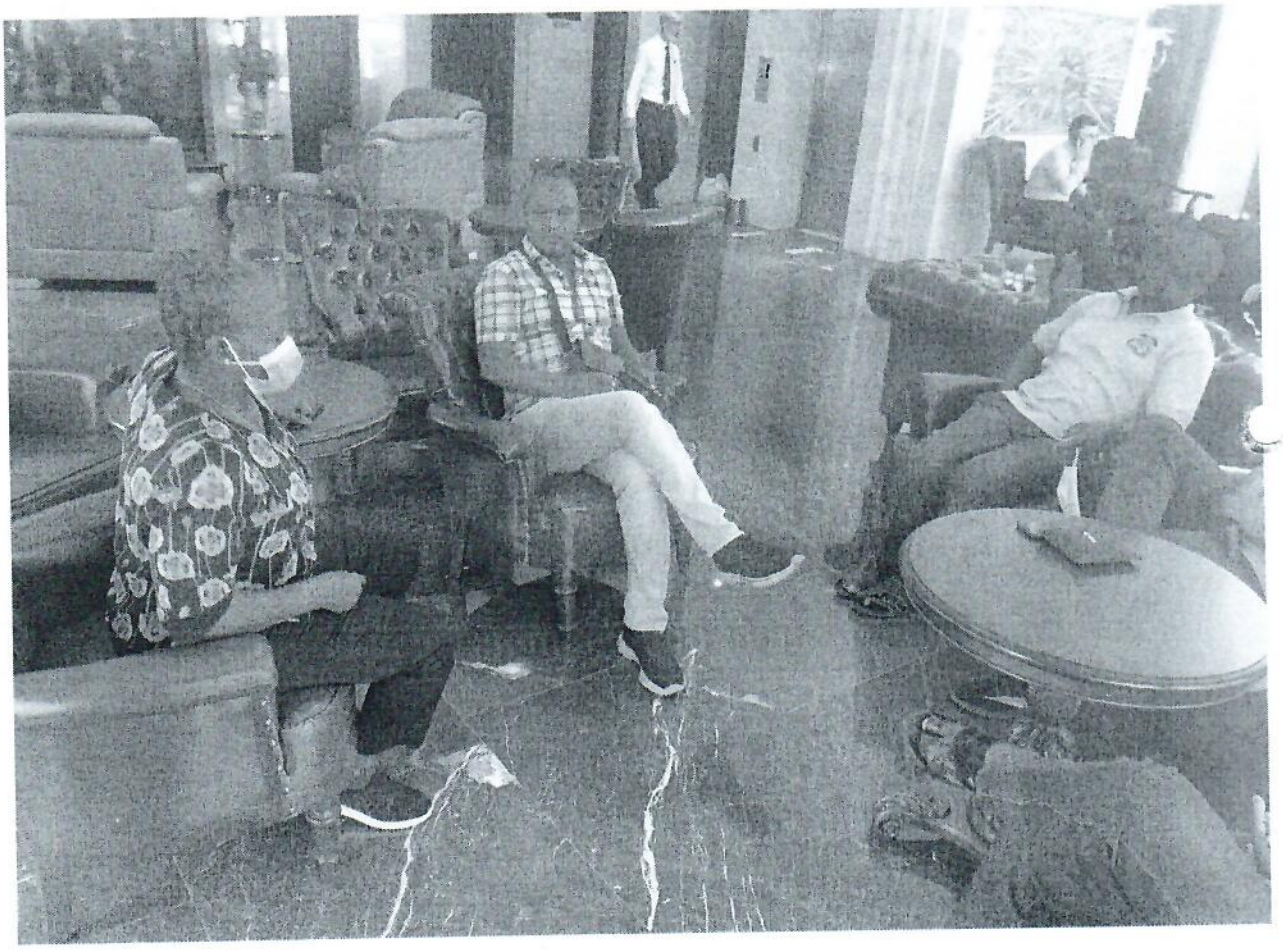
ANNEX I - REPORT ADOPTION/ AUTHENTICATION

We the members of the Health and Sanitation Committee delegation to Turkey do append our signatures to authenticate and adopt the report on the Study visit to Turkey on Strategy for Health Care Leadership and Emerging Issues Management.

NAME		SIGNATURE
1)	Hon. Nicholas N. Mwalali	Leader of delegation----------
2)	Hon. Anthony N. Mwanzia	Member ----------
3)	Hon. Jane Mutua	Member ----------
4)	Hon. Stephen I Katana	Member ----------
5)	Hon. Charles M. Maema	Member ----------
6)	Hon. Geoffrey M. Mwalimu	Member----------

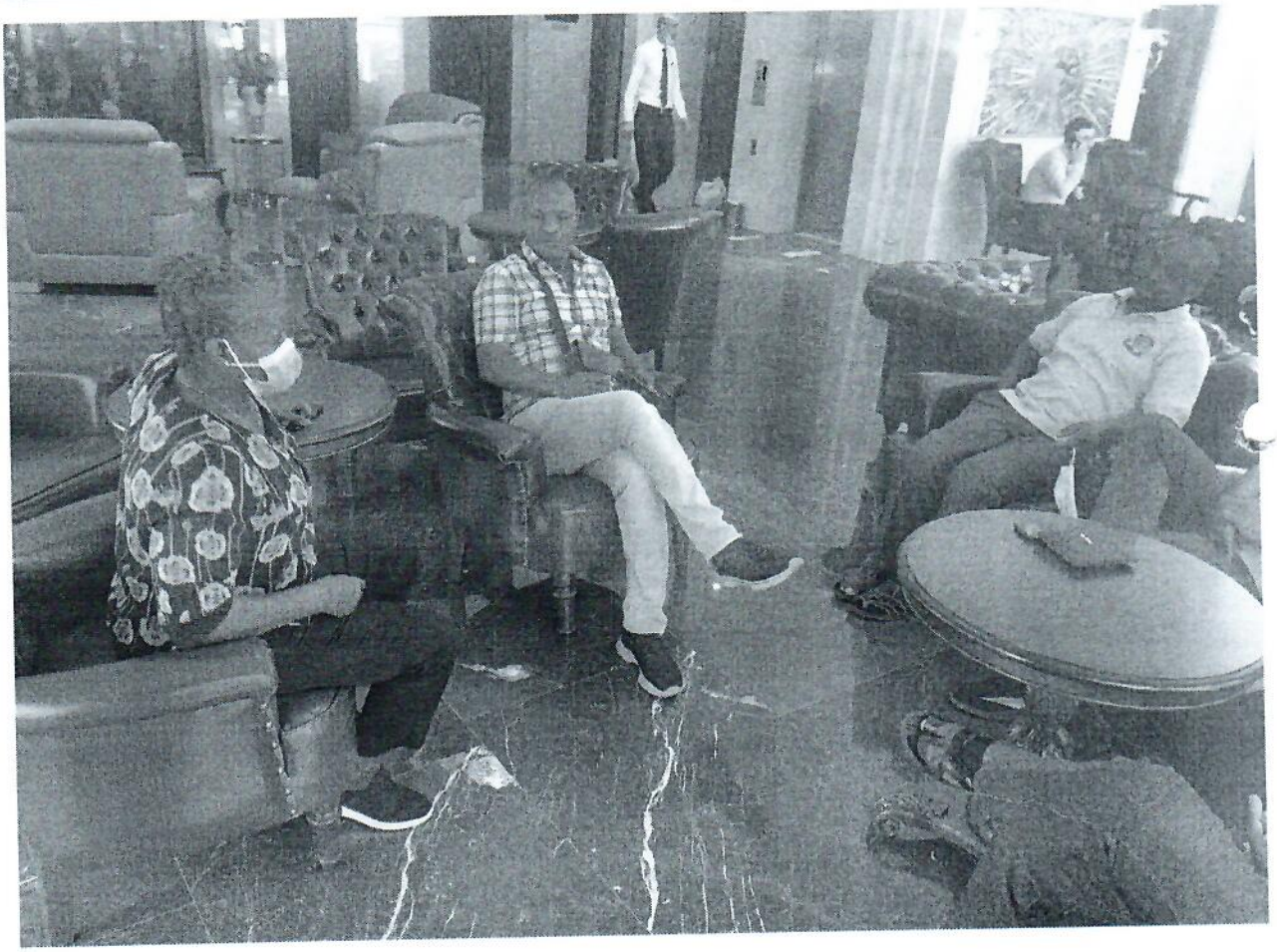
ANNEX II -PICTORIALS






HELLMANN'S

ANNEX II -PICTORIALS




HELLMANN'S

الدرجة السياحية
Economy Class

oneworld

QATAR AIRWAYS القطرية

تُغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة

Name of the Passenger اسم المسافر
MR STEPHEN ILEVE
KATANA

Departure المغادرة
1320

Date التاريخ
01OCT
IST-DOH

Boarding فتح البوابة	Gate البوابة	Seat المقعد	Flight الرحلة
1220	A10	39B ZONE 1 SEQ-169	QR 240

Economy Class

oneworld

QATAR AIRWAYS القطرية

بطاقة الصعود للطائرة
Boarding Pass

تُغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before depart

Name of the Passenger اسم المسافر
MR STEPHEN ILEVE
KATANA

Departure المغادرة
0740

Date التاريخ
25SEP
DOH-IST

Boarding فتح البوابة	Gate البوابة	Seat المقعد	Flight الرحلة
0640		32D ZONE 2 SEQ-109	QR 239

ECONOMY CLASS
MR STEPHEN ILEVE
KATANA
DOH-IST
32D ZONE 2
QR239 25SEP
ETKT 1574881183238-2

PCS:	CKWT:	UNCKWT:	SEQ NO:
1	11		109

Economy Class

تُغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة

Name of the Passenger اسم المسافر
MR STEPHEN ILEVE
KATANA

Departure المغادرة
1855

Date التاريخ
01OCT
DOH-NBO

Boarding فتح البوابة	Gate البوابة	Seat المقعد	Flight الرحلة
1755		39A ZONE 1 SEQ-163	QR 1341

ECONOMY CLASS
MR STEPHEN ILEVE
KATANA
DOH-NBO
39A ZONE 1
QR1341 01OCT
ETKT 1574881183238-4

PCS:	CKWT:	UNCKWT:	SEQ NO:
0			163

Economy Class

oneworld

QATAR AIRWAYS القطرية

تُغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة

Name of the Passenger اسم المسافر
MR STEPHEN ILEVE
KATANA

Departure المغادرة
0130

Date التاريخ
25SEP
NBO-DOH

Boarding فتح البوابة	Gate البوابة	Seat المقعد	Flight الرحلة
0030	24	19E ZONE 4	QR 1342

TÜRKİYE CUMHURİYETİ

VİZE

55 174304

REPUBLIC OF TURKEY

VİZE TÜRÜ / TYPE OF VISA	Resmi Ziyaret / Toplantı / Official Visit / Meeting
GEÇERLİLİK SÜRESİ / PERIOD OF VALIDITY	24.09.2021
DEN / FROM	23.12.2021
GİRİŞ SAYISI / NUMBER OF ENTRIES	Tek Giriş / Single Entry
İKAMET SÜRESİ / DURATION OF STAY	14 GÜN / DAYS
VEREN MAKAM / ISSUING AUTHORITY	T.C. Nairobi BE
TANZİM TARİHİ / ISSUED ON	22.09.2021
PASAPORT NO / PASSEPORT NO	AK0108997
ADI - SOYADI / NAME - SURNAME	STEPHEN ILEVE KATANA
AÇIKLAMALAR / REMARKS	

V<TURKATANA<<STEPHEN<ILEVE<<<<<<<<<<
AK01089972KEN2109228M2805081<<<<<<<8

TÜRKİYE CUMHURİYETİ
İSTANBUL
25.09.21
34 3.03
TR

TÜRKİYE CUMHURİYETİ
İSTANBUL
01 10 21 55
30.3.03
TR

VİZAS VIZA VISAS

الدرجة السياحية
Economy Class

QATAR AIRWAYS القطرية

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure

Name of the Passenger اسم المسافر	Departure المغادرة	Date التاريخ
MR CHARLES MUTHUI MAEMA	1320	010CT IST-DOH

Boarding فتح البوابة	Gate البوابة	Seat المقعد	Flight الرحلة
1220	A10	39C ZONE 1 SEQ-157	QR 240

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure

Name of the Passenger اسم المسافر	Departure المغادرة	Date التاريخ
MR CHARLES MUTHUI MAEMA	0130	25SEP NBO-DOH

