Kakamega County
Public-Private Sector Engagement
Co-Creation Workshop

Insight Health Advisors — Results Through Partnerships

R4D RESULTS FOR DEVELOPMENT

Meeting overview
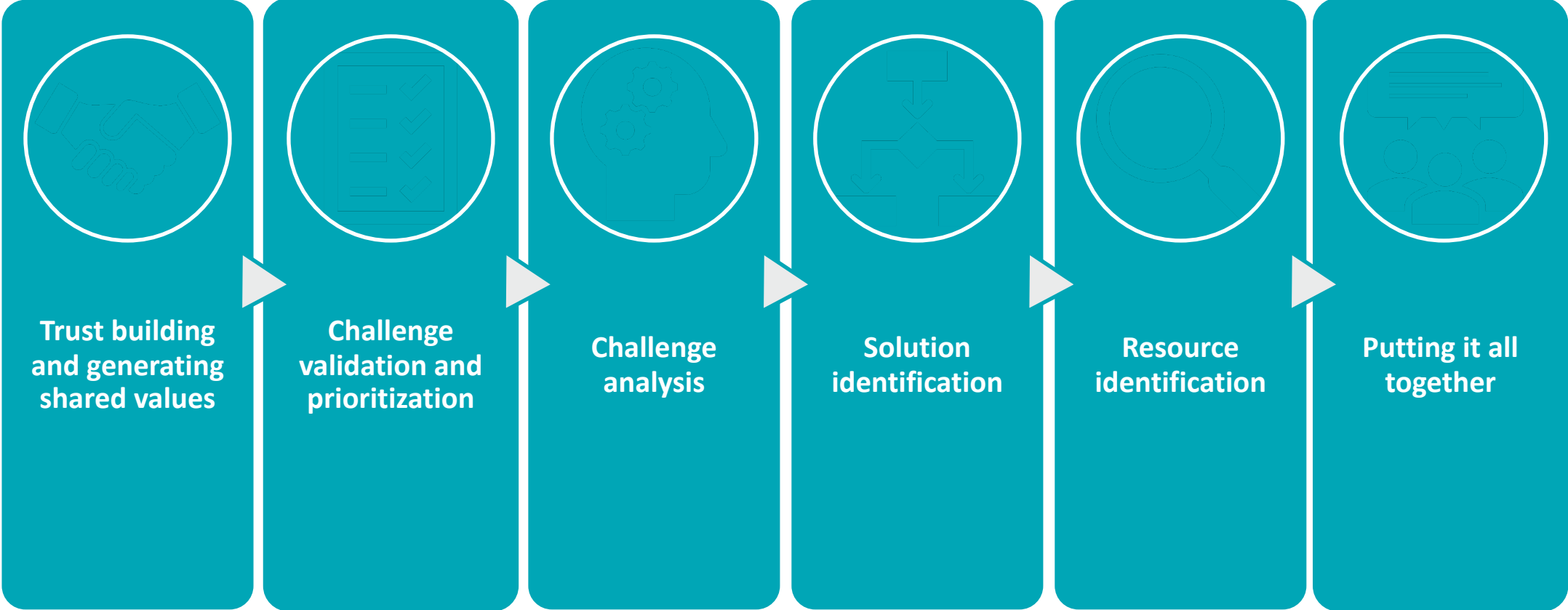
Workshop objectives

- Increased engagement and community building between and amongst Kakamega County public and private health sectors;

- Co-prioritization of key maternal health and health system issues and related public-private sector engagement challenges; and

- Co-production of action plans for improving the prioritized challenges and identification of technical assistance needed to succeed.

Workshop overview

| Trust building and generating shared values | Challenge validation and prioritization | Challenge analysis | Solution identification | Resource identification | Putting it all together |

Linking activities, outputs, outcomes, and assumptions

Agenda- Day 1

Time	Session
08:30–09:00 AM	Participant registration
09:00–09:40 AM	Welcome and meeting overview
09:40–10:10 AM	Icebreaker activity
10:10-10:20 AM	Partner introductions
10:20–10:45 AM	Mixed health systems for UHC
10:45–11:00 AM	Coffee break
11:00–12:00 PM	Trust building and generating shared values
12:00–01:05 PM	Discussion of Kakamega County maternal health and UHC challenges
01:05–02:00 PM	Lunch and networking
02:00–04:00 PM	Joint challenge analysis and prioritization of root cause pathways
04:00–04:15 PM	Bio-break and networking
04:15–05:00 PM	Wrap up

Workshop norms

- What are the norms of this workshop that will help us attain our objectives?
  - Participate – be active in discussions
  - Be present
  - Show mutual respect
  - Be open-minded
  - Listen to all participants and views
  - Wear your brainstorming hat
  - Put away electronics!

  These shared norms will give us the freedom to: ask a questions, seek feedback, submit a mistake, or propose ideas in a safe space.

Icebreaker Activity

One head does not exchange ideas.
–Ghanaian proverb

Icebreaker activity

- Introduce yourself to your group (name, name of your organization and your organization's role in Kakamega's health system) *(10 min)*

- As a group, determine one thing every group member has in common (non-work related or too obvious) *(10 min)*
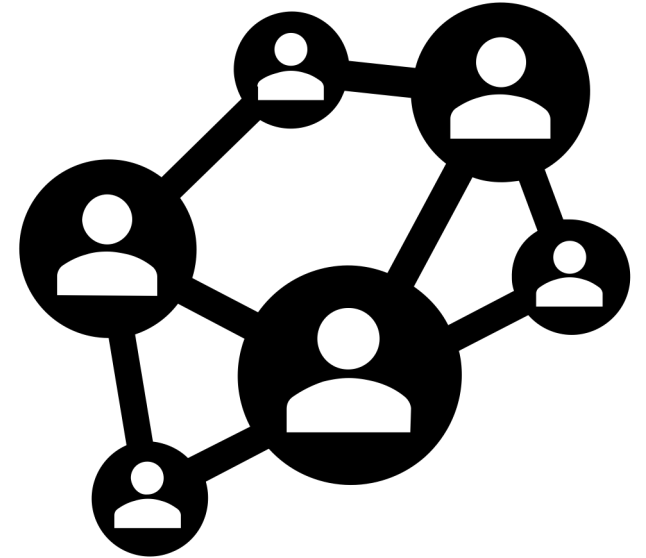
Partner Introduction

Mixed health systems for UHC

First off, what is a system?

- "A configuration of interacting, interdependent parts that are connected through a web of relationships, **forming a whole that is greater than the sum of its parts**" – Holland, 1998

- "A perceived whole, made up of parts that **interact toward a common purpose**" – Peters, 2014

And a health system….

