

TUNZA FAMILY HEALTH NETWORK

2008 2018



A Decade of Impact

43%

56%

2008-09

40% 60%

2003-04



Healthy lives. Measurable results.



A decade of transforming lives through quality health care





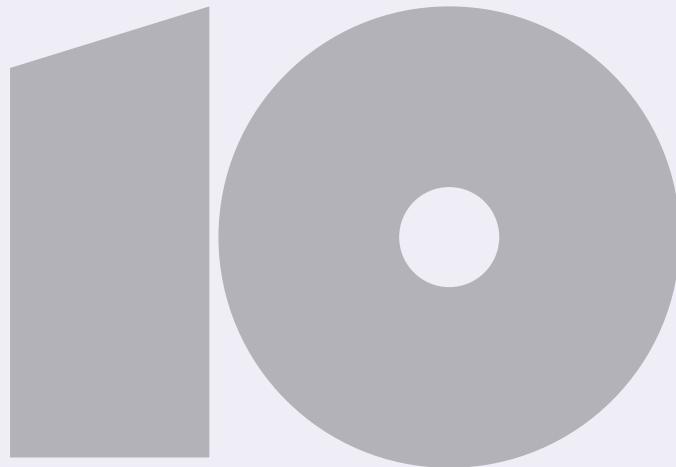




SIPILI MATERNITY AND NURSING HOME
LAIKIPIA COUNTY



TUNZA AT



A Decade of Impact



TUNZA MOBILIZER
SIPILI - LAikipia West

Acknowledgements

If you want to walk fast, walk alone. If you want to walk far; walk together.

The journey of Tunza, from inception and throughout implementation has been a journey brought to life by institutions and individuals alike. This diversity of effort has been a central underpinning to the success of the Tunza Social Health Network. It is a partnership that has provided room for growth even in unforeseen and unanticipated directions; and a collaborative that has continually ensured that unlocking solutions is the focus of the work.

While the idea of the Tunza Family Heath Network was birthed by Population Services Kenya and the Population Services International fraternity, deployment would not have been possible without our funding partners, namely:

USAID

UKAID

Large Anonymous Donor (LAD)

The Bill and Melinda Gates Foundation

African Health Markets for Equity (AHME)

Furthermore, implementation has been a learning process, that required inputs from various partners to extend the Tunza footprint and to ensure its compliance with national regulatory functions. In this regard the Ministry of Health, centrally and at county level, and the National Hospital Insurance Fund (NHIF) have been instrumental to Tunza's success.

Without the healthcare providers who took a chance on an untested model and made it their own over the course of this past decade, the idea of Tunza and the lives the programme has changed would still be a distant dream.

Our work at the frontlines is delivered by Tunza mobilisers. These dedicated men and women ensure that the idea, message and opportunity of Tunza Family Health reaches everybody in the community, so when health needs arise, they know exactly what to do and where to go. We thank them for their commitment.

To the staff, past and present, in communities, across our regions, and in our offices we remain deeply grateful for your vision and tenacity in the execution of duty.

This is our journey.



JOYCE WANDERI
CHIEF EXECUTIVE OFFICER
PS KENYA

Moving Forward, Together

In 2008 we began a journey that has provided over 3.5 million Kenyans with better healthcare services each year. Population Services Kenya (PS Kenya) established the Tunza Family Health Network (Tunza) to offer quality and affordable services to ordinary people across the country.

The private sector delivers over 50% of health services in Kenya, and we have witnessed first-hand how system strengthening in this sector can offer outsized impact for millions of underserved Kenyans. The Tunza approach of investing in the skills, quality and infrastructure of our provider network, through a social health franchise model has been an innovative disrupter for good, and one that continues to deliver health benefits.

Tunza's impact over the past 10 years has been immense. Over 3,500 healthcare providers in 700 private facilities have benefited from our wide range of comprehensive trainings that are Ministry of Health led. They include: family planning, cervical cancer, HIV, safe motherhood, hypertension, diabetes, tuberculosis and integrated management of childhood illnesses (IMCI). Our Tunza business development programme has supported over 300 providers, 52% of whom are women, to hone their entrepreneurial skills, enabling clinic expansion in both scale and scope. We have witnessed providers grow their facilities from single roomed clinics to fully fledged maternity homes. Tunza is a major employer with a workforce of over 8,000 directly under its employ with thousands more within the ecosystem.

We started by offering support in a single health area, family planning. Today, Tunza is a household name that is known as a one stop network that provides primary healthcare services to millions of Kenyans. The network currently has a membership of over 400 facilities in 39 out of 47 counties in Kenya. In support of accelerating attainment of Universal Health Coverage (UHC) through the private sector, PS Kenya has worked with the National Hospital Insurance Fund (NHIF) to accredit over 200 Tunza facilities, opening additional access points to over 480,000 NHIF members currently capitated to the Tunza network. Our multifaceted approach of partnering with government, healthcare providers and development partners to deliver quality healthcare is what has fueled our growth over the last decade.

As we step into a new decade of delivery, sustainability is critical for us. We launched Tunza Platinum in 2018 to offer an expanded set of self-funded improvement opportunities for Tunza providers. It is designed around a five-pillar value proposition: improved business systems, quality improvement, marketing support, access to affordable quality products and insurance aggregation. Our goal is to gradually wean the social franchise off donor funding, allowing for sustainable programming. We are energized by new growth opportunities.

