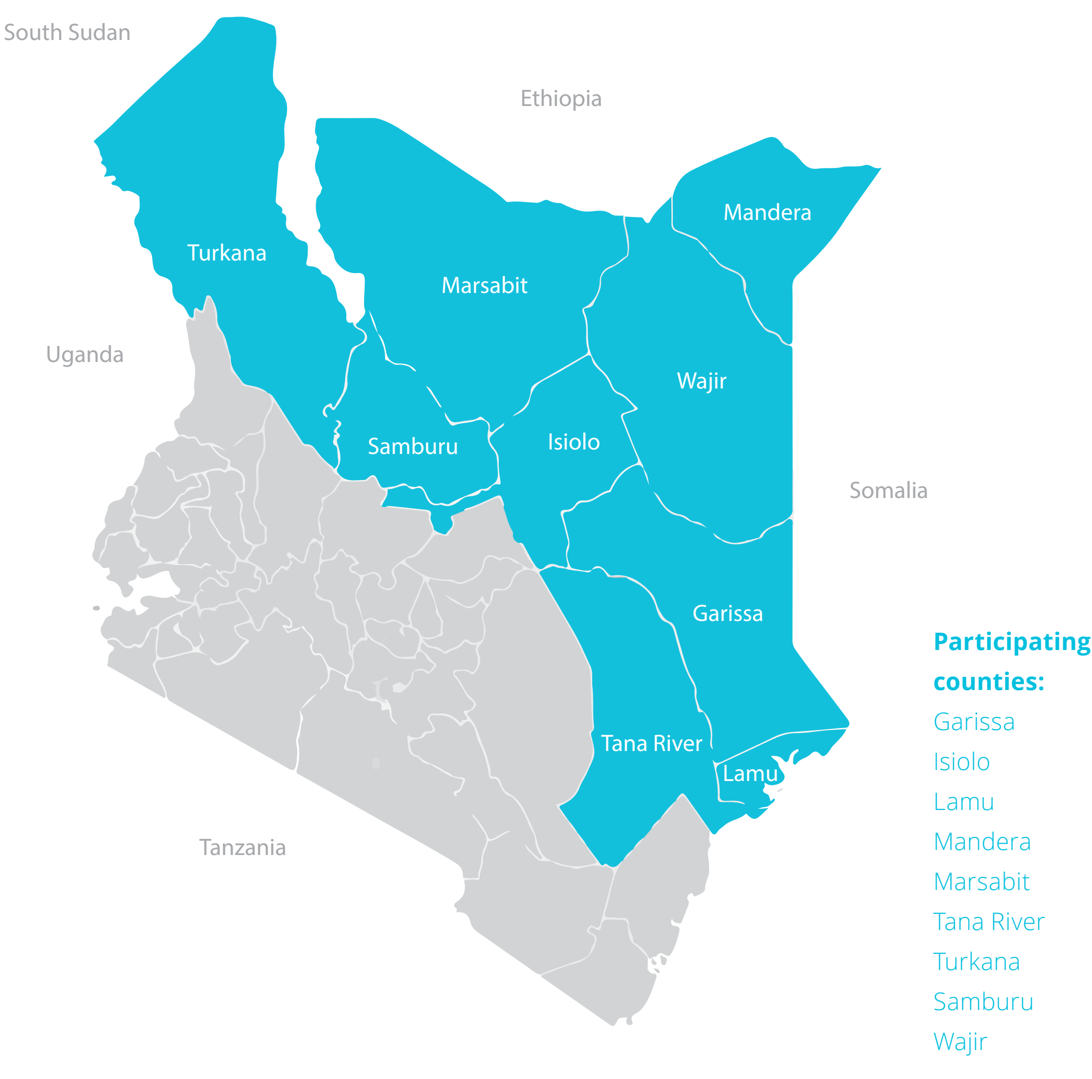
Full Report

SDG Partnership Platform Primary Healthcare Co-create Workshop

Garissa, Isiolo, Lamu, Mandera, Marsabit,
Tana River, Wajir, Turkana and Samburu Counties

Nairobi, 13-15 March **2018**

Full report of a Co-create Workshop organized by the SDG Partnership Platform to support the transformation of primary healthcare in Kenya. Nine Counties participated in the Co-create Workshop.



Participating counties:

Garissa
Isiolo
Lamu
Mandera
Marsabit
Tana River
Turkana
Samburu
Wajir

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Introduction

Partnerships will be key for the realization of the Sustainable Development Goals.

In 2015, 193 countries of the UN General Assembly adopted the 2030 Development Agenda entitled "Transforming our world: the 2030 Agenda for Sustainable Development". This agenda consists of 17 Sustainable Development Goals (SDGs).

Sustainable Development Goals

Whilst Kenya has made substantial progress towards meeting the earlier Millennium Development Goals (which preceded the SDGs launched in 2015), this progress has been uneven across specific goals and within the country. Strides have been made in attaining universal primary education, reducing infant and child mortality and the fight against HIV/AIDS. However, SDG progress must focus more on the socio-economic equity of benefits in order to make sure that Kenya leaves no one behind.

Achieving the SDGs will be as much about the effectiveness of development co-operation, as about the scale and form that such co-operation takes. There is a lot of talk about partnerships but not enough practical, on-the-ground support to make partnerships effective in practice, especially not at scale.

The Kenya SDG Partnership Platform – Accelerating Progress on the SDG clusters in Kenya

The Government of Kenya and UN System in Kenya established in 2017 the SDG Partnership Platform, Kenya in collaboration with development partners, private sector, philanthropy, academia and civil society including faith-based stakeholders.

The Platform will be anchored in the United Nations Development Assistance Framework (UNDAF) and take leadership on overarching facilitation, coordination and demonstration of how PPPs can effectively translate the SDGs into action on the ground and thereby guide and accelerate impact, maximize investments and optimize resource utilization towards Kenya's "Big Four" Agenda.

The Platform will focus on four key strategies:

1. Joint advocacy and policy dialogue to create an enabling environment that helps partnerships thrive.
2. Identify and broker large scale PPPs that align with the SDG themes reflected in the Kenya UNDAF Strategic Result Areas, and drive shared value creation.
3. Help towards raising of the required investments for the PPPs under 2 above, through optimizing a diversity of blended financing instruments and redirection of capital flows towards SDG implementation, engaging a wide range of stakeholders from public and private sectors.
4. Facilitating the monitoring and evaluation, learning and research to inform best and promising policies and practices for SDG partnerships.

A Paradigm shift from funding to financing

A key enabler for building sustainable and effective partnerships that engage stakeholders from Government, Civil Society and Business, is the fact that there is a strong paradigm shift from funding to financing. The sheer size of the challenges related to the realization of the "Big Four" transformation necessitates new types of partnerships that can unlock investments from the Private Sector. This requires new business models (e.g. outcome-based financing), and new ways to create and share value amongst stakeholders.

Kenya "Big Four" Agenda

1. Providing universal healthcare to all Kenyans
2. Enhancing food security
3. Increasing the manufacturing sector's share of Gross Domestic Product to 15 per cent by 2022
4. Affordable and decent housing to all Kenyans in the form of at least 500,000 affordable new houses by 2022

http://www.president.go.ke - December 13, 2017

SDG Partnership Platform: Primary Healthcare Accelerator Window Programs

Primary Healthcare (PHC) - contributing to the SDG 3 cluster - is the first window aiming to improve Universal Health Coverage through transformation of Kenya's healthcare system, starting at the PHC level. Subsequently, the Platform will open additional windows to support the remaining thematic SDG clusters in support of Kenya's "Big Four" Agenda.

The initiative contributes to SDG 17 – a call for governments and stakeholders to revitalize the global partnership for sustainable development, including co-operation, development and financing.

The SDG agenda is pursuing a fundamental shift in the development of financing architecture. It aims to improve the effectiveness, quality and impact of development co-operation in this context. This will imply inclusive partnerships, innovative approaches and the application of lessons learned across initiatives.

The SDG Partnership Platform is initiating a series of activities contributing to SDG 3 (and SDG 17). Under its PHC window, the Platform will help build models that offer the best of both public and private sector experience and expertise to improve universal access to affordable quality PHC. The Platform will identify transformative opportunities for accelerating universal access to PHC services, with a special focus on addressing the gaps in human resources, healthcare financing, essential medicines and medical supplies, health information, and the use of technology.

The activities of the PHC window are implemented in a three phased-approach:

I. Diagnostics and Facts
II. Design and Planning
III. Active facilitation of on-the-ground implementation (national and county levels).

Under Phase I, the SDG Partnership Platform organized a three-day Primary Healthcare Kenya Co-Create Workshop held from 13 - 15 March 2018, which was the first Co-create workshop in the PHC window.

The workshop aimed to initiate an open and informed Public Private Dialogue between key stakeholders to jointly identify bold transformative Public Private Partnership opportunity themes to help accelerate Primary Healthcare solutions. The workshop was set up with the explicit goal of fostering value co-creation, experience sharing, and knowledge exchange between the wide variety of different participants, but also across diverse counties.

More than 100 delegates from a total of nine counties participated together with stakeholders from other government institutions, development partners, the private sector, philanthropy, academia and civil society including faith-based stakeholders and financiers. The Workshop was hosted at the Kenya School of Monetary Studies in Nairobi.

The nine counties that participated in this workshop were the FCDC (Frontier Counties Development Council - Garissa, Isiolo, Lamu, Mandera, Marsabit, Tana River, Turkana, Wajir) and Samburu County. The SDG Partnership Platform is planning to engage the remaining 38 Kenyan counties in subsequent Primary Healthcare Co-Create workshops.

The deliverables of the workshop are:

1. Identified “Partnership Opportunity Themes” consisting of key systemically connected points of intervention around challenges for transforming primary healthcare
2. County Readiness to act plans. The “Readiness to act plan” for each county will guide the counties and the SDG Partnership Platform on validation and prioritization of selected transformative opportunities to go forward to the next Design and Planning phase.

The First Kenya Counties Co-create Workshop

Goal | The goal of the Kenya Counties Co-create Workshop was to facilitate an open public-private dialogue to discover scalable opportunities for investment, collaborations and Public Private Partnerships (PPPs) that can contribute to transform Primary Healthcare in the nine counties that participated. This initiative aims to make a solid contribution to Kenya's Universal Health Coverage agenda under the "Big Four".

Counties Co-create Workshop

The Counties Co-create Program was kicked of with high level buy-in from Hon. S. Kariuki (CS Health), Hon. S. Guleid (Chair FCDC), S. Chatterjee (UN Resident Coordinator), Dr. G. Gitahi (CEO Amref), Dr. A.N. Thakker (Chairman of KHF), M. van Hoogstraten (Dutch Embassy), Dr. G. Ramana (Program leader World Bank), H.E. Kuti (Isiolo Senator) who discussed the impetus to transform the delivery of healthcare and build sustainable business in the official opening program on 13 March 2018.

After the official opening program, the remaining two and a half days covered highly engaging, collaborative and creative exercises. In these exercises, key needs and opportunities to drive the most impactful primary healthcare improvements in the FCDC & Samburu county contexts were identified. These constraints and levers were clustered in Opportunity Themes as the basis for guiding collaborations and investments.