- A health system is the **aggregate of all public and private organizations, institutions, and resources mandated to improve, maintain or restore health**. This includes both personal and population services, as well as activities to influence the policies and actions of other sectors to address the political, social, environmental, and economic determinants of health.
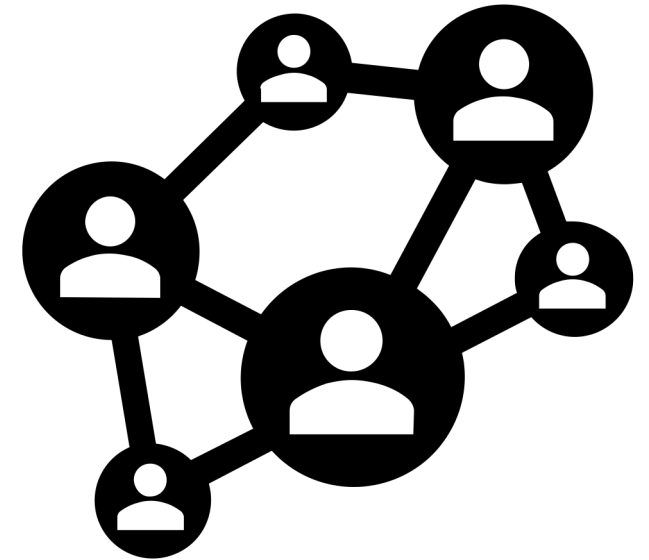
  - World Health Organization, 2016

Mixed health systems

- **What is a mixed health system?**
  - A system with "goods and services provided by the public and private sector, and health consumers requesting these services from both sectors". – WHO, 2019

- **Why is it important to consider mixed health systems?**
  - Growing global consensus that achieving UHC and the SDGs will require a combination of strong public stewardship of mixed health systems and an engaged and organized private sector that provides high-quality, affordable health services

- **What is the evidence around mixed health systems?**
  - Limited evidence
  - Limited work done on facilitating effective engagement and continuous learning between the two sectors that demonstrates meaningful strides towards improved population health outcomes

Strengthening Mixed Health Systems (SMHS) Project

- The SHMS Project is supported by the MSD for Mothers Initiative and is led by Results for Development (R4D), in partnership with Insight Health Advisors (IHA) in Kenya

SMHS project goals

- Support two lower- or middle-income country governments and local private sector providers or representative bodies to document practical and actionable processes for integrating quality private maternal health care in government stewarded health systems to strengthen mixed health systems and achieve UHC.

- Ultimately, the processes for strengthening mixed health systems and improving public-private sector engagement will help country actors move towards achieving the SDGs and UHC and will act as models for other countries with the same goals.

SMHS project support to Kakamega County

The project will:

- Act as objective facilitators and neutral brokers to caytalyse public-private dialogue and engagement between public and private health sectors;

- Support systematic analysis of health system challenges, barriers to successful engagement, opportunities and solutions;

- Provide and broker technical assistance, access to and translation of existing knowledge, and support for identified activities and solutions;

- Document process and synthesize insights and evidence;

- Broker opportunities for dissemination of learnings.

Please note the SMHS project will provide technical assistance only, and will not provide financial support.

SMHS participant expectations

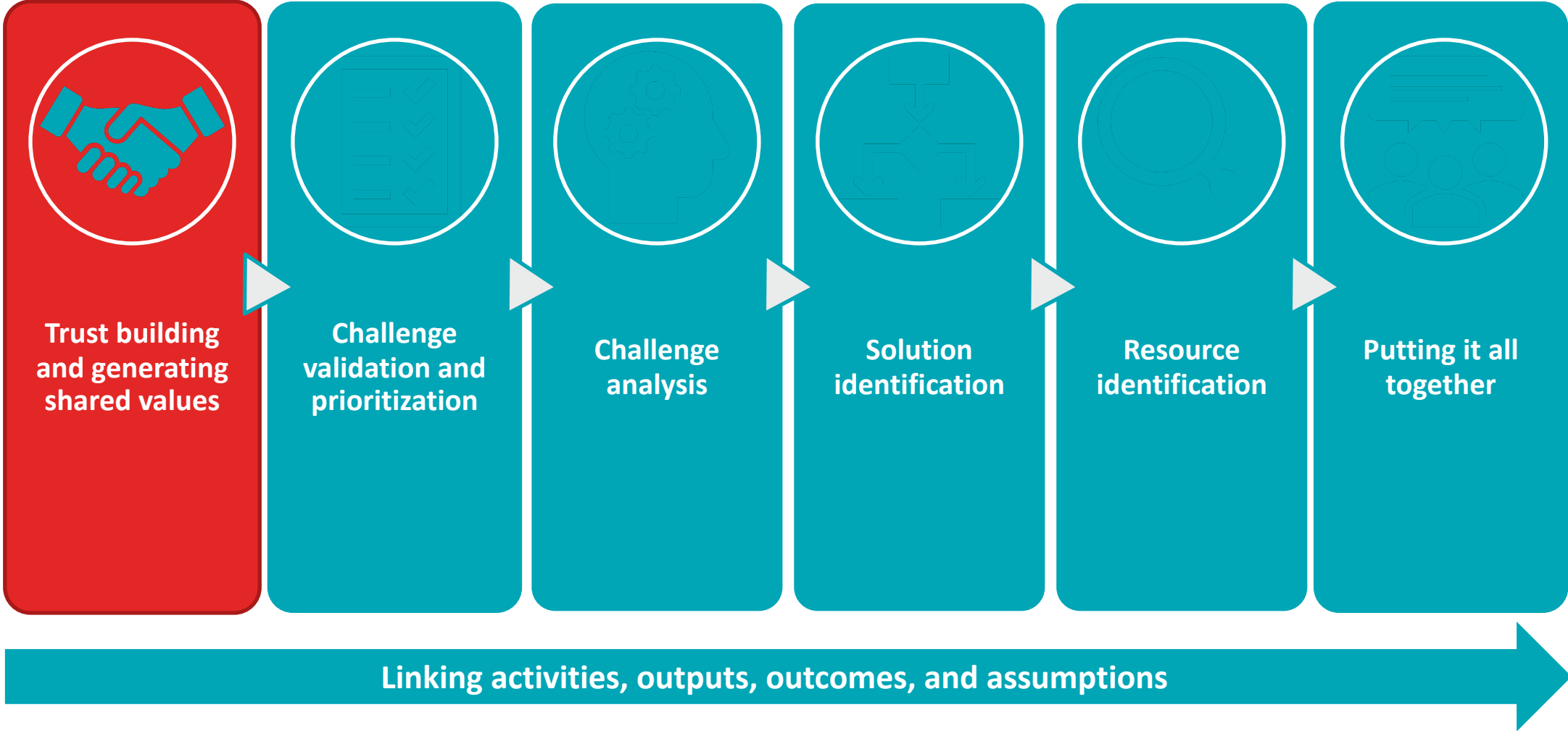**What are you committing to by participating in this workshop?**