Boarding فتح البوابة	Gate البوابة	Seat المقعد	Flight الرحلة
0030	24	19D ZONE 4 SEQ-261	QR 1342

بطاقة الصعود
الدرجة السياحية
Economy Class

QATAR AIRWAYS القطرية

Boarding Pass

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure

Name of the Passenger اسم المسافر	Departure المغادرة	Date التاريخ
MR CHARLES MUTHUI MAEMA	0740	25SEP DOH-IST

Boarding فتح البوابة	Gate البوابة	Seat المقعد	Flight الرحلة
0640		32C ZONE 2 SEQ-107	QR 239

ECONOMY CLASS
MR CHARLES MUTHUI
MAEMA
DOH-IST
32C ZONE 2
QR239 25SEP
ETKT 1574881183236-2

PCS:	CKWT:	UNCKWT:	SEQ NO:
1	10		107

Economy Class

AIRWAYS القطرية

Boarding Pass

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure

Name of the Passenger اسم المسافر	Departure المغادرة	Date التاريخ
MR CHARLES MUTHUI MAEMA	1855	010CT DOH-NBO

Boarding فتح البوابة	Gate البوابة	Seat المقعد	Flight الرحلة
1755		39B ZONE 1 SEQ-156	QR 1341

ECONOMY CLASS
MR CHARLES MUTHUI
MAEMA
DOH-NBO
39B ZONE 1
QR1341 010CT
ETKT 1574881183236-4

PCS:	CKWT:	UNCKWT:	SEQ NO:
0			156

VISAS VIZA VISAS

TÜRKİYE CUMHURİYETİ
TR İSTANBUL
01.10.2 55
34.3.03

TÜRKİYE CUMHURİYETİ

VİZE

55 174302

REPUBLIC OF TURKEY

TUR

Resmi Ziyaret / Toplantı / Official Visit / Meeting

TR İSTANBUL

24.09.2021

23.12.2021

KADAR UNTIL

GÜN DAYS 14

Giriş Sayısı NUMBER OF ENTRIES Tek Giriş / Single Entry

Veren Makam ISSUING AUTHORITY T.C. Nairobi BE

Tanzim Tarihi ISSUED ON 22.09.2021

PASAPORT NO AK0011658

Adı Soyadı NAME, SURNAME MAEMA

Açıklamalar REMARKS

V<TURMAEMA<<CHARLES<MUTHUI<KILONZI<<
AK00116589KEN2109228M2709215<<<<<<<8

الدرجة السياحية
Economy Class

QATAR AIRWAYS القطرية

أغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure

Name of the Passenger اسم المسافر	Departure المغادرة	Date التاريخ
MR GEOFFREY MULI MWALIMU	1320	01OCT IST-DOH

Boarding فتح البوابة	Gate البوابة	Seat المقعد	Flight الرحلة
1220	A10	39E ZONE 1 SEQ-166	QR 240

بطاقة الصعود للطـ
arding Pass

أغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure

Name of the Passenger اسم المسافر	Departure المغادرة	Date التاريخ
MR GEOFFREY MULI MWALIMU	1855	01OCT DOH-NBO

Boarding فتح البوابة	Gate البوابة	Seat المقعد	Flight الرحلة
1755		39D ZONE 1 SEQ-158	QR 1341

ECONOMY CLASS
MR GEOFFREY MULI
MWALIMU
DOH-NBO
39D ZONE 1
QR1341 01OCT
ETKT 1574881183234-4

PCS:	CKWT:	UNCKWT:	SEQ NO:
0			158

أغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure

Name of the Passenger اسم المسافر	Departure المغادرة	Date التاريخ
MR GEOFFREY MULI MWALIMU	0740	25SEP DOH-IST

Boarding فتح البوابة	Gate البوابة	Seat المقعد	Flight الرحلة
0640		32F ZONE 2 SEQ-114	QR 239

ECONOMY CLASS
MR GEOFFREY MULI
MWALIMU
DOH-IST
32F ZONE 2
QR239 25SEP
ETKT 1574881183234-2

PCS:	CKWT:	UNCKWT:	SEQ NO:
1	10		114

أغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure

Name of the Passenger اسم المسافر	Departure المغادرة	Date التاريخ
MR GEOFFREY MULI MWALIMU	0130	25SEP NBO-DOH

Boarding فتح البوابة	Gate البوابة	Seat المقعد	Flight الرحلة
0030	24	19C ZONE 4 SEQ-281	QR 1342

الدرجة السياحية
Economy Class

QATAR AIRWAYS القطرية

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure

Name of the Passenger اسم المسافر	Departure المغادرة	Date التاريخ
MR ANTHONY NDOOH MWANZIA	1320	01OCT IST-DOH

Boarding فتح البوابة	Gate البوابة	Seat المقعد	Flight الرحلة
1220	A10	39F ZONE 1 SEQ-168	QR 240

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure

Name of the Passenger اسم المسافر	Departure المغادرة	Date التاريخ
MR ANTHONY NDOOH MWANZIA	0130	25SEP NBO-DOH

Boarding فتح البوابة	Gate البوابة	Seat المقعد	Flight الرحلة
0030	24	19F ZONE 4 SEQ-276	QR 1342

Economy Class

AIRWAYS القطرية

بطاقة الصعود للطائرة
Boarding Pass

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure

Name of the Passenger اسم المسافر	Departure المغادرة	Date التاريخ
MR ANTHONY NDOOH MWANZIA	1855	01OCT DOH-NBO

Boarding فتح البوابة	Gate البوابة	Seat المقعد	Flight الرحلة
1755		39E ZONE 1 SEQ-162	QR 1341

ECONOMY CLASS
MR ANTHONY NDOOH
MWANZIA
DOH-NBO
39E ZONE 1
QR1341 01OCT
ETKT 1574881183235-4

PCS:	CKWT:	UNCKWT:	SEQ NO:
2	22		162

Economy Class

AIRWAYS القطرية

Boarding Pass

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure

Name of the Passenger اسم المسافر	Departure المغادرة	Date التاريخ
MR ANTHONY NDOOH MWANZIA	0740	25SEP DOH-IST

Boarding فتح البوابة	Gate البوابة	Seat المقعد	Flight الرحلة
0640		32G ZONE 2 SEQ-113	QR 239

ECONOMY CLASS
MR ANTHONY NDOOH
MWANZIA
DOH-IST
32G ZONE 2
QR239 25SEP
ETKT 1574881183235-2

PCS:	CKWT:	UNCKWT:	SEQ NO:
1	9		113

01 FEB 2020

21.6.2018

10.12.2019

11.2.2020

04 FEB 2020

Permitted to enter and remain in West Malaysia and Sabah for thirty (30) days on social visit only from the date shown above.

TÜRKİYE CUMHURİYETİ

VİZE 53 733607

REPUBLIC OF TURKEY

Konferans / Seminar / Conference / Seminar TUR

VİZE TÜRÜ TYPE OF VISA: Konferans / Seminar

GEÇERLİLİK SÜRESİ PERIOD OF VALIDITY: 10.12.2019

DEN FROM: 09.03.2020

GİRİŞ SAYISI NUMBER OF ENTRIES: Tek Giriş / Single Entry

İKAMET SÜRESİ DURATION OF STAY: 6

VİZEYİ İMAKAN ISSUING AUTHORITY: T.C. Nairobi BE

TANZİM TARİHİ ISSUED ON: 07.12.2019

PASAPORT NO / PASSPORT NO: AK0108743

SOYİSİM / NAME - SURNAME: ANTHOY NDOOH MWANZIA

AÇIKLAMALAR REMARKS

TÜRKİYE CUMHURİYETİ İSTANBUL

V<TURMWANZIA<<ANTHOY<NDOOH<<<<<<<<<<
AK01087439KEN1912076M2805092<<<<<<<<<<<6

الدرجة السياحية
Economy Class

QATAR AIRWAYS القطرية

Name of the Passenger اسم المسافر
MR ONESMUS MUTUA MBWANGA

Departure المغادرة
1320

Date التاريخ
010CT
IST-DOH

Boarding فتح البوابة
1220

Gate البوابة
A10

Seat المقعد
39D
ZONE 1
SEQ-167

Flight الرحلة
QR
240

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure

الدرجة السياحية
Economy Class

QATAR AIRWAYS القطرية

Name of the Passenger اسم المسافر
MR ONESMUS MUTUA MBWANGA

Departure المغادرة
0740

Date التاريخ
25SEP
DOH-IST

Boarding فتح البوابة
0640

Gate البوابة

Seat المقعد
32E
ZONE 2
SEQ-116

Flight الرحلة
QR
239

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure

الدرجة السياحية
Economy Class

QATAR AIRWAYS القطرية

Name of the Passenger اسم المسافر
MR ONESMUS MUTUA MBWANGA

Departure المغادرة
0130

Date التاريخ
25SEP
NBO-DOH

Boarding فتح البوابة
0030

Gate البوابة
24

Seat المقعد
19B
ZONE 4
SEQ-287

Flight الرحلة
QR
1342

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure

REPUBLIC OF KENYA

ENTRY

TÜRKİYE CUMHURİYETİ

VİZE

55 174301

REPUBLIC OF TURKEY

VİZE TÜRÜ / TYPE OF VISA	Resmi Ziyaret / Toplantı / Official Visit / Meeting
GEÇERLİLİK SÜRESİ / PERIOD OF VALIDITY	23.09.2021 — DEN / FROM 22.12.2021 — KADAR / UNTIL
GİRİŞ SAYISI / NUMBER OF ENTRIES	Tek Giriş / Single Entry — İKAMET SÜRESİ / DURATION OF STAY 4 GÜN / DAYS
VEREN MAKAM / ISSUING AUTHORITY	T.C. Nairobi BE
TANZİM TARİHİ / ISSUED ON	22.09.2021 — PASAPORT NO / PASSPORT NO AK0117060
ADI - SOYADI / NAME - SURNAME	ONESMUS MUTUA MBWANG'A
AÇIKLAMALAR / REMARKS	

TUR

TÜRKİYE CUMHURİYETİ İSTANBUL

25.09.21 13:24

34.3.03

V<TURMBWANGA<<ONESMUS<MUTUA<<<<<<<<<
AK01170605KEN2109228M2805221<<<<<<<8

الدرجة السياحية
Economy Class

QATAR AIRWAYS القطرية

Name of the Passenger اسم المسافر	Departure المغادرة	Date التاريخ
MR NICHOLAS NZOMO MWALALI	1320	01OCT IST-DOH

Boarding فتح البوابة	Gate البوابة	Seat المقعد	Flight الرحلة
1220	A10	24E ZONE 3 SEQ-171	QR 240

Gate closes 30 minutes before departure
بوابة الصعود تغلق قبل 30 دقيقة من موعد المغادرة

Economy Class

Name of the Passenger اسم المسافر	Departure المغادرة	Date التاريخ
MR NICHOLAS NZOMO MWALALI	1855	01OCT DOH-NBO

Boarding فتح البوابة	Gate البوابة	Seat المقعد	Flight الرحلة
1755		42B ZONE 1 SEQ-164	QR 1341

ECONOMY CLASS
MR NICHOLAS NZOMO
MWALALI
DOH-NBO
42B ZONE 1
QR1341 01OCT
ETKT 1574881183232-4

PCS:	CKWT:	UNCKWT:	SEQ NO:
1	11		164

TÜRKİYE CUMHURİYETİ
VİZE
REPUBLIC OF TURKEY

VISE NUMBER	55 174306
TYPE OF VISA	Resmi Ziyaret / Toplantı / Official Visit / Meeting
GEÇERLİLİK SÜRESİ PERIOD OF VALIDITY	23.09.2021
GİRİŞ SAYISI NUMBER OF ENTRIES	Tek Giriş / Single Entry
VERİLDİĞİ MAKAM ISSUED AUTHORITY	T.C. Nairobi BE
TAKDİM TARİHİ ISSUED ON	22.09.2021
ADI - SOYADI NAME - SURNAME	NICHOLAS NZOMO MWALALI
AÇIKLAMALAR REMARKS	