County representatives prepared insights on their own county primary healthcare systems prior to the workshop to guide the discussion.

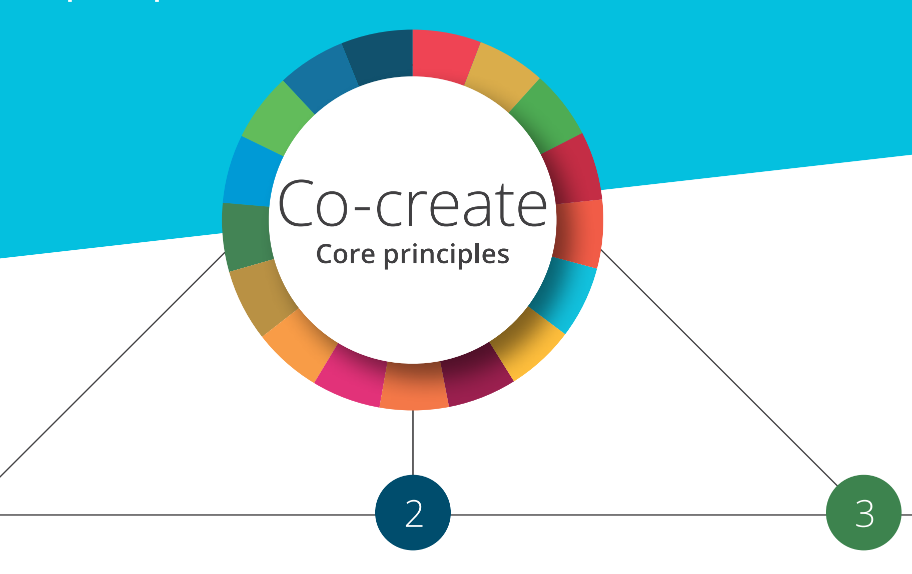
The exercises were interspersed with plenary presentations on for example, PPPs for health, and a "Knowledge & Innovation market" where cases of addressing primary healthcare and community health through partnerships were showcased.

The Counties Co-create Approach

Principles of the Counties Co-create Approach

The Counties Co-create Approach leverages and borrows from Design thinking, which is a problem-solving framework to solve complex business and social issues through integrative, sustainable and human-focused solutions.

The Co-create workshop leveraged especially the following **three core principles:**



1

Integrative thinking for sustainable transformation

Many past interventions in primary healthcare have failed because they were single-issue interventions. In order to achieve sustainable success, our approach focuses on exploring the systemic connections between issues in a system and looking for collaborative actions that would create a systemic change.

2

Collaboration and multiple points of view for success

By actively involving different disciplines in a collaboration, we can bring new perspectives, experience and wisdom into the discussion. This facilitates a better, understanding of issues and challenges, and create a stronger basis for sustainable solutions.

3

Scalable Opportunities for Shared value creation

Identifying scalable opportunities that can be addressed across multiple Counties create effective investment incentive for partnering with business, and creates the basis for new inclusive business models where value can be shared amongst stakeholders.

Applying the **Three Principles** in the workshop

The workshop breakout teams consisted of a diverse and complementary sets of skills: County and National government stakeholders as well as stakeholders from Civil Society, Business stakeholders, Academics, Religious Leaders and Development partners were participating in the same teams.

1

Integrative thinking for sustainable transformation

A workshop preparation assignment was completed by each participating County before the workshop. The preparation gathered key facts and figures related to primary healthcare, but also explored some reflective questions that guided participants to think systemically about issues in preparation for the workshop. In the workshop, a mapping exercise explored challenges and issues across several pillars from healthcare delivery to healthcare demand. This exercise was an eye-opener for many participants, because the relationships between issues started to become visible. The next exercises started to build some themes of connected issues and challenges, and introduced a holistic way at looking at challenges.

2

Collaboration and multiple points of view for success

Workshop participants alternated between groups that examined issues from a county point of view to groups that examined issues and opportunities from a "Context" point of view. This was a great opportunity for different counties and other participants to learn from one another and share complementary insights and perspectives.

3

Scalable Opportunities for Shared value creation

On the last day, some shared themes were chosen by multiple counties, that interpreted the same theme from their own unique set of circumstances. Here we witnessed some differences, but many similarities across counties. This created large-scale opportunities for potential partners to discuss scalable shared issues and themes across multiple counties. This will be the basis for further exploring partnerships to invest, collaborate and create value.

Kenya Counties Co-create Workshop **Agenda**

Timetable

Time	Day 1	Day 2	Day 3
08:00	Registration	Welcome	Welcome
09:00	Welcome and Opening: Keynotes & Panel Discussions	Context Teams: Mapping PHC Challenges	Opportunity Themes Presentation
10:00			
11:00			Theme Selection
12:00		PPP Panel	County teams: Unlocking Theme Potential
13:00	Lunch	Lunch	Lunch
14:00	County Teams: Overview of Counties PHC Challenges & Presentation	Context Teams: Opportunity Themes Creation	County teams: readiness Assessment
15:00			County Teams present: County Plans & Readiness
16:00			
17:00			Closing
18:00	Knowledge & Innovation Market		
19:00	Dinner	Dinner	

Morning session
Welcome and Opening

The welcome address was delivered by Siddharth Hatterjee, United Nation Resident Coordinator Kenya:

"The primacy of successful Public Private Partnerships (PPP) is to be viewed as a public good and a return of investment. It is important to ensure no one is left behind in quality of care because this is critical if Kenya and the rest of Africa is to reap what is defined as the demographic dividend. There will be two underlying drivers: access to quality primary healthcare and access to quality primary education. This calls for innovations in the health system strengthening and many stakeholders such as Google, M-Tiba and Ministry of Technology are already innovating in this space."

"The stakeholders need to start working on these drivers of the demographic dividend in order to get a blueprint that can be replicated to the rest of Africa. The window of the demographic dividend is narrow, it is just about 15-20 years and if we don't get it right on matters of access to quality health and education then we may not achieve much as a continent. The decision of Kenya on the "Big Four" Agenda is the huge opportunity of changing the game as it cuts across the SDG goals."

"By 2030, the consumption of public healthcare in Africa will be 259 billion dollars' worth! This will be creating 16 million jobs."

Siddharth Hatterjee - United Nation Resident Coordinator Kenya

This was followed by an opening address by H.E Mohammed Kuti-Governor, Isiolo County and COG Health Committee

"Kenya has made substantive progress towards meeting the MDGs, however, this progress has been uneven across specific goals and within the county. Strides were made in attaining universal primary education, reducing infant and child mortality and in the fight against HIV and AIDS. Sustainable Development Goals (SDG) progress must focus more on socio-economic equity of benefits to make sure that Kenya leaves no one behind. Health is a unique area where compassion, development and economics converge into a single course."

"Strategic investments in health will be key to harnessing Kenya's demographic dividend which in turn will drive our socio-economic transformation. The recent KDHS 2014 health survey shows that maternal and infant mortality are on the decline because of combined efforts of the national, county and partners' effort. For many Kenyan families access to basic healthcare remains a challenge. However, a transformation is already in place to ensure that no Kenyan is left behind. The SGD Partnership Platform will help identify opportunities that accelerate universal access to primary healthcare services through facilitating optimum public private collaborations and innovations with a special focus on unlocking investments to address key bottlenecks through transformative partnerships in health systems. We look forward to the collaboration."

"I am delighted to see universal health coverage being part of the new government "Big Four" Agenda. My committee is ready to closely collaborate with the national government to help Kenya realize this noble goal."

H.E Mohammed Kuti-Governor - Isiolo County and COG Health Committee

Morning session
Welcome and Opening

"Achieving Universal health coverage (UHC) isn't very complicated after all. It is simply about affordability, equitability and sustainable access of basic healthcare which also has a choice within it."

Hon. Sicily Kariuki - Cabinet Secretary for Health

Next was an inspirational keynote speech by Hon. Sicily Kariuki, Cabinet Secretary for Health:
Service delivery needs to be monitored so that the issues of accountability can be addressed by the Ministry of Health and county health departments. There are foundations for UHC which exist. They include: political commitment, positive energy and conviction, and investment in the previous building blocks. The regional framework for health was adopted across the East Africa Community and this will address the cross-border health issues and portability of health benefits. However, there is need to create demand for services at the health facilities as most operate at 50%. In addition, it is important to scale up what is working e.g. data sharing between counties."

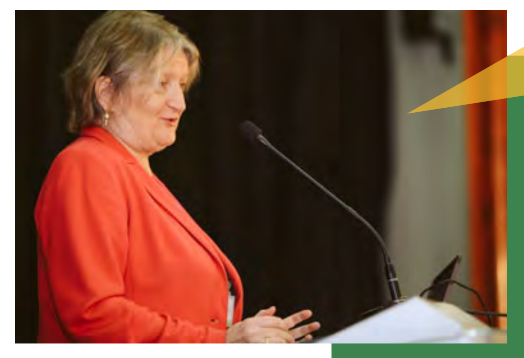
"The basic package has some gaps which need to be fixed, those gaps include the absence of an ambulance service in case of accidents. It is important to scale up health insurance enrollment through community-based approaches, investing in infrastructure and leveraging on technological innovations and only going into additional infrastructure where the existing infrastructure investment has been optimized. There is targeted health protection such as the Linda Mama which has worked well, and abolishing user fees at the primary healthcare facilities."

"It is evident that government alone, either at national level or respective counties, will take a long time to get to the target. Unless there is synergy amongst all the partners and investing in the priorities that we have set for ourselves then we won't achieve much. A mixed approach will be taken up where those who can afford it will be facilitated to get the package they require. Those who are vulnerable such as persons living with disability and the absolutely poor will continue to enjoy subsidies from the national government through to the county governments."

After the keynote speeches, Julie Githuru moderated an insightful panel discussion on partnership creation to transform healthcare in Kenya. Here are some highlights from the dialogue:

"Universal Health Coverage is about nation building, social harmony and economic growth."

Dr. Githinji Gitahi - Group CEO, AMREF



"Partnerships align well with UHC strengthening of increasing access to affordable quality primary care in Kenya. Coordination amongst the donors and government both national and county is vital to prevent duplication and in ensuring the needs of the counties are met.

Prof Marleen Temmerman - Director, Centre of Excellence in Women and Child Health, Aga Khan University

"Universal Health Coverage needs to be customized and suited to our needs and avoid copy-pasting solutions."

Dr. Amit Thakker - Chairman of Healthcare Federation

"PPP is an important catalyst in transforming healthcare delivery in remote places"

Martine Van Hoogstraten - Deputy Ambassador of the Netherlands

Morning session
Welcome and Opening

Julie Githuru moderated the second panel discussion between FCDC Governors on initiatives and partnerships to realize Universal Healthcare in the FCDC counties. Here are some highlights from the dialogue:

"We, as the Frontier Counties Development Council who are today represented here, beseech partners present to partner with us in this journey."

Hon Simba Guleid - Chair, Frontier Counties Development Council (FCDC chairperson)

"By saving lives we will not only do something moral but also build more prosperous productive and peaceful communities."

H.E. Ali Roba - Governor, Mandera County

"Political leadership is important in the realization of UHC."