- Sharing frank opinions and honest thoughts while respecting others' perspectives

- Engendering a positive learning environment

- Identifying and building shared values for improving health outcomes and achieving UHC

- Analyzing what has gone well, what challenges exist, and what opportunities there are to co-design and implement solutions to improving health and public-private engagement in Kakamega

Trust building and generating shared values

Workshop overview

Trust building and generating shared values

Challenge validation and prioritization

Challenge analysis

Solution identification

Resource identification

Putting it all together

Linking activities, outputs, outcomes, and assumptions

It's very hard to have ideas. It's very hard to put yourself out there, it's very hard to be vulnerable, but those people who do that are the dreamers, the thinkers and the creators. They are the magic people of the world.
- Amy Poehler

Vision for success

- Individually using sticky notes: describe what your vision of success looks like for public-private engagement in Kakamega County?
(5 min)

Trust building and psychological safety

- Taking risks to trust and be open with each other

- We need to feel safe and respect each other so that:
    - We can give tough feedback without tiptoeing around the truth
    - We can be honest and know our colleagues won't resent us
    - We don't reject or embarrass someone for speaking up

Today's commitments

Will other participants give you the benefit of the doubt when you take a risk today?

We are all on the same team!

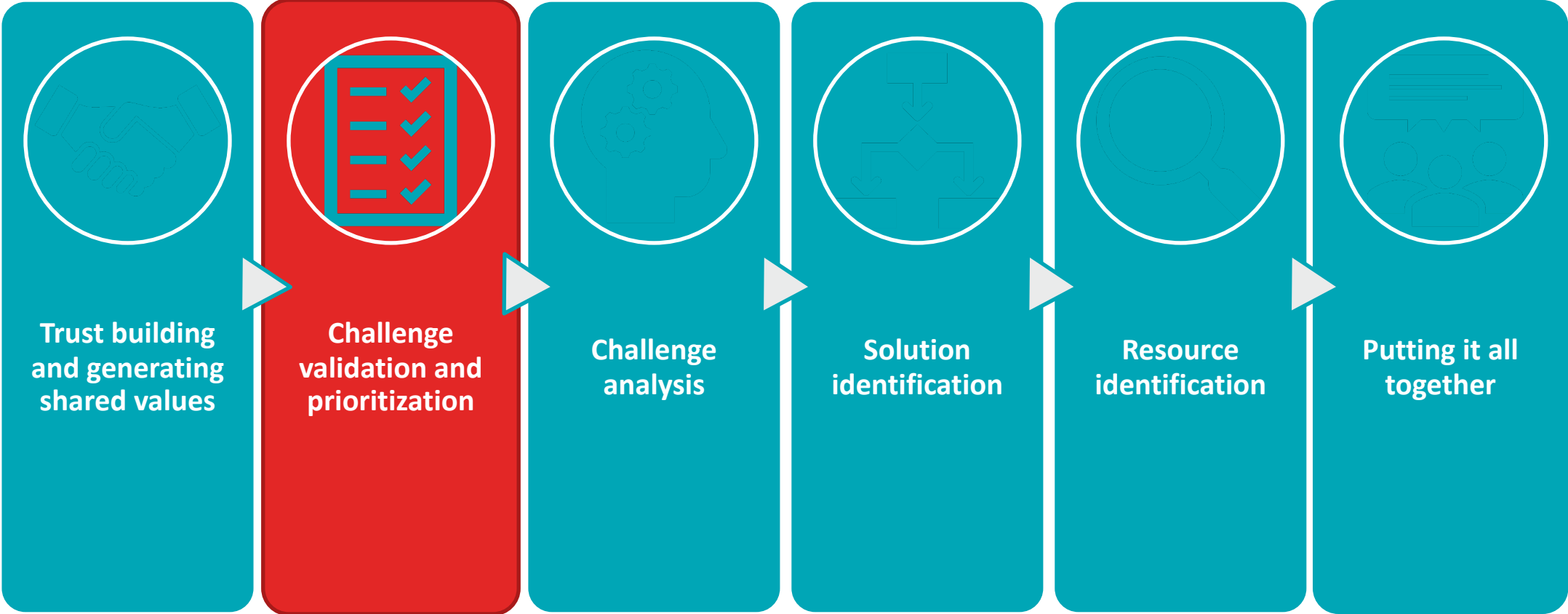# Kakamega County maternal health and UHC

In mixed groups:

- Share what motivates you to do your job? *(15 min)*

- Draw your shared "vision" for achieving improved maternal health and UHC in Kakamega County *(30min)*

Discussion of Kakamega County maternal health and UHC challenges

Workshop overview

Trust building and generating shared values → **Challenge validation and prioritization** → Challenge analysis → Solution identification → Resource identification → Putting it all together

Linking activities, outputs, outcomes, and assumptions

There is immense power when a group of people with similar interests gets together to work toward the same goals.
\- Idowu Koyenikan

Kakamega County MHS

- Kakamega County government recognizes the potential for the local private health sector to help them achieve the SDGs and UHC, but they report that they:

  - ✓ There is no clear policy and structure for engagement and dialogue with the private sector
    - ✓ Are not supported by the appropriate institutional systems/processes to engage
    - ✓ Private sector is poorly organized and sometimes does not participate in forums when invited

  - ✓ Public sector has concerns about quality of services and qualifications of staff in the private sector

  - ✓ Public sector does not feel supported by the private sector in health indicator data reporting processes

Kakamega County MHS

- Similarly, the local private health sector wants to engage the public sector, but they report that they:
  - ✓ There is a difficult business operating environment due to for example multiple licensing and levies by county and national government

  - ✓ Need government commitment on public-private engagement for example in participation in policymaking, annual work planning, budgeting, dispute resolution and other PPP opportunities

  - ✓ Do not feel supported by the county government in the fair enforcement of existing quality and licensing policies

  - ✓ Lack trust in the ability of NHIF to accredit and reimburse empaneled private facilities in a timely manner

Health system challenges in Kakamega County

This is what we heard from you…

- Governance
  - Regulation challenges
  - Conduciveness of business environment
- HRH
  - Shortage of HRH
  - High turnover
  - Inadequate skills
- Data management
  - Inadequate reporting and poor data management

- Healthcare financing
  - Contracting and reimbursement
- Service delivery
  - Poor implementation of referral guidelines and protocols
  - Perceptions of low service quality
  - Non-adherence to treatment guidelines and quality standards
- Supply chain management
  - Shortages in supplies (such as vaccines)

Group work: Discuss and validate challenges

- In groups *(20 min)*:

  - How do the health system challenges identified in the sector-specific meetings in Kakamega county resonate with you?