PASAPORT NO PASSPORT NO BK0194 29
GİRİŞ TARİHİ DATE OF ENTRY 25.09.21
İSTANBUL
TÜRKİYE CUMHURİYETİ
34.3.03

V<TURMWALALI<<NICHOLAS<NZOMO<<<<<<<<<<
BK0194296KEN2109228M2803124<<<<<<<0

TÜRKİYE CUMHURİYETİ
İSTANBUL
01 10 21 55 3
34.3.03

VISAS – VIZA – VISA

DESCRIPTION / *MAELEZO / DESCRIPTION*

Bearer / *Mwenye Pasi / Titulaire*

JANE MUTUA

Place of Residence / *Mahali aishipo / Lieu de Résidence*

NAIROBI

Height / *Urefu / Hauteur* **5'7"** *ft/in* **1.7** *m/cm*

Colour of Eyes / *Rangi ya Macho / Couleur des Yeux*

BLACK

Special Peculiarities / *Alama yoyote isiyo ya kawaida / Particularités Spéciales*

NONE

Signature of Holder / *Sahihi ya Mwenye Pasi / Signature du Titulaire*

Signature of Passport Officer / *Sahihi ya Afisa wa Pasi / Signature de l'Agent des Passeports*

REPUBLIC OF KENYA / *JAMHURI YA KENYA / REPUBLIQUE DE KENYA*

PASSPORT/*PASI/PASSEPORT*

Type/*Aina/Type* P

Country Code/*Nambari ya Nchi/Code du Pays* KEN

Passport No./*Nambari ya Pasi/N° de Passeport* AK0340411

Surname/*Jina la Ukoo/Nom* MUTUA

Given Names/*Majina Aliyopewa/Prénoms* JANE

Nationality/*Utaifa/Nationalité* KENYAN

Date of Birth/*Tarehe ya Kuzaliwa/Date de Naissance* 25 SEP 1968

Personal No./*Nambari ya Kibinafsi/N° Personnel* 877051

Sex/*Jinsia/Sexe* F

Place of Birth/*Mahali pa Kuzaliwa/Lieu de Naissance* KITUI, KEN

Date of Issue/*Tarehe ya Kutolewa/Date de Délivrance* 10 APR 2019

Issuing Authority/*Mamlaka ya Kutoa Pasi/Autorité* GOVERNMENT OF KENYA

Date of Expiry/*Tarehe ya Mwisho/Date d'Expiration* 09 APR 2029

Holder's Signature/*Sahihi ya Mwenye Pasi/Signature du Titulaire*

P<KENMUTUA<<JANE<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

AK0340411 5KEN6809250F2904098102071 39<<<<<<92

ATTIC TOURS AND TRAVEL

Electricity House
6th Floor, Harambee Avenue
P.O.Box 7740 - 00100, Nairobi, Kenya
Tel: +254 20 2377179
Cell: +254 721 311 405 / 726 669 851
Email: info@attictravel.com
Web: www.attictravel.com

ıte: Thursday, 23 September 2021

ıency Reference Number: 07TSH7

Your Travel Itinerary

avellers

Frequent Flyer Numbers

MUTUA/JANE MS(Adult - ADT)

ıturday, 25 September 2021

ght	QR1342 - Qatar Airways (Q.C.S.C)		HK - Confirmed
	Confirmation Number For Qatar Airways (Q.C.S.C)		RH38M5
ass	T - Economy		Non Stop
parts	01:30	Jomo Kenyatta Intl, Nairobi Kenya	NBO Terminal 1A
rives	06:40	Doha International Arpt, Doha Qatar	DOH
	Flying Time	5:10	Carbon Emission: 483.08 kgs
	Equipment	UNKNOWN	
	Services	Non-Smoking	
	Meal	Meal	
	Comments	*Baggage Allowance : Adult-2PC *	

	Ticket Number	Seat	Special Meals
MUTUA/JANE MS	1574881183233(Electronic)		

aturday, 25 September 2021

ight	QR239 - Qatar Airways (Q.C.S.C)		HK - Confirmed
	Confirmation Number For Qatar Airways (Q.C.S.C)		RH38M5
lass	T - Economy		Non Stop
eparts	07:40	Doha International Arpt, Doha Qatar	DOH
rrives	12:10	Ataturk Arpt, Istanbul Turkey	IST
	Flying Time	4:30	Carbon Emission 420.75 kgs
	Equipment	BOEING 777-200LR	
	Services	Non-Smokingco2 Calculated Per Person By Www.climateneutralgroup.com,En,Co2 Dohist Economy 269.76 Kg Premium 404.64 Kgco2 Total Economy 269.76 Kg Premium 404.64 Kg	
	Meal	Meal	
	Comments	*Baggage Allowance : Adult-2PC *	

	Ticket Number	Seat	Special Meals
MUTUA/JANE MS	1574881183233(Electronic)		

·riday, 01 October 2021

light	QR240 - Qatar Airways (Q.C.S.C)		HK - Confirmed
	Confirmation Number For Qatar Airways (Q.C.S.C)		RH38M5
:lass	O - Economy		Non Stop
)eparts	13:20	Ataturk Arpt, Istanbul Turkey	IST
ırrives	17:25	Doha International Arpt, Doha Qatar	DOH
	Flying Time	4:05	Carbon Emission: 381.79 kgs
	Equipment	BOEING 777-200LR	
	Services	Non-Smokingco2 Calculated Per Person By Www.climateneutralgroup.com,En,Co2 Istdoh Economy 269.76 Kg Premium	

		404.64 Kgco2 Total Economy 269.76 Kg Premium 404.64 Kg
	Meal	Meal
	Comments	*Baggage Allowance : Adult-2PC *

	Ticket Number	Seat	Special Meals
* MUTUA/JANE MS	1574881183233(Electronic)		

Friday, 01 October 2021

Flight	**QR1341 - Qatar Airways (Q.C.S.C)**		
	Confirmation Number For Qatar Airways (Q.C.S.C)	**HK - Confirmed**	
Class	O - Economy	RH38M5	
Departs	18:55	Doha International Arpt, Doha Qatar	**Non Stop**
Arrives	00:20	Jomo Kenyatta Intl, Nairobi Kenya * Saturday, 02 October 2021	DOH
	Flying Time	5:25	NBO Terminal 1A
	Equipment	Boeing 777-300ER	Carbon Emission: 506.46 kgs
	Services	Non-Smoking	
	Meal	Meal	
	Comments	*Baggage Allowance : Adult-2PC *	

	Ticket Number	Seat	Special Meals
* MUTUA/JANE MS	1574881183233(Electronic)		

Kind regards,

Elsie Mwanzia | Travel Consultant
Tel: + 254726675302 | Email: info@attictravel.com

الدرجة السياحية

Economy Class

oneworld

QATAR
القطرية

بطاقة الصعود للطائرة

Boarding Pass

تغلق البوابة قبل موعد الإقلاع بـ ١٠ دقيقة

Name of the Passenger اسم المسافر

MS JANE
MUTUA

Departure المغادرة

1855

Date التاريخ

010CT
DOH-NBO

Boarding فتح البوابة

1755

Gate البوابة

Seat المقعد

42A

ZONE 1
SEQ-157

Flight الرحلة

QR
1341

ECONOMY CLASS
MS JANE
MUTUA
DOH-NBO
42A ZONE 1
QR1341 010CT
ETKT 1574881183233-4

PCS: 0 CKWT: UNCKWT: SEQ NO: 157

استلام أو

عدم السماح بالتغطية أو الوضع أو غير مسموح مغادرة

XX

الدرجة السياحية

Economy Class

oneworld

QATAR
القطرية

تغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة

Name of the Passenger اسم المسافر

MS JANE
MUTUA

Departure المغادرة

1320

Date التاريخ

010CT
IST-DOH

Boarding فتح البوابة

1220

Gate البوابة

A10

Seat المقعد

24D

ZONE 3
SEQ-164

Flight الرحلة

QR
240

XX

الدرجة السياحية
Economy Class

oneworld

QATAR AIRWAYS القطرية

بطاقة الصعود للطائرة
Boarding Pass

تُغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure

Name of the Passenger اسم المسافر
MS JANE
MUTUA

Departure المغادرة
0740

Date التاريخ
25SEP
DOH-IST

ECONOMY CLASS
MS JANE
MUTUA
DOH-IST
34K ZONE 1
QR239 25SEP
ETKT 1574881183233-2

Boarding فتح البوابة
0640

Gate البوابة

Seat المقعد
34K
ZONE 1
SEQ-108

Flight الرحلة
QR
239

PCS: CKWT: UNCKWT: SEQ NO:
1 17 108

الدرجة السياحية
Economy Class

oneworld

QATAR AIRWAYS القطرية

تُغلق البوابة قبل موعد الإقلاع بـ ٢٠ دقيقة
Gate closes 20 minutes before departure

Name of the Passenger اسم المسافر
MS JANE
MUTUA

Departure المغادرة
0130

Date التاريخ
25SEP
NBO-DOH

Boarding فتح البوابة
0030

Gate البوابة
24

Seat المقعد
44H
ZONE 1
SEQ-269

Flight الرحلة
QR
1342

TÜRKİYE CUMHURİYETİ

VİZE

55 174307

REPUBLIC OF TURKEY

VİZE TÜRÜ / TYPE OF VISA	Resmi Ziyaret / Toplantı / Official Visit / Meeting
GEÇERLİLİK SÜRESİ / PERIOD OF VALIDITY	24.09.2021 'DEN / FROM 23.12.2021 KADAR / UNTIL
GİRİŞ SAYISI / NUMBER OF ENTRIES	Tek Giriş / Single Entry İKAMET SÜRESİ / DURATION OF STAY 14 GÜN / DAYS
VEREN MAKAM / ISSUING AUTHORITY	T.C. Nairobi BE
TANZİM TARİHİ / ISSUED ON	22.09.2021 PASAPORT NO / PASSPORT NO AK03404115
ADI - SOYADI / NAME - SURNAME	JANE MUTUA
AÇIKLAMALAR / REMARKS	

V<TURMUTUA<<JANE<<<<<<<<<<<<<<<<<<<<<<<<
AK03404115KEN2109228F2904098<<<<<<<8

TÜRKİYE CUMHURİYETİ İSTANBUL TR 01 10 21 55 03

34.3.03

TÜRKİYE CUMHURİYETİ İSTANBUL TR 25 09 21 34.03

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28334
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28334
EXIT

04 2 2020

TÜRKİYE CUMHURİYETİ
TR İSTANBUL
01 10 21 55
34.3.03

VISAS - VIZA - VISAS

TÜRKİYE CUMHURİYETİ

REPUBLIC OF TURKEY

VİZE

55 174305

VİZE TÜRÜ / TYPE OF VISA	Resmi Ziyaret / Toplantı / Official Visit / Meeting
GEÇERLİLİK SÜRESİ / PERIOD OF VALIDITY	24.09.2021 — DEN / FROM 23.12.2021 — KADAR / UNTIL
GİRİŞ SAYISI / NUMBER OF ENTRIES	Tek Giriş / Single Entry — İKAMET SÜRESİ / DURATION OF STAY 14 GÜN
VEREN MAKAM / ISSUING AUTHORITY	T.C. Nairobi BE
TANZİM TARİHİ / ISSUED ON	22.09.2021 — PASAPORT NO / PASSPORT NO AK0104259
ADI - SOYADI / NAME - SURNAME	GEOFFREY MULI MWALIMU
AÇIKLAMALAR / REMARKS	

TÜRKİYE CUMHURİYETİ
TR İSTANBUL
25.09.21
34.3.03

V<TURMWALIMU<<GEOFFREY<MULI<<<<<<<<<
AK01042599KEN2109228M2805014<<<<<<<6

VISAS – VIZA – VISAS

5

VISAS – VIZA – VISAS

STRATEGY FOR HEALTHCARE LEADERSHIP AND EMERGING ISSUES MANAGEMENT
Sep 24- Oct 3, 2021, Istanbul, Turkey

AGENDA

- Leadership for Healthcare Improvement and Innovation
- Introduction to Public Health
- Leading Change in Healthcare
- Power and Influence in Healthcare
- Best Practices in Healthcare Performance Management
- Healthcare Workers Leadership and Engagement
- Innovation and Technology in Healthcare Delivery
- Healthcare Procurement and Supply Chain Management
- Healthcare Management and Operations
- Strategic Decision Making
- Creative Problem Solving and Decision Making in Healthcare and Hospitality Services
- The Future of Healthcare, Health Systems and Hospitals
- Pandemics Preparedness and Planning
- Best Lessons and Practices Learnt
- Case Studies and Practical Experiences
- Fireside Chats
- Complimentary Outdoor Excursions

STRATEGY FOR HEALTHCARE LEADERSHIP AND EMERGING ISSUES MANAGEMENT
Sep 24- Oct 3, 2021, Istanbul, Turkey

ITINERARY

Program Schedule

Date	Event	Activity
Fri 24	Arrivals in Istanbul	Reception
Sat 25	Introductions and Preliminaries Program Agenda – Introduction Summit Agenda	Conference Session
Sun 26	Worship	
Mon 27	**Summit Agenda**	
Tue 28	**Summit Agenda**	
Wed 29	Summit Agenda and Plenary	
Thu 30	Case Studies and Plenary	
Fri 01	Plenary Sessions	Conference Session
Sat 02	Benchmarking	
Sun 03	**Plenary Sessions, Closures and Departures**	

EXPECTED DELIVERABLES

- Learning and Value Addition
- Training Report
- Certificates

CONTACT US

For further information on the Strategy for Healthcare Delivery and Management, contact:

OCTAVIAN CONSULTING DEVELOPMENT

Mazlan Bin Hassan
Alt: + 60 19-570 0803
E-mail: octavian consultant@yahoo.com

APPLICATION PROCEDURE

Places on the programmes are confirmed on a first-come, first-served basis, taking into consideration applicants' levels and objectives, and the diversity of the classes.