Tunza at Ten is at an exciting threshold – as we take stock of our years of growth and learning and the transformation we have seeded, we look boldly towards the harvest of the future, access to quality healthcare for all at an affordable price.

Welcome to our journey.



Two Worlds of Health

OVER TIME THIS DUAL SYSTEM HAS BECOME THE NORM AND TWO PARALLEL SYSTEMS HAVE EMERGED.

Healthcare in Kenya is delivered from a variety of sources — public, private, faith-based and even unregulated providers have always been a part of the diverse mix of players providing health services. Over decades, these sources have learnt to occupy the same system — serving the same clients, drawing from the same pool of trained health workers and physicians, operating side by side, independent of each other; yet serving within one health system. Clients move between these providers, driven by different needs and demands ranging from cost of services, to healthcare worker attitudes, to location of facilities, to opening hours and myriad other factors.

Over time this dual system has become the norm and two parallel systems emerged. Firstly, the state — public facilities that are government-owned and operated and

secondly, but no less important, the non-state sector — facilities operated by private owners, large scale companies, faith-based institutions and NGOs; often referred to as the private sector. While licensing and oversight across all players is provided by the government, a deep sense of mistrust existed between the public and private sector, and in particular, with regards to small scale private practitioners. The quality of services that were being offered by small and medium sized private practitioners were often questioned, and perhaps rightly so. For instance, private practitioners did not benefit from the continuous medical education that their counterparts in government received. They were constantly juggling their clinical and administrative work — often on shoestring budgets, which sometimes resulted in inconsistent attention to quality. Supervision of facilities was viewed as a

punitive measure by many private practitioners, and many would simply close their facilities when a government team would arrive for inspection — engaging in cat and mouse games to avoid what they deemed as unnecessary harassment. Leaving patients as the ultimate losers.

Unsure of what to expect, unclear on which standards signified quality, patients often seek services at the facility nearest to them and essentially trust for the best, believing that all health providers could be trusted with their care. While many providers are committed to providing the best level of care possible, there remained the problem of unequal levels of knowledge, insufficient awareness of emerging practices, and poor management of delivery systems.

In 2008, Population Services Kenya (PS Kenya) was deliberating around how to best deliver on its Reproductive health work. At the time, a significant challenge witnessed across the country was low uptake of modern contraceptives. Long acting and reversible contraceptive (LARC) methods, such as Intrauterine Contraceptive Devices (IUDs) and implants, though readily available, suffered from low acceptance by clients, resulting in an increase in the national fertility rate and on a personal level, women having to live with the consequences of unplanned and unwanted pregnancies.



ACCESS TO CONTRACEPTIVE METHODS

- Source of Modern Methods. In Kenya, public (government) facilities provide contraceptives to more than half (57 %) of modern method users, while 36 % are supplied through private medical sources, and 6 % are supplied through other sources.
- Unmet Need for Family Planning. One-quarter of currently married women in Kenya have an unmet need for family planning, which remains unchanged since 2003. Unmet need is evenly split between women who want to wait two or more years before having their next child (spacers) and those who want no more children (limiters).
- Unplanned Fertility. Despite a relatively high level of contraceptive use, the 2008-09 KDHS data indicates that unplanned pregnancies are common in Kenya. Overall, 17 % of births in Kenya are unwanted, while 26 % are mistimed (wanted later).
- Contraception Discontinuation. Overall, more than one in three women (36 %) dis- continue use within 12 months of adopting a method. The 12-month discontinuation rates for injectables (29 %) and periodic abstinence (33 %) are lower than the rates for the pill (43 %) and for the male condom (59 per cent).

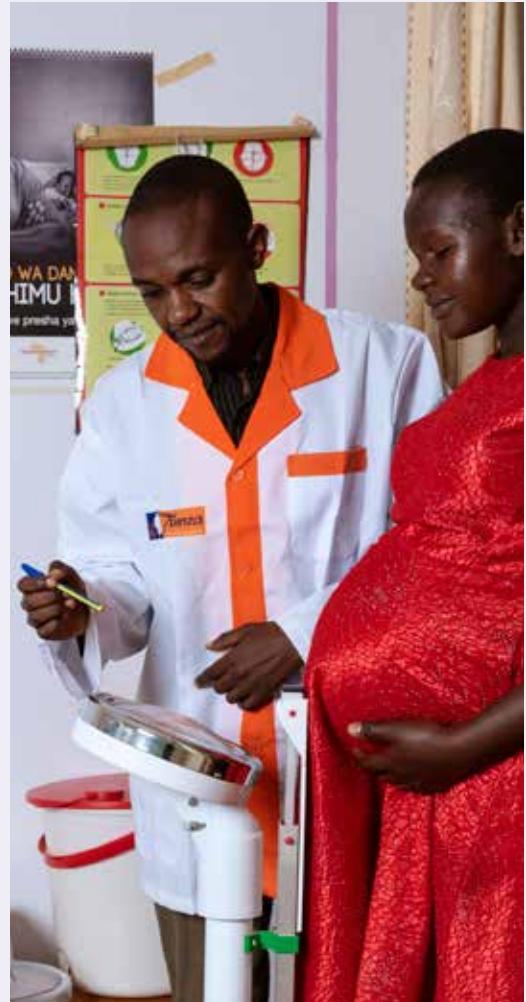
MATERNAL AND CHILD HEALTH INDICATORS (KDHS 2008)