  - Are you surprised by any of the challenges identified?

  - Are there any other specific challenges that are missing that you would like to add?
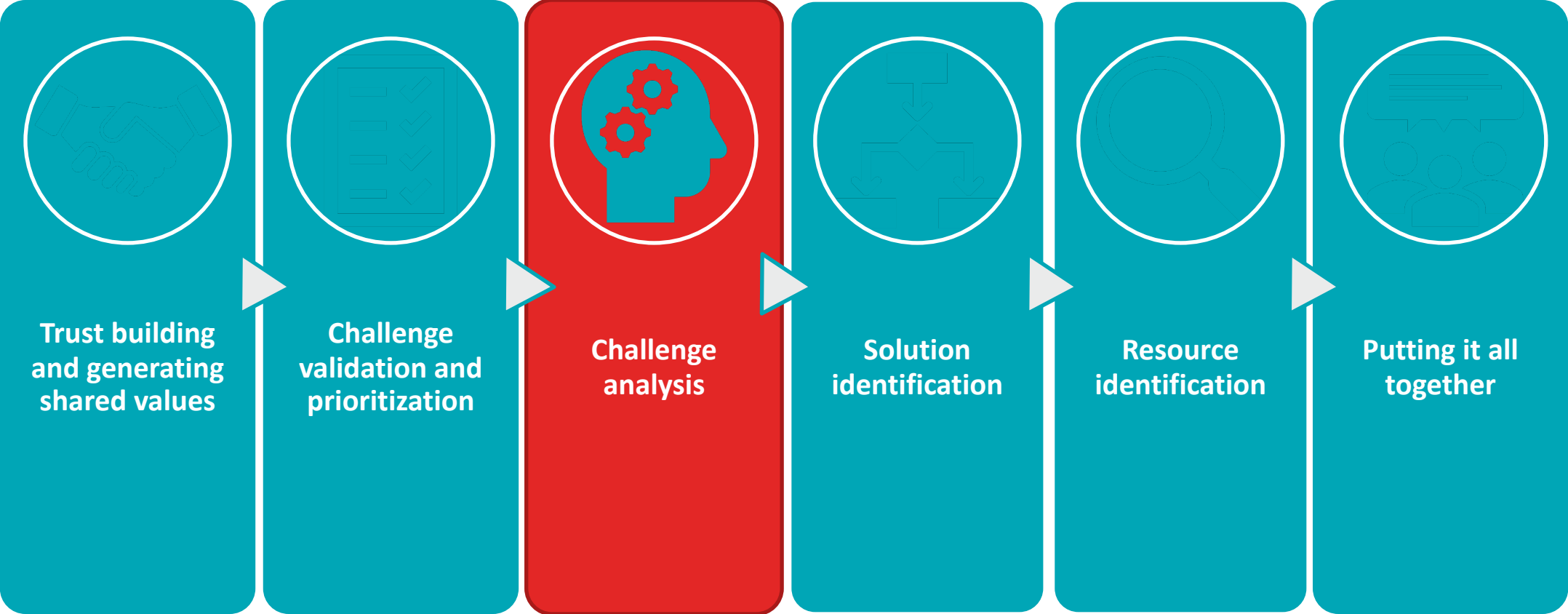
Group work: Prioritize a shared challenge

- In groups *(20 min):*

  - Prioritize one shared challenge from the complete list of maternal health and UHC challenges.

  - Considerations for prioritization:
    - Is it a challenge for both public and private sector members of your group?
    - Are public and private sectors already working or planning to work together on this challenge?

  - Pick a group representative to report out on the prioritized challenge in plenary

Joint challenge analysis and prioritization of root causes to delivering high-quality maternal health care in Kakamega County

Workshop overview

Trust building and generating shared values → Challenge validation and prioritization → **Challenge analysis** → Solution identification → Resource identification → Putting it all together

Linking activities, outputs, outcomes, and assumptions

If you want to go quickly, go alone. If you want to go far, go together. -African proverb

Root cause analysis methodology

Problem Tree

- Pictorial representation of a problem, its causes and its consequences.

- Shows the progressive breakdown of the factors or means that can contribute to an effect, in an orderly, clear and precise manner.

- Structured approach: systematizes the analysis of a situation and breaks down general concepts to a level of detail that allows them to be translated into actions