We recommend that you submit your completed application form as early as possible, preferably three weeks prior to programme commencement. The Admissions Committee will review your application and advise you on the outcome as soon as possible. Please do not hesitate to contact us if you have any questions about which programme may best suit your objectives or for any additional information.

Note: All our open programmes are taught in English and participants should be able to exchange complex views, listen and learn through the medium of English.

TUITION FEES*

Your INVESTMENT: USD $ 1,995.00 Exclusive of VAT. The programme fee covers tuition, course materials and lunches on working days, as well as the closing dinner. It does not include travel, accommodation, or incidentals.

Participants will have to settle accommodation expenses and incidentals before the end of the programme.

*Fee subject to change. VAT shall apply at prevailing rates according to prevailing laws and regulations.

YOUR LEARNING ENVIRONMENT

Live Synchronous Learning

Through case studies, lectures, simulations and small-group discussion, participants gain the strategies, tools and insights to solve their most challenging problems.

World class Executive Education

Draw on the extensive research and real-world experience of our experts to disrupt your way of thinking and empower you to implement innovative ideas.

Real-Time, Interactive Discussion Groups

Discuss and Openly debate the most pressing business issues with a select group of peers in the virtual Classroom and in virtual breakout groups.

Unprecedented Networking Opportunities

Build strong relationships with a select group of peers who will continue to enrich your personal and professional life after you leave the program.

Actionable Learning

Experience Decision in the face of conflicting data, complex theories and intense pressure and be able to implement new ideas and solutions.

COVID-19 COMPLIANCE

The Organizers have carefully planned this program with the health and safety of the Participants in Mind. We have made available necessary Procedures and Guidelines available according to the Ministry of Health Directives 2020.

We have provided measures to observe:

1) Observe Social Distancing
2) Wash Hands and Sanitize
3) Wearing Masks
4) Meeting Room Ergonomics and Ventilation.

ATTIC TOURS AND TRAVEL

Electricity House
6th Floor, Harambee Avenue
P.O.Box 7740 - 00100, Nairobi, Keny
Tel: +254 20 2377179
Cell: +254 721 311 405 / 726 669 85
Email:
Web:

Date: Thursday 23 September

Agency Reference Number: 07T

Your Travel Itinerary

Travellers

* MUTUA/JANE MS(Adult - ADT)

Frequent Flyer Numbers

Saturday, 25 September 2021

Flight	QR1342 - Qatar Airways (Q.C.S.C)		HK - Confirmed	
	Confirmation Number For Qatar Airways (Q C S.C)		RH38M5	
Class	T - Economy		Non Stop	
Departs	01 30	Jomo Kenyatta Intl Nairobi Kenya	NBO	Terminal 1A
Arrives	06 40	Doha International Arpt Doha Qatar	DOH	
	Flying Time	5 10	Carbon Emission 483 08 kgs	
	Equipment	UNKNOWN		
	Services	Non-Smoking		
	Meal	Meal		
	Comments	*Baggage Allowance Adult-2PC *		

	Ticket Number	Seat	Special Meals
* MUTUA/JANE MS	1574881183233(Electronic)		

Saturday, 25 September 2021

Flight	QR239 - Qatar Airways (Q.C.S.C)		HK - Confirmed	
	Confirmation Number For Qatar Airways (Q C S C)		RH38M5	
Class	T - Economy		Non Stop	
Departs	07 40	Doha International Arpt, Doha Qatar	DOH	
Arrives	12 10	Ataturk Arpt Istanbul Turkey	IST	
	Flying Time	4 30	Carbon Emission 420 75 kgs	
	Equipment	BOEING 777-200LR		
	Services	Non-Smokingco2 Calculated Per Person By Www climateneutralgroup com En Co2 Dohist Economy 269 76 Kg Premium 404 64 Kgco2 Total Economy 269.76 Kg Premium 404 64 Kg		
	Meal	Meal		
	Comments	*Baggage Allowance Adult-2PC *		

	Ticket Number	Seat	Special Meals
* MUTUA/JANE MS	1574881183233(Electronic)		

Friday, 01 October 2021

Flight	QR240 - Qatar Airways (Q.C.S.C)		HK - Confirmed	
	Confirmation Number For Qatar Airways (Q C S C)		RH38M5	
Class	O - Economy		Non Stop	
Departs	13 20	Ataturk Arpt, Istanbul Turkey	IST	
Arrives	17 25	Doha International Arpt, Doha Qatar	DOH	
	Flying Time	4 05	Carbon Emission 381 79 kgs	
	Equipment	BOEING 777-200LR		
	Services	Non-Smokingco2 Calculated Per Person By Www climateneutralgroup com En Co2 Istdoh Economy 269 76 Kg Premium		

404.64 Kgco2 Total Economy 269.76 Kg Premium 404.64 Kg

Meal	Meal
Comments	*Baggage Allowance : Adult-2PC *

	Ticket Number	Seat	Special Meals
* MUTUA/JANE MS	1574881183233(Electronic)		

Friday, 01 October 2021

Flight	**QR1341 - Qatar Airways (Q.C.S.C)**	**HK - Confirmed**	
	Confirmation Number For Qatar Airways (Q C S C)	RH38M5	
Class	O - Economy	**Non Stop**	
Departs	18 55	Doha International Arpt, Doha Qatar	DOH
Arrives	00 20	Jomo Kenyatta Intl, Nairobi Kenya * Saturday 02 October 2021	NBO Terminal 1A
	Flying Time	5 25	Carbon Emission 506 46 kgs
	Equipment	Boeing 777-300ER	
	Services	Non-Smoking	
	Meal	Meal	
	Comments	*Baggage Allowance Adult-2PC *	

	Ticket Number	Seat	Special Meals
* MUTUA/JANE MS	1574881183233(Electronic)		

Kind regards,

Elsie Mwanzia | Travel Consultant
Tel + 254726675302 | Email [illegible]@[illegible]travel.com

Thank You!

Contact

Dilek ER

Senior Birkman Consultant

Dilek.er@talentelb.com

+90 532 314 5162

Instagram

Dileker_nspmethod

CCALand

Global Multidimensional Leadership Program

CCALAND

helping organizations and individuals work smarter since 1999 . . .

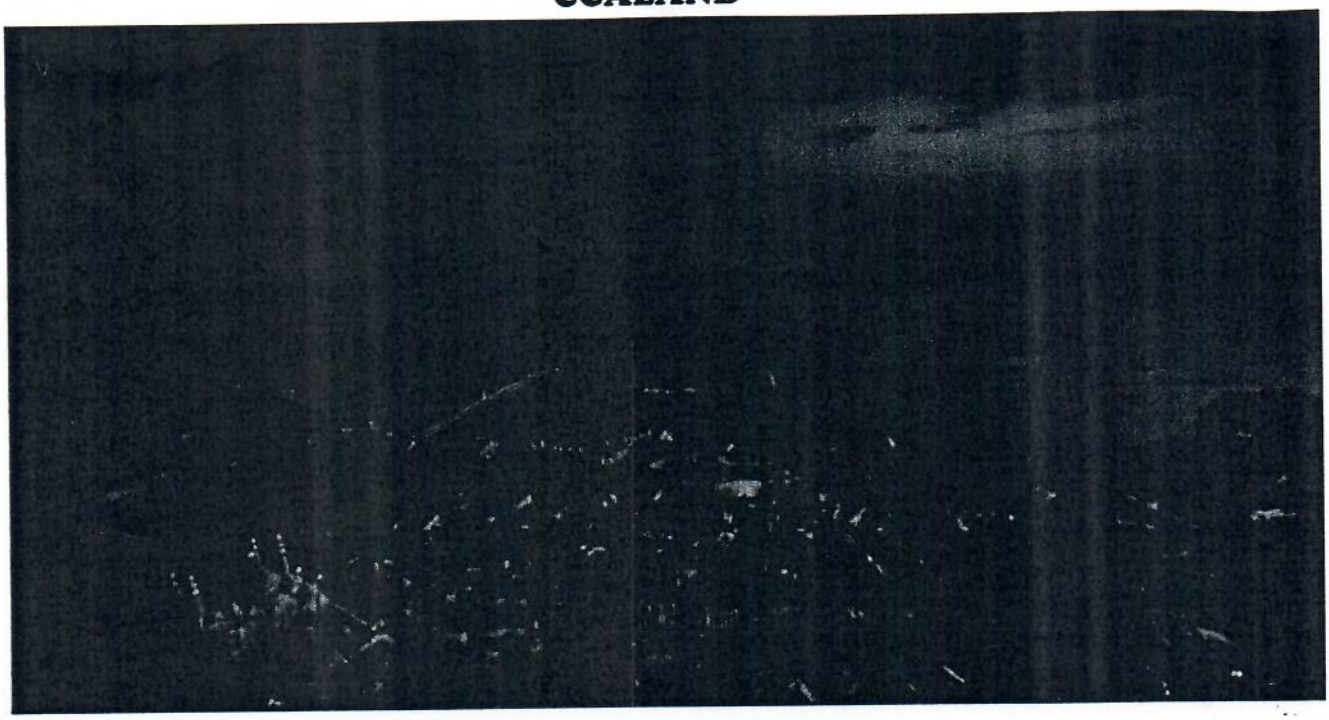
www.ccaland.com

BIRKMAN

Global Multidimensional Leadership Program

CCALAND

Istanbul



CCALand®

CCALand

Agenda

- Seating by INTERESTS .....and Introductions
- Birkman International Inc, Overview
- The Leadership Report
- Report Scales and "Business Interpretations"
- Coaching / Report feedback Exercises
- Unique Leadership Perspectives
- 11 components - Importance of effective Leadership
- • Leadership neuroscience principles
- • Teaching our Unique Leadership Perspectives
- • 5 easy methods for using Leadership

CCALand®

CCALand

- **CCALand Founder**
- **Talentclb Executive Managenet Team**
- **Mobile learningg application – Talentspot**
  - **for any content and sector micro learning platform**
- **Dilek Er**
  - **Team and Eecutive Coach- Trainner – Facilitator -MBTI assessor**

Birkman Senior Global Consultant

Micro Learning Mentor & Coach

BIRKMAN® Reaching Further

Multidimensional Leadership Program

CCALAND

ORGANIZATION

Understand and Lead the Organization

- Understand strategy, and translate strategy to drive results on behalf of their function
- Build strategic thinking abilities, and put these skills into action through an immersive leadership case

OTHERS

Understand and Lead Others

- Bridge the transition from individual contributor to team collaborator and leader
- Develop ability to motivate others for higher levels of performance

SELF

Understand Yourself

- Gain self-insight into personal leadership styles and approaches; gain insight into the leadership styles and preferences of others

helping organizations and individuals work smarter since 1999

www.ccaland.com

BIRKMAN®

CCALand®

Birkman International, Inc.

Birkman International, Inc. was founded in 1951 by Roger W. Birkman, Ph.D.