"Primary healthcare should be the focus in delivering UHC in the counties."

H.E Mohammed Kuti - Governor, Isiolo County

Kenya vision 2030-UHC
2030

Afternoon session
Counties Overview

All participants were divided into nine County teams: Garissa, Isiolo, Lamu, Mandera, Marsabit, Tana River, Turkana, Wajir and Samburu. Participants leveraged the county pre-workshop preparation assignments to complete an overview of the health-related situation in their respective counties on a poster. These posters were then presented in a plenary session.

Evening session
Knowledge & Innovation market

At the end of Day one, participants were invited to join a Knowledge & Innovation market, where different stakeholders demonstrated the results and innovations from different partnerships that had a positive impact on addressing Primary Healthcare challenges.

Morning session
Mapping PHC challenges in different contexts

The day started by dividing participants into six different "context" teams (2 x urban; 2 x rural & 2 x nomadic). Breakout teams proceeded to map and prioritize key needs, issues and challenges in different healthcare contexts in a template that guided participants to consider different aspects of healthcare delivery and healthcare demand.

Afternoon session
Expert conversation: Public Private Partnerships

The afternoon started with an informative panel discussion moderated by Jan-Willem Scheijgrond, VP Public Affairs, Philips, on the benefits and approaches to creating successful Public Private Partnerships to transform PHC.

Moderator: **Jan-Willem Scheijgrond**

There is a difference in interpretation of PPPs, some people just say it is a way of collaborating, how we work together on addressing societal challenges. The formal definition which is more business-like and what is found in PPP legislation in Kenya is: "PPPs are long-term contracts between a public authority and a private partner to provide a public infrastructure in health or service in which a private partner bears significant financial and management responsibilities. It is the distribution of risks and responsibilities."

Dr. Salim Hussein, Head of Community Health Unit, Ministry of Health

There is need for adequate framework and legislation for PPPs to work. PPPs are about sharing the risks and benefits and they have to be well-balanced and thought-out so that the players have a win-win situation. PPP implementation is not an easy thing, but it can be one of the methodologies to help increase access to health services as well as reduce the cost of accessing services.

At the community level, PPPs are looked at in two ways; first they will help increase the use of ICT in the work of Community Health Volunteers (CHVs); secondly, in having feasible and effective social innovations. This will help the communities do things differently in increasing access to health. Sustainability of PPPs needs adequate preparation from both the public and private sectors. There is a need for community engagement and prioritization for PPPs to succeed.

Hon. Ahmed Sheikh, CEC, County Executive Committee Member for Health

Kenya is one of the countries that has an unfair share of marginalization that has kept main stream service delivery away from the frontier counties creating huge social demands that have never been met over the years. Meeting those social demands with the available resources at one go through the devolved system is practically impossible so the element of the PPPs is a must.

As Mandera County, the first team we engaged with was UNFPA and Philips to set up a Community Life Center (CLC) in Dandu. It's a small investment but life changing.
We have not stopped there, we will continue upgrading facilities from basic dispensaries to full-fledged level 3 facilities through PPPs. Partnerships are not all about private to public but also public to public through the Semi-Autonomous Government Agency (SAGA), for instance an MOU with KEMSA to supply essential medicines and consumables. There is a need to look at private to private partnerships as well.

Mr. Adam Lane, Senior Director, Public Affairs, Southern Africa, Huawei technologies

There are two aspects in regards to PPPs. The first is the potential for innovative business models. This is very important as we cannot do things the way we have been doing. The second aspect is innovative partnerships. This is where understanding of partnerships needs to broaden out. For example, using the skills and experience of those working already in businesses and counties to pave the way effectively and bring things together to make the most out of the existing activities. To achieve universal health coverage by 2022, appropriate models need to be reinvented.

Afternoon session **Creating Partnership Opportunity Themes**

The context teams used the "challenges map" to identify systemically linked issues and challenges to create "Partnership Opportunity Themes" for transforming primary healthcare in different contexts. The partnership opportunity themes may become the basis for shaping PPP initiatives.

Morning session
Unlocking the potential of opportunity themes

The morning focused on presenting the “Partnership Opportunity Themes” from different contexts in a plenary session. The participants were divided into the same county teams as on Day one. Each county team selected an opportunity theme that resonated strongly with their county healthcare needs. Each county team identified drivers and enablers to make the opportunity themes actionable for their county.

Afternoon session
County plans for acting on opportunity themes

After that, the counties assessed their own readiness to set the opportunity theme into action. The day ended with plenary presentations followed by conclusions and next steps.

Sexual & repr. health
Abuse / addiction
Lack of education
Stress
Poor diet
Poverty & inequalit
afety & security
Contamination(wa
Poor housing & inf
Instability
Health Needs
Services

Counties Co-create Workshop Process & Methodology

Pre-workshop preparation

Each county preliminary developed a preparation assignment. The data and information that was provided supported the county representatives to think through some of the needs and opportunities that were collectively worked on in the workshop. The preparation assignment consisted of three parts:

- **Introduction to the county:** Identification of a few iconic images to promote the county and list general facts and figures (e.g. population size, literacy rate, average life expectancy, religious composition).
- **Data inventory:** data sources of up-to-date information.
- **Reflecting on county challenges in primary healthcare:** questionnaire related to the delivery of quality, affordable primary healthcare - issues, needs, challenges and concerns.

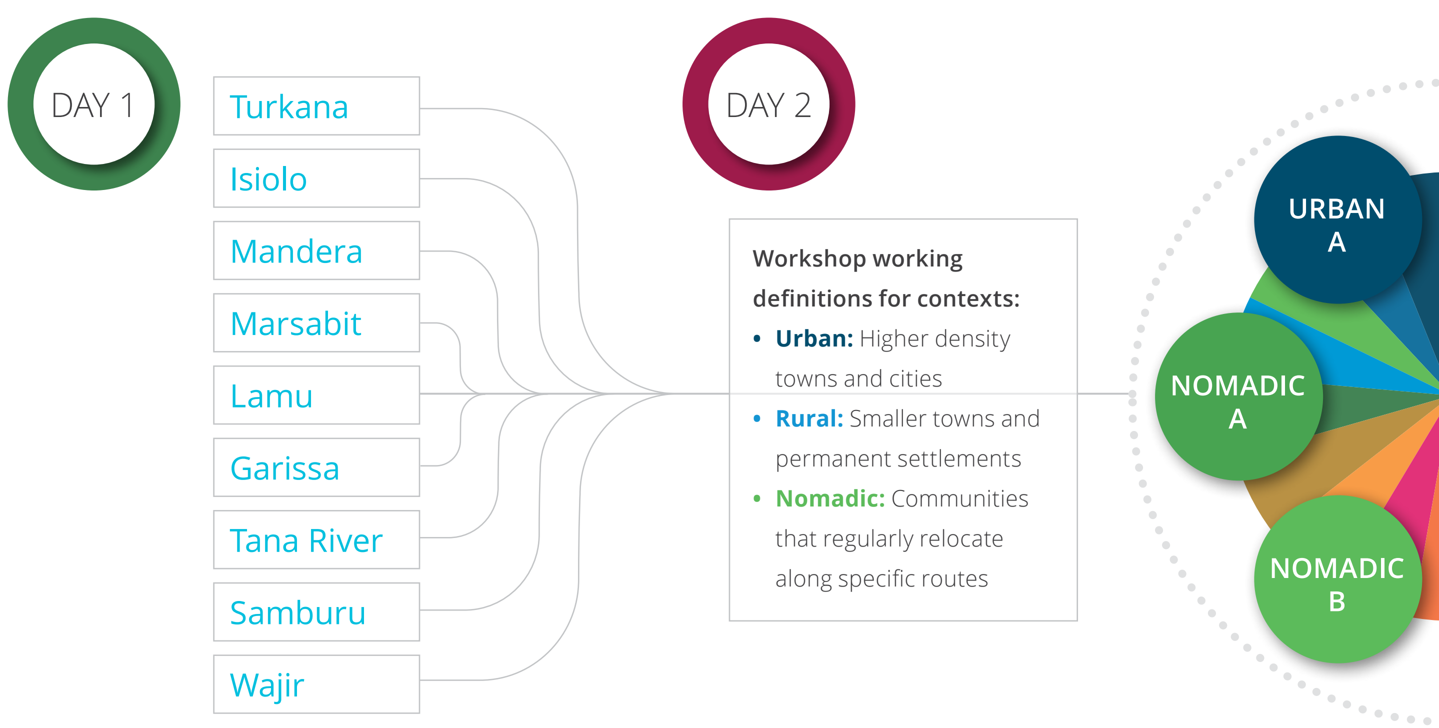
Technical alignment meeting

A technical meeting with ± 30 high-level stakeholders (coming from businesses, civil society, and governmental environments) was conducted three weeks prior to the Co-create workshop to validate and refine the workshop approach and process.

Workshop set-up

The purpose of Day one was to prepare and present an overview of key healthcare facts and insights for each county. The aim was to make the participants gather context insights (i.e. from either the urban, rural, or nomadic context) on workshop Day two. The county insights gathered on workshop Day one and the context insights gathered on workshop Day two were integrated and optimized towards scalable opportunities on Day three.

Workshop flow The illustration of the workshop flow portrays how the used methodology and tools allow subject matter content discussions (i.e. (the transformation of) primary healthcare in county and context). Team composition for each workshop day is explained separately in upcoming pages.

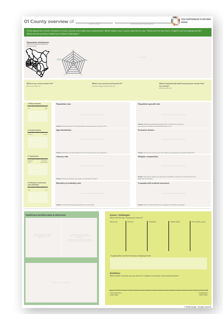


Workshop Day One

The rationale for creating the overview of key healthcare facts and insights for each county is that one can only create opportunities for future solution-development when the current state is critically assessed and understood.

Exercise 01 – County overview

Introduce and discuss high-level healthcare issues and challenges in county teams

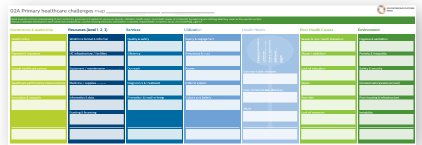


Workshop Day Two

While workshop Day one was county specific, Day two was context-focused, namely: urban, rural, and nomadic. The rationale was to find commonalities across the counties with similar contexts for scalability.

