REPORT ON THE
CENTRE FOR HEALTH MARKET INNOVATIONS:
3RD ROUNDTABLE DISCUSSIONS 2014-15
HELD ON 21ST, APRIL 2015

Strengthening the Kenyan Health Market Ecosystem in Maternal,
Newborn and Child Health
Through Partnerships and Innovations
Acknowledgements

Africa Capacity Alliance wishes to acknowledge all participants of the RTD 3 event for their support and contributions in making the event a success. Special thanks to: Dr. Sam Were, Head of the Public Private Partnership Unit in the Ministry of Health for effectively facilitating the introductory sessions and to Racheal Neill, of Results for Development for presenting a global overview of the Centre for Health Marketing Innovations (CHMI) and for supporting ACA in the implementation of CHMI in East Africa.
Executive Summary

This report summarizes the 3rd round table discussion meeting on Strengthening the Kenyan health market ecosystem in maternal, newborn and child health (MNCH) through partnerships and innovations. It is the third of four roundtable discussions spearheaded by Africa Capacity Alliance (ACA) in conjunction with the Center for Health Market Innovations (CHMI).

The meeting, which took place on Tuesday April 21st, 2015 at Sarova Panafric hotel in Nairobi Kenya, brought together stakeholders from the NGO, donor, innovators and the Kenyan government among others under the theme “Formulating Public Private Partnerships-Strengthening the Kenyan Health Market Ecosystem in Maternal, Newborn and Child Health through Partnerships and Innovations” The key note address was given speak by Dr. Sam Were, Head of PPP unit at the Kenyan Ministry of Health. Other key speakers in this meeting included county representatives from Meru and Kiambu counties, innovators and donors.

In his address, Dr. Were focused on the perspectives of the Ministry of Health regarding PPPs and how they can enhance and improve the state of MNCH services in Kenya. He highlighted that there is need to not only ensure sustained dialogue amongst stakeholders in health but under strict PPP arrangements to explore for new and existing opportunities in propriety areas so as to increase access in specialized MNCH services. He encouraged the participants to come up with innovative ideas that can be shared with the public sector and how well the services can be improved and delivered to reduce mortality rate, he went on to mention that if the healthcare services could collaborate effectively with the private sector to provide affordable services then this would drastically reduce maternal and child mortality rates in the country.

County representatives from both Kiambu and Meru Counties, noted that there was need to improve health seeking behavior of people at county level for effective MNCH services; they recommended that counties should use ICT tools to measure performance of healthcare workers, real time data collection and reporting on uptake of MNCH services, they acknowledged the fact that roundtable meetings have linked them to more partners.

Khalila Salim in her presentation on the roll out of Jamii smart, an innovation focusing on applying m-health and e-health to reduce maternal mortality and save lives mentioned that they have elicited positive feedback from the participants however, they are still considering if Jamii Smart content should be translated into local dialects for the community to understand it better.

Maxwell Marx of PEPFAR recommended that there was need to learn from the experiences of successful PPPs in South East Asia, India, Tunisia, Lesotho and Malawi and see how their experiences can be replicated within the Kenyan context.

In her presentation on county innovation challenge fund Lilian Gathara of KPMG mentioned how the fund works, whom it targets and the beneficiary counties.
Abbreviations

ACA  Africa Capacity Alliance
CHMI  Centre for Health Market Innovations
CHS  Community Health Services
CICF  County Innovation Challenge Fund
HRM  Human Resource Management
ICT  Information Communication & Technology
IMCI  Integrated Management of Childhood Illness (IMCI)
KDHS  Kenya Demographic Health Survey
KPMG  Klynveld Peat Marwick Goerdeler (accounting firm)
MDGs  Millennium Development Goals
MNCH  Maternal, Newborn and Child Health
MoH  Ministry of Health
NGOs  Non-governmental Organizations
OBA  Output Based Aid Initiative
PBO  Public Benefits Organizations Act 2013
PEPFAR  The U.S. President's Emergency Plan for AIDS Relief
PPH  Postpartum hemorrhage
PPPs  Public Private Partnerships
R4D  Results for development
RTDs  Round Table Discussions
UoN  University of Nairobi
Background

Since November 2014, Africa Capacity Alliance has hosted a series of Roundtable discussions on comprehensive approach to Maternal, Newborn and Child Health (MNCH). The Roundtable meetings are supported by the Centre for Health Market Innovations (CHMI), a global platform that promotes programmes, policies and practices that make quality health care delivered by private organisations affordable and accessible to the world’s poor.