- Over 70 years experience
- Database of 10 million persons
- 25 languages +/- 50 Reports
- Over 8000 global firms

Roger Birkman, PhD.
(1919 -)

www.ccaland.com

BIRKMAN®
Reaching Further

CCALand®

Sample of Clients Using

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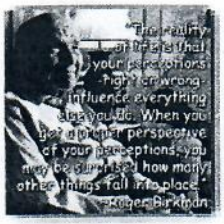
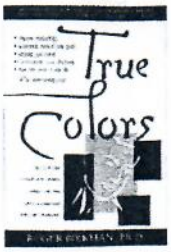
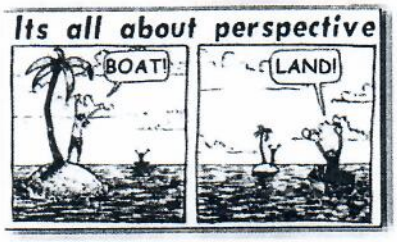
BIRKMAN®
Reaching Further

The Birkman Method®





All is what we see and perspective...



What I like to do And in which way ?

How I see emyself ?

How I see others and their needs ?

CCALand®

Diversity

There is a great deal of diversity in the world.
We tend to think of diversity by what we "see."

Ethnicity

Gender

Education

... and so on.

BIRKMAN®
Reaching Further

CCALand®

Birkman Diversity

Birkman
thinks of diversity in terms of *behavior* and *motivation*.

What we see as well as what we don't "see."

Birkman calls these:

Interests ***Usual*** ***Needs*** ***Stress***

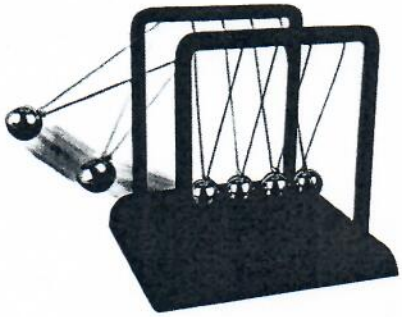
BIRKMAN® Reaching Further

CCALand®

CCALand

Behaviorally, Birkman is interested in how you ...

...



... and how you *react*.

BIRKMAN® Reaching Further

ITINERARY

Program Schedule		
Date	**Event**	**Activity**
Fri 24	Arrivals in Istanbul	Reception
Sat 25	Introductions and Preliminaries Program Agenda – Introduction Summit Agenda	Conference Session
Sun 26	Worship	
Mon 27	**Summit Agenda**	
Tue 28	**Summit Agenda**	
Wed 29	Summit Agenda and Plenary	
Thu 30	Case Studies and Plenary	
Fri 01	Plenary Sessions	Conference Session
Sat 02	Benchmarking	
Sun 03	**Plenary Sessions, Closures and Departures**	

EXPECTED DELIVERABLES

- Learning and Value Addition
- Training Report
- Certificates

CONTACT US

For further information on the Strategy for Healthcare Delivery and Management, contact:

OCTAVIAN CONSULTING DEVELOPMENT

Mazlan Bin Hassan
Alt: + 60 19-570 0803
E-mail: octavian.consultant@yahoo.com

APPLICATION PROCEDURE

Places on the programmes are confirmed on a first-come, first-served basis, taking into consideration applicants' levels and objectives, and the diversity of the classes.

We recommend that you submit your completed application form as early as possible, preferably three weeks prior to programme commencement. The Admissions Committee will review your application and advise you on the outcome as soon as possible. Please do not hesitate to contact us if you have any questions about which programme may best suit your objectives or for any additional information.

Note: All our open programmes are taught in English and participants should be able to exchange complex views, listen and learn through the medium of English.

TUITION FEES*

Your INVESTMENT: USD $ 1,995.00 Exclusive of VAT. The programme fee covers tuition, course materials and lunches on working days, as well as the closing dinner. It does not include travel, accommodation, or incidentals.

Participants will have to settle accommodation expenses and incidentals before the end of the programme.

*Fee subject to change. VAT shall apply at prevailing rates according to prevailing laws and regulations.

Hon. Speaker

Pursuant to the provisions of Standing Order 179 (5) I wish to register my dissenting opinion on the report by the committee on Health and Sanitation delegation on the study visit to Turkey - Istanbul.

Hon. Speaker,

The same is premised on my integrity and concise that as part of the delegation I hold the opinion that the exercise was a not conducted and due procedure was not adhered to.

Having accompanied the committee I hold the opinion that this report is wholly copied from the internet since no training was undertaken that is related to the content contained in this report.

Hon. Speaker

You are aware after the committee returned I brought to the attention of your office of the under dealings and dissatisfaction of services rendered. The same as attached as (Turk 1)

Hon. Speaker, I further wish to register my disappointment with the content of the one day training since as per the program attached as (Turk 2) we were to be engaged on matters of health care services and even hold interactive session yet to my utter shock we were driven to a university where we got trained on senior management courses. The content of the training attached as (Turk 3) was nowhere close to Health management.

Hon. Speaker and members of this August House I swore to protect the resources of the people who have vested their interest in me as their representative without fear or favour. I still subscribe to that oath. The people of Kauwi Ward and Kitui County in general ought to benefit from such exposure visits and it my sincere hope that going forward such learning trips follow the due diligence.

HON. JANE MUTUA

M.C.A KAUWI WARD

HON. JANE MUTUA
P.O. BOX 173-90205
KABATI
05/10/2021

THE SPEAKER
COUNTY ASSEMBLY OF KITUI
P.O. BOX 694-90200
KITUI

Dear Sir,

RE: TURKEY TRAVEL TO ATTEND SUMMIT ON STRATEGY FOR HEALTH CARE DELIVERY AND EMERGING ISSUES MANAGEMENT FROM SEPTEMBER 24TH TO OCTOBER 3RD, 2021 IN ISTANBUL TURKEY.

Subject to the matter above, kindly take not that the committee left for Turkey on 24th September 2021 to attend the above mentioned summit program which was to run as shown in both travel and program itinerary attached. To my surprise the programme scheduled was not followed otherwise we were trained only 1 day (28th September 2021) in a certain University by a Professor by the name Dilek ER. Despite being told the training will be done according to the schedule. You can reach her via email attached, whereby we even paid for our taxies back to the hotel from our pockets contrary to item no. 1 and 2 in the agent invoice.

In addition we paid for covid-19 tests fee from our pockets whereby the item is paid by the Assembly in item no. 2 in the agent's invoice.

Despite being one of the members who attended the summit I also have an oversight role mandated to me by the Constitution 2010.

Am ready to give further details if needed.

NB. All documents concerning the trip attached.

Yours faithfully,

HON. JANE MUTUA

CC.

1. County Assembly Clerk
2. EACC
3. DCI

COUNTY ASSEMBLY OF KITUI
SECOND ASSEMBLY - (FIFTH SESSION)
MINUTES OF THE HEALTH AND SANITATION ONLINE COMMITTEE MEETING HELD ON 25TH MARCH, 2021 VIA GROUP WHATSAP FROM 9:00 A.M-12:45P.M (TWO SESSIONS)

PRESENT

1. Hon. Hon. Philip Nguli	Chairperson
2. Hon. Nicholas N. Mwalali	Vice Chairperson
3. Hon. Elizabeth N. Peter	Member
4. Hon. Charles Maema	"
5. Hon. Eliud Nding'uri	"
6. Hon. Geoffrey M. Mwalimu	"
7. Hon. Anthony K. Mbiti	"
8. Hon. Josphine K. Mutie	"
9. Hon. Stephen I. Katana	"
10. Hon. Anthony N. Mwanzia	"
11. Hon. Jane Mutua	"

IN ATTENDANC

1. Onesmus M. Mbwang'a (Clerk serving the Committee)

MIN: (H&S) PRAYER.

The meeting started with a word of prayer said by the Chairperson.

H&S) 008/2021 COMMUNICATION FROM THE CHAIR

The Chairperson called meeting to order at 10:00 a.m. and welcomed members to the day's online meeting.

MIN: (H&S) 009/2021 ADOPTION OF THE DAY'S ITEMS OF AGENDA

The day's items were adopted as they appeared on the agenda paper.

MIN:(H&S)010/2021 READING AND CONFIRMATION OF PREVIOUS MINUTES

The minutes of the previous meeting were read and confirmed as a true record of the proceedings upon being proposed by Hon. Elizabeth N. Peter and seconded by Hon. Josephine K. Mutie.

Temporary adjournment

And the time being 11: 00 a.m. The meeting was temporarily adjourned.

Resumption of meeting

And time being 11:30 a.m. the meeting resumed after an earlier adjournment.

MIN: 011/2021 MATTERS ARISING

There were no matters arising

MIN :(H&S) 012/2021 THE KITUI HEALTH SERVICES BILL 2021

The Chairperson drew the attention of the members to the Health Services Bill 2021 which was committed to the committee on the 22nd March, 2021. The bill was now officially before the committee for consideration. Members highlighted several activities which were to be undertaken by the committee in the process of enacting the Bill these included reading the Bill for proper understanding, public participation and invitation of special groups among others. Members agreed to hold a physical meeting on the 1st April, 2021 in the Assembly to draw a clear road map of the activities to be undertaken. During the physical meeting the members will meet with the senior legal counsel of the assembly for consultation.

MIN :(H&S) 013/2021 FOREIGN TRAVEL FOR SUMMIT HEALTH CARE DELIVERY AND EMERGING ISSUES MANAGEMENT

Upon lengthy discussions and considerations, members unanimously agreed to choose Turkey as the best destination for the committee's delegation to visit in the quest for getting proper exposure and experiences. This choice was guided by the fact that Turkey and has spiraled as leading world class case studies of exceptional excellence in healthcare research, investment, financing and leadership. The fact that this Country has the best equipped hospitals, state of art health facilities, cutting edge technology and excellent patient care and staffing requirements make it exemplary learning experience for Committee on Health and Sanitation.

MIN :(H&S) 014/2021 FOREIGN TRAVEL DELEGATION TO TYRKEY FOR SUMMIT HEALTH CARE DELIVERY AND EMERGING ISSUES MANAGEMENT

The following members were selected by the committee as the delegation to the Summit to Turkey

1. Hon Nicholas N. Mwalali- head of the delegation
2. Hon. Anthony N. Mwanzia- member
3. Hon. Stephen I. Katana- Member

4. Hon. Jane Mutua- Member
5. Hon. Charles M. Maema- Member
6. Hon. Geoffrey M. Mwalimu- Member
7. Onesmus M. Mbwang'a – Clerk Serving the Committee.

ADJOURNMENT

And there being no other business the meeting was adjourned at 12:45 p.m.

.....

Onesmus M. Mbwang'a
FOR: CLERK OF ASSEMBLY
COUNTY ASSEMBLY OF KITUI

CONFIRMED BY.....
HON. PHILIP M. NGULI
CHAIRPERSON COMMITTEE ON HEALTH AND SANITATION
COUNTY ASSEMBLY OF KITUI.
DATES.....

Date: July 20, 2021

Our Ref: OCDEA/2021040015/C16

CLERK OF THE ASSEMBLY
KITUI COUNTY ASSEMBLY
P.O. BOX 694, 90200
KITUI

ATTENTION: CHAIRPERSON HEALTH AND SANITAT

REF: STRATEGY FOR HEALTHCARE DELIVERY
MANAGEMENT

RESCHEDULED FOR SEPTEMBER 24TH TO OC

OCTAVIAN CONSLTING DEVELOPMENT, EAST ASIA is pleased
and Sanitation Committee Members:

1. Hon. Nicholas Nzomo Mwalali
2. Hon. Charles Muthui Maema
3. Hon. Stephen Katana Ileve
4. Hon. Geoffrey Muli Mwalimu
5. Ho
6. Ho
7. Mr

to the Strategy for Healthcare Delivery and Emerging Issues Man
rescheduled from May 13th to 21st, 2021 to September 24th to O

The Healthcare Industry is an increasingly dynamic and demanding
of the field to equip themselves with the ability to guide their orgar
change. They must be able to lead their organizations through
successfully interacting with multiple affiliated entities.

Simultaneously, leaders in healthcare must be able to master the
to innovation in the healthcare setting, focusing on the levers of stra
culture. In the Program, delegates will learn about the general conc
practical examples of innovative management across a range of he

We invite your consideration to join us in this 10-Day experiential
US $ 1,995.00 Exclusive of 8% SST Per Delegate. The Delegate
Tickets, Accommodation and other personal costs. For more info
Hassan on email: octavian.consultant@yahoo.com. Looking forwar
time.