Root cause analysis methodology

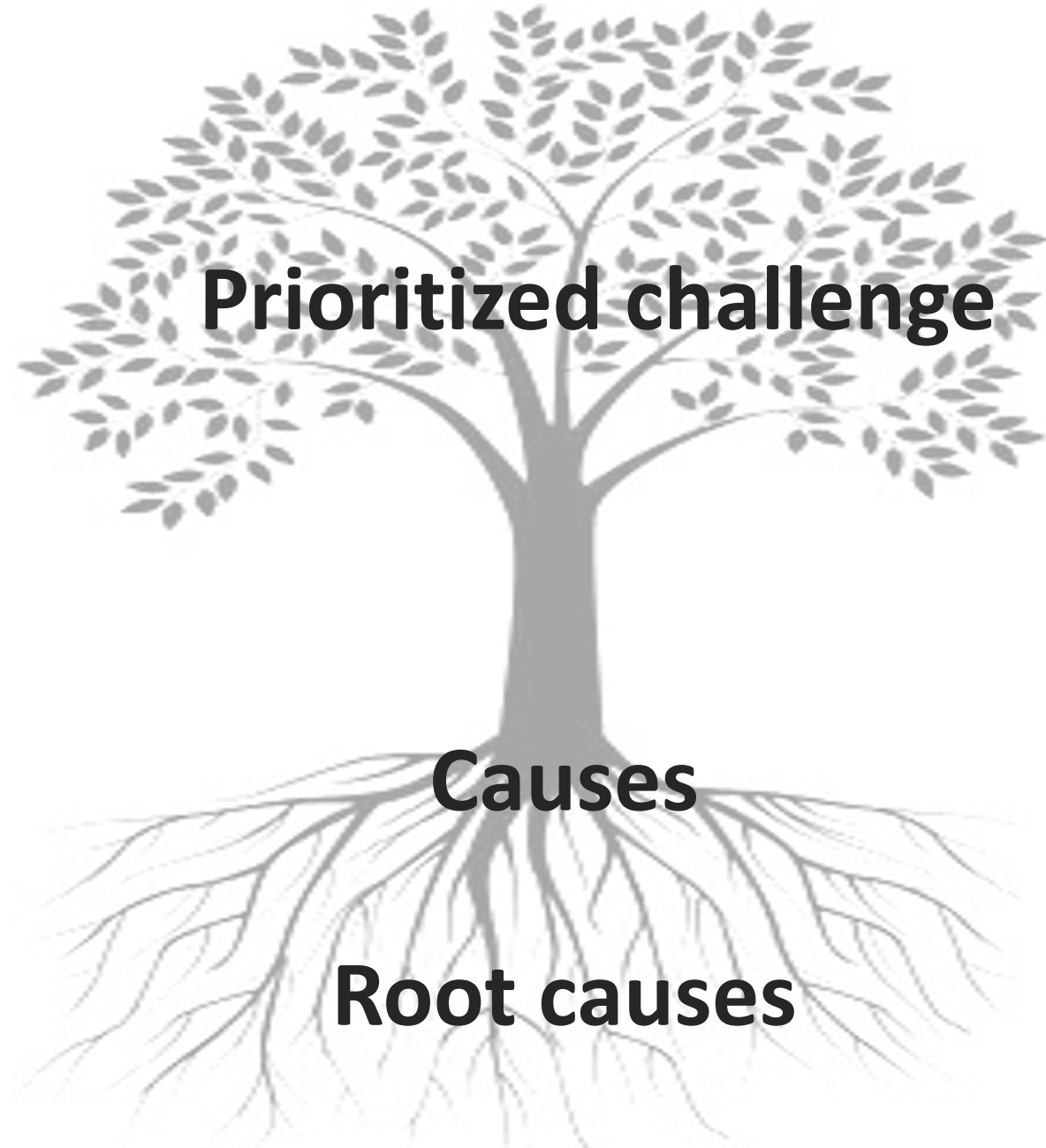**5 Whys**

- Systematic questioning technique used during problem analysis to look for possible causes of a problem.

- The technique requires the group to ask --- Why?

- Once it is difficult for the group to answer "why" the most likely cause will have been identified

Why?
Why?
Why?
Why?
Why?

Prioritized challenge

Why?

Causes

Why?
Why?
Why?
Why?

Root causes

Example Problem Tree

Ineffective referral system

Protocol has not been updated

Lack of operationalization of referral protocol between public and private facilities

Lack of adherence to referral protocol

Inability to secure transport

Health worker not empowered to make decision

Training and sensitization not carried out

No nurse available

Patient inability to pay

Lack of availability of ambulances

Lack of understanding of roles and responsibilities

Lack of financial resources

Lack of actualization implementation plan

Insufficient budgeting for ambulances

Poor leadership and management

Not budgeted in AWP

Not prioritized

Poor resource mobilization

Lack of data

Clinical staff not trained in management

Focal person not involved

No political will to implement

Group work: Root cause analysis

Problem Tree and 5 Whys

- In groups *(60 min)*:
    - Using the problem tree and 5 whys, identify the root causes (main problems and bottlenecks) related to the prioritized maternal health/UHC challenges

Group work: Prioritization of root causes

- In groups *(20 min)*:
  - Review all root cause pathways identified and determine **one to address** that:
    - Can be improved through better public-private engagement
    - Could lead to "fast effects" and greater impact
    - Could have an effect on several causes or touch across multiple challenges
    - Leverages available resources or has the potential to mobilize other resources
    - Leads to opportunities for collaboration with other partners and sectors
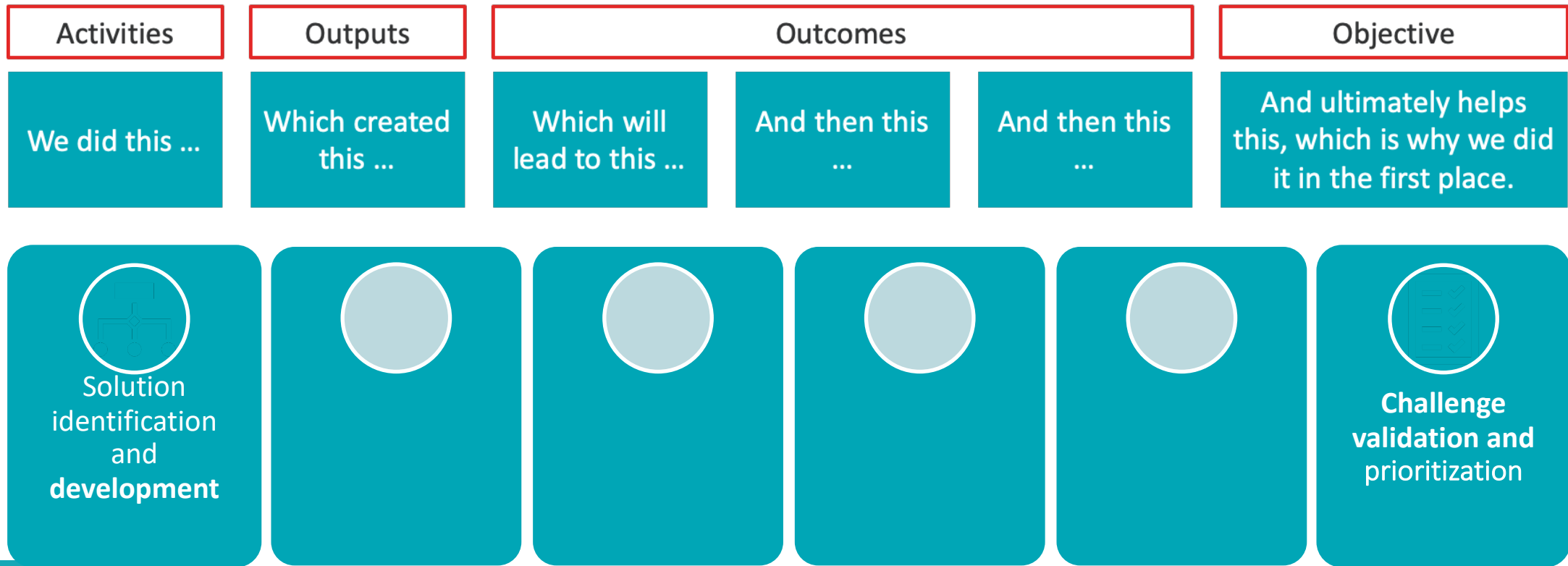
  - Rapid report out (20 min)
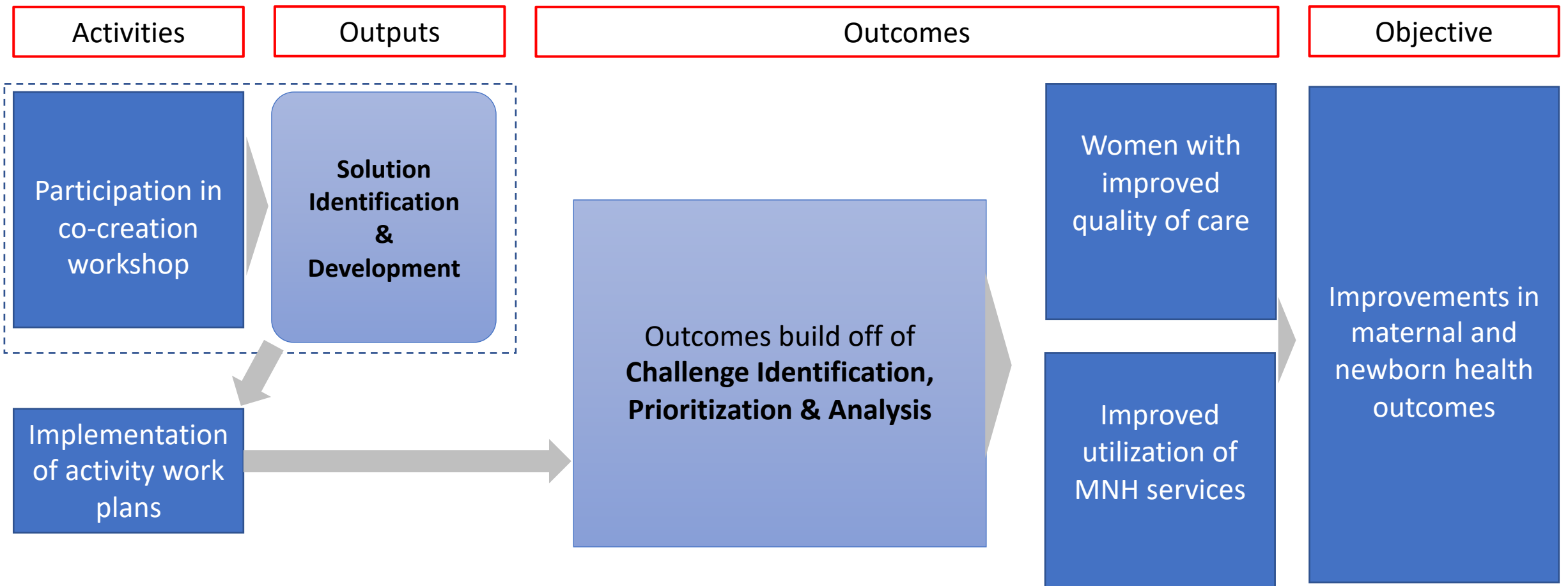
How will we tie this to learning?