CHMI works globally through a network of partners. In East Africa, CHMI partners with the Africa Capacity Alliance (ACA) to improve the health market ecosystem in Maternal, Newborn and Child Health (MNCH) through Innovation. The purpose of the Roundtables is to provide a platform for exchange and linkage creation whose ultimate aim is to lead to partnerships between the private sector health innovations and public sector health systems.

The first roundtable, set the pace for subsequent roundtables by engaging the participants to identify opportunities in the health market ecosystem as well as challenges that hinder innovations scale-up. The participants indicated that there was increasing demand for health Public Private Partnerships noting that a broad range of opportunities existed for MNCH innovations in Kenya, however they also pointed out that several challenges existed and these included:-

- Access to working capital and management support
- Ability to design the optimum model considering country/county diversities
- Balancing affordability with sustainable pricing, and
- Lack of local support from the Government to achieve/encourage scale

The second roundtable meeting set out to create an avenue to foster and facilitate partnership between innovators, investors and Government both at National and county levels and during this meeting, participants were requested to provide an overview of their innovation/MNCH activities and articulate how their innovation would contribute
towards addressing MNCH related health challenges. In addition, they were to provide suggestions on mechanisms and approaches for effectively engaging national and county level health departments. A key outcome of this second roundtable meeting is that strategic partnerships between investors and both Meru and Kiambu Counties have been borne out of this process.

Therefore, the roundtable meetings have continued to achieve their objective of providing opportunities for technical exchanges and policy dialogues, networking and establishing linkages among the innovators, investors, the national and county Governments and donors and ultimately towards the identification of policy level directions for strengthening the health market ecosystem for MNCH.
1. Introduction

Following successful outcomes of two previous RTDs, ACA in partnership with CHMI held the third Roundtable discussion at The Sarova Pan Afric Hotel in Nairobi on the 21st of April 2015. The event themed “Formulating Public Private Partnerships”- Strengthening the Kenyan Health Market Ecosystem in Maternal, Newborn and Child Health through Partnerships and Innovations brought together 42 policy makers, county health officials, development partners, investors and health innovators with the aim of promoting an inclusive engagement and partnership for enhanced MNCH in Kenya.

The specific objectives of the third Roundtable Discussion were:

- To provide an avenue to foster and facilitate partnerships between key MNCH stakeholders (private health innovators, investors and government especially at county level).
- To give insight into the policy environment in which innovators, investors, researchers and donors address MNCH goals.
- To define and discuss partnerships that can increase the impact of innovations
- To highlight opportunities existing to engage Public private partnerships (PPPs) for MNCH.

The expected outcomes of the RTD were:

- Increased understanding of Kenya’s Health PPP strategy and its implications for Maternal Newborn and Child Health
- Facilitate linkage and partnership between innovators, investors, researchers and donors towards addressing MNCH goals
- Define mechanisms of enhancing public private partnerships through CHMI.
- Appraisal of the Round Table approach’s value addition to the MNCH market ecosystem

The round table was divided into three (3) sessions, and was designed to ensure inclusiveness; where after every presentation, the participants were free to ask questions and engage with the presenters for more clarification. Stakeholder engagement was also greatly enhanced by the networking breaks.
2. Opening of the Meeting

Remarks by the Africa Capacity Alliance Executive Director

Caroline Simumba, Executive Director of Africa Capacity Alliance (ACA) welcomed the participants to the roundtable meeting. In her opening remarks, Ms. Simumba gave a brief overview of Roundtable meeting, and highlighted the agenda for the day.

Ms. Simumba then invited participants to introduce themselves, giving their affiliations. The list of participants is attached as Annex 1. She thanked all those present for participating in the meeting noting that the Public Private Partnerships in health provides huge potential for strengthening the Kenyan health market ecosystem in MNCH. Ms. Simumba then gave a snapshot of the sessions of the day and thereafter invited the Guest of Honor, Dr. Sam Were, The Head of PPP Unit in the Ministry of Health to give his Key Note address.

