

Case Title:

Using CLA in Resource Mobilization for Afya Elimu Fund with Devolved Governance Units

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Summary:

The Afya Elimu Fund (AEF) resource mobilization case study details use of CLA approach, specifically external collaboration, and leveraging on existing County relationships and networks to pitch for the fund. This is implemented by USAID|HRH Kenya Mechanism- Kenya (September 27, 2016 to September 26, 2021). AEF is a revolving loan product that provides low interest (4%) loans to prospective healthcare trainees in mid-level medical training colleges towards their medical training fees and targets needy students who cannot afford the high cost of medical training.

In 2010, Kenya ushered in a new constitution creating two levels of government, national and county. Health service provision including the management of the health workers was devolved to the county level. Whereas, devolution has led to a lot of development in the health sector, huge disparities still exist in the number and caliber of health workers needed to man essential health services with the devolved units experiencing huge staffing shortages. Moreover, the period immediate post-devolution saw a lot of staff movement across the country through transfers making the staffing gaps more acute, particularly in marginalized counties and those with high disease burden.

The demand for AEF has continued to grow, with the loan applications surpassing existing resources. HRH Kenya mechanism used a CLA approach, initiating external collaborations with the counties for resource mobilization. The graduating health workforce is largely employed by the county departments of health and this builds a sustainable approach, for counties to contribute to their own workforce.

Think about which subcomponents of the Collaborating, Learning & Adapting (CLA) Framework are most reflected in your case so that you can reference them in your submission:



- Internal Collaboration
- External Collaboration
- Technical Evidence Base
- Theories of Change
- Scenario Planning
- M&E for Learning
- Pause & Reflect
- Adaptive Management
- Openness
- Relationships & Networks
- Continuous Learning & Improvement
- Knowledge Management
- Institutional Memory
- Decision-Making
- Mission Resources
- CLA in Implementing Mechanisms



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1. What is the general context in which the case takes place? What organizational or development challenge(s) prompted you to collaborate, learn, and/or adapt?

Kenya has a health workforce to population ratio of 15:10,000 which is far below the 23:10,000 ratio recommended by the World Health Organization (WHO) . This situation affects delivery of quality healthcare services across the country. Evidence suggests that in countries most affected by HIV/AIDS, staff shortages as a result of workforce attrition or absenteeism results in a higher disease burden. Studies have also shown that maternal, child and infant mortality rates meaningfully decline with an increase in qualified health workers . Kenya's growing population further puts a strain on the health workforce and the limited numbers of health workers produced by the country's medical training institutions are not adequate to meet this expanding gap.

Access to training fees remains a key obstacle to increasing the number of qualified health workers. Studies show that a medical student requires up to USD 4,287 for a three- and half-year nursing diploma program -a figure beyond the reach of most Kenyans. These further dents effort to address the staffing shortages.

The Afya Elimu Fund (AEF), is the outcome of collaboration of the USAID funded Human Resource for Health (HRH) Kenya Mechanism, the Higher Education Loans Board (HELB), Ministry of Health (MOH) and private sector in Kenya to help the country address the health workforce staffing gaps by increasing the number of graduating health workforce. AEF is a revolving loan product that provides low interest (4%) loans to prospective healthcare trainees in mid-level medical training colleges towards their medical training fees and targets students who cannot afford.

2. Why did you decide to use a CLA approach? Why was CLA considered helpful for addressing your organizational or development challenge(s)?

AEF has benefited over 19,000 students at a cost of 1.2 billion, despite the fund's remarkable growth, the demand for AEF loans has continued to rise as more students apply for the loans than the available resources, hence creating a need for continued fundraising.

It is on this basis that the HRH Kenya mechanism initiated external collaboration for AEF resource mobilization targeting County government and the private sector. The bulk of the health workforce is employed by the county governments and AEF presents a sustainable way through which the devolved units can grow their own human resource for health and address their manpower challenges. AEF has thus collaborated with County governments to contribute resources to the fund that will go towards training of potential health workers who come from the County.

3. Tell us the story of how you used a collaborating, learning and/or adapting approach to address the organizational or development challenge described in Question 2.

HRH Kenya mechanism initiated external collaboration with County governments to contribute resources to the Afya Elimu fund that will go towards training of potential health workers who come from the County. Initial fundraising efforts with the Counties focused on county departments of health with which the project was already partnering with to carry out other health system strengthening interventions. Several engagement meetings were held with the health departments resulting in some Counties allocating a budget for the AEF in the health departmental budget and signing service agreements with HELB as a fund manager.