Linking activity to outcomes

Describing how and why a change could happen in a place

Activities	Outputs	Outcomes			Objective
We did this …	Which created this …	Which will lead to this …	And then this …	And then this …	And ultimately helps this, which is why we did it in the first place.

Solution identification and **development**

Challenge validation and prioritization

Linking activities, outputs, and outcomes

Activities	Outputs	Outcomes	Objective

Participation in co-creation workshop

Solution Identification & Development

Implementation of activity work plans

Outcomes build off of **Challenge Identification, Prioritization & Analysis**

Women with improved quality of care

Improved utilization of MNH services

Improvements in maternal and newborn health outcomes

Wrap Up

Wrap Up

- Overview of Day 1
- Preview of Day 2

Kakamega County
Public-Private Sector Engagement
Co-Creation Workshop

Summary of Day 1

Day 2

Agenda- Day 2

Time	Session
08:30-09:00 AM	Participant registration
09:00–10:00 AM	Summary of Day 1 and Day 2 Overview
10:00–11:00 AM	How we work together
11:00–11:15 AM	Coffee break
11:15–12:00 PM	Solution development
12:00–12:45 PM	Resource identification
12:45–1:15 PM	Activity prioritization
1:15-2:15 PM	Lunch and networking
2:15–04:15 PM	Putting it all together
4:15–04:30 PM	Bio-break
4:30–05:00 PM	Wrap up and next steps

Public-private engagement in Kakamega County

Public-private engagement challenges in Kakamega County

What we heard from you…..

- **Willingness to engage and trust**
  - ✓ Private sector has lack of trust in the ability of the national insurance agency to accredit and reimburse empaneled facilities in a timely manner – Now in MOH
  - ✓ Need government commitment on public private engagement for example participation in policymaking, annual work planning, budgeting, dispute resolution and other PPP opportunities

Public-private engagement challenges in Kakamega County

What we heard from you…..

- Joint planning
  - ✓ Lack of participation by private sector in county annual work plan/budgeting
  - ✓ Lack of private sector consultation before implementation of county policies
- Communication
  - ✓ Ad-hoc engagements between public and private sectors
  - ✓ Lack of mechanisms for private sector to advocate for issues with the county government
  - ✓ Lack of structured framework/platform to engage the private sector
  - ✓ Private sector poorly organized
  - ✓ County leadership often unavailable for meetings
  - ✓ Private sector not available to attend pre-planned county meetings

Public-private engagement challenges in Kakamega County

What we heard from you…..

- **Health system challenges**
  - ✓ Opportunity for public-private sector to better work together to tackle unlicensed facilities
  - ✓ Harassment of licensed providers by county and national health supervisors during inspections
  - ✓ Multiple licenses and levies imposed to operate health facilities; unclear guidelines on business licensing of healthcare facilities