BIRTH IN HEALTH FACILITIES

BIRTH AT HOME



488 Maternal Deaths per 100,000 Live Births.



For over 28 years, PS Kenya had been working in the space of behaviour change and specifically in reproductive health and HIV prevention. Through their work, the potential impact was clear: much could be achieved by working through private providers to accelerate access to care and kickstarting new attitudes and beliefs. PS Kenya deliberated on how this cohort could yield benefits in changing attitudes towards family planning. A health social franchise branded as the Tunza Family Health Network was thus established to increase demand for, and ensuring supply of, modern family planning methods and services. Aptly named Tunza — a Swahili word denoting “to care for”, the social franchise sought to build the capacity of private providers to deliver high quality, accurate and skilled services enabling women and men to make informed health choices about themselves and their families.



ROSE KATEE

PROPRIETOR AND HEALTH PROVIDER AIC MLANGO HEALTH CENTRE
KITUI COUNTY



The Dawn of a Health Social Franchise

At inception, the goal of the Tunza Family Health Network was to support private healthcare providers in the provision of quality and affordable family planning services and especially LARC methods. Through Tunza, PS Kenya was also keen to build demand for services by promoting knowledge in communities about a comprehensive mix of modern family planning methods, while deconstructing myths and misconceptions that surrounded family planning; and to streamline and cater for an uninterrupted supply of services while ensuring that providers had the necessary capacity and skills to insert implants and IUDs in clients who had decided to use these LARC methods. The delivery framework would be through a Health Social Franchise model — a network of healthcare providers (members) who would benefit from the support of PS Kenya through a defined membership framework and set of supportive activities.

As a first step, a new cadre of staff was hired and trained to act as recruiters for healthcare providers. Known as Reproductive Health Coordinators (RHCs), their role was to identify potential franchisees, introduce them to the Tunza concept and service offering and enrol them into the social franchise. This was a daunting assignment, given that the concept of a health franchise was relatively new in Kenya. However, by the close of 2008, nine facilities had been recruited and the Tunza Family Health Network was born. Many of the “facilities” were one or two-room spaces manned by a single clinical officer or nurse who was providing frontline healthcare.

AS A FIRST STEP, A NEW
CADRE OF STAFF WAS
HIRED AND TRAINED
TO ACT AS RECRUITERS.

A close-up portrait of Beth Wamwea, a Black woman with short hair and glasses, wearing a dark shirt. She is smiling slightly and looking towards the camera. The background is a bright orange wall with some white and yellow elements.

The most important thing
is to have a clear
vision.

© 2018

BETH WAMWEA
QUALITY ASSURANCE COORDINATOR
PS KENYA



Birthing a Dream

Beth Wamweya was among the first staff members to join Tunza in September of 2008. Employed as a Reproductive Health Coordinator, Beth and her colleagues were tasked with the goal of selling the idea of a health social franchise to health providers in the private sector. "I remember how suspicious they were of us; many thought we were actually there to police them and so many turned us away. The idea that we wanted to work together was met with a lot of disbelief." Several practitioners were running shoestring operations and were reluctant to share information about their operations. Beth shares, "They knew their facilities were not well-organized, so they were wondering who we were, asking so many questions of individuals (from the facility) as to whether they could partner with us (Tunza). So, they saw us as spies, or like the government clinic inspectors."

"I REMEMBER HOW SUSPICIOUS THEY WERE OF US; MANY THOUGHT WE WERE ACTUALLY THERE TO POLICE THEM AND SO MANY TURNED US AWAY..."

Not only was the idea of a heath franchise unfamiliar at the time, but coupled with this was wariness at the idea of receiving 'free' support for quality improvement and training. The prevailing notion was that training was often reserved for those in public institutions. In time though, the offer of continuous medical education and supportive supervision to help improve service quality proved to be the hook that enticed the earliest adopters. "We would do what we call on-the-job training together with regular supportive supervision for the health providers in their facilities, so that they were competent and able to provide the long-term methods of Family Planning (FP), that is Intrauterine Contraceptive Devices (IUCDs) and implants, because what was lacking was skills."

...THE IDEA THAT WE WANTED TO WORK TOGETHER WAS MET WITH A LOT OF DISBELIEF."

The first cohort of providers into the network went through a relatively simple process of filtering and selection, and in March 2009, underwent their first joint training. In doing so the Coordinators had overcome the first of many hurdles, and the Tunza journey had begun in earnest.

The second task was to spread into the communities surrounding the first franchisees, educating the population about the value of modern contraception in general, and telling them about the expanded set of services and commodities available at the franchisee facilities.

