

## PROJECT DOCUMENT

**Project title:** *SDG3 Cluster - Primary Healthcare Accelerator Window Inception*

**Overall Programme Title:** The SDG Partnership Platform

### **Overall strategic objective of the Programme**

The SDG Partnership Platform successfully operating in Kenya and demonstrating how the power of partnerships can effectively translate the SDGs into action on the ground and thereby guide and accelerate impact, maximize investments, and optimize financial, intellectual and human resource utilization to enhance efficiencies - ultimately, driving collective impacts for people, planet, prosperity and peace, thus leaving no-one-behind.

**Implementing Agencies:** United Nations Kenya Resident Coordinator's Office (UNRCO), through UNDP and UNFPA

### **Short description of the overall Programme**

Achieving the Sustainable Development Goals (SDGs) will be as much about the effectiveness of development co-operation as it will be about the scale and form that such co-operation takes. To optimize synergies, build on existing partnership platforms and facilitate scaling up of Public Private Partnership (PPP) flagship programs in Kenya, the UNRCO will initiate the establishment of the SDG Partnership Platform (the Platform) in partnership with the Government of Kenya, UNDP, UNFPA, and potentially other UN agencies (e.g. UNICEF and WHO) and stakeholders. The Platform will 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;

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. Raise required investments for the PPPs under 2 above, through optimizing blended financing instruments and redirection of capital flows towards SDG implementation, engaging a wide range of stakeholders from public and private sector.
4. Facilitate monitoring and evaluation, learning and research to inform best and promising policy and practices for SDG partnerships.

**Names and signatures of the Participating UN Organizations**  
Agreed by (signatures):

Participating UN Organizations (PUNOs):
<b>UNDP</b> <i>Name of Representative: RC/RR, Mr. Siddharth Chatterjee</i>  <i>Signature:</i> _____ <i>Date and Seal:</i> _____
<b>UNFPA</b> <i>Name of Representative: CD, Dr Ademola Olajide</i>  <i>Signature:</i> _____ <i>Date and Seal:</i> _____

## **1. Programme Summary**

Whilst Kenya made substantial progress toward meeting the Millennium Development Goals (MDGs), 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 in the fight against HIV/AIDS. However, SDG progress must focus more on socio-economic equity of benefits in order to make sure that Kenya delivers on its SDG agenda leaving no-Kenyan-behind.

The Financing for Development Conference and its Addis Ababa Action Agenda provided a clear clarion call to ensure all stakeholders from diverse sectors including traditional and non-traditional donors (e.g. private sector, philanthropy and civil society) are mobilized to converge on financing for SDG impacts.

The Agenda 2030 is an ambitious and aspirational agenda requiring an estimated \$4 trillion annually with a significant gap especially in developing countries and therefore requires “business unusual” innovative partnership approaches to financing. This is further underscored in lower MIC countries such as Kenya which are increasing becoming more bankable and debt worthy and less grant worthy from an ODA perspective. This highlights the need to move from SDG Funding to Financing with the important need to reduce aid dependence and expand blended financing options across a range of partners including impact investors, venture and traditional philanthropy, social bonds and innovative equity offerings. Facilitation of such financing partnerships would be a strategic role that the UN can play through innovative platform structures that build wide stakeholder credibility in the framework of the UNDAF and in alignment with the Agenda 2030 principles and structures.

Hence, to optimize synergies, build on existing partnership platforms and facilitate scaling up of PPP flagship programs in Kenya, the UNRCO will initiate the establishment of the SDG Partnership Platform (the Platform) in partnership with the Government of Kenya, UNDP, UNFPA, and potentially other UN agencies (e.g. UNICEF and WHO) and stakeholders to leverage and complement ongoing and planned investments by the National and County Governments.

The Platform will create diverse SDG accelerator windows of which Primary Healthcare contributing to the SDG 3 cluster will be the first. Subsequently it will open up new windows to support thematic areas such as early childhood development, agriculture, and skills training and employment etc. The longer-term deliverables will be tailored to and delivered through these respective thematic accelerator windows which will be created under the Platform.

## **2. Project approach: SDG3 Cluster - Primary Healthcare Accelerator Window**

Today, Kenya is at the right place and time to test multiple models to drive accelerated private sector participation in primary health care. It has made substantial progress on universal health and wellbeing and is poised to build on this momentum to ramp up transformative public private collective action moving forward. The mid-term evaluation of the Kenya Health Sector Strategic Plan (2014-2018) also indicates that increasing investments and enhancing partnerships, and innovations, in particular at the community base primary healthcare level, will be instrumental to help Kenya continue advancing reproductive, maternal, newborn, child and adolescent healthcare and realize its Vision 2030.

Moreover, considering the momentum for and priority given by the Government of Kenya for improving reproductive maternal, newborn, child and adolescent health (RMNCAH) in the country (as demonstrated by the Free Maternity Policy and campaigns such as Beyond Zero; as well as the Every Women Every Child (EWEC) Global Financing Facility, and EWEC commitments of various key private sector partners supporting the Platform), some of the project deliverables are expected to either directly or indirectly significantly contribute to advancing RMNCAH in the country.