Key Note Address by the Guest of Honor Dr. Sam Were, Head of PPP Unit, Ministry of Health, Kenya

Dr. Sam Were’s key note speech focused on the perspectives of the Ministry of Health (MoH) regarding PPPs and how they can enhance and improve the state of MNCH services in Kenya.
In his remarks, Dr. Were, commended the roundtable meeting organizers for its timeliness as it coincided with important processes within the Kenyan health sector namely; the finalization of the Kenya health policy and bill, the release of the 2014 Kenya Health Demographic Health Survey (KHDS) preliminary report and the ongoing performance review outputs at the Council of Governance Conference taking place in Kisumu County. The outcome of these processes he mentioned would form important ingredients to subsequent future PPP dialogue agenda. He reminded the participants that partnerships and PPPs were increasingly gaining rapid recognition globally as emerging tools for enhancing public service delivery in the 21st Century.

In Kenya, Dr. Were went on to say, the PPP Act came into effect in 2003. Currently, the government is spearheading the development of various regulations for the county governments and has set-up the PPP fund through the PPP unit of National Treasury. He mentioned that the development of the PPP strategy in health is ongoing and is currently considered a key policy document which will guide PPP processes within the Health sector and the Country as a whole. He said that despite the current KDHS 2014 preliminary report showing a decline in infant and under-5 mortality rates from 39 to 22 and 52 to 32 respectively, this progress fell short of meeting the MDGs targets.

Moving beyond 2015, Dr. Were noted, there will be need to strengthen the Health Market Ecosystem in Maternal, Newborn and Child Health Programs through strong partnerships between the public and private sector by taking advantage of the PPP
opportunities available thus accelerating the attainment of desirable outcomes within the Universal Health Coverage frameworks.

**Key highlights:**

i. There is need to not only ensure sustained dialogue amongst stakeholders in health but under strict PPP arrangements to explore for new and existing opportunities in priority areas such as: infrastructural development; service delivery; healthcare financing; health information systems; human resources management and development and health products and technologies so as to increase access in specialized MNCH services.

ii. There is need to identify among these priority areas capacity development initiatives such as development of necessary policies, strategies, toolkits and other instruments to support implementation of PPP in both the public and private sectors.

iii. There is immense potential in PPP to improve access to MNCH services by proactively changing mindsets and building trust between the public and private sectors at both the National and county levels.

iv. Policy makers within the health sector need to recognize that PPPs are not a replacement of system weaknesses. For PPPs to thrive and become effective there must be enabling policies, effective legal environments, and transparent and accountable systems.

**Discussions**

This session elicited discussions focusing on the role played by the range of entities that are providing healthcare services and the opportunities that exist particularly in health service delivery.

In his opinion on how best the private and public sector could best work together cohesively, Dr. Were asked the participants to come up with innovative ideas that can be shared with the public sector and especially the MoH on what can work to decongest healthcare services in the public sector and how well MNCH services can be improved and delivered to reduce mortality rates. He requested the private sector representatives present to come up with ideas and develop concepts that are in line with the existing PPP Act, the MoH policy and legal frameworks on effective ways to deliver MNCH services. He gave the example that in terms of HRM the private sector doctors could offer their services to the public health sector at an agreed upon minimal rate so as to reduce the man-hours that the public sector doctors spend which do not commensurate to pay and which compromise the quality of services offered. He said that implementation modalities could be worked out in an amicable manner and thus further cement public and private sector relationships.
Healthcare equipment on the other hand he challenged, is expensive and most public health facilities cannot afford to purchase this equipment and in places where these equipment are available for example in the referral hospitals, the population is so high that the equipment keeps breaking down yet most such equipment lie in private hospitals under-utilized due to the prohibitive utilization costs. Modalities on how the private sector could provide such services to the public sector either on a loan out basis or at subsidized rate for patients referred to them from the public health facilities would also further strengthen the private and public sector relationships.

Participants at the meeting were in agreement that if such relationships were scaled up this would immensely improve MNCH services, open up healthcare financing and stimulate growth of public sector towards provision of affordable healthcare services in collaboration with the private sector thus reducing mother and child mortality rates in the country.