Group work: Discuss and validate challenges

- In groups *(15 min)*:
  - How do the PPE challenges identified in the sector-specific meetings in Kakamega county resonate with you?
  - Are you surprised by any of the challenges identified?
  - Are there any other specific challenges that are missing that you would like to add?
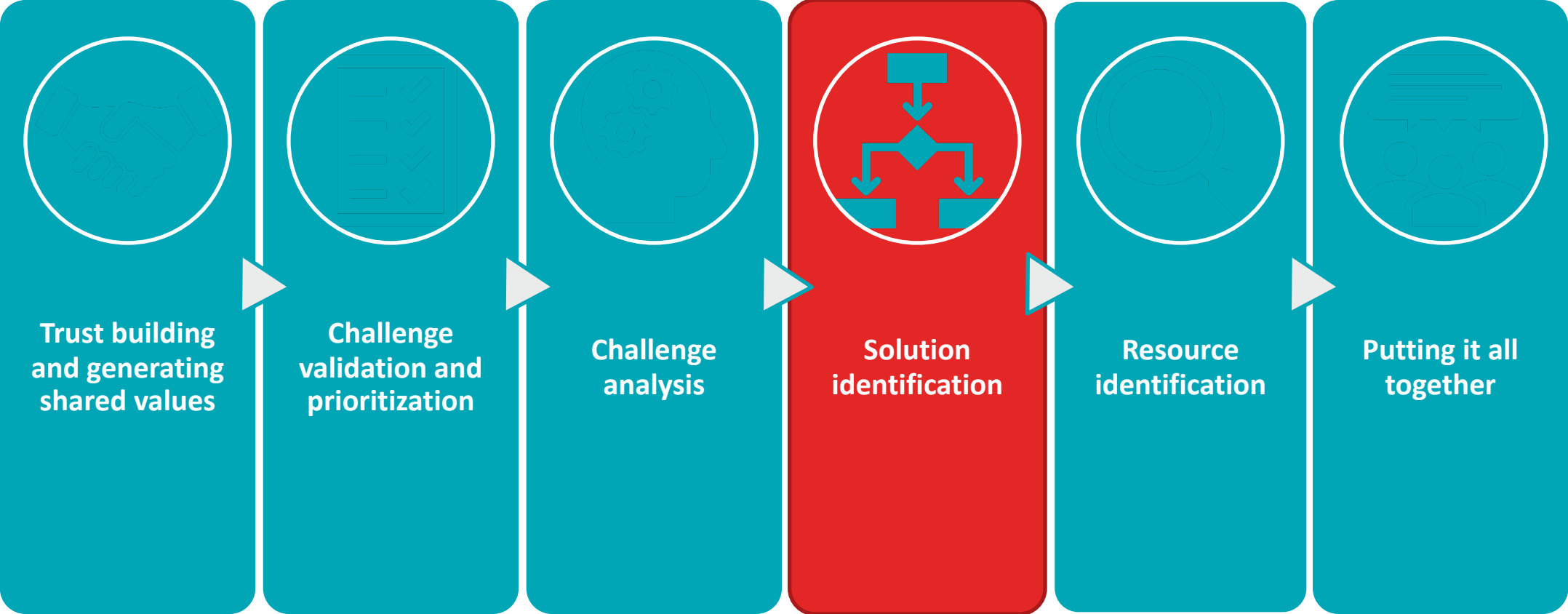
Group work: How we work together

- In groups, discuss *(25 min)*:
  - What type of activities can be implemented to prevent/address the PPE challenges identified
  - What makes a good PPE? What mechanisms enable success?

Co-development of activities and solutions to address priority challenges

Workshop overview

Trust building and generating shared values → Challenge validation and prioritization → Challenge analysis → **Solution identification** → Resource identification → Putting it all together

Linking activities, outputs, outcomes, and assumptions

Individually, we are one drop. Together, we are an ocean.
— Ryunosuke Satoro

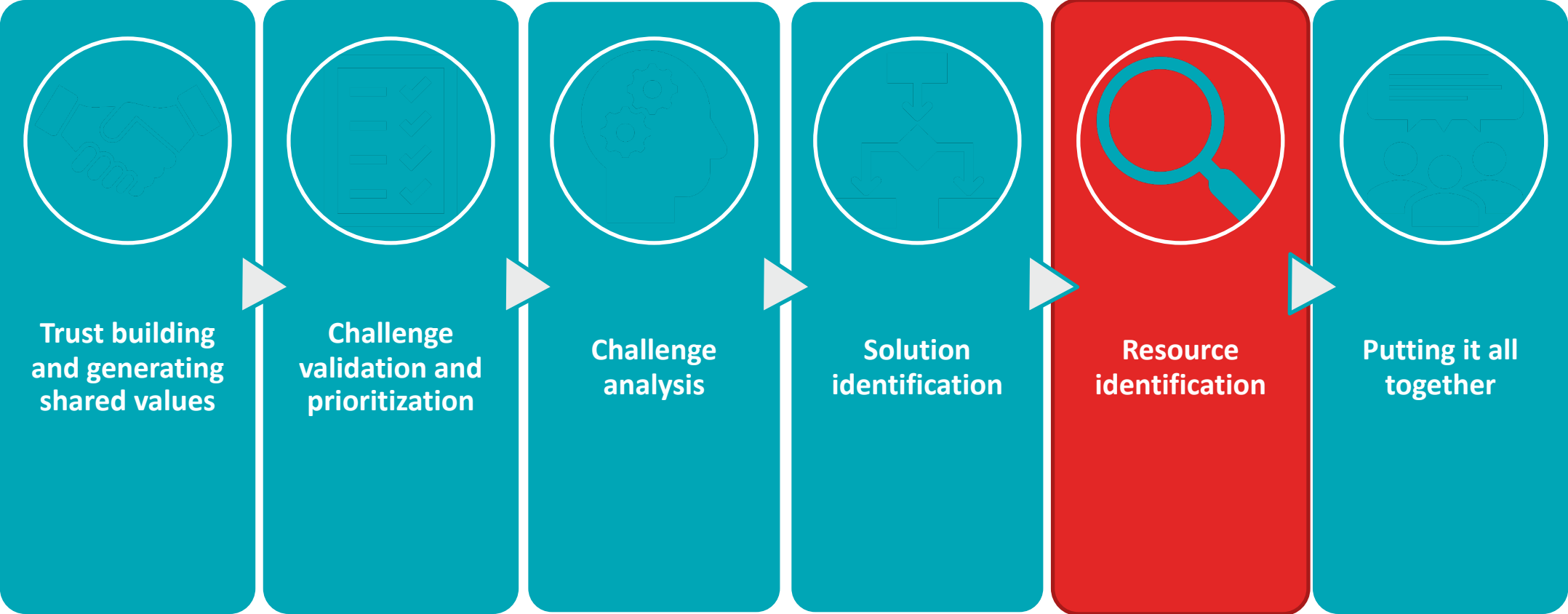# Group work: Brainstorming activities and solutions

- In groups *(30 min)*:
  - Begin developing and listing all potential activities/solutions to address the root cause pathways (identified on the previous day) of the prioritized challenge

Mapping of resources to implement activities and solutions

Workshop overview

Trust building and generating shared values → **Challenge validation and prioritization** → **Challenge analysis** → **Solution identification** → **Resource identification** → **Putting it all together**

Linking activities, outputs, outcomes, and assumptions

It is the long history of humankind (and animal kind, too) that those who learned to collaborate and improvise most effectively have prevailed. – Charles Darwin

Examples of resources by category

Human resources

Community health workers
Women's associations/groups
Private sector associations
Professional bodies
CHMT

Financial resources

County/subcounty budget
Budget allocated by the community
Support from external partners
Donations
Cost recovery

Material resources

Logistics
Mobile phones
Technical equipment
Drugs and consumables
Infrastructure
Material management tools, activities, and other (material accounting register, inventory records, maintenance/material maintenance register, inventory sheet etc.)