Sincerely,

Mazlan Bin Hassan,
EXECUTIVE DIRECTOR PROGRAMMING

Block 39 Tingkat 1 No 17 Bandar
51200 Kuala Lumpur
Tel/Fax: 03-62447341 Email: octavian

ON COMMITTEE

AND EMERGING ISSUES

TOBER 3RD, ISTANBUL

o invite the County Assembly Health

n. Jane Mutua
n. Anthony Ndoo
Onesmus Mutua Mbwanga

gement **Summit on that has been tober 3rd , 2021, Istanbul.**

ector that requires executive leaders zations and teams through times of the physical change in addition to

uantitative and qualitative approach egy, measurement, leadership, and ot of leadership, going on to explore lthcare settings.

nd eventful training. **INVESTMENT:** will be responsible for their Flight mation, please contact Mazlan Bin to your confirmations in advance of

DEVELOPMENT

and Senior

INVOICE

INV NO. OCD/20210401509 05/B1
ID NO. 002956227-K

Date: July 20, 2021

TO: THE CLERK
KITUI COUNTY ASSEMBLY
P.O. BOX 694, 90200
KITUI

INVOICE FOR TRAINING FACILITATION FEES

ITEM	DESCRIPTION	QUANTITY	UNIT COST (US$)	TOTAL (US$)
1) Professional Training Fees	Invoice for *Professional Training Fees* the Program Strategy for Healthcare Delivery, Management and Emerging Issues Istanbul, Turkey **September 24th to October 3rd, 2021**	7.00	$ 1,995.00	$ 13,965.00
2) COVID-19 KITS	COVID-19 Kits & Tests + Ground Services and Benchmarking Excursion	7.00	$ 495.00	$ 3,465.00
Sub Total				$ 17,430.00
Tax				$ 2,045.80
Grand Total				$ 19,475.80

TERMS: PREPAI

ACCOUNT PAYMENT DETAILS	
BANK	CIMB BANK
SWIFT CODE	CIBBMYKL
BRANCH CODE	01436
ACCOUNT NAME	OCTAVIAN CONSULTANT DEVELOPMENT
ACCOUNT NUMBER	8009936425

Block 59 Tingkat Naim Sentral Sri Petaling
57200 Kuala Lumpur, Malaysia
Tel: [illegible] 447341 Email: [illegible]

Strategy for Healthcare Leadership and Emerging Issues Management

Sep 24- Oct 3, 2021, Istanbul, Turkey

Program Objectives

The unique program introduces the adaptive sphere of the healthcare strategy in the face of the rapidly changing world.

- The nature and origins of healthcare improvement and the challenge of change
- The organizational context of healthcare improvement
- The critical importance of leadership for implementing healthcare improvement.
- Quality improvement tools and techniques and their implementation
- The role of clinical networks in supporting healthcare improvement.
- Patient involvement in healthcare improvement

BENEFITS TO THE COUNTY GOVERNMENT

- You will learn to identify the full range of tools and techniques associated with healthcare improvement.
- You will learn about the challenges of implementing tools and techniques associated with healthcare improvement, from the perspective of clinical science and management theory.
- You will have the opportunity to learn about the international context of healthcare improvement and contribute to the learning community in discussing its impact.

Who should attend?

This international summit targets to reach professionals from all disciplines and nationalities of the world. Specifically, the summit targets: -

- Health and Sanitation Committee
- CECM Health
- County Public Service Board and County Assembly Service Boards

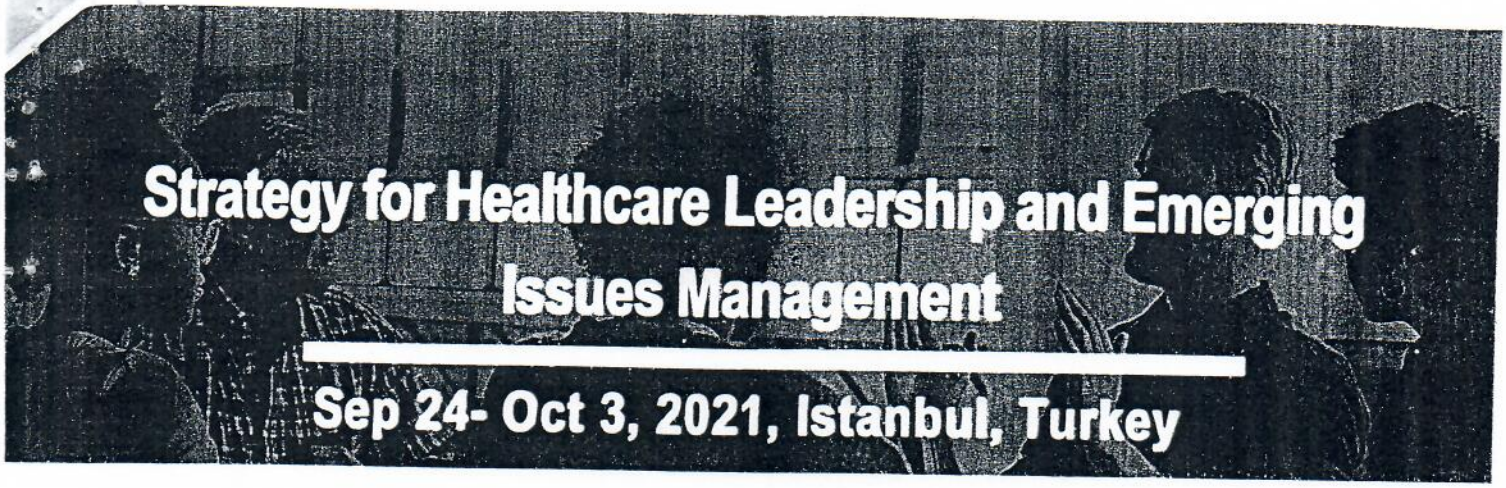
Training Methodology

Participants in this training seminar will receive a thorough training on the subjects covered by the seminar outline with the instructor utilizing a variety of proven adult learning, teaching and facilitation techniques.

Strategy for Healthcare Delivery and Management Program is based on a combination of interactive activities - group and individual exercises, case studies, role plays and discussions - along with formal inputs. The environment will be a supportive one in which individuals with varying degrees of experience will be encouraged to share the approaches they currently use as well as try out new ones that they encounter on the training seminar.

AGENDA

- Leadership for Healthcare Improvement and Innovation
- Introduction to Public Health
- Leading Change in Healthcare
- Power and Influence in Healthcare
- Best Practices in Healthcare Performance Management
- Healthcare Workers Leadership and Engagement
- Innovation and Technology in Healthcare Delivery
- Healthcare Procurement and Supply Chain Management
- Healthcare Management and Operations
- Strategic Decision Making
- Creative Problem Solving and Decision Making in Healthcare and Hospitality Services
- The Future of Healthcare, Health Systems and Hospitals
- Pandemics Preparedness and Planning
- Best Lessons and Practices Learnt
- Case Studies and Practical Experiences
- Fireside Chats
- Complimentary Outdoor Excursions



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BENEFITS TO THE COUNTY GOVERNMENT

- [illegible]
- [illegible]
- [illegible]

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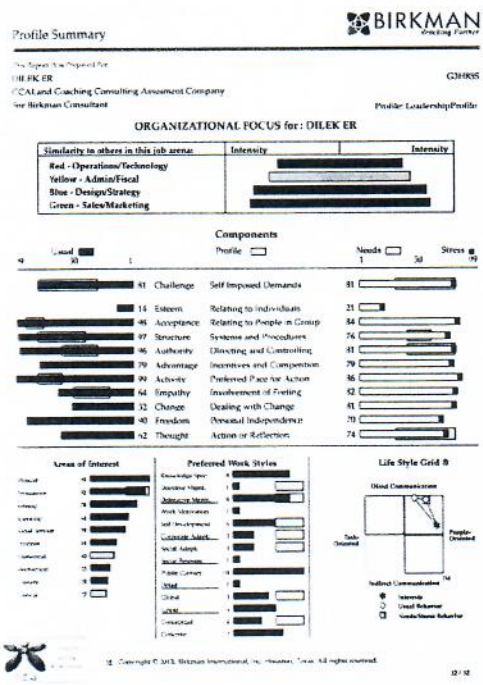
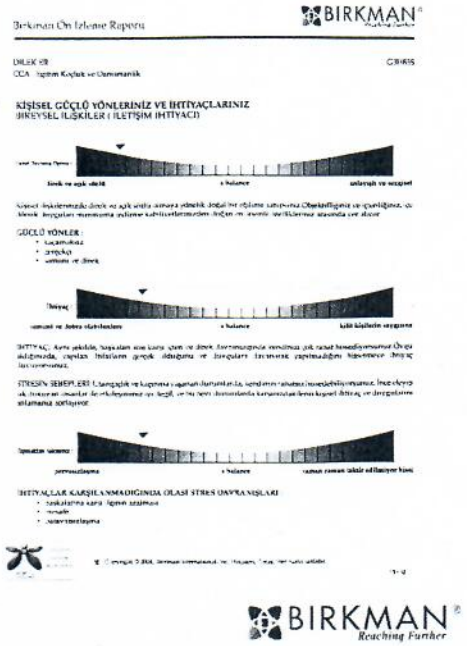
DILEK

DILEK ER

nd Coaching Consulting Assessment





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Multidimensional Leadership Program

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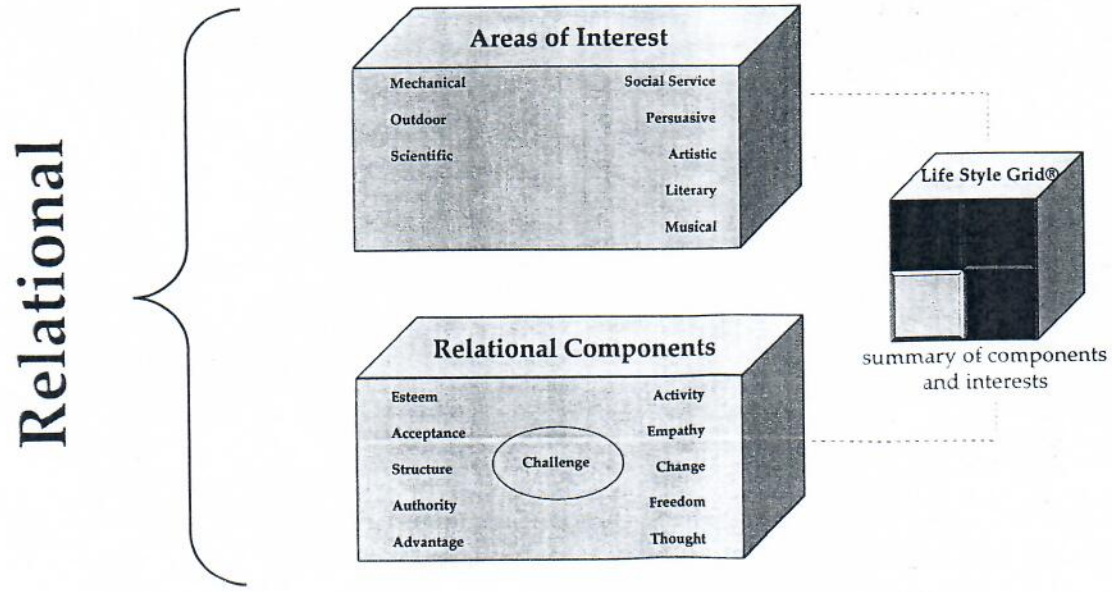