**A Brief on Background of CHMI by Rachel Neill, Results for Development, USA**

Rachael Neill from Results for Development (R4D) gave a brief overview of CHMI's work and the partnerships they have forged in various regions across the world; including with ACA as a key partner in East Africa.

Rachel Neill, Senior Program Associate, Results for Development Institute
In her remarks Rachel Neill, mentioned that CHMI was created:

- To harness innovative health policies and practices to their full potential to improve the health of the poor;
- To develop tools for obtaining and spreading information on innovations
- To create a global resource for up-to-date information on the universe of emerging innovations.
- To connect innovators in an effective and efficient way.

**Key highlights:**

- CHMI has achieved considerable success in helping to forge PPPs that improve health outcomes in the East African region. CHMI has done this by: creating a global online platform to document the universe of health innovators; generating new evidence about what works in health innovation, building a network of regional partners working to harness innovations in mixed health systems around the world and fostering the improvement and adaption of health innovation
- CHMI has also been instrumental in the improvement of MNCH services and its outcomes in the region which can be showcased by the innovators that are continuously engaged and the interventions that have been delivered so far.

**Facilitating the Development of PPPs in Health - Progress and Next Steps for Roundtables, Daniel Mwisunji, Africa Capacity Alliance**

Daniel Mwisunji’s presentation reintroduced the participants to ACA and especially with regards to ACAs health PPP initiatives. He also highlighted the purpose of the roundtable discussions and the expected outcomes and the key milestones CHMI has achieved in East Africa to date.
The main purpose for the roundtable discussions, he emphasized was to create a forum where:-

a) Innovators would meet other innovators
b) Diffusion of innovation is advanced through sharing of knowledge, sharing of lessons learnt and sharing of experiences so as to build synergy of new ideas, new perspectives and new dreams
c) Collaboration is facilitated by exploring new opportunities for teaming up to accomplish common goals
d) Through networking innovators, would be innovators and other stakeholders would learn ‘who knows what and who is doing what’.
e) Partnerships are facilitated between innovators and investors

Key Highlights:
ACAs Health PPP Initiatives and PPP projects and activities include:
Capacity building for PPPs through:
- PPP trainings
- Knowledge sharing platforms
- Public-private dialogue
- Development of health PPP guidelines
The PPP projects and activities include:

- Centre for Health Market Innovations (CHMI)
- Network for Africa
- Business skills Training – targeting small & medium sized healthcare enterprises

The ACA-CHMI partnership has yielded good results so far including:

i. Successful facilitation of 3 Round Table Discussions on successes, challenges & practical solutions towards promotion of health innovations.

ii. Facilitation of identification and formation of partnerships between innovators & investors

iii. Linking of innovators and investors to counties

3. Session Presentations

Caroline Simumba, ACAs Executive Director, introduced this session and in her remarks she mentioned that it was now clear to all the stakeholders present that the formulation of PPPs brought together people with different mindsets, and that this had brought about a reconciliation of the different expectations that both innovators and investors may have in ensuring that innovations meet the needs of County health in being able to impact on the quality of healthcare.

Ms. Simumba then invited Dr. Sam Were to lead discussions on Policy empowerment around PPPs as it relates specifically to MNCH. She requested him to specifically address issues on policies that are currently in place and how these policies were impacting on the various health entities that are providing healthcare services in the country. She also requested him to share experiences of MoH around the gaps in MNCH and how if possible, these gaps can be adequately addressed by the implementation of innovation and involvement of the private sector.

Presentation 1: Key barriers to achieving MNCH goals, Dr. Sam Were, Head of PPP Unit, Ministry of Health, Kenya

In his introductory discourse, Dr. Were requested the stakeholders to present proposals to the MoH on any new ideas and any opportunities that may have regarding the best way to deliver healthcare services that conform to the current policy & legal frameworks available. He went on to say that the Ministry of Health was open to new ideas which are effective, are of quality and ideas that provide value for money as referenced in the current policy on engagement PPPs in health.
In his presentation on key barriers to achieving MNCH, Dr. Were addressed issues of engagement between the public and the private sectors highlighting the need to share concepts between both sectors in order to come up with a model to implement or to scale-up current efforts.