During this period, Tunza leaned heavily on PS Kenya's expertise in Social Behaviour Change Communications (SBCC). Some of the barriers were around the beliefs, myths and accepted assumptions surrounding contraceptives. The PS Kenya team began to work with a new group of actors who would be responsible for moving within

communities, spending time in homes and with families and working at the grassroots level to bring more understanding, change attitudes and spread the word about services available at Tunza facilities. This group came to be known as Tunza Mobilisers, who had to become skilful at unravelling the latest local myth— whether it was the belief that using modern contraceptives would lower one's libido or that a long acting contraceptive was permanent and could not be reversed. They had to be well-versed in countering misinformation with correct information and would often rely on visually-arresting charts developed by PS Kenya to challenge the misinformation they found in communities.



This early stage gave birth to one of Tunza's first learnings. Eager to bring their clinical knowledge to the fore, PS Kenya soon learnt that there was value in listening before embarking on teaching. While navigating one community after another, distance between health workers and their constituents soon became apparent. The divide had been fuelled by years of patients interacting with health workers who would downplay, dismiss or denigrate community voices or knowledge. In time, the PS Kenya team came to understand that their goals were better served by a different

approach.

The method of message dissemination changed and barazas and group sessions would begin by PS Kenya staff actively listening to what the community knew, felt and experienced. This then became the benchmark for building a set of responses that would be sensitive to community fears and were informative and empathetic. The process was codified into Education Through Listening (ETL), a methodology for community engagement and was adopted into the Tunza DNA. While health providers would have the

THIS GROUP
CAME TO BE KNOWN
AS MOBILISERS,
WHO HAD TO
BECOME SKILLFUL AT
UNRAVELLING
THE LATEST LOCAL
MYTH



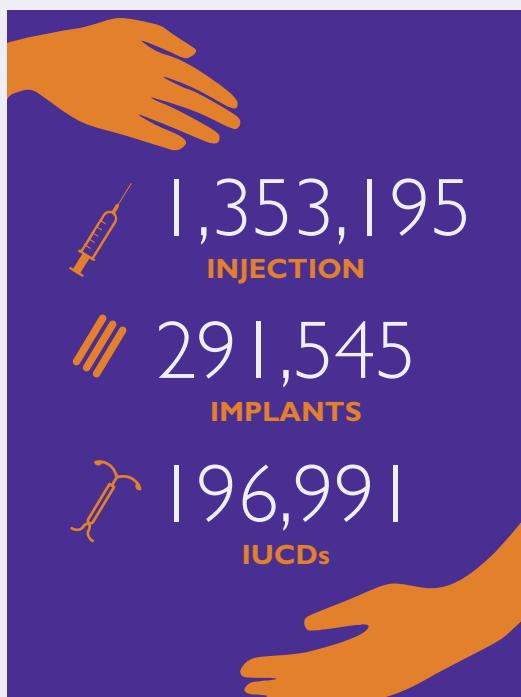
SOCIAL BEHAVIOUR CHANGE COMMUNICATION OFFICER,
PS KENYA

One of the milestones I remember is that we changed to what is called Education Through Listening. It is a more interactive and participatory methodology where the clients are more engaged. They give their views of what they know. We start from the known and then we go to the unknown. This was one of the milestones where we realized that now, clients were owning the choices of services especially with the family planning methods they were choosing.

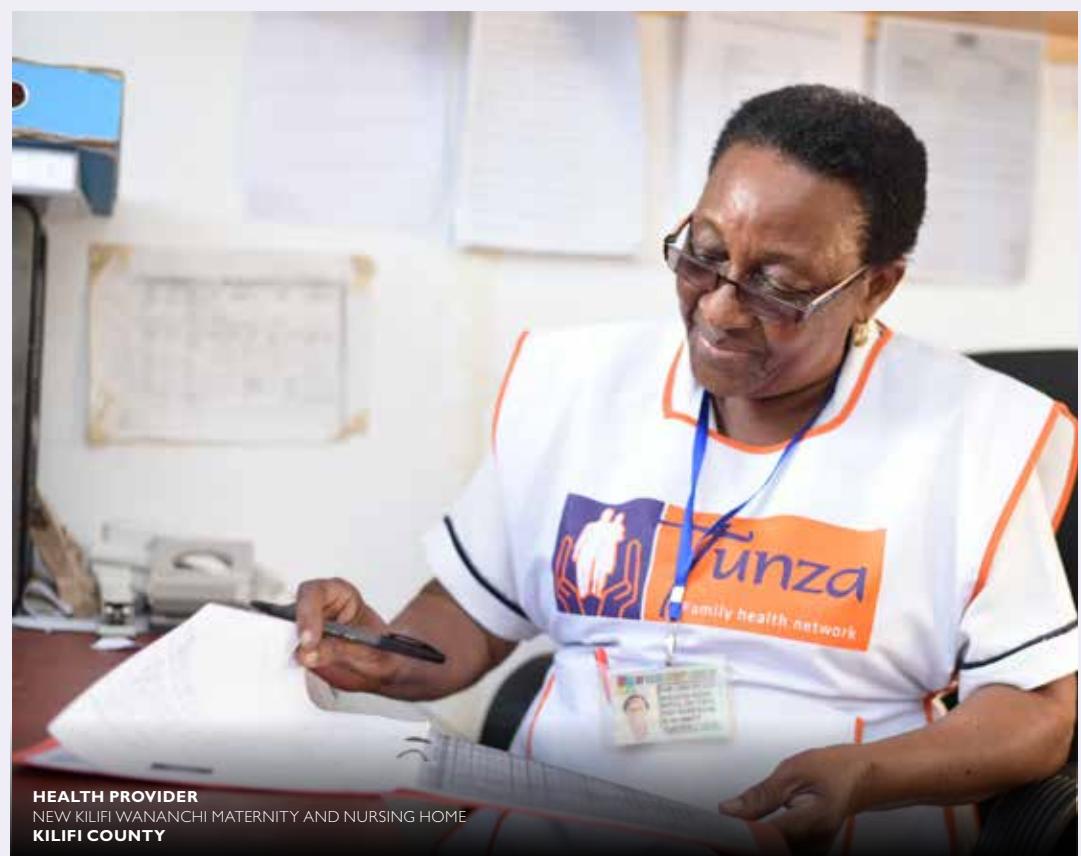
requisite clinical knowledge to address challenges, understanding the drivers of those challenges was critical for community acceptance and adoption. Concurrently, clinicians within the franchise were undergoing focused training and skills building on Family Planning services, specifically the counselling, insertion and management of long acting reversible contraceptives. While many had learnt the theory of the process during their professional training, practical training had been weak or done such a long time ago that skills were not up-to-date, meaning few practitioners were adept at the procedures.