### **2.1 Project deliverables and the results framework**

The SDG3 Primary Healthcare Accelerator Window's work will be implemented through a three phased-approach (*I. Diagnostics and Facts, II. Design and Planning and III. Active facilitation of on-the-ground implementation (national and county level)*) under which a common fact-base will firstly be established for Platform members to jointly identify selected bold transformative initiatives in pursuit of the Platform goals

and objectives, secondly to carefully design and plan with key stakeholders for the successful delivery of these initiatives and thirdly to facilitate implementation of the initiatives.

The Platform through the SDG3 Primary Healthcare Accelerator Window will aim to contribute to the results of the following three outcomes:

1. Enhanced national and county government capacities to efficiently and effectively identify, design, finance, purchase, and manage large-scale Primary Healthcare PPPs.
2. Increased financing for primary health and well-being through 1) increased enrollment of households and communities in national health insurance schemes; and 2) fostering innovative blended financing mechanisms in support of the Government of Kenya domestic resource mobilization agenda for health.
3. Primary healthcare delivery system and innovations developed, through increased public private collaboration, to better address Kenya's triple burden of disease.

This project will focus on the establishment and operationalizing of the SDG3 Primary Healthcare Accelerator Window to be supported by the SDG Partnership Platform Secretariat. Further, the focus will be on initiating the inception of its 1<sup>st</sup> phase of implementation. Hence, more specifically, the following areas of work, its outputs and related activities are planned to be delivered in this project:

a) *SDG3 Primary Healthcare Accelerator Window* functions established and operational (including the **governance structure** with a Thematic Window Steering Committee **established and operational**).

Related activities:

- Establish and operationalize the SDG3 Primary Healthcare Accelerator Window coordination (incl. establishment of team through time allocation and / or in-kind contributions by UN agencies of staff, and posting of executive loans from the Platform's multilateral and private sector partners).
- Consultation meeting to develop the governance structure of the SDG3 Primary Healthcare Accelerator Window vis-a vis the on-going Platform design.
- Final approval of the SDG3 Primary Healthcare Accelerator Window governance structure and the associated working groups.

b) Inception of the **1<sup>st</sup> phase of implementation** of the thematic work SDG3 Primary Healthcare Accelerator Window:

#### *I. Diagnostics & Facts*

The objective of the Diagnostics & Facts phase is to establish a common fact-base for the SDG Platform partners on key PHC PPP opportunities and barriers. This phase will focus on developing a deeper understanding of i) the current role, contributions and investments of the private sector towards PHC and achieving UHC in Kenya and ii) the need for capacity building of the Government at national and county levels to engage productively with the private sector.

The main activities of the initial Diagnostics & Facts phase are:

#### **A) National Level Diagnostics**

##### Establish the groundwork

- Create an initial 4W stakeholder heat-map.
- Develop TORs and set-up thematic working committees and lay the ground for interviews / meetings.
- Assess PHC status quo at national level (e.g., triple-disease burden, HRH-levels, financing)<sup>1</sup>
- Conduct interviews with domain experts to
  - Develop initial hypothesis on PPP enablers and big ideas.
  - Identify initial ideas of PPP barriers and underlying root causes.
  - Learn lessons & success stories from other regions/sectors.

### Evaluate PPP landscape

- Assess current health policies / budgets/ plans affecting PHC.
- Conduct PPP Capacity Assessments of relevant line-ministries.
- Facilitate broad stakeholder engagement including interviews / meetings with global, regional and national domain experts on private sector engagement in PHC to:
  - Identify current business and financing models - successes and failures.
  - Deeply understand root causes of PPP barriers and bottlenecks.
  - Determine critical enablers for PPPs.
  - Identify key investment segments and specific investment opportunities.
- Organize 2-3 workshops with global, regional and national domain experts to model-out various PHC PPP inclusive business models.

### **B) County Level Diagnostics**

#### Establish the groundwork

- Assess PHC status quo on county level (e.g., triple-disease burden, HRH-levels, financing).
- Finalize county prioritization criteria (e.g., potential for large PHC impact, private sector interest and political will, stability and capacity).
- Select 3-4 counties and / or county blocks to do a deep-dive.
- Set up county engagement strategy.
- Develop long-list of transformative PHC initiatives at county level.

#### Evaluate PPP landscape in selected counties / county blocks

- Conduct 3 on-the-ground co-creation sessions with selected counties (incl. County Government, NGOs and civil society, and private sector) to:
  - Validate and deepen understanding of PHC diagnostics and bottlenecks for PPPs.
  - Test ambitions and willingness to work with private sector.
  - Assess County PPP Capacities.
  - Generate bottom-up ideas for trans-formative initiatives.
  - Explore business and financing models that provide ROI and health impact.

### **C) Synthesize and prepare for roll out**

- Create alignment between national and pilot county level initiatives.
- Develop national and county government PHC PPP capacity building plans.
- Conduct gap analysis on available funding options vs ambitions on national and county levels.
- Write synthesis report.
- Develop supporting communications and roll out plan.
- Syndicate recommendations with key stakeholders.
- Identify on-the-ground change agents targeting critical needs addressed by prioritized initiatives.
- Prepare next round of county co-creation sessions to design initiatives and create high-level plan for roll-out.