**Key Highlights:**

1. There exists a government policy on PPPs that has not yet been widely adopted.
2. PPPs have been proven to be effective in South East Asia and in Africa (Lesotho and Tunisia) indicating that East Africa could also create its own model.
3. There is need to give the private sector incentives (a profit guarantee) to promote their involvement in the health sector.
4. There is need to look at return on investment for both the public and the private sector for collaboration and uptake of PPPs in healthcare services.

**Discussions**

A brief discussion was held on how bringing together of the players from the different sectors for this event had created an enabling environment for further discussions and engagement between the public and private sector. It was generally agreed that bridging the gap that exists between the two sectors, and stimulating discussions, would build confidence and trust between the sectors thus removing any misconceptions each may have had thus leading to improvement of MNCH services.
Dr. Were added that one of the most important things that such a forum would do was to relook critically at matters pertaining to access to healthcare services which is a challenge to most people at community level. He noted that the distance between facilities and poor road infrastructure contributed to delay in treatment leading to delivery complications and at times deaths of mothers and children during childbirth. Cost of care and treatment is another challenge. Dr. Were pointed out that people seeking for treatment in the privately owned healthcare facilities are being thrown into poverty as a result of paying out of pocket.

4. Showcase by Counties and Innovators on Health PPPs

Showcase 1: The Case of Kiambu County by Rosalind Murugami

In her presentation Ms. Rosalind Murugami thanked ACA for their support, engagement and linkages to key partners through the Roundtable meetings. Kiambu County, she mentioned, has twelve (12) sub-counties with a large population seeking healthcare services within the county due to its proximity to Nairobi. She pointed out that this puts a lot of pressure on the existing health facilities in the county.

Rosalind Murugami presents a progress report of MNCH in Kiambu County
Key Highlights:

- A blood satellite has been setup in Thika level 5 hospital to monitor and manage postpartum bleeding/ postpartum hemorrhage (PPH) in expectant mothers.
- Utilization of beyond zero campaign with mobile clinics moving around all the sub-counties has led to an improvement & uptake of MNCH services thus leading to reduction in mortality rates
- Theatre facilities have been installed in all level hospitals in the sub-counties to decongest the level 5 theatre services
- Maternal audits and support supervision has been cascaded to call sub-county healthcare facilities
- Capacity building initiatives for healthcare workers being undertaken through training of healthcare workers in lower level facilities in emergency maternal obstetric care were conducted through partnerships with NGOs such as Aphia Plus; CHS and UoN. Other capacity building initiatives included training in IMCI and hypertension screening.
- PPPs capacity building initiatives in partnership with the private sector to implement cancer screening services were conducted. ICT is being utilized for early cancer detection for all visiting patients.
- Output based Aid (OBA) vouchers uptake. This has enabled expectant mothers to seek professional antenatal care, delivery services and referrals to hospitals when necessary at a minimal fee

Showcase 2: The Case of Meru County by Dr. William Muraah, Executive Committee Member – Health, Meru County

In his presentation, Dr. William Muraah thanked the organizers of the Roundtable, saying that he always looked forward to attending the Roundtables’ as they always provided learning experiences for him. He mentioned that during these meetings he had engaged in and networked with many people thus opening his eyes to the many opportunities around him which he can adopt so as to continue helping the people of Meru County. CHMI, he mentioned, especially Roundtable 2 that was held at Strathmore University gave him an opportunity to meet and engage with innovators from Israel and others from around the world who were prepared to support the ongoing work in Meru county to improve technology by bettering communication services within the healthcare sector.
Dr. William Muraah highlights the state of MNCH in Meru County

He mentioned that in this 3rd Roundtable, he had met a stakeholder who had planned an activity in Meru County of which he was not aware of but was able to share ideas with him and discuss about available opportunities in regards to healthcare service provision.