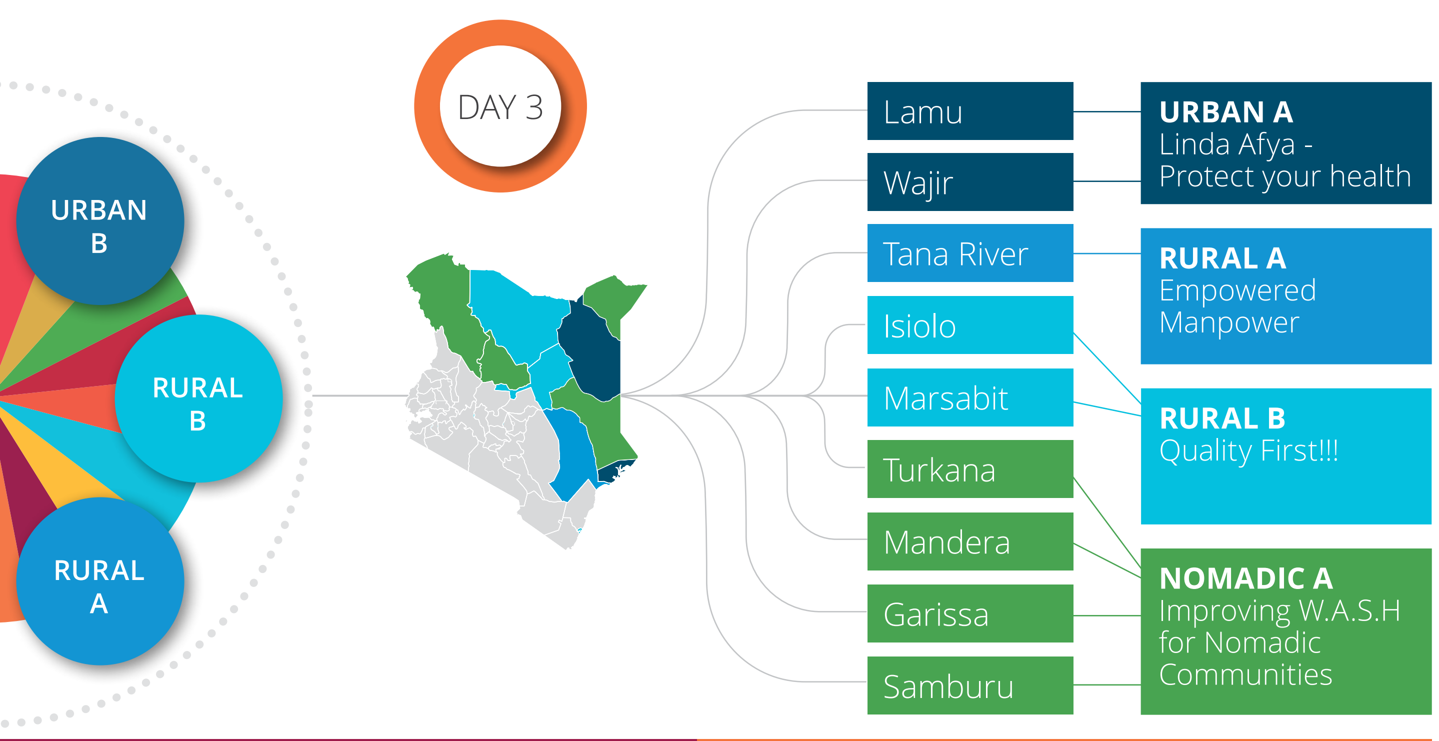
Exercise 02A – Primary healthcare challenges

Map the primary healthcare challenges per context (i.e. urban, rural, nomadic) and find commonalities across the counties with similar contexts.



Exercise 02B – Potential opportunity themes identification

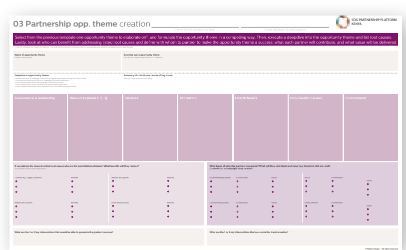
Develop three potential opportunity themes based upon



three main challenges identified from the previous template (i.e. primary healthcare challenges map)

Exercise 03 - Partnership opportunity theme creation

Explore one of the three potential opportunity themes mapped on the previous template (i.e. Potential Opportunity Themes identification) in depth and transform it to an opportunity theme.

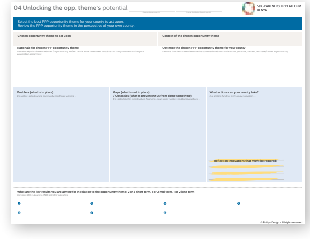


Workshop **Day Three**

The county insights gathered on workshop Day one and the context insights gathered on workshop Day two were integrated and optimized towards scalable opportunities on Day three. The rationale was that only scalable system-wide opportunities could eventually result in specific solutions (not in this workshop) which go broader than one county and accelerate the primary healthcare transformation.

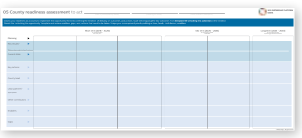
Exercise 04 – Unlocking the potential

Select the opportunity theme most relevant for your county to act upon.



Exercise 05 – County readiness assessment

The county readiness assessment is designed to asses your readiness as a county to implement the opportunity theme by defining the timeline, milestones, and actions, as input for a draft plan.



Counties Co-create Workshop: **Day One**

Purpose of the day | The purpose of workshop Day one was to prepare and present an overview of key healthcare facts and insights for each county – please see Counties Co-create Workshop Process & Methodology section for more details.

Team composition

Nine breakout teams related to the nine counties involved (i.e. Garissa, Isiolo, Lamu, Mandera, Marsabit, Tana River, Turkana, Wajir, Samburu) were created. NGOs, academia, development partners from businesses, civil society or other governmental bodies, were strategically divided over the nine county breakout teams based on the participants' background and expertise.

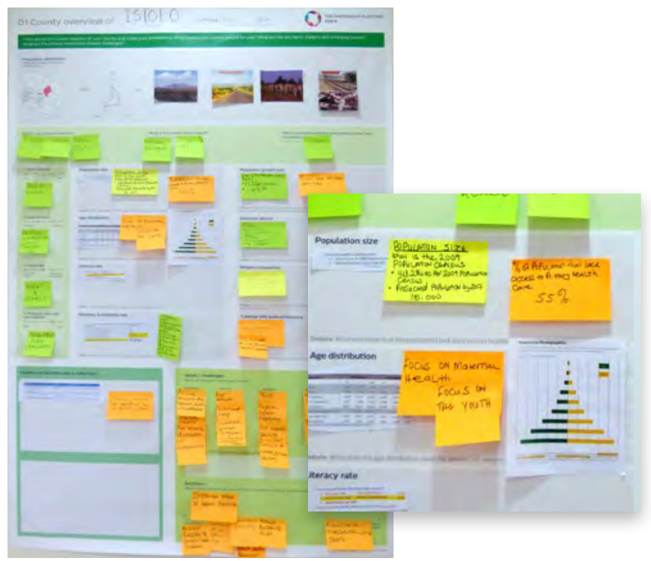
Exercises and tools

- **Exercise 01:** County Overview, Preparation Assignment from the county

On the first day, Exercise 01 County Overview was executed. The purpose of the exercise was to support and engage the counties in performing an assessment of the current state in the county, starting by taking a general perspective as well as diving into subject matter exercises with a focus on primary healthcare. The rationale was that on workshop Day two participants would gather context insights which needed to be integrated with the current county assessment insights towards scalable opportunities on workshop Day three.

Each county developed a preparation assignment for which key facts and insights were leveraged in this exercise. County representatives were asked to provide a detailed understanding of the county and its context. Non-county participants were asked to take a critical look at the input coming from the county participants and share knowledge, views, and perspectives.

The outcome of the session was presented in a 10 minute presentation format showing (1) an overview of the county and population distribution, (2) ± two healthcare highlights or trends, and (3) ± three core primary healthcare issues/challenges in specific pillars related to healthcare demand and healthcare delivery in the corresponding county.



Examples of results Exercise 01 County Overview from one of the counties

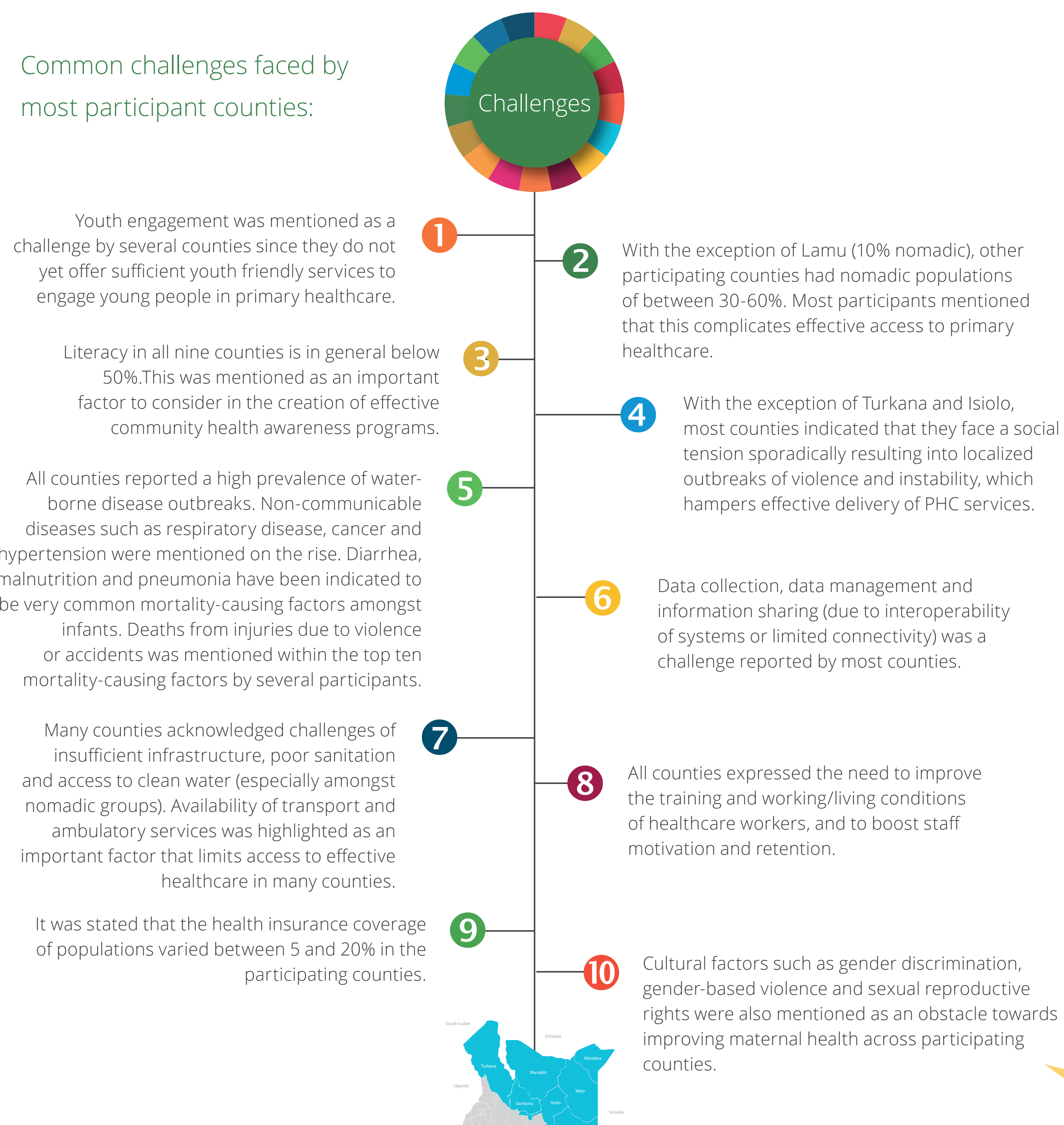
officepoint
01 County overview of

Reflection on the Output

All nine counties presented their county poster overview, which was created in the first exercise of the Co-create workshop.