The twin approach of equipping health providers with skills and educating beneficiaries through a listening approach yielded significant results within the first few years. As the Tunza franchisee numbers grew, so did the uptake of modern family planning, and particularly long term contraception options. Now confident and skilled, providers who had been averse to inserting implants were now recording double digit insertions per month where they had previously carried out a handful of insertions.

FP METHODS OFFERED (2008-2018)



THE METHOD OF MESSAGE DISSEMINATION CHANGED AND BARAZAS AND GROUP SESSIONS WOULD BEGIN BY STAFF ACTIVELY LISTENING TO WHAT THE COMMUNITY KNEW, FELT AND EXPERIENCED.



HEALTH PROVIDER
NEW KILIFI WANANCHI MATERNITY AND NURSING HOME
KILIFI COUNTY



LABORATORY TECHNICIAN
UKUNDA MEDICAL CENTRE
KWALE COUNTY



Pandora's Box

Within its first few years, the Tunza network had recorded significant growth, both in terms of numbers of franchisees as well as services delivered. With that came the need for enhanced record-keeping at facility level to track and monitor demand and supply of services, so in 2011, a comprehensive data recording system was put in place. Meanwhile, implementation had resulted in a nuanced understanding of the different metrics of quality of care that Tunza providers could benefit from. Quality was now initiated and monitored on multiple planes — it included everything from building the capacity skills of providers to addressing provider attitudes towards patients, which encompassed customer friendly services and ensuring timely services were delivered at an affordable cost.

As PS Kenya continued pushing for increased FP services uptake, their time in Tunza facilities sharply brought into focus the multifaceted nature of the client they were trying to serve. When the Tunza Network was developed, a persona was conceptualised to guide PS Kenya in designing the social franchise's offering.

IMPLEMENTATION HAD
RESULTED IN A NUANCED
UNDERSTANDING OF THE
DIFFERENT METRICS OF QUALITY
PROVIDERS COULD BENEFIT
FROM. QUALITY WAS NOW
INITIATED AND MONITORED ON
MULTIPLE PLANES...



TUNZA CLIENT | SARA

Central to this was that Sara's family planning needs could not be viewed in isolation from her other health needs. Sara's needs were broader than FP. She was also a mother whose children needed care, and as a family influencer, she determined the health seeking behaviour in her household. The original Tunza design did not incorporate these facets and a major turning point had been reached.

Following several internal discussions about a direction that was responsive to the needs of the people Tunza was built to serve, the PS Kenya leadership broadened the scope of the social franchise and sought financial support to test out a comprehensive franchise model. Typical of most innovation paths, it was the first, but wouldn't be the last time a course correction would be implemented in the Tunza Family Health Network.

An expanded suite of services was drawn up within the Tunza franchise to include cervical cancer screening and treatment, HIV counselling, testing and treatment, voluntary medical male circumcision, tuberculosis screening, diagnosis

referral and treatment, attended deliveries for safe motherhood, Integrated Management of Childhood Illnesses (IMCI) and screening and treatment of hypertension.

...THE PS KENYA LEADERSHIP BROADENED THE SCOPE OF THE PROGRAMME AND SOUGHT FINANCIAL SUPPORT TO TEST OUT A COMPREHENSIVE FRANCHISE MODEL.

Integration had become the new clarion call for Tunza in a bid to meet Sara's multiple and valid needs. Expansion of the Tunza service offering was made possible through the support of USAID and Africa Health Market for Equity (AHME) development partners.

SARA

SARA is the beneficiary that Tunza was created to serve. In essence, Sara is a woman of reproductive age, who has some financial resources that enables her a modicum of choice when it comes to healthcare. Sara values dignity, so quality of care is important to her. Sara is likely to live in a rural or peri-urban setting and relies on her community network for information and support.

Sara was a central part of Tunza's design from the beginning. However, as implementation continued, the team learned more about Sara than they had originally conceptualised.