Technical and support interventions

Home visits
Health campaigns
Supervision visits
Monthly meetings
Partner activities
Street theater, radio
CHMT meetings

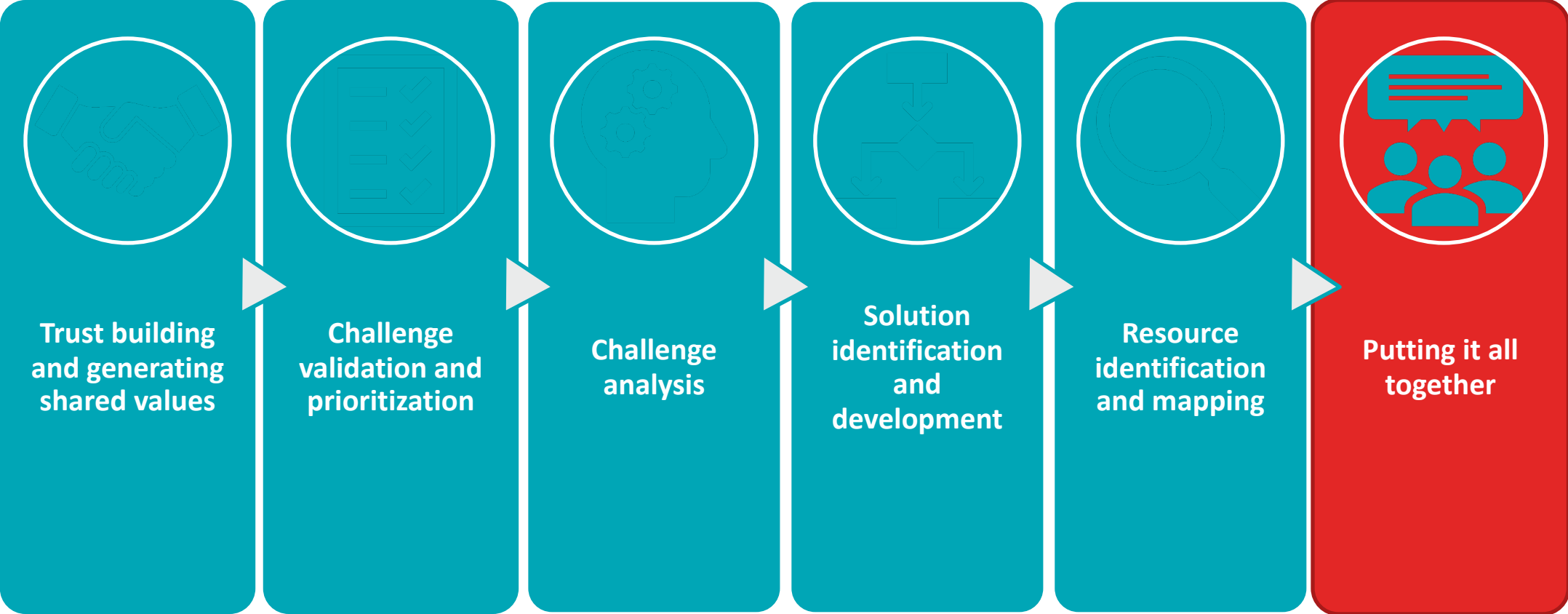# Group work: Brainstorming resources

- In groups *(30 min)*:
  - Begin listing all resources available for health system strengthening. Remember to consider material, financial, and technical resources.

Putting it all together

Workshop overview

| Trust building and generating shared values | Challenge validation and prioritization | Challenge analysis | Solution identification and development | Resource identification and mapping | Putting it all together |

Linking activities, outputs, outcomes, and assumptions

Sticks in a bundle are unbreakable.
—Kenyan proverb

Group work: Prioritization of activities and solutions

- In groups *(15 min)*:
  - Prioritize 2-3 proposed activities, considering:
    - Will you see change in this over the next year?
    - Are there roles for both public and private sector?
    - Do you have necessary resources, can you identify how you will obtain necessary resources?
  - Pick a group representative to report out on prioritized activities/sub-activities in plenary
- Report out *(15 min)*

Group work: Develop implementation plan

In groups *(1 hour)*:

- Populate implementation plan template (40 min)
- Reflect (10 min)
- Commit *(10 min)*

Group work: Develop an implementation plan

- **Activity:** Hold quality improvement training for **X** sub-county across public and private providers

- **Risks:** FLW and supervisors do not value quality improvement

- **Outcome:** Improved skills of HRH across public and private sectors

Sub-activity	Responsible person / role	Timeline	Resources needed	Resources available	Resource gaps
Identify training needs	County RH coordinator; private sector association lead	March	• Survey • Printing • Staff		
Secure training logistics	County RH coordinator; private sector association lead	April	• Venue • Equipment • Trainers	• Referral hospital • Professional associations	• Venue

Group work: Reflect on implementation plan

- Reflect on….
  - How the group will engage regularly and communicate decisions, challenges, opportunities to learn and/or adapt?
  - How the group will monitor the action plans and hold different parties involved accountable?
  - How the technical partners can support this engagement?

Wrap up and next steps

Coming together is a beginning, staying together is progress, and working together is success. – Henry Ford

Workshop objectives

- Increased engagement and community building between and amongst Kakamega County public and private health sectors;

- Co-prioritization of key maternal health and health system issues and related public-private sector engagement challenges; and

- Co-production of action plans for improving the prioritized challenges and identification of technical assistance needed to succeed.

Next steps

- Synthesize the challenges, analysis, and work plans and share back

- Draft communique between public and the private sector to demonstrate commitment to implement and follow-up the actions

- Propose setting up an interim public-private working group (6 people) to drive implementation

- For learning and evidence, potential key informant interviews

SMHS participant expectations

What are you committing to by continuing to participate in this public-private sector engagement in Kakamega County?

- Participate in check-ins to determine what is going well and what could improve
- Agree to participate in progress review (for example qualitative interviews and share relevant process and service delivery information deemed useful for evaluating project outcomes)
- Commitment to:
  - Continue to share frank opinions and honest thoughts while respecting others' perspectives
  - Be available for, and actively engage in, discussions and activities
  - Continue to engender a positive learning environment