However, despite this, the partnership was not actualized as no funds were transferred to the fund manager. A review of the County resource mobilization strategy revealed several gaps that inhibited progress of the resource mobilization efforts:

- For the resource mobilization activities to succeed, there was need for a multi-sectoral approach that would involve health, education, finance and legal departments of the County
- Lack of a deliberate involvement of the political class in the Counties (members of the County Assembly) in the process to get their buy-in
- Counties lacked legislative frameworks to enable them partner with the AEF. There were no policies, Acts of the County assembly or any other written laws to allow County departments to transfer money from County exchequer to different entity

The HRH Kenya mechanism deliberately introduced pause and reflect sessions, to map out key players at the county level that could influence the outcome of the County AEF resource mobilization processes and sought to meaningfully engage with them.

4. Organizational Effectiveness: How has collaborating, learning and adapting affected your team and/or organization? If it's too early to tell, what effects do you expect to see in the future?

Initial engagements with the Health department had not translated to additional money for the fund. The project therefore extended the collaborations to include the County departments of education, finance and the legal office and involved these departments in sensitization meetings on the fund, policy and legislation development workshops and advocacy sessions with the political leadership.

Through enhancing external collaboration with these departments, the project team identified the steps in the resource mobilization process and developed a process map to inform future County resource mobilization activities as follows;

1. Sensitization and buy-in of the county leadership, and multi sectoral technical working group to steer the process
2. Development of supportive documentation, on legislature to anchor the AEF bill
3. Signing of agreement and allocation of funds
4. AEF Operationalization through oversight committee

5. Development Results: How has using a CLA approach contributed to your development outcomes? What evidence can you provide? If it's too early to tell, what effects do you expect to see in the future?

HRH Kenya mechanism has achieved tangible benefits from the external collaboration with counties. Kakamega County became the first County to actualize partnership with the AEF by transferring KES 6 million/USD 60,000 to HELB in 2017 and a further 7.5 million in 2018 after joint efforts by the health, education, finance and legal departments of the County resulted in the County amending the County Education Support Fund Act to incorporate AEF. With this transfer, the county became the first to provide financial support to medical trainees awarding a total of 380 students loans that will ease the burden of paying tuition fee and guarantee their graduation increasing the pool of available health workforce for the 220 health facilities.

The CLA approach to resource mobilization enabled the team to engage in open discussions, that helped to bring clarity on the process, hence the process map with four steps. This has hence reduced the timelines for new counties to join the fund. This has also enabled teams to re-engage, with previously stalled talks with other Counties such as Mombasa . Consequently, three other counties are moving towards completion of the process having been supported to navigate through the different steps.

6. What factors enabled your CLA approach and what obstacles did you encounter? How would you advise others to navigate the challenges you faced?

The greatest enabler for the HRH Kenya mechanism to engage with the counties, was the ability to leverage on existing relationships and networks in the different counties. HRH Kenya has been implementing health systems strengthening initiatives with the departments of health, and the project therefore used the platform to pitch for the Afya Elimu fund.

The County governments were already providing scholarships and bursaries and there was an opportunity to leverage on the existing relationships and networks at the county level to introduce the AEF loan concept. The AEF theory of change was hinged on revolvability hence sustainability, and would reach more students as opposed to the bursaries and scholarships that were one-off.

While at inception the fund prioritized the common cadres with critical shortages. External collaborations gave a room for open discussions that enabled counties to identify its own unique set of cadres to be prioritized informed by emerging staffing requirements. This has proved to be a unique selling point for attracting county contribution. For instance, several counties are keen on investing in post-basic/ specialty training which will enable graduates offer specialized health services and operate the managed equipment services (MES) program.

Another key learning has been that aligning AEF with the County leadership development agenda and, involving the political class such as members of the county assembly (MCAs) who represent the public interest in their area of jurisdiction has yielded success.

However, the project had initially not budgeted for the multi sectoral engagements which was a major obstacle, but the team reprogrammed funds to allow for this engagements. The external engagements are however time consuming, and realization of tangible benefits, with a county allocating money to the fund may take some time.

7. Did your CLA approach contribute to self-reliance? If so, how?

Afya Elimu fund is a low interest loan awarded to needy students in mid-level medical training colleges, aimed at increasing the number of graduating health workforce. AEF is hinged on revolvability, since students begin to repay the loans one year after school completion, hence sustainability. The CLA approach used, enables counties joining the fund to contribute to their own health workforce for improved service delivery.