JOYCE Wандери^{CEO, PS KENYA}

Instead of looking at Sara as a person who walked in for family planning services, we began to look the totality of Sara when she walks into Tunza. Are we being able to offer a one-stop shop? That's how Tunza became a holistic franchise, not just a vertical franchise, looking at one thing.



This expansion meant that the PS Kenya Tunza team had to systematically include the identified health areas into the franchise, meaning new training modules for providers needed to be delivered, expanded quality metrics were required and the Tunza staff makeup was enhanced according to the new service demands.

Partners in the public sector had with time come to understand the value that Tunza facilities brought to the health system in their localities and the mistrust that had been the hallmark of 2008 had developed into a fruitful partnership at systemic level as well as with individual facilities just a few years later.

Top of mind for most patients is an assurance of good quality of care when they seek medical treatment. Partnerships that advance this are an essential part of the equation that leads to success..



 **DR DANIEL WAINAINA**
DEPUTY DIRECTOR FOR MEDICAL SERVICES,
NAKURU COUNTY

One thing is that the staff of Tunza have been exceptional. They are people who've been able to interact with us as the Department of Health, as well as the private practitioners, and so brought our interactions very close to the extent that they have made us be one big community of healthcare providers and helped us appreciate the role each and every person is playing in health.

PARTNERS IN THE PUBLIC SECTOR HAD WITH TIME COME TO UNDERSTAND THE VALUE THAT TUNZA FACILITIES BROUGHT TO THE HEALTH SYSTEM IN THEIR LOCALITIES AND THE MISTRUST THAT HAD BEEN THE HALLMARK OF 2008 HAD DEVELOPED INTO A FRUITFUL PARTNERSHIP AT SYSTEMIC LEVEL AS WELL AS WITH INDIVIDUAL FACILITIES JUST A FEW YEARS LATER.



Services for Sara

By 2013 the following expanded service package was being rolled out across the 273 Tunza facilities that were in the network by then.



Family Health Services: Provision of primary care services curated for the experiences and expectations of all individuals. This includes promotion of healthy living and wellbeing, prevention of diseases, management of chronic diseases, counselling and psychosocial support for different demographic cohorts — men, women, youth.



Family planning: Reproductive health education, targeting men and women with information and commodities that helps informed decision making about birth spacing and family size.



HIV counselling, testing and treatment: An end-to-end approach to HIV and AIDS care and treatment that included education for prevention, counselling and testing for HIV, provision of antiretroviral regimens for HIV+ individuals and Prevention of Mother to Child Transmission (PMTCT) treatment for HIV expectant mothers.



Voluntary Medical Male Circumcision: provision of integrated, safe and accessible voluntary male circumcision services to contribute to the reduction of new HIV infections among men.



Safe Motherhood: Preparing women for a pregnancy journey that is informed, well managed and monitored. This included pre-natal classes, delivery in a facility and post-natal mother and infant health services.



Integrated Management of Childhood Illnesses (IMCI): a systemic approach to children's health which focuses on prevention and treatment of any illnesses that can affect children.



Cervical Cancer Screening and Treatment: targeted at women of reproductive health by educating them about cervical cancer as well as screening and treatment of pre-cancer lesions. Reinforcing and establishing referral mechanisms for bigger lesions or suspicious cases that require further management.



Tuberculosis Management: Support to reduce spread of tuberculosis through community engagement forums to create awareness and linkage to healthcare facilities for appropriate diagnosis and proper care management.



DR. DANIEL WAINAINA: DEPUTY DIRECTOR FOR MEDICAL SERVICES, NAKURU COUNTY.
WITH TUNZA STAFFERS CATHERINE MWURA AND RITA MWACHANDI