Once the *Diagnostics & Facts phase* has been completed, the planned outputs that will be delivered in the forthcoming stages are as follows:

#### *II. Design and planning*

The main outputs of the initial Design and planning phase consists of:

- Detailed plan for up to 10 transformative private sector partnership initiatives developed.
- County health transformation plans developed.

#### *III. Active facilitation of on-the-ground implementation (national and county level)*

The detailed workplan for implementation on the ground will depend on the selected initiatives. The SDG3 Primary Healthcare Accelerator Window will cooperate closely with the Government on facilitation of on the ground implementation through the following four workstreams:

- Laying the groundwork

- Facilitating PPPs and financing
- Supporting on-the-ground implementation
- Managing, monitoring, evaluating and researching impact on-the-ground

During the establishment and operationalization of the SDG Partnership Platform in Kenya (see the project document (add link) a fully-fledged programme document with a clear theory of change (TOC), detailed results framework, the associated work plans with timeframes and planned inputs from the participating UN organizations will be finalised and endorsed by the relevant stakeholders, including the Government.

The SDG3 Primary Healthcare Accelerator Window, however, will already be made operational as a proof-of-concept to inform further modelling and planning of overall Platform strategies and plans, and expansion to other accelerator windows as per the list of project deliverables. Clear linkages with SDG3 Primary Healthcare Accelerator Window expected results and the overall program delivery of the Platform will be ensured through the developed TOC.

## **2.2 Project management arrangements**

The SDG Partnership Platform Secretariat is responsible for the strategic and operational functioning of the entire Platform as well as overarching external positioning and engagements on behalf of the Platform; offering strategic and operational support to the Thematic Steering Committees; and leading the processes relating to the approval cycle of projects, programme monitoring, evaluation and reporting as well as risk management reporting to the SDG Partnership Platform Steering Committee.

A SDG3 Primary Healthcare Accelerator Window will be established to be responsible for the overall coordination of all PHC accelerator window activities and the day-to-day management of related projects. This Window will provide technical and administrative support to its Thematic Steering Committee and Thematic Working Groups and is responsible for the processes relating to external relations, resource mobilization, brokering of partnerships and project development, implementation, monitoring, evaluation and reporting as well as risk management reporting. The PHC Accelerator Window will work in close synchronization with and guidance from the overall SDG Partnership Platform Secretariat to ensure congruence and synergy across these internal structures.

The SDG3 Primary Healthcare Accelerator Window Secretariat will report into its Thematic Steering Committee as the relevant governance body that will oversee and drive the functions of that thematic window including offering strategic guidance to the development and implementation of strategies and work-plans.

To ensure sufficient technical and administrative support and to encourage learning to guide the opening up of additional SDG Accelerator Windows; the SDG3 Primary Healthcare Accelerator Window Secretariat will consist of a combination of SDG Partnership Platform Secretariat staff having time allocated towards the SDG3 Primary Healthcare Accelerator Window Secretariat and posting of full-time in-kind technical support including executive loans from the Platform's multilateral and private sector partners:

1. Primary Healthcare Accelerator Window Lead – RCO/UNDP  
Role: Technical leadership and coordination of the SDG3 Primary Healthcare Accelerator Window
2. SDG Partnership Platform Advisor – RCO/UNDP  
Role: Leadership and oversight of the Platform ensuring optimum coordination and synergies between various windows and support to external relations, positioning, resource mobilization and brokering of partnerships
3. SDG Partnership Specialist – RCO/UNDP  
Role: Technical support to the Platform Secretariat and the SDG3 Primary Healthcare Accelerator Window ensuring optimum coordination and synergies between the Thematic Steering Committee, Window coordination and technical working groups and support to resource mobilization and brokering of partnerships, reporting and risk management support.

4. Coordination and M&E Specialist – RCO/UNDP  
Role: Programmatic and Coordination support to the Platform Secretariat and the SDG3 Primary Healthcare Accelerator Window including programmatic and fiscal monitoring and measurement of SDG aligned impacts and integration with UNDAF reporting.
5. SDG Platform Associate – RCO/UNDP  
Role: Operational and administrative support to the Platform Secretariat and the SDG3 Primary Healthcare Accelerator Window

The SDG3 Primary Healthcare Accelerator Window through the Thematic Working Groups that will be defined in the establishment phase of this project, will aim to achieve the specific deliverables and the related activities listed in the section 2.1. However, as has been described in the section 2.1, the SDG Partnership Program will be further developed and coordinated with close consultation and collaboration with existing structures such as the SDG Secretariat at the MoDP Treasury and relevant Ministries and the Council of Governors and Counties as well as other UN, civil society, NGO, philanthropy, academia, and private sector stakeholders.

#### **Annex 1 \_ SDG3 Primary Healthcare Accelerator Window Inception Work Plan and budget**

