Country Conversations

COUNTRY CONNECTOR
on Private Sector in Health

From Governance to Stewardship: Helping governments champion and sustain the process of change in fragile health settings

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Key Messages:

1. **Multi-stakeholder engagement (early and often) helps identify systemic barriers and build a collective accountability to action.**
2. **Continuous data sharing empowers governments to direct limited resources to priority health system gaps and build a case for investment.**
3. **Integrating into annual budget cycles builds government ownership of and support for private sector solutions.**
4. **Implementation-based partnerships can drive stronger government stewardship of outcomes.**

Introduction: Government engagement is crucial to effective and scalable implementation of health programming in public and private health systems. Yet, too often, organizations fail to harness the potential of these partnerships to ensure the sustainability of critical services. In many low-resourced settings like Kenya, there is a rapidly growing landscape of health innovations, but few have been sustainably integrated within constrained government health agendas and budgets. **Unless governments are made financial and operational stewards of these innovations, they remain short-term, low-impact answers to persistent gaps in their health systems.**

The Kuboresha Afya Mitaani (KAM): Urban Maternal Newborn Child Health Project was a three-year USAID-funded implementation research project taking place in two Nairobi informal settlements, Kawangware and Mathare, where the maternal mortality rate is almost twice the national average.[1] The project was implemented by Jacaranda Health and a coalition of partners: The Population Council, Nairobi Metropolitan Services (NMS), Sanergy, Berkeley Air Monitoring Group, and ThinkPlace. Recognizing the importance of participatory approaches to strengthening fragmented health systems, the project was built around a 'Quality Ecosystem', integrating typically-siloed actors in the quality-of-care space around MNCH solutions that mutually reinforce one another.

The Ecosystem set out to not only engage stakeholders at the client, provider, and health system level, but also make them stewards of sustainable, mutually-beneficial improvements to the services and systems supporting mothers in these areas. Over three years, the project yielded valuable recommendations for mapping, engaging and achieving long term buy-in and ownership from different levels of government in these delicate health systems, as follows.

1- Beguy, Donatien, et al. "Health and demographic surveillance system profile: the Nairobi urban health and demographic surveillance system (NUHDSS)." *International Journal of Epidemiology* 44.2 (2015): 462-471.

1. Multi-stakeholder engagement (early and often) helps identify systemic barriers and build a collective accountability to action.

Informal settlement residents face a twin challenge. The health systems they navigate are fragile and fragmented, and acute environmental challenges (e.g., poor sanitation) threaten their health. Multi-stakeholder engagement can be a useful strategy to comprehensively understand and address contextual drivers of poor health and ensure the sustainability of essential programs in the long term.

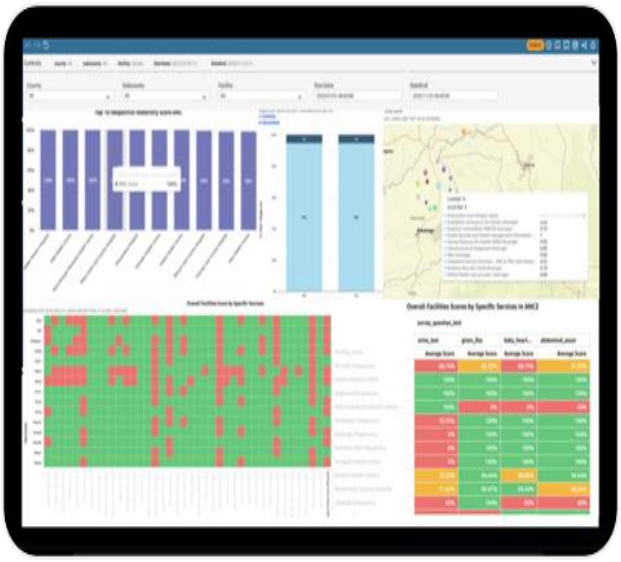
Under KAM, the coalition introduced multi-stakeholder forums (MSFs) to steward implementation. These were dynamic entities uniting health regulators, administration teams, community stakeholders, MNCH-focused bodies, and other sector stakeholders (e.g., WASH, Nutrition), to understand challenges requiring a policy change or resource allocation and make programs resilient to external factors. Given multiple drivers of MNCH quality, the MSFs helped engage varied decision-makers at different levels (county, sub-county, and facility-level), incentivize community inputs, and unearth implementation needs (e.g., digital support for adolescent mothers).