While the presentations highlighted the strong cultural and geographical diversity of Kenya in terms of diet, ethnicity and religious composition, some clear similarities also emerged in terms of PHC challenges, needs, and shared root causes. It is interesting to focus a little more on the similarities, as these provide more opportunities for scalable solutions in the future.

Common challenges faced by most participant counties:



1. Youth engagement was mentioned as a challenge by several counties since they do not yet offer sufficient youth friendly services to engage young people in primary healthcare.
2. With the exception of Lamu (10% nomadic), other participating counties had nomadic populations of between 30-60%. Most participants mentioned that this complicates effective access to primary healthcare.
3. Literacy in all nine counties is in general below 50%.This was mentioned as an important factor to consider in the creation of effective community health awareness programs.
4. With the exception of Turkana and Isiolo, most counties indicated that they face a social tension sporadically resulting into localized outbreaks of violence and instability, which hampers effective delivery of PHC services.
5. All counties reported a high prevalence of water-borne disease outbreaks. Non-communicable diseases such as respiratory disease, cancer and hypertension were mentioned on the rise. Diarrhea, malnutrition and pneumonia have been indicated to be very common mortality-causing factors amongst infants. Deaths from injuries due to violence or accidents was mentioned within the top ten mortality-causing factors by several participants.
6. Data collection, data management and information sharing (due to interoperability of systems or limited connectivity) was a challenge reported by most counties.
7. Many counties acknowledged challenges of insufficient infrastructure, poor sanitation and access to clean water (especially amongst nomadic groups). Availability of transport and ambulatory services was highlighted as an important factor that limits access to effective healthcare in many counties.
8. All counties expressed the need to improve the training and working/living conditions of healthcare workers, and to boost staff motivation and retention.
9. It was stated that the health insurance coverage of populations varied between 5 and 20% in the participating counties.
10. Cultural factors such as gender discrimination, gender-based violence and sexual reproductive rights were also mentioned as an obstacle towards improving maternal health across participating counties.

Counties Co-create Workshop: **Day Two**

Purpose of the day | The purpose of workshop Day two was to gather context insights (i.e. from either the urban, rural, or nomadic context) and develop potential opportunity themes. – please see Counties Co-create Workshop Process & Methodology section for more details.

Team composition

Six breakout teams related to the urban, rural, and nomadic contexts were created. County representatives were divided over these three contexts based on the main context in their respective county. Non-county representatives from business, civil society or other governmental bodies were strategically divided over the context breakout teams looking at their background and affiliation.

Exercises and tools

- **Exercise 02A Primary Healthcare Challenges**
- **Exercise 02B Potential Opportunity Theme Identifications**
- **Exercise 03 Partnership Opportunity Theme Creation**

On the second day, Exercise 02A Primary Healthcare Challenges, Exercise 02B Potential Opportunity Theme Identifications and Exercise 03 Partnership Opportunity Theme Creation were executed.

The Exercise 02A Primary Healthcare Challenges was based upon primary healthcare literature and models[1,2] and asked the context breakout teams to discuss challenges and issues across healthcare demand and delivery. Issues and challenges were listed, prioritized and clustered in a subset of sections. (Each section had a number of subsections which can be found in the Data Supplement).

- Delivery sections: governance & leadership, resources, services.
- Demand sections: utilization, health needs (pregnancy & newborn, childhood, youth & adolescence, adulthood, elderly), poor health causes, environment

Example of results from Exercise 02A Primary healthcare challenges map and Exercise 02B Potential Opportunity Theme Identifications

1 USAID. (2012). The Health System Assessment Apporach: A How-To Manual. Health Systems 20/20.

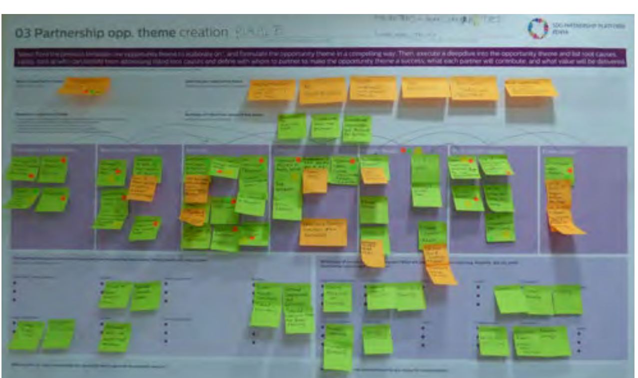
2 WHO. (2018, March 29). Primary Health Care Performance Initiative Framework. Retrieved from PHC Performance Initiative: https://phcperformanceinitiative.org/about-us/measuring-phc#/#%23ConceptualFramework

For the Exercise 02B Potential Opportunity Themes Identification participants were asked to analyze the outcome of Exercise 02A Primary Healthcare Challenges and identify possible anchor points. An anchor point was defined as a main challenge that can serve as a building block which naturally connects to other listed challenges / building blocks. Once this main challenge is addressed it naturally opens up the potential to address other related challenges in other sections or sub sections in healthcare delivery or demand. This chain of connected issues/challenges across the sections and sub sections defines a system-wide potential opportunity theme. The aim was to identify a minimum of one potential opportunity theme that goes across multiple sections of the model used in Exercise 02A Primary Healthcare Challenges.

The last exercise for workshop Day three, Exercise 03 Partnership Opportunity Theme Creation, focused on executing a deep dive on one potential opportunity theme that was identified in the previous exercise.

The criteria for selecting the right potential opportunity theme were: urgency, scale/size, impact on health, economy and environment. Participants were asked to provide the selected opportunity theme with a catchy name, description and detail out the theme by looking at the root causes of its challenges and describing the relationships between the challenges. An additional step was to show where the (national) government, business and civil society could respectively take the most responsibility, profitably contribute and / or make a crucial contribution.

Beneficiaries and the benefits they receive were identified, as well as the partners, their contribution, and the value the opportunity will bring the partners. Lastly, both the key interventions that could generate the greatest revenue and the key interventions that are crucial for transformation were listed.



Example of results from Exercise 03 Partnership opportunity theme creation

Participants were asked to prepare a presentation on their partnership opportunity theme for the next day.

Workforce formal & informal
HC infrastructure / facilities
Equipment / maintenance
Informatics & data
Funding & financing

ty themes identification
are challenges template) as reference. Identify 3 main challenges that can serve as a catalyst across the
ges that are connected to the main challenge

Reflection on the Output

At the end of day two, six potential Partnership Opportunity Themes were defined by the six context breakout teams (2 x urban - 2 x rural - 2 x nomadic). Each of these teams consisted of a mix of participants from different counties and various sectors.

Each of the opportunity themes focused on defining a set of systemically connected challenges and issues, which can potentially provide systemic intervention points for PPPs to develop and implement solutions to take a first step towards transforming primary healthcare.

It is important to note that the Opportunity themes do not aim to address all issues in primary healthcare, but to focus on systemically connected areas of intervention that, if addressed together, may achieve a substantial leap forward towards the goal of universal access to primary healthcare.

The table below is a summary of Partnership Opportunity Themes that were developed by the six context teams.

	Context Team	Opportunity Theme Created	Description
	Urban A	**Linda Afya - Protect your health**	Integrate preventive care into healthcare service delivery.
	Urban B	**Skills for Transforming PHC**	Skills development and capacity building of healthcare workers.
	Rural A	**Empowered Manpower**	Setting up a formidable health workforce that is effective, efficient, productive and innovative.
	Rural B	**Quality First!!! *** * The "Rural B" context team explained that each of the three exclamation marks represent a "P" in PPP.	Transforming quality of services in primary healthcare by addressing staff shortage, low motivation, inadequate skills, and ensuring provision of adequate tools and equipment, whilst increasing knowledge as well as creating demand for services.
	Nomadic A	**Improving W.A.S.H for Nomadic Communities** for control and prevention of communicable diseases and improving quality of life	Re-prioritize WASH interventions in nomadic communities, which are community-led, preventive, sustainable and high impact.
	Nomadic B	**Get Lit (Knowledge and Literacy)**	Improve health literacy across different levels of care. Address skills gap amongst primary healthcare workers; information gaps at community levels; information gaps at decision-making levels.

Opportunity theme summaries:

Linda Afya / Protect your Health

The "Linda Afya" theme was developed by a breakout team focusing on the urban context. Their approach to transform primary healthcare was to **strengthen the integration of preventive care with curative care**.

The theme states that to make progress on preventive care, there is a strong need to focus on leadership, stronger enforcement of public health policies, and reforming resource allocation and retention policies. It also recognizes the need to review the key performance indicators to shift towards stronger prevention in healthcare.

Resourcing for stronger preventive care

This theme proposes to strengthen data collection and analysis at primary care level by better equipping healthcare workers on the use of analytical tools. The group discussed the need to address training and competence building amongst healthcare workers, as key to support a preventive care approach. It acknowledged the need for stronger and well-funded outreach programs that focus on early diagnostics and community engagement. And it also recognized the need for appropriate diagnostic tools, documentation and training.

Driving utilization and engagement combining preventive and curative care

The group acknowledged the need for better equip healthcare workers with basic diagnostic equipment and medicines, and also with training programs that help them to deal with the complexity of religious and cultural beliefs that lead to poor health (e.g. GBV and FGM, lack of women's empowerment, etc). It was mentioned that CHVs must be trained better and incentivized as they play a key role in preventive care, and in activating the referrals to healthcare centers. In addition, the need for supporting systems to ensure better coordination, standardization and evaluation was also identified.

The need for a systemic program for preventive health intervention in communities, and to promote health-seeking behavior was considered key. This was related to the creation of a preventive health program that addresses a wide range of challenges that cause poor health in communities: poverty, nutrition, security, socio-cultural issues, hygiene, infrastructure, poor waste management, sanitation and limited access to clean water.

A few examples of potential PPP intervention points discussed

- Development of online healthcare worker training platforms;
- Training and management of preventive health outreach programs;
- Equipment and tools, including maintenance and training, improved diagnostic equipment;
- Supply chain and stock management systems;
- ICT systems for data, workflow management, communication and referral management;
- Infrastructure and utilities development (clean water supply, reliable electricity, waste disposal).

Empowered Manpower + Skills for Transformative Primary Healthcare

Two breakout teams delivered themes that were very similar in approach and content. These two themes are therefore summarized together here.

The "Empowered Manpower" theme was developed by a breakout team that focused on the Rural context. This team aimed to **transform primary healthcare by addressing the limited capacity and skills of the healthcare workforce as a crucial driver.** The "Skills for Transformative Primary Healthcare" theme was developed by a group focusing on the Urban context. Also, this group chose to focus on addressing the skills and training gap amongst healthcare workers as a key driver to improve primary healthcare.

Strengthening resources for better PHC service delivery

The group highlighted the need for better and more transparent policies and execution to streamline the Human Resource Management for healthcare workers, as well as to streamline measures for staff appraisals, motivation, incentives and career progression was highlighted. These steps are necessary to support retention of staff at primary care level, and to address critical staff shortages that lead to work dissatisfaction, more important to empower staff to take ownership.