“When a mother dies or a child dies….the community dies; you have never seen a mother who has lost a child …you don’t know what happens to them it is tragic……. We all need each other to prevent this from happening” (Dr. William Muraah)

Key Highlights:

- There is need to improve the health seeking behavior of people in Meru County for effective MNCH services
- Meru County is the 5th largest County in the country; It has over 176 healthcare facilities of which 58% of the these are public healthcare services while 42% are shared out between the Not-for profits and Faith-based organizations. The target through continuous engagement between the public and private sector is to have a 50 -50% share by encouraging more actors to come and support the development of facilities and improving the healthcare services at the clinics.
- Need to network as counties and agree on clear indicators on the best way forward to measure uptake of MNCH services at county level.
• The use of technology/ICT, and the roll out of ICT tools to measure performance of healthcare workers right from community level, real-time data collection and reporting on uptake of MNCH services
• Counties have been allowed to innovate and implement value adding healthcare services. In regard to improvement of MNCH services, Meru County plans to use all systems that are able to optimize contact with the mothers using ICT by sending out messages that would trigger them to visit clinics thus ensure that community healthcare workers remain engaged with the clients. Use of the media such as school broadcasting programs, TV programs on health and other health talks to educate the public on health matters will also be intensified within the county.

Showcase 3: The roll out of Jamii smart by Khalila Salim, Corporate Learning Solutions

The presentation by Khalila Salim showcased Jamii smart; an innovation focusing on applying m-health and e-health to reduce maternal mortality and save lives. The goal of Jamii Smart is to apply mobile devices to improve lives of mothers and children in Kenya and beyond. During her presentation, Khalila showcased Jamii Smart’s PPP model where the innovators have partnered with the Government of Kenya and other private stakeholders to roll out the initiative that has proven so far successful and has immense potential.

Key Highlights:
• There is a clear necessity to include men in the MNCH agenda; an issue that Jamii smart is keen on.
• Consideration on whether the Jamii Smart content should be translated into local dialects for better understanding by communities.
• Jamii Smart also highlighted some of the challenges that are a hindrance to scaling up of their initiative which include; problems of restructuring at government and facility level, lack of resources and the question of who needs to own a mobile device.
Discussions
The Jamii smart innovation elicited positive feedback from the participants. Maxwell Marx of PEPFAR brought to the innovator’s attention about a similar initiative in Mexico, Tanzania and Mali which had already been tested and rolled out. He appealed to the innovator and other stakeholders to learn more about its success to avoid re-inventing the wheel. He pointed out that the popularity and uptake of the innovation in these countries was to a significant extent due to male engagement in Reproductive health and MNCH issues. Regarding points of contact at a household, a recommendation was made on incorporating a 2\textsuperscript{nd} person as a secondary point of contact e.g. a next of kin and/or another reliable person to receive the text reminder message similar to the one going out to the mothers on their clinic visit to ensure the message is not missed.
5. Opportunities for partnerships on MNCH in Kenya

County Innovation Challenge Fund (CICF): Innovative solutions to improve maternal and newborn health,

Lilian Gathara’s presentation highlighted focused on introducing CICF and giving highlight of how the fund works. She mentioned that CICF is a £16 million fund that seeks to address MNCH in 6 target counties in Kenya that have been identified as having the worst health outcomes overall. These include; Bungoma, Homabay, Garissa, Kakamega, Turkana and Nairobi (Embakasi and Kamkunji areas only) counties.

Key Highlights:

- There are two competitions that are open i.e. the scaling up and the innovations competition, each limited to a maximum funding of £1,000,000 and £250,000 respectively.
- The beneficiaries of projects to be funded are women of reproductive age; particularly poor rural women and adolescent girls, county and sub-county health management teams, health facilities and community units in the target areas.
- The presentation also highlighted in detail the criteria for selection of projects.
Conclusions and recommendations

The event which was termed as a great success by majority of the participants brought together policy makers, county health officials, development partners, investors and health innovators for enhanced MNCH in Kenya and provided a great opportunity for creating partnerships and Networking among these key stakeholders.

Caroline Simumba, ACA Executive Director and Maxwell Marx, PEPFAR following the presentations

The following was recommended from feedback received from post meeting evaluation undertaken:-

- There is need to document gains from partnership between the public and private sector. PPP engagements have been in existence for a while in Kenya, yet due to lack of documentation and sharing of experiences, it is presumed that the engagements have not been in existence.
- There is need to learn from the experiences of successful PPPs in South East Asia, India, Tunisia, Lesotho and Malawi and see how their experiences can be replicated within the Kenyan context.
- Return on Investment viz a viz return on opportunities. There is need to review unit cost of delivery of healthcare services in Kenya so that realistic goals and expectations both in the long-term and short-term basis are clearly outlined before any engagements take place. In line with this there is need to look at timelines, commitments and the responsibilities of each partner during the engagement process.
In Kenya there are 47 counties and there is currently a University in every county. In terms of HRH the Universities can support the health facilities at county level by formalizing partnerships to attach medical students to the health facilities to try and reduce the gap of shortage of healthcare providers.