Learnings: Doing this successfully means understanding the power dynamics between sectors and departments, the availability of decisionmakers, and levers to sustain interest. The coalition documented how to increase the usefulness, uptake and adoption of MSFs, namely to:

- ***Identify champions to bridge the gap between the 'how' and the 'what' of implementation***. For example, under KAM, Nairobi's Reproductive Health Coordinator was identified as having a strong sphere of influence in government (to champion program scale-up at county-level) while close on-the-ground presence in facilities (to advocate for their buy-in at facility-level).
- ***Narrow the agenda* to specific project areas to streamline participating stakeholders and drive accountability towards specific interventions.** (E.g., under KAM, a forum specifically focused on nurse training led to the availing of equipment/resources to support facility-based drill days.)
- ***Maintain a core technical team*** to ensure MSF continuity amidst leadership changes, bridge knowledge gaps in staff turnover, and mobilize follow-up from discussions.
- ***Be frequent enough*** *to maintain progress and engender action,* while sensitive to the competing roles and mobilization challenges at higher government levels.

2. Continuous data sharing builds a case for MNH investment.

Smart, actionable data is essential to the government stewardship process for three reasons: (i) it empowers governments to efficiently direct limited resources towards priority gaps, **(ii)** identifies which gaps could be addressed with private sector innovations, and then **(iii)** justifies the impact of these innovations once implemented.



Data, and data sharing, formed the backbone of the KAM project and its collaborative ecosystem. Given the multiple programs and partners involved, the coalition was able to collect rich and varied data from multiple sources to build a comprehensive picture of health for mothers and babies in these settings, and a case for investment. Data sources included real-time program data from mothers and nurses (collected via Jacaranda's digital health tool PROMPTS and nurse mentorship program), environmental indicators, and implementation research learnings.

Learnings:

- ***Routine data sharing catalyzes discussion and ultimately buy-in.*** Priority forums and formats were identified to routinely share data with government stakeholders. These included monthly 'Quality of Care' reports to help facilities and health management teams identify 'red flags' in facility-based care (e.g., disrespectful care), and quarterly meetings with county stakeholders to share evolving implementation research results/identify areas for government input.
- ***Co-designing data tools makes them actionable.*** The KAM team sought the input from facility and government stakeholders to inform how data was shared to make it interpretable and useful, resulting in a mix of real-time dashboards and simple narrative scorecard formats.
- ***Qualitative insights build empathy and action towards the experiences of end users.*** The direct feedback from PROMPTS mothers and qualitative insights collected during implementation helped demonstrate the perceived value of programing under KAM which, when paired with information around cost per user (e.g., PROMPTS is $0.74 per mother for the lifetime she is on the platform) made a strong case for adoption and scale-up.

Voice from the field:

"The KAM project gave us access to very rich data. We had dashboards that helped us look at where we need to build skills of our health care workers, and therefore where we would need to retrain, and in which facility. We were also able to get real-time feedback from women on the care they received in facilities and analyze how many women were coming for antenatal care, and if not why. We would use this information to quickly improve the services available to women."

Dr. Carol Ngunu, Nairobi Director, Promotive & Preventive Health Services

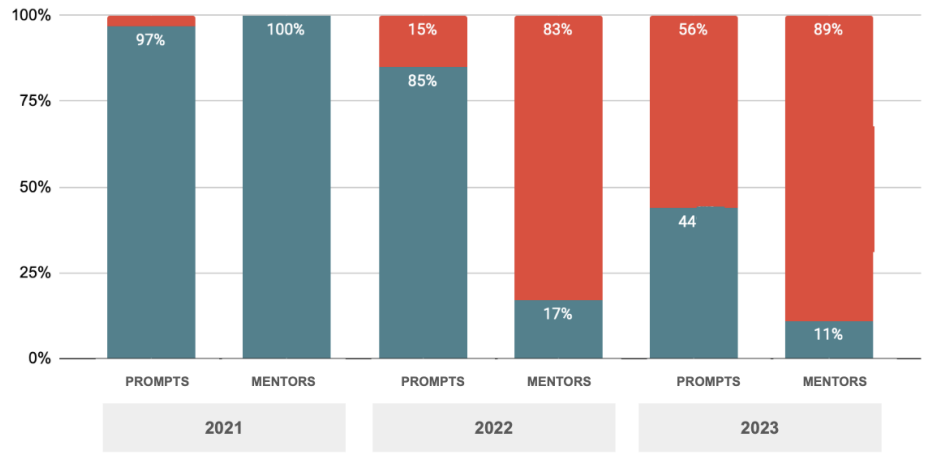
3. Integrating into annual budget cycles builds government ownership of and support for private sector solutions.