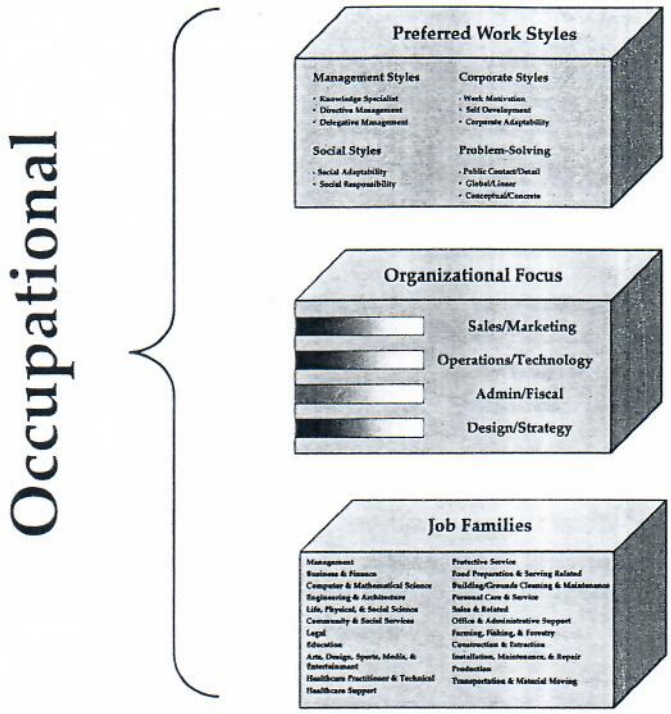

Manual pg 9

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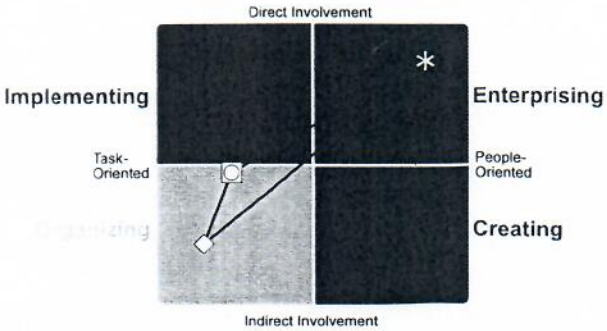
Birkman Life Style Grid®

"Rosetta Stone"

IINTERESTS
-Scientific
-Mechanical
-Outdoor
COMPONENT:
-Activity\
-Acceptance

IINTERESTS
-Numerical
-Clerical
COMPONENT:
-Structure



IINTERESTS
-Persuasive
-Social Service
COMPONENTS
-Authority
-Advantage
-Change

INTERESTS
-Musical
-Artistic
-Literary
COMPONENTS
-Esteem
-Empathy
-Thought

* Your Preferred Activities

◇ Your Usual Style - how you work most effectively

○ Your Needs/Your Stress Behavior

BIRKMAN® Reaching Further

CCALand

The Life Style Grid®

Hippocrates said, "You can put all the people in the world into one of four categories and accurately describe how they will behave."

Hippocrates
460-377 B.C.

BIRKMAN® Reaching Further

CCALand

The Life Style Grid®

Birkman Model.

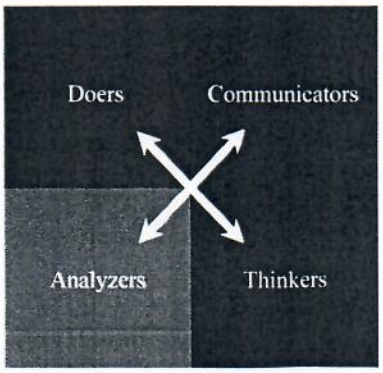
Based on opposites.

Direct

Work with hands — Work with relationships

Task — Relationship

Work with rules — Work with mind



Indirect

BIRKMAN® Reaching Further

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BIRK

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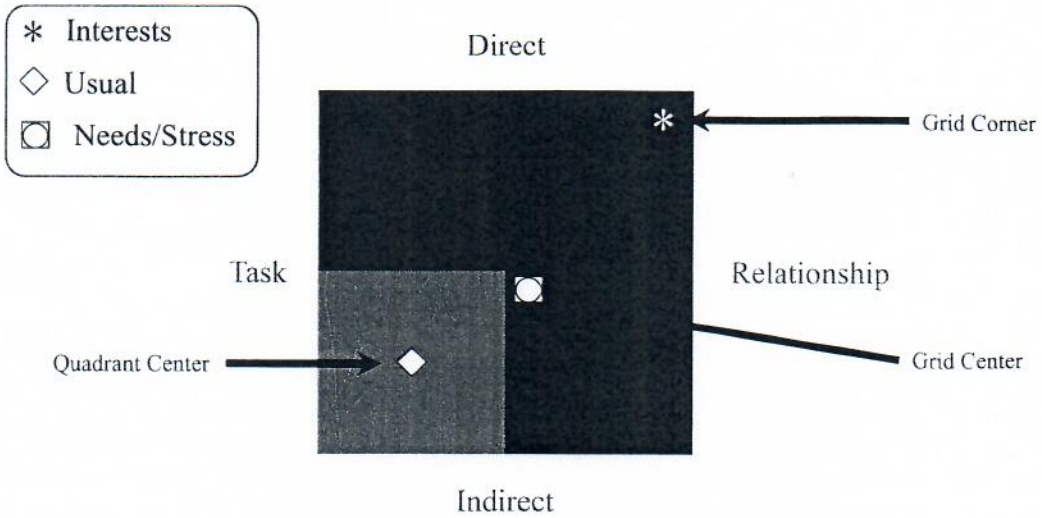
The Life Style Grid®

Birkman Model.

The Symbols. Multidimensional.



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Interests

What you enjoy doing ... and not doing.

Interests are *not a measure of skill, aptitude,* or *ability*.

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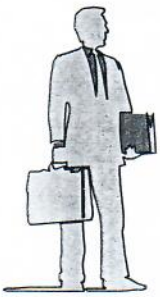
CCALand®

Red

Mechanical
Outdoor
Scientific

Green

Persuasive
Social Service



Yellow

Clerical
Numerical

Blue

Artistic
Literary
Musical

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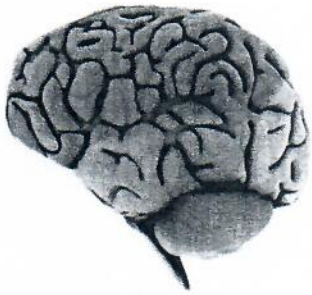
Birkman Behavioral Components

The concept of *psychological needs*.

Usual ◇

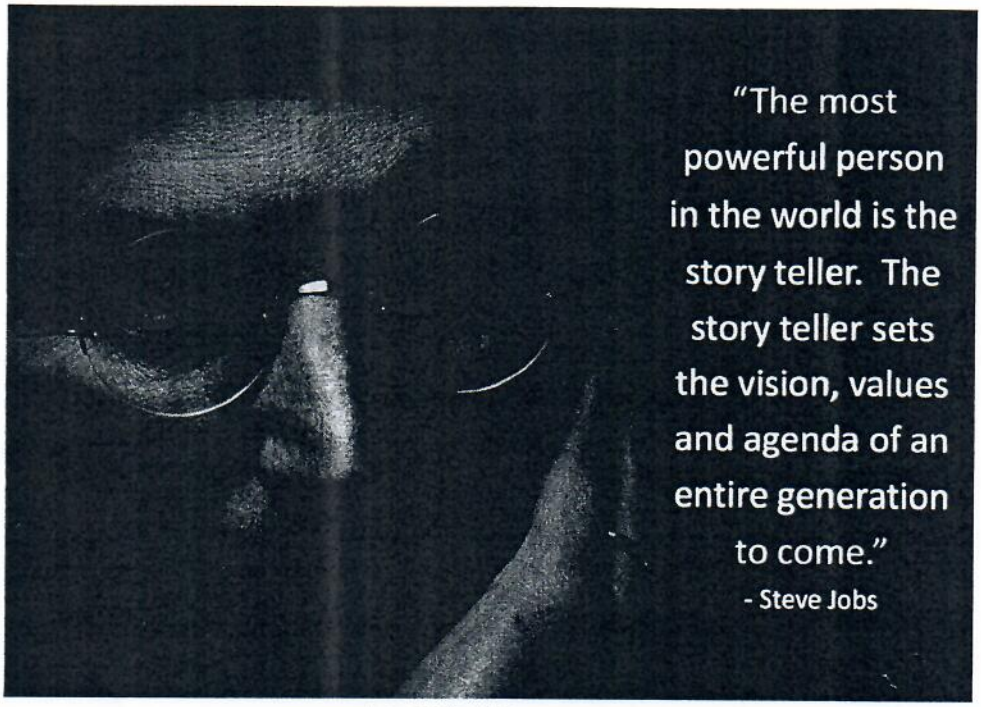
Needs ●

Stress □



BIRKMAN®
Reaching Further

Usual Style Facts



Usual Style Facts

Importance of Stories

- Provides memorable ways to teach priorities, vision, history and values
- Engages and inspires others
- Invokes emotions and leave lasting impressions
- Provides advice for managing opportunities and challenges
- Fosters common understanding

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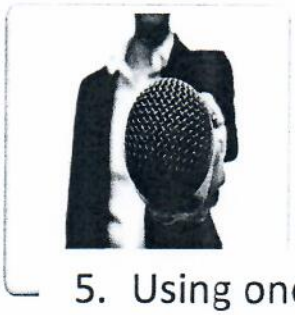
Usual Style Facts

5 Easy Methods for Using Stories

1. Using visual images
2. Being interviewed or interviewing others
3. Describing your beliefs about important topics
4. Using famous or meaningful quotes



5. Using one of your own stories to help others generate their stories

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SENIOR MANGER PROGRAM PURPOSE

- Managing the **engagement culture** to create strength, positive and appreciation focused working environment
- **Growing your influence** by developing several critical competencies
- **Partnering** with peers and leadership teams
- Improving productivity by focusing on **process and change management**
- **Developing Business Acumen** competencies

Developing others: mentoring
Motivating others : Coaching

SENIOR MANAGER PROGRAM OUTLINE

- **Setting Engagement Culture**
  - Employee Engagement
  - Create a Departmental Culture
  - Leadership By Example
  - Strengths, Positivity and Appreciation
- **Growing Your Influence**
  - Be Resourceful
  - Partnering
  - Facilitation
  - Influencing and Persuasive

SENIOR MANAGER PROGRAM OUTLINE

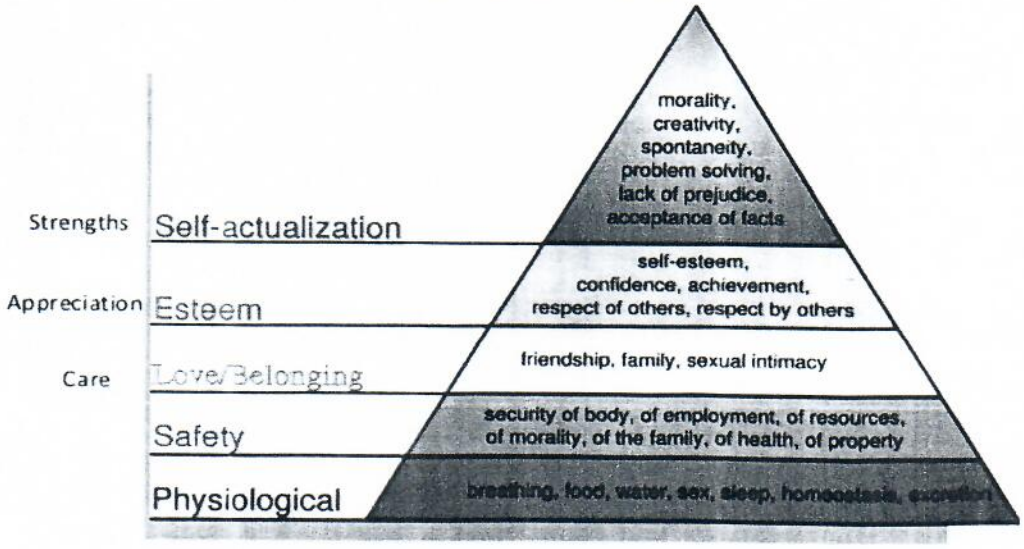
- Productivity
  - Focus on the Process
  - Performance Consulting
  - Process Mapping
  - Change Management
- Developing Business Acumen
  - Vision and Mission
  - Strategy Planning
  - Business Acumen – Organization Growth

70-20-10 DEVELOPMENT MODEL

70% On-the-Job Experience	20% Coaching & Mentoring	10% Training
Learning through Doing	Learning through Others	Learning through Study
Activities such as: ▪ On-the-Job Tasks ▪ Special Assignments ▪ Cross-Functional Projects ▪ Deliver Presentations	Activities such as: ▪ Seek Feedback ▪ Develop a Peer Network ▪ Join Professional Organizations ▪ Find a Mentor or Coach ▪ Shadowing ▪ Visibility Opportunities	Activities such as: ▪ Harvard Manage Mentor ▪ E-Learning Programs ▪ Instructor-Led Courses ▪ Selected Readings ▪ Professional Conferences