In addition, the need for policies that address the lack of financial incentives and compensation for Community Health Volunteers who play a critical support role in community health programs was mentioned. The groups also recognized the need of capacity building and continuous learning to keep skills up to date among all levels of healthcare workers in primary healthcare. Lastly, poor availability of equipment, tools, clear protocols and clinical documentation to support staff in the delivery of services was identified. This includes clinical and diagnostic tools, and how to use them, as well as ICT tools to capture, manage and access data, and to manage workflow and referrals.

Driving demand for service utilization

Poor staff competence and training were seen as key root causes for poor health-seeking behavior amongst communities. Specifically, it was mentioned that staff are poorly trained in dealing with 'softer issues' and building trust and a strong rapport with communities. There is also a lack of effective community feedback protocols that hampers

trust. There is not sufficient awareness creation and knowledge dissemination in many communities. And, there is also a need for better coordination between staff and community health workers to drive awareness and demand for health services.

Gaps in specific services

It was mentioned that "Youth friendly services" are poorly understood and deployed at primary healthcare level. And, it was also stated that staff often lack training on nutrition coaching, dealing with addiction, substance abuse, mental health issues. Staff also need better training on how to deal with sensitive cultural practices that lead to poor health in communities.

A few examples of potential PPP intervention points discussed

- Equipment and tools, including maintenance and training, supply chain and stock management systems;
- Development of online healthcare worker training platforms;
- Development of ICT systems for data, performance, workflow and referral management;
- Infrastructure development (water, electricity, staff housing and transportation).

Quality First!!!

The "Quality First!!!" theme was developed by a breakout team focusing on the "settled" rural healthcare context. This theme highlights **an integrated approach by looking at "Quality" of healthcare as a key driver of primary healthcare transformation to improve healthcare service delivery, utilization, and therefore health outcome in rural areas**.

It examined the need for Quality in leadership, policies and standards, healthcare staff attitude, training and retention, supply chain, service provision, healthcare facility, health awareness, community practices, as well as environmental quality of the local context for healthier living.

Quality in resourcing and management

It was stated that Quality of healthcare provision starts with proper resourcing and management: better planning and human resource policies to create an adequate level of qualified healthcare professional as well as volunteer staff. The need to develop incentives for all healthcare workers to ensure retention and a high quality of service delivery was recognized. In addition, this theme emphasizes the improvements needed in supporting infrastructure, equipment, utilities, facility management and maintenance to ensure effective, reliable and efficient operation of primary care centers. Lastly, IT and Data services to support informed decision-making, supply chain management, referral and communications was emphasized.

Quality in services for better utilization

A proposal was made for establishing, monitoring and maintaining effective performance and standards for healthcare services. It was stated that the emphasis of monitoring quality should not be limited to the quality of treatment, but should include the experience of the health service users. This is necessary to improve trust and utilization of primary care facilities. There is a special need to continuously monitor user feedback and drive initiatives to train staff towards service improvement and user-friendly services, especially to target the youth.

Quality knowledge for community health awareness and behavior change

The breakout team recognized the need to improve health awareness and increase behavioral coaching in communities. Specifically, nutritional awareness need to be improved. Several community-based factors were mentioned as potential threats to undermine healthcare efforts if not addressed. This includes: transforming harmful traditional practices (e.g. GBV, FGM) and beliefs in communities, as well as implementing comprehensive policies and initiatives to deal with substance abuse and gender-based violence. Poverty and lack of vocational skills were recognized as important root causes of poor health. There is a need for skills building and vocational training to improve community wellbeing and resilience.

A few examples of potential PPP intervention points discussed

- Diagnostic equipment, including maintenance and training tools for their usage;
- Supply chain and stock management systems;
- Development of online healthcare worker training platforms;
- ICT systems for data and workflow management, communication and referral management;
- Infrastructure and utilities development (clean water supply, reliable electricity, local waste management, staff housing and transportation to enable prompt referral);
- Operational research and baseline surveys to support output based financing.

Improving W.A.S.H for Nomadic Communities

The WASH theme focuses on the needs in Nomadic contexts in Kenya. Nomadic groups in Kenya are pastoralists who follow seasonal routes to ensure availability of grazing and water points for their livestock. They often experience harsh conditions of drought and water shortage and a lack of general infrastructure to promote health and sanitation.

Especially in the rainy season, this leads to a high risk of water-borne disease outbreaks (such as cholera) due to fecal contamination of scarce water resources. This risk increases with the practice of open defecation (due to a lack of toilets), and when there is low awareness about water management, sanitation and hygiene. Unmanaged household - and other - waste can also contribute to this problem. In many of these areas, access to healthcare services is very limited. **The focus of the WASH theme is therefore more on prevention of communicable disease and diseases outbreaks in the community.**

The group discussion highlighted the urgency to find systemic and sustainable solutions to address the health needs of communities in these contexts by focusing on:

Healthcare resources management

There are very few public health officers and technicians (CHEWs, CHVs, etc.) available to serve these communities 'on the move'. Furthermore, when there are disease outbreaks, the general health services (vaccinations, etc.) are often disrupted. It was pointed out that there is a need for remote services to supplement health service provision, as well as a need for effective population health systems to provide early warning and action in case of disease outbreaks.

Community skills and awareness creation

Poor general knowledge and awareness amongst community members about health, nutrition, wash, sanitation and hygiene was recognized as a common issue. It was therefore acknowledged that there is a need for more and better trained CHVs to serve these communities, and for stronger awareness programs targeting nomadic communities.

Communal infrastructure development

It was commonly recognized that there is an infrastructural problem of water management (e.g. water storage, water purification, water level monitoring, etc.) as well as the need of dealing more effectively with waste to avoid pollution of water sources (e.g. by using bio-fermenters). The need for latrines and sanitation facilities that are suitable for water-scarce environments was also mentioned.

A few examples of potential PPP intervention points discussed

- Development of online healthcare worker training platforms and curriculum management systems;
- ICT systems for data management;
- Early warning solutions of disease outbreak;
- Water and sanitation management systems;
- Supply chain management systems;
- Mobile clinics.

Get Lit (Knowledge and Literacy)

The “Get Lit” theme focuses on needs in Nomadic contexts in Kenya. While the theme recognizes poor infrastructure and resources for effective primary healthcare, **it takes a pragmatic preventive healthcare approach by focusing on the need of improving ‘healthcare literacy’ across the spectrum of healthcare providers and healthcare users in nomadic communities.** The breakout team concluded that a key prerequisite for better health in nomadic communities is the creation of health awareness, knowledge as well as the challenging of behaviors that are leading to poor health outcomes.

An interesting conclusion from group discussions is the fact that better dissemination of healthcare knowledge is needed both top-down (healthcare provision) and bottom-up (healthcare demand).

Top-down healthcare (policy level)

The group has identified a gap at the level of policy makers and enforcers about the healthcare needs of nomadic communities. It has recognized a need for effective real-time data collection and emergency response from health authorities. It has also stated that ethnic group conflicts (often linked to water scarcity and disputes on cattle rustling) can be better predicted and addressed through effective monitoring, knowledge dissemination and dialogue. Currently there appear to be no effective systems to manage this.

Top-down healthcare (healthcare provision level)

Poor healthcare planning, coordination skills and lack of available tools were stated as key challenges. There is an urgency to improve the training of healthcare officers and to provide them with transparent tools to improve their responsiveness and decision-making.

The discussion also pointed out the need for improving the working and living conditions amongst healthcare officers to increase their motivation and reduce the turnover. At the same time, it was acknowledged that there is a need for training to improve service orientation amongst healthcare workers. Better experiences for health-care users are necessary to improve community trust and increase health-seeking behavior.

Community engagement & behavioral change (Healthcare demand)

It was mentioned that the low levels of literacy amongst certain nomadic communities need to be addressed in order to improve the dissemination of health related knowledge and awareness. A need for better coordination between education and health provision programs was acknowledged.

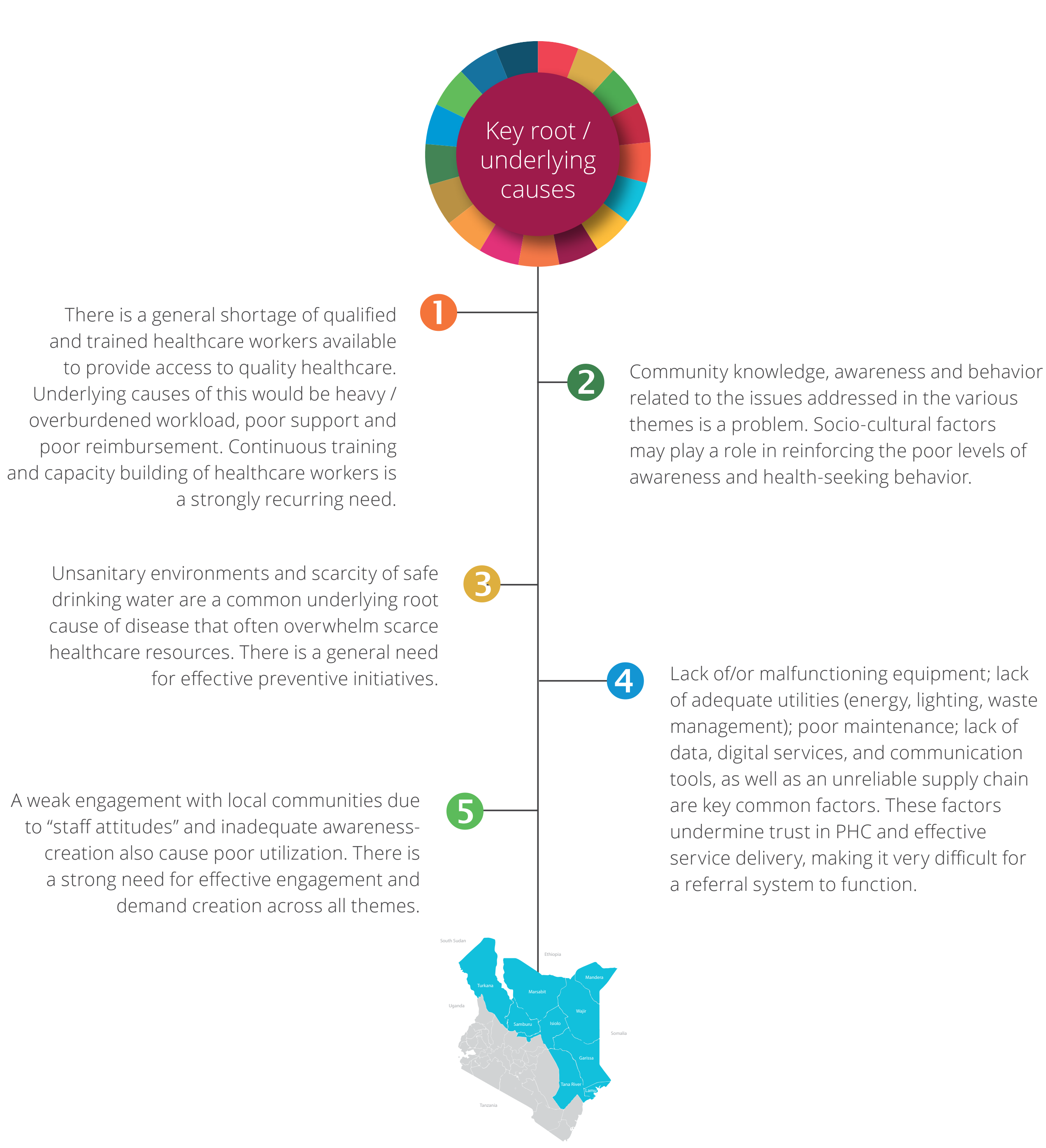
It was stated that CBOs and NGOs need better alignments with healthcare programs to improve the health and wellbeing related behaviors in communities (e.g. sexual reproductive health, traditional harmful health-related practices, dealing with stress and drug abuse, education of girls, etc.). And, that these organizations also can also play a role to build trust in communities on the utilization of health services.