ICT in health plays a critical role that also needs not only investment but the support and engagement of both the public and private sector. ICT is critical in data-capture, data relaying, and real time reporting which leads to saving of lives.

The discussions should elucidate more on regulatory policies around PPP. Familiarizing with existing PPP policies and especially the Kenyan PPP Act 2013 that addresses issues pertaining to settling of any disputes that may arise between the public and private sectors engagements is critical for all stakeholders.

Counties were urged to invest in the use of solar energy to power phones and tablets that shall be used when implementing m-health and e-health innovations especially with regard to uptake of the Jamii smart innovation.

Stakeholders urged to learn from the experiences of Ethiopia on engaging with communities in terms of continuum of care, innovative and effective delivery of healthcare services at county level.

Stakeholders urged to interrogate the current PBO Act which has a clause that allows for profit and not for profit entities to engage in income generating activities as long as one can show how the income is ploughed back to sustain their programming. This should be looked into as an opportunity for income generation for sustainability of organizations.
# Annex 1: list of participants

## 3rd round table discussions

**April 21st, 2015**

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Annex 2: CHMI Round table 3 programme

Agenda round table 3

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8.30-9.00am</td>
<td>Registration</td>
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<tr>
<td>9.00-9.10am</td>
<td>Introductions</td>
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<tr>
<td>9.10-9.20am</td>
<td>Opening remarks</td>
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<td>ACA Executive Director- Caroline Simumba</td>
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<tr>
<td>9.20-9.30am</td>
<td>Key note speech by Guest of Honor – Ministry of Health Dr Sam Were</td>
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<td>9.30-9.45am</td>
<td>Results for Development – Rachel Neill Background to CHMI</td>
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<td>CHMI/ACA presentation: Progress and next steps of roundtables</td>
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<td>Speaker: ACA PPP – Daniel Mwisunji</td>
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<tr>
<td>9.45-10.10am</td>
<td>Presentation 1: Key barriers to achieving MNCH goals.</td>
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<tr>
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<td>Speaker: Dr. Sam Were</td>
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<td>Objectives of the session</td>
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<td>Give insight into the policy environment in which innovators, investors,</td>
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<td>researchers and donors address MNCH goals.</td>
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<td>Identify key barriers to achieving MNCH goals.</td>
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<td>Highlight opportunities that exist to engage Public private partnerships</td>
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<td>(PPPs) for MNCH.</td>
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<td>10.10-10.30am</td>
<td>Tea Break and Networking</td>
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<td>10.30-11.45am</td>
<td>Panel discussion:</td>
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<td>How are private providers bridging the gaps?</td>
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<td>Show case 1: Show casing CHMIs contribution towards Health Systems</td>
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<td>Strengthening – The Case of Kiambu County – Rosalind Murugami.</td>
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<td>Showcase 2: The roll out of Jamii smart - World Vision</td>
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<td>How innovations and partnerships are meeting the needs of key stakeholders.</td>
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<td>Showcase 3: Show casing CHMIs contribution towards Health Systems</td>
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<td>Strengthening – The Case of Meru County – Dr. William Muraah</td>
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<td>Innovative, needs based maternal health cover</td>
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<td>Time</td>
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| 11.45 – 12.45pm | Presentation 2: Opportunities - Research, Training and Opportunities for partnerships on MNCH in Kenya  
Objectives of the session  
To define and discuss partnerships that can increase the impact of innovations.  
County Innovation Challenge Fund: Innovative solutions to improve maternal and newborn health – KPMG  
Research presentation on Health PPPs in Kenya – Dr. Pamela Godia PsP4H |
| 12.45 – 13.00pm | Way forward and closing remarks                                      |
| 13.00 – 14.00pm | Networking Lunch and Departure                                       |