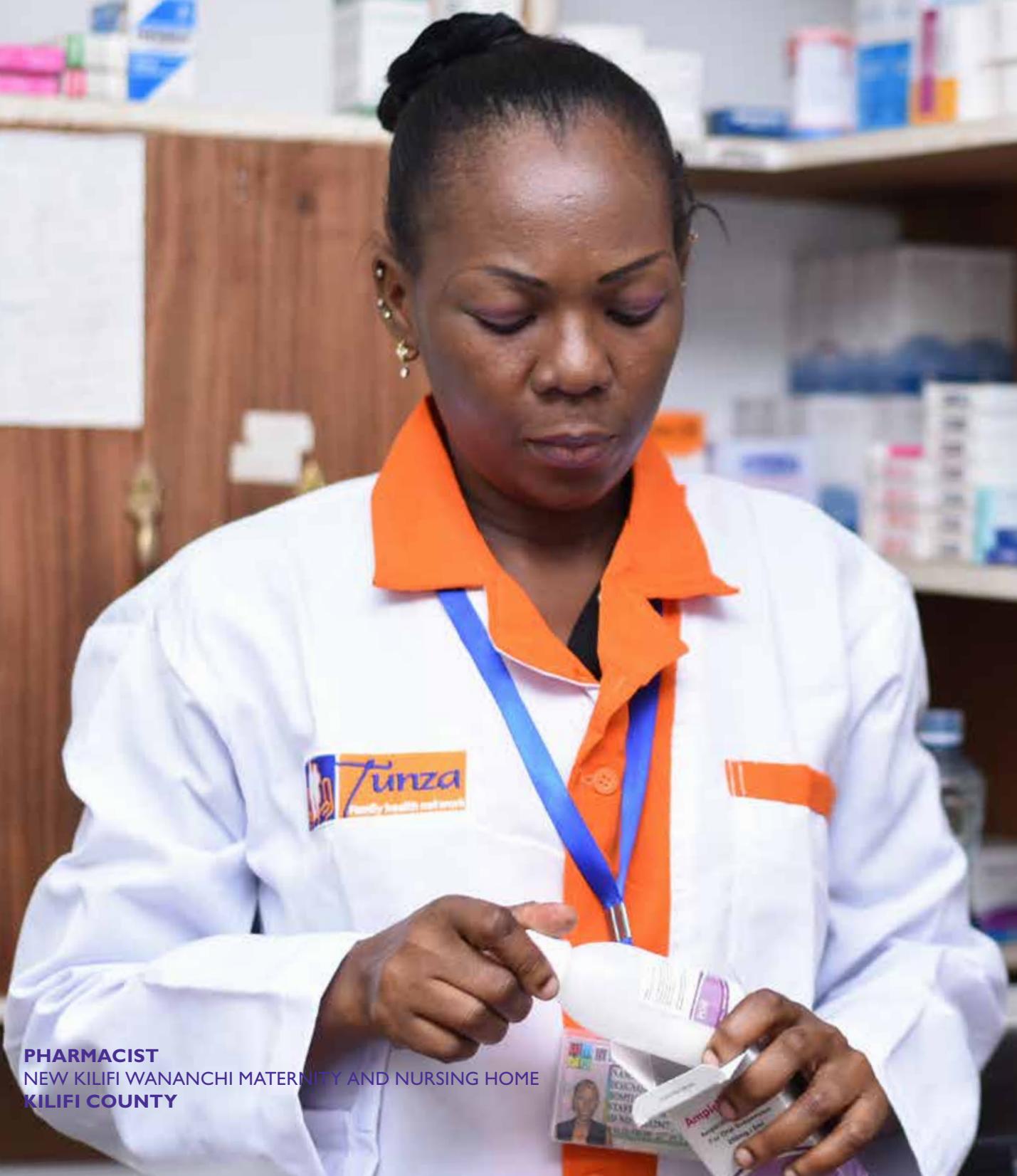
Partners in Progress

The reality that the private sector is a critical partner for national healthcare was starkly felt in 2017, when the public health sector was continually crippled with devastating health worker strikes. With health delivery as a devolved function, county health leaders had to find innovative ways to meet the needs of their constituents.

Grace Baya, Kilifi County Clinical Officer and County Malaria Control Coordinator, recounts how the county relied on a partnership with a Tunza franchisee, New Kilifi Wananchi Maternity and Nursing Home during this dark period. "We were at an impasse. Staff were not on duty because of the strike, but mothers were still having babies. We couldn't let them be at risk and die. We came to an agreement with New Kilifi Wananchi to provide services, as a county centre, even though we had no money to pay them at the time. Fortunately, the clinic management agreed to see patients based on a promise from the county to eventually pay, and for months we would send people in need to them. They were a Godsend."

"... FORTUNATELY, THE CLINIC TEAM AGREED TO SEE PATIENTS BASED ON A PROMISE FROM THE COUNTY TO EVENTUALLY PAY, AND FOR MONTHS WE WOULD SEND PEOPLE IN NEED TO THEM. THEY WERE A GODSEND."

A major policy agenda of the government is the implementation and achievement of Universal Health Coverage (UHC). County governments realise the importance of partnership in this area as well. "As we move towards universal health coverage, one of the most important things is to have a common road map and plans that are developed with the inputs of all partners, factoring in all health service providers," shares Dr. Daniel Wainaina, Deputy Director for Health Services, Nakuru County.



PHARMACIST
NEW KILIFI WANANCHI MATERNITY AND NURSING HOME
KILIFI COUNTY



Quality Defined

As PS Kenya began to respond to the new iteration of integrated services with the Tunza network, the role of quality assurance became even more critical to their work. The early years had shown that training and capacity building to enhance delivery of family

had invested in more staff in the Tunza quality team, it was clear that this was a behemoth task that could not be achieved by the organization alone.

As the focus on quality intensified, PS Kenya entered



planning made a significant difference in service uptake and client satisfaction. The challenge ahead was to build a holistic quality assurance programme that encompassed a comprehensive service offering.

Tunza staffers strove to drive understanding that quality improvement was a long-term process that required multiple forms of investment from health providers—time, finances and attitude change. While PS Kenya

into partnership with Pharm Access Foundation (PAF) in 2011 to help build a suitable comprehensive quality improvement process and plan for Tunza using PAF's SafeCare globally acclaimed model—an internationally accredited quality improvement programme that had benchmarks for facilities and a step-by-step plan for achieving new levels in the SafeCare Quality system, quality could now be monitored.

Tunza Quality Assurance (QA) Officers could now help health providers transform their clinics holistically in terms of infrastructure, data management, pharmacy standards, commodity management, on-job training needs and more. The network and its offerings was gaining traction and demand was increasing steadily as new providers sought to enter the network.