A few examples of potential PPP intervention points discussed

- Training programs and tools for improved literacy and education in communities and amongst Community Health Volunteers;
- Telemedicine platforms and tools;
- Development of online healthcare worker training platforms and ICT curriculum for data capturing and workflow management, communication and referral management;
- Disaster response systems.

Reflection on the Output

Although different themes emerged across the different contexts, there are some common root / underlying causes of challenges underpinning most of these themes.



Counties Co-create Workshop: **Day Three**

Purpose of the day | On the last day of the workshop the participants were redistributed to work together in county teams. The goal was to shape county-specific draft plans of actions around a selected "Partnership Opportunity Theme" able to drive collaborative and transformative (across sectors) primary care interventions. (See the earlier section on Co-create Flow and Methodology for more details).

Team composition

Nine breakout teams related to the nine counties involved (i.e. Garissa, Isiolo, Lamu, Mandera, Marsabit, Tana River, Turkana, Wajir, Samburu) were organized. However, Marsabit county joined forces with Isiolo team in one common breakout group. Non-county representatives from business, civil society or other governmental bodies were allocated to the eight breakout teams to share their expertise and to identify their possible contribution in synergetic actions.

Exercises and tools

- **Exercise 04 Unlocking the Opportunity Theme's potential**
- **Exercise 05 County Readiness Assessment**

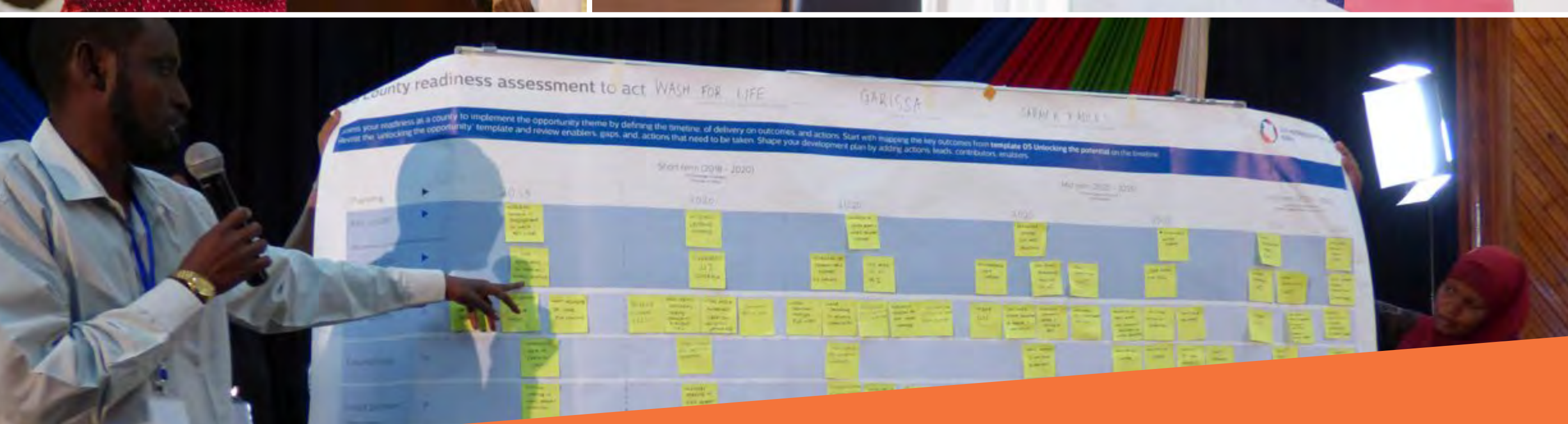
The day kicked off with the plenary presentation of the 'Partnership Opportunity Themes' developed the day before in the urban, rural and nomadic contexts. Each county selected the most promising theme in terms of relevance and impact for their own primary care transformation. In the first exercise of the day Exercise 04 Unlocking the Opportunity Theme's potential, the county team compared the outcome of their work of Day one (particularly on healthcare county diagnostics) with the insights brought forward by the selected Partnership Opportunity Theme. They adapted and optimized the chosen opportunity theme to their own specific challenges and local conditions by considering existing enablers, gaps and necessary actions. Results were then injected into the last exercise, Exercise 05 County Readiness Assessment, where each county assessed its own readiness to implement the opportunity theme by defining key objectives in the short, medium and long-term, as well as milestones, actions, and potential partners, as input for a follow-up plan.

Example of results Exercise 04 Unlocking the Opportunity Theme's potential

The final outcomes of the county working sessions were presented in the plenary. In the closing, the SDGPP members gave highlights of the next steps forward, and each county received an acknowledgement certificate for their participation in the Co-create Workshop for pioneering primary healthcare transformation in Kenya.

Example of results Exercise 05 County Readiness Assessment

Chosen opportunity theme to act upon
WASH FOR LIFE
Context of the chosen opportunity theme
NOMADIC
Optimize the chosen PPP opportunity theme for your county
Gaps (what is not in place)
Reflect on innovations that might be required


readiness assessment to act
WASH FOR LIFE
GARISSA

Reflection on the Output

The key purpose of the counties Co-create workshop was to discover scalable opportunities for investment, collaborations and PPPs to transform Primary Healthcare in the nine counties that participated. Of the six opportunity themes that were created by the context teams, the four themes below were chosen by county teams for further exploration, adaptation to the realities of each county, and for preparation of an assessment of readiness to act.

Four opportunity themes chosen by Counties to create "Readiness to Act" plans

County Team	Chosen Opportunity Theme	Description	Context	Symbol
Wajir **Lamu**	**Linda Afya - Protect your health**	Integrate preventive care into healthcare service delivery.	**Urban**	
Tana River	**Empowered Manpower**	Setting up a formidable workforce that catalyses the development of competent health workforce which is effective, efficient, productive and innovative.	**Rural**	
Isiolo **Marsabit**	**Quality First!!!**	Transforming quality of services in primary healthcare by addressing staff shortage, low motivation, inadequate skills, and ensuring provision of adequate tools and equipment, while increasing knowledge as well as creating demand for services.	**Rural**	
Turkana **Mandera** **Garissa** **Samburu**	**Improving W.A.S.H for Nomadic Communities** for control and prevention of communicable diseases and improving quality of life	Re-prioritize WASH interventions in nomadic communities, which are community-led, preventive, sustainable and high impact.	**Nomadic**	

The workshop delivered county-specific "Readiness to act" plans based on the opportunity theme chosen by each county. Each opportunity theme consists of a set of systemically connected intervention points across three key dimensions of primary healthcare: "Service Delivery", "Service Demand" and "Healthy Living". Each county presented their plans with milestones, actions and key points of intervention (where PPP partners can contribute).

In reviewing the output of the workshop, it is interesting to note that although the different opportunity themes have many unique challenges, there emerged also many intervention points in common across the different opportunity themes, as well as shared by different counties. These shared intervention points are of particular interest for scalability. The diagram in the Day Three Reflection section summarizes the shared points of intervention.

An important consideration is that for each opportunity theme a comprehensive program consisting of a systemically connected set of intervention points is required to create a sustainable systemic shift towards transforming primary healthcare. Such PHC transformation programs require a wide range of stakeholder competences and contributions, and can guide PPP initiatives that may follow.

We will use the following three clusters **to map potential scalable PPP opportunities:**

Reflection on the Output of Day Three

Ⓑ **Business Partner**

Ⓞ **Other Partner** (NGO, FBO, academia, scientific institutions, development partners, donors)

Shared Intervention points		Online training & certification system for Health Care Workers	Digital Data capture and analysis system + population health	PHC equipment and remote maintenance	Clean Water Supply (desalination, harvesting, purification, solar)	Reliable Energy supply	Remote & Rapid Diagnostics (tele-health, mobile HC services)	Waste management and Recycling	Facility upgrades, maintenance and operational support	Supply chain management systems	Transportation and ambulatory solutions
Partners:		Ⓑ Ⓞ	Ⓑ Ⓞ	Ⓑ	Ⓑ Ⓞ	Ⓑ	Ⓑ	Ⓑ	Ⓑ Ⓞ	Ⓑ Ⓞ	Ⓑ Ⓞ
Linda Afya – protect your health											
	Wajir	✔	✔	•	✔	✔	✔	✔	✔	✔	✔
	Lamu	✔	✔	•	✔	✔	✔	✔	✔	✔	✔
Empowered manpower											
	Tana River	✔	✔	•	✔	✔	✔	✔	✔	✔	✔
Quality First!!!											
	Isiolo	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
	Marsabit	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Improving WASH for Nomadic Communities											
	Turkana	✔	•	✔	✔	✔	✔	•	•	✔	✔
	Mandera	✔	•	✔	✔	✔	✔	•	•	✔	✔
	Garissa	✔	•	✔	✔	✔	✔	•	•	✔	✔
	Samburu	✔	•	✔	✔	✔	✔	•	•	✔	✔

Empower CHV's with outreach tools, health training and entrepreneurship skills	Community feedback system	Community health awareness, education, and engagement	Outreach, vaccination and screening	Patient adherence, tracking and support	Security, community alert and support	Counselling (drug abuse, HIV, Sexual Reproductive Health, etc)
B O	O	O	B O	B	O	O
✔	✔	✔	✔	✔	✔	✔
✔	✔	✔	✔	✔	✔	✔
✔	✔	✔	✔	✔	✔	✔
✔	✔	✔	✔	✔	✔	✔
✔	✔	✔	✔	✔	✔	✔
✔	✔	✔	✔	✔	✔	✔
✔	✔	✔	✔	✔	✔	✔
✔	✔	✔	✔	✔	✔	✔
✔	✔	✔	✔	✔	✔	✔

WASH program latrines and sanitary services for Nomads	Personal hygiene coaching and consumables	Entrepreneurship development to alleviate poverty	Micro supplements for malnutrition	Affordable safe water solutions for personal use	Health awareness creation and engagement programs
B O	B O	O	B	B	O
✔	✔	✔	✔	✔	✔
✔	✔	✔	✔	✔	✔
•	✔	✔	✔	•	✔
•	•	✔	✔	•	✔
•	•	✔	✔	•	✔
✔	✔	•	✔	✔	✔
✔	✔	•	✔	✔	✔
✔	✔	•	✔	✔	✔
✔	✔	•	✔	✔	✔

Closing Remarks

Arif Neky - SDG Partnership Platform Secretariat

Arif Neky, thanked all the participants and acknowledged the very strong role played by the Ministry of Health, UN Resident Coordinator, the UN agencies, as well as the important role played by the Frontier County Development Council (FCDC) in bringing all the counties together as a block. He further thanked academia, research organizations, professional organizations, unions, CBOs, NGOs and non-profits present. He gave special thanks to the facilitators, Julie Gichuru (moderator), the IT and tech teams for their excellent work. He appreciated the very strong support the platform has received from partners in the private sector, bi-laterals and multi-laterals including Philips, Merck, World Bank, the Netherlands government, Takeda and other partners coming on board such as the US government. He further thanked the KSMS facility, that provided the space, time and the ability to have and maintain a captive audience.