Jacaranda's experience dealing with local government budgets is that they are often conflicted: maternal health, for example, competes with other health investments, and health competes with education, infrastructure, and other priorities. Meanwhile, there is not always clear visibility on how funds are ring-fenced. For innovations to be funded under government budgets, they need to be clearly costed in line with planned government health activities and accounted for within government work plans. Continuous advocacy efforts ensure that committed resources are availed as documented.

During the KAM project, Jacaranda worked closely with NMS to understand the county budgeting processes and identify how best to account for solutions under their work plans. This direct approach of embedding program activities within existing budgeting processes and work plans saw a rapid increase in Nairobi county cost share for programs over the project, with the County contributing the highest level of cost share (87%) of any county in which Jacaranda operates in by the project's end.

Learnings: The process of understanding annual work planning generated some broadly-applicable learnings to increase government financial contributions towards innovations, specifically to:

- ***Identify levers for in-kind contributions for innovations.*** For example, in 2021, the KAM coalition introduced a cost sharing tool to differentiate monetary commitments from in-kind contributions for programs. This helped rapidly increase the level of cost share, as the county could avail existing resources (e.g., venues, equipment for training) without a financial burden.
- ***Build autonomy among budget-holders.*** Like the majority of Kenyan counties, Nairobi County budgets are prepared by County Executives and implemented by technical officials. This creates a gap: allocations planned for, say, healthcare resourcing or training, may not match the staffing needs of specific facilities. During the project, the coalition established forums (e.g., Work Planning meetings) to unite budget holders and implementers.
- ***Leverage targeted forums*** (e.g., Progress review meetings under KAM) to feedback on the real-time impact of investments, helping to incentivize increased resource allocation in the next financial cycle and to ensure committed resources were being availed as documented.



Nairobi cost share data for PROMPTS and MENTORS (NB. this data is not specific to KAM sub counties as cost share is handled at county level).

**Funding from a variety of sources*

4. Implementation-based partnerships can drive stronger government stewardship of outcomes.

Formal Service Agreements, like MOUs, are important tools for initial government project oversight and accountability. Yet deeper operational and financial ownership can be achieved by having government stakeholders play more of an active role in project implementation. Bridging this gap between oversight and implementation allows government stakeholders to understand the often-nuanced impact of programmes (vs. broader quantitative data), **and drive accountability towards sustaining and scaling them in public health systems.**

The effectiveness of an implementation-based approach was observed throughout KAM. For instance, in its third year, NMS expressed an interest in co-implementing Jacaranda's nurse mentorship program with its own cadre of EmONC trainers. Six county Reproductive Health Coordinators were converted into mentors under Jacaranda's EmONC curriculum, cascading skills like problem solving and respectful care to their peers. For the first time, senior county health managers could quantify programmatic data with firsthand experience.

By the year's end, Nairobi had taken on…

82%

of the program's running costs, identified additional funding sources (e.g., UNICEF) to aid the program scale-up in the settlements, and rallied commitment from frontline nurse mentors to own the program in their facilities.

Voice from the field:

"Since these trainings started and seeing the impact this has already had, I've taken upon myself that no nurse training will be conducted without introducing the concept of respectful maternity care."

Nairobi County Reproductive Health Coordinator

Summary:

Kuboresha Afya Mitaani was set up to consider a sustainable transition to government right from the beginning, not simply at the end of the project, as is often the case with donor-funded initiatives. The 'early-and-often' approach to government engagement, development of a multi-stakeholder environment, 'baking in' government cost share expectations and support and setting up of MOUs were all designed for this transition - and the coalition have been pleased to see this come to fruition through the continued buy-in, ownership, and investment from our Nairobi county government partners.

About

THE COUNTRY CONNECTOR ON PRIVATE SECTOR IN HEALTH

The Country Connector on Private Sector in Health (CCPSH) is convened by the World Health Organization to promote a whole of health system approach to health systems strengthening aligning the work of the public and private sectors around the common objectives of universal health coverage, collective health security and system resilience.

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