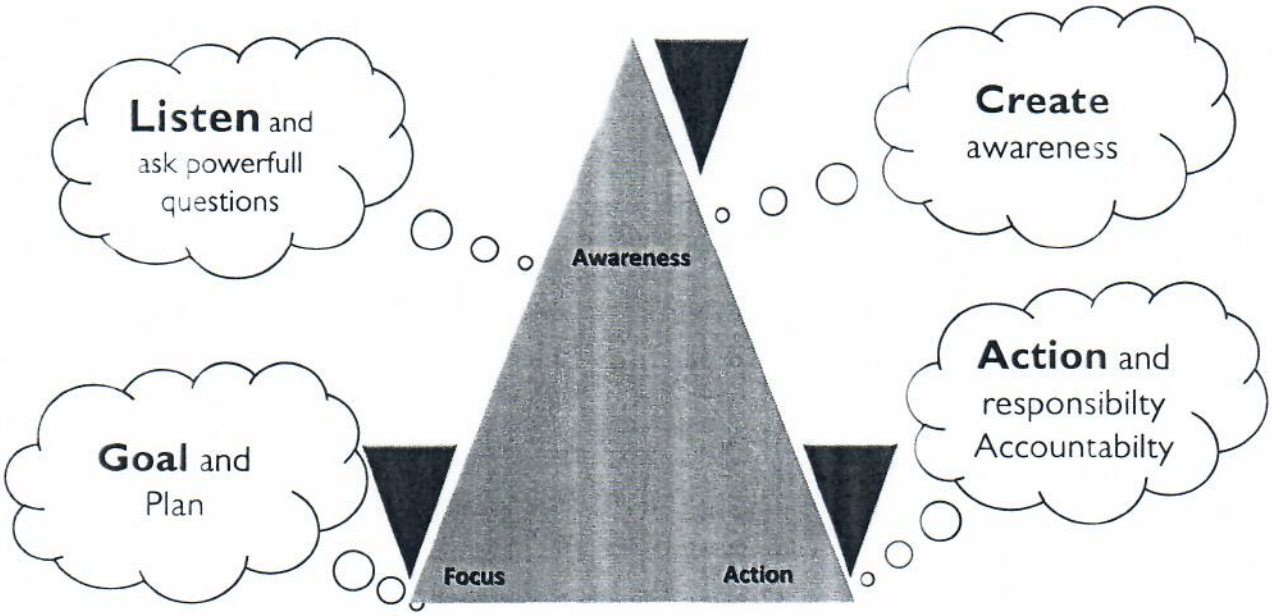
Usual Style Facts

HUMAN NEEDS



Interest Applications

- Task Assignment/Selection
- Communication Preferences
- Diversity
- Team Dynamics
- Project Management
- Work-Life Balance
- Time Management
- Career Selection
- Retirement Planning
- Volunteer Opportunities



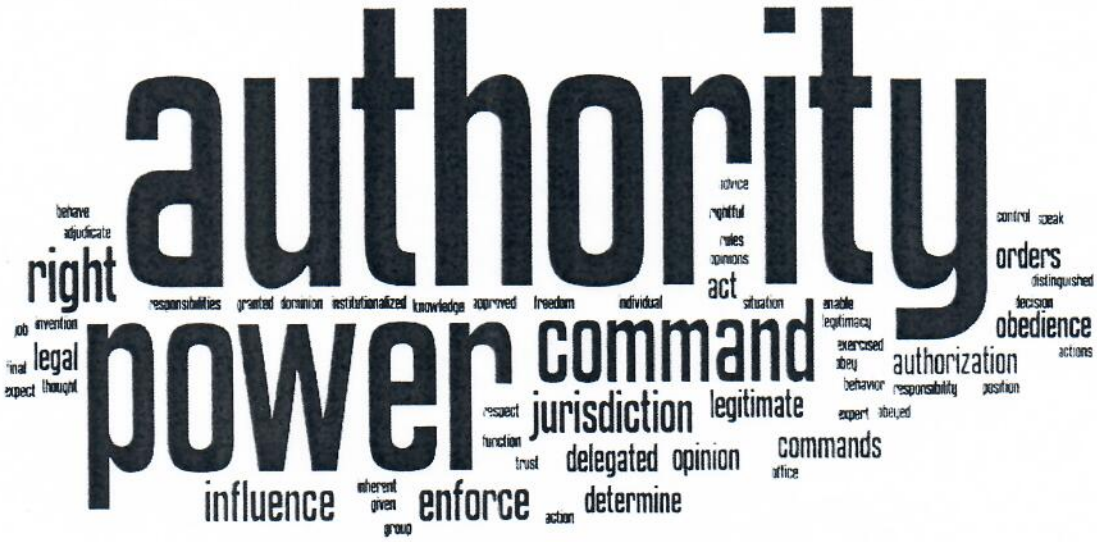
CCALand Coaching

Self-Awareness
Self-Management

"Between stimulus and response, there is a space.
In that space lies our freedom and power to choose our response.
In our response lies our growth and freedom."

Viktor Frankl
(1905-1997)

Differences Misunderstood: CONFLICT
Differences UNDERSTOOD: SYNERGY



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Career Information
Aligning the Job and the Person

CCALand Istanbul Turkey

Multidimensional Leadership Program

CCALand

Job Families/Job Titles

Target the occupations for best potential job fit

- Signify a match of the individual to others satisfied in specific occupations
- Provides information regarding similarity to a variety of occupational groupings.
- Although a degree of similarity is a predictor of potential work satisfaction in the job family or job title, this does not mean that a person can not be successful or satisfied in areas where the match is less intense.
- Those who excel in careers not aligned with top matches may have found a unique non-typical way to be successful in the role. **Care should be taken not to exclude potential roles or positions based on limited matches.**

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- Management
- Business & Finance
- Computer & Mathematical Science
- Engineering & Architecture
- Life, Physical, & Social Science
- Community & Social Services
- Legal
- Education
- Arts, Design, Sports, Media, & Entertainment
- Healthcare Practitioner & Technical
- Healthcare Support
- Protective Service
- Food Preparation & Serving Related
- Building/Grounds Cleaning & Maintenance
- Personal Care & Service
- Sales & Related
- Office & Administrative Support
- Farming, Fishing, & Forestry
- Transportation & Material Moving
- Production
- Installation, Maintenance, & Repair
- Construction & Extraction

Manual pg 94-97

Multidimensional Leadership Program

CCALand

Organizational Focus

Design/Strategy

- A work environment that emphasizes planning, innovating, and creating.
- A culture of ideas, usually with a strong strategic focus.

Sales/Marketing

- A work environment that emphasizes selling, promoting, directing, and motivating others.
- A communications-based culture designed to influence others.

Operations/Technology

- A work environment that emphasizes a practical, hands-on approach, usually with a tactical focus.
- A product-focused culture with strong emphasis on implementation.

Administrative

- A work environment that emphasizes standards, tracking, and quality assurance.
- A culture based on efficient procedures and policies.

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"CONNECT THE DOTS"

CCALand Istanbul Turkey

Multidimensional Leadership Program

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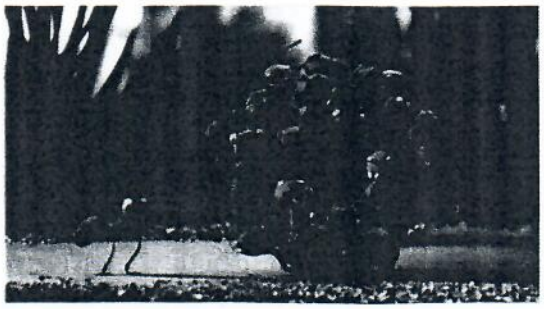
Leadership Styles

Transformational
Transactional
Charismatic
Authentic
Situational
Servant



What is Leadership?

- Napoleon said:'I would rather have an army of rabbits led by a lion than an army of lions led by a rabbit.' The lion knows the capability of his troops and can lead them accordingly.

- Leadership is..
  - '..the behaviour of an individual when he is directing the activities of a group toward a shared goal.' (Hemphill and Coons, 1957)
  - '..a social process in which one individual influences the behaviour of others without the use or threat of violence.' (buchanan and Huczynski, 1985)
  - '..the ability to get things done - especially the ability to get people working well as a team towards a common goal.' (Adair, 1988)
  - '..about getting extraordinary performance out of ordinary people.' (Harvey-Jones, 1988)

Lesson 1
"Being responsible sometimes means pissing people off"

Good leadership involves responsibility to the welfare of the group, which means that some people will get angry at your actions and decisions. It's inevitable, if you're honorable. Trying to get everyone to like you is a sign of mediocrity: you'll avoid the tough decisions, you'll avoid confronting the people who need to be confronted and you'll avoid offering differential rewards based on differential performance because some people might get upset. Ironically, by procrastinating on the difficult choices, by trying not to get anyone mad and by treating everyone equally "nicely" regardless of their contributions, you'll simply ensure that the only people you'll wind up angering are the most creative and productive people in the organisation.

Different Qualities Attributed to Leaders and Managers

Leader	Manager
Soul	Mind
Visionary	Rational
Passionate	Consulting
Creative	Persistant
Flexible	Problem Solving
Inspiring	Tough-Minded
Innovative	Analytical
Courageous	Structured
Imaginative	Authoritative
Experimental	Stabilizing
Initiates Change	Position Power
People who do the right thing	People who do things right.

Personal Characteristics of Leaders

Physical
- activity
- energy

Intelligence and Ability
- judgement, decisiveness
- knowledge
- fluency of speech

Personality
- alertness
- originality, creativity
- personal integrity, ethical conduct
- self confidence.

Work-related characteristics
- achievement drive, desire to exc
- drive for responsibility
- responsibility in pursuit of goals
- task orientation.

Social characteristics
- Popularity
- Sociability, interpersonal skills ,
- Social participation,
- Tact, diplomacy
- Cooperativeness
- Ability to enlist cooperation

Role of Chief Executive

- Corporate culture overall character and mission.
- Objectives and strategy.
- Structure – organisation.
- Resource allocation.
- Coordination – synergy.
- Network building and maintenace (networking).
- Introduces change in such a way that the organisation adapts to it without unnecessary disruption.
- Manpower planning, training and development.
- Represent the company.
- Understand total situation.
- Performance monitoring and control against plans.

The Chief Executive's most Important Task: To Select Effective People

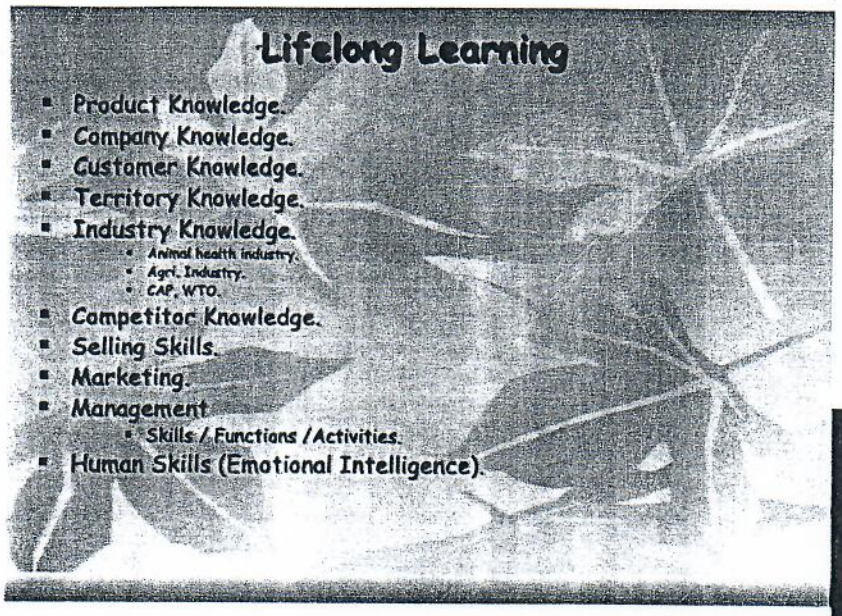
We are "in good company" when we make this claim

"Around me there are eleven or twelve key people.
They have been remarkably stable over the years"
Michael Smurfit – Chairman and C.E.O. Jefferson Group plc.

"I suppose my biggest influence on Kerry Group PLC. is in picking the right person for the job and persuading the managers around me that they should give that a lot of attention".
Denis Brosnan – Managing Director Kerry Group Plc.

"The key Role for the Chief Executive is to build a strong team around himself".
Niall Crowley – Chairman. A.I.B. plc.

THE LEADERSHIP AWARENESS RECIPE: DEVELOPING LEADERS THROUGH EXPERIENTIAL LEARNING : TALENRTSPOT APP İS THE SOLUTİON



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Thank You!

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