"...we thank the partners...because frankly, they have taken a leap of faith to make this process happen... we appreciate and support their presence here..."

Eddine Sarroukh - SDG Partnership Platform Secretariat

Explained that as the next step the participants would see the workshop outcomes documented within the coming three weeks. The document would be shared in mid-April and also used for engagement with the individual counties.

"Over the past two days I have seen many relationships being built so I look forward to also seeing those continuing. I have said or told someone "it looks sometimes like a kind of dating environment, which is also very good"...that is what the platform actually aims for, to create the right partnerships for implementation of the transformation of Kenya towards universal health coverage..."

After the discussions with the counties, he further explained that the platform would move to the critical phase of design and implementation and the development of real projects from the workshop outcomes and gathering of learnings to ensure everyone is on the right track. He added that all the nine counties will continue to be engaged with the platform and with other partners in attendance, as well as holding of similar workshops with the other 38 counties.

Concluding remarks

The workshop with the nine counties will support the SDG Partnership Platform to build the next stages of the "Primary Healthcare Accelerator" program. The Workshop opened with a solid program of expert keynote speeches and moderated panel discussions on relevant topics to set the tone. The workshop sessions that followed were well-attended and participants were highly engaged. County teams completed a fact gathering and reflection assignment prior to the workshop and came well prepared which helped to ensure the high level of quality output.

Of the six possible Opportunity Themes that were developed in the workshop, four were chosen for further elaboration by county teams, and formed the basis for "Readiness to act" plans and potential PPP partnership opportunities. It is noteworthy that the Opportunity themes, despite their different focus, and unique approach towards transforming primary healthcare, also highlighted many common intervention points.

The Opportunity themes chosen by Counties to create their "Readiness to act" plans (available in the Supplement to the Full Report) do not attempt to solve all primary care issues and challenges. Rather, they create a focus for a first wave of systemic level transformation. Addressing a set of systemically connected points of intervention, may bring primary healthcare in the counties a substantial step closer to the eventual goal of universal access.

Workshop evaluation

The workshop was rated highly by participants*:

Ratings (out of 5)	Average rating
Please rate the opening session on Tuesday morning (13/3)	4.9
Please rate the Co-create workshops (preparation - if applicable - set up, process facilitation, venue...)	4.7
Please rate the outcome of the Co-create session (Agreements, arragements, results...)	4.5

*** Some improvements suggested by participants:**

- Consider prayer time between sessions (specifically for Muslims)
- Make clearer in the process what business partners can or cannot support – business needs to be more engaged
- Day two program was very intense – people got very tired. More time required for discussion.
- Follow-up on workshop should be communicated more clearly.
- Pros & Cons of PPPs need to be made clearer.

County remarks

Mandera:
"This is an eye opener for us! It is the first of its kind and I don't think it is going to be the last"

Turkana:
"I thank the organizers of this conference... as Turkana we are really doing our best, our indicators have improved since devolution and we are going to do even better"

Tana River:
"The only time you realize the importance of the buttock is when it develops a boil... this seminar has opened up a lot of issues for our county... a lot of the things we have discussed are feasible... the results are achievable and we hope that after this we shall actually take action and reach to what we have planned and get support..."

Lamu:
"It has been a journey and now as we close the first engagement I would like to thank the SDG Partnership Platform... it has been a good eye opener and I believe through the partnerships we have formed here and those we have engaged with, we are going to do a lot better and achieve much together...."

Garissa:
"...thank you to the organizers of this meeting... we are looking forward to more engagements... we have learnt a lot.... these 9 counties are the most hard to reach but I assure you that we are somewhere... since devolution we have really grown...."

Samburu:
"Thank you very much for also inviting Samburu County... we are also part of the 9 counties... there are many opportunities now that health is devolved, so invest more in these 9 counties"

Isiolo & Marsabit:
"This forum came just at the right time... Isiolo County is part of the four pilot counties that are going to benefit from the UHC covered by the national government so this forum came just at the right time...I can't thank you enough"

Wajir:
"Thanks to the organizers who brought us together and had our brain cells engaged... I think we are a bit younger than we were three days ago in the sense that we have put a lot of thinking and engagement into our activities... we look forward to improvements in our key performance indicators... we look forward to the outcomes after the workshops... what should we expect?...what next?... what do you expect of us and what do we expect of you?...."

Sophia Chaichee - SDG Partnership Platform Secretariat

Along with SDGPP members and Hon. Simba Guleid (FCDC chairperson) presented certificates to the nine counties that participated in the workshop. In addition, Arif Neky, presented a certificate to Hon. Guleid for the FCDC in appreciation of the role they played in the success of the workshop.

Hon Simba Guleid - Frontier Counties Development Council (FCDC chairperson)

Expressed his gratitude for the workshop and the privilege he had of working closely with the SDG platform and the UN resident coordinator in planning of the workshop. He pointed out that the SDG platform is unique, the reason being that health is a very important component of the devolved unit. This is because of all the devolved functions, health is the one that brings the wananchi (citizens) closest to the government.

> "...health is the first line where government and people meet. Therefore if it does not go right then the entire concept of devolution will also not go right..."

He added that the workshop was very fruitful, enlightening and very insightful and added that Samburu County will soon join the FCDC along with West Pokot, making FCDC the largest block in Kenya with over 60% of the Kenyan land mass.

"Together if we work and join hands.....working together, sharing experiences, visiting each other....stick together like we did in the last three days and our leadership also do the same, we will be able to transform"

He stated that plans were underway to form the FCDC health forum which brings together the CEC members and their staff from all the member counties and form a working group as has successfully been done for livestock and agriculture sectors. The health forum will be an avenue to learn from each other and involve more private and other sector partners.

"Can we do it? I say, Yes We Can!"

Way Forward

Turning the Co-create output into PPP action

The SDG Partnership Platform will continue the engagement with the counties and other stakeholders that participated to support efforts to validate the readiness plans made in the workshop by each county, and to incorporate them into the county healthcare strategies. Next steps will also include facilitation of discussions between different potential partners to turn the plans into action by supporting counties by the development of PPP business and financing models, and to set up measurements to ensure sustainable success.

Extending the Co-create approach to other Counties

Plans are underway to extend the Co-create workshops to the remaining 38 counties. Expanding the participation of more Counties in the "Primary Healthcare Accelerator" program by engaging them into a similar Co-create process, will be driven in parallel with efforts to support the first wave of nine counties to put their plans into action.

Acknowledgements

We feel honored that Hon. Kariuki, Cabinet Secretary for Health in Kenya, graced the Workshop as Guest of Honor and Keynote Speaker, and for her invaluable leadership and support to the SDG Partnership Platform.

We were deeply appreciative for the inspiring remarks and active participation at the official opening of the Workshop by H.E Kuti, Governor of Isiolo County and Chairman of the Council of Governors Health Committee, H.E Roba, Governor of Mandera County, and Hon. Guleid, Chairman of the Frontier Counties Development Council. We will make sure to move the Platform forward into action on the ground as per their guidance.

We would like to thank for their enlightening contributions in the partners' panel at the official opening: Prof. Temmerman, Director, Centre of Excellence in Women and Child Health, Aga Khan University; Dr Githinji, Group Chief Executive Officer, Amref; Dr Thakker, Chairman of Kenya Healthcare Federation; Ms. Martine van Hoogstraten, Deputy Ambassador, Netherlands Embassy; and Dr Ramana, Lead Health Specialist, World Bank. All will help us to enhance our strategies and plans to help Kenya leapfrog its primary healthcare systems on its journey towards UHC.

We would like to applaud and thank Siddharth Chatterjee, the UN Resident Coordinator for his visionary leadership in the establishment of the SDG Partnership Platform and continued support in making the platform a ground-breaking success.

We are grateful to Julie Gichuru and her team for the wonderful facilitation of the panel discussion on Day one, and for providing media and communication support.

We would like to express our gratitude towards Mr. Jan-Willem Scheijgrond, VP Public Affairs, Royal Philips for moderating an insightful expert conversation on Public Private partnerships with panelists Hon. Ahmed Sheikh, CEC, County Executive Committee Member for Health, Dr. Salim Hussein, Head of Community Health Unit, Ministry of Health, and Mr. Adam Lane - Senior Director, Public Affairs, Southern Africa, Huawei technologies.

Moreover, we would like to acknowledge the supporting team of facilitators and co-facilitators that guided the breakout sessions, as well as the rapporteurs for digitalizing the outcome of the discussions: Patricia Odero; Mary Muturi; Geoffrey Lairumbi; Juliana Hagembe; Alisha Rahemtulla; Stanley Mwangi; Tecla Kivuli; Eric Tama; Aluoch Pauline; Kennedy Auma; Linah Nasambu; Stella Maseki; Jacqueline Opira; Teresa Bange; Arnold Otieno; Tabby Wanja; Victor Oduor; Justus Miran; Stella Njoki. In this regard, a special thank goes to Philips Design and Philips Research Africa teams, who greatly contributed to the design, preparation, facilitation and documentation of the Workshop:: Reon Brand; Aylin Groenewoud; Simona Rocchi; Hanneke van den Bos; Chelsey Wickmark; Britt Korstanje; Kurt Ward; Caroline Gitonga; Sarah Kedenge; Beatrice Murage; Alice Tarus; and Mitchelle Banju.

Our gratitude also extends to the management of the Kenya School of Monetary Studies for making their facilities and logistic support available to host the Co-create workshop.

Finally, and most importantly, we would like to recognize the hard work, enthusiasm and great collaborative efforts of all the participants from the nine counties (Garissa, Isiolo, Lamu, Mandera, Marsabit, Tana River, Turkana, Wajir, Samburu), the Kenya National Government, the civil society organizations, the private companies, academic, philanthropy and the development partners. Without their knowledge, experience and wisdom this workshop would not have been possible and would not have been the success it was.

More information

For more information kindly contact the SDG Partnership Platform Secretariat:

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Acronyms & Abbreviations

FCDC	Frontier Counties Development Council
SDG	Sustainable Development Goals
SDGPP	Sustainable Development Goals Partnership Platform
CBO	Community Based Organization
CEC	County Executive Committee
CHV	Community Health Volunteer
CLC	Community Life Center
COG	Council of Governers
ICT	Information and Communication Technology
KDHS	Kenya Demographic and Health Survey
KEMSA	Kenya Medical Supplies Authority
MDGs	Millenium Development Goals
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
PHC	Primary Healthcare
PPP	Public-Private Partnerships
SAGA	Semi-Autonomous Government Agency
UHC	Universal Health Coverage
UN	United Nations
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WASH	(A collective term for) Water, Sanitation and Hygiene

SDG PARTNERSHIP PLATFORM
KENYA