Providers in the Tunza network were witnessing an increase in numbers of patients attending their facilities on account of the sometimes minor investments they had made. Changes ranged from installing lighting and new chairs in patient waiting areas, to

receptions manned by smiling staff, to well stocked pharmacies within the facilities.

Improvement was not only along the line of clinical services, but covered the entire client experience. The most notable change of course was the Tunza branding. Once facilities had met the criteria to enter the network, a franchise contract would be signed between the two parties and a three-month probation period would begin. Facilities that were successful in meeting their obligations in the period would then receive the ultimate onboarding: their facilities would be painted with the vivid purple and orange colours that signified a Tunza franchisee.

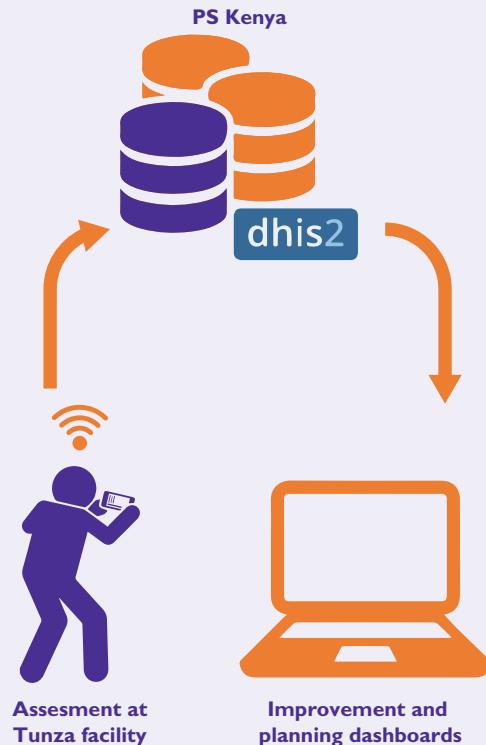


DIANA MWARANIA
QUALITY ASSURANCE MANAGER TUNZA

What's different about Tunza is that quality of health services comes before anything else. We don't look at the most polished of partners to work with. We start with them and walk with them through the quality improvement journey. With the improvements, growth begins to happen naturally. Next thing, patients want a lab, then more services, then the provider needs more rooms. We've seen growth from one/two rooms to hospitals — all on account of the investment in quality services.



STRENGTHENING DATA FOR DECISION MAKING USING HNQIS





Branded Tunza facilities would become a beacon for health — proudly signifying that patients would find a level of service that was synonymous with affordable, accessible good quality healthcare.



NANCY CHELULE

REPRODUCTIVE HEALTH SERVICES COORDINATOR
NAKURU COUNTY

Building Quality Together

Q: How long have you been collaborating with Tunza?

A: We've come a long way with Tunza. When they came on-board, it was to help register the private sector providers into the franchise and we partnered during their assessment to register the private clinics. Even before a clinic is accepted, there are some quality standards that they have to meet, and we are happy that Tunza came in to strengthen that.

Q: What are the main activities you undertake together?

A: Mainly joint support supervision where we visit clinics together to review the government-mandated standards. We assess where facilities are in meeting these standards, and if there are gaps, we work together with the service provider to bridge them based on what is expected and where they are at that time. There is a lot that has changed because initially, whenever government or any other supervisor would come, providers would actually close shop and run away. But now, they are ready to welcome us and have taken us through their facilities. We credit a lot of that cordial relationship to the work Tunza has done.

Q: Is there a specific difference you have witnessed on account of this quality collaboration?

A: Yes. For instance, our leading cause of complications for maternal and infant mortality is haemorrhage during delivery. If a provider is not prepared with what they require to resuscitate and support this mother; to stop the bleeding, or resuscitate the baby to start breathing as they are required to, then lives are lost. We have seen a lot of improvement in this area because providers now understand that those emergency items must always be ready, and they now have the skills and knowledge to intervene at the right time in the right way. Through Tunza we have conducted quite a number of trainings on emergencies, obstetric and new-born care, training that improves resuscitation. Many private providers had not had the chance to continue upgrading their training before Tunza came along. Health is dynamic and there are a lot of changes that happen within a short time.

Q: What excites you about the Tunza model?

A: The private clinics that Tunza supports are really at the community level, and so it's about taking services closer to the people. What I recall from the supervisions we have done with them — especially for maternity care and family planning — is that a big number of private clinics that are supported through Tunza are in areas like Kuresoi. In these places, facilities are far apart. That area, for example, is vast and also quite remote, yet the demand for services like contraceptives and maternity care in the Tunza facility has been high, meaning they are really performing a valuable service for many.

Something else that I have seen that Tunza has done is the job-aids and the guidelines. There are a lot of job-aids that really help the service providers. In case someone cannot remember something, there is a job-aid that they can very easily refer to — we see a lot of this in the Tunza clinics.

Q: What else about the partnership has proved useful?

A: Sometimes when we approach PS Kenya, they support us to do some of what we ought to be doing but are not able to do. An example is reviewing maternal and perinatal mortalities — the last review that we did in the county was done through the support of Tunza. We didn't just review what is in the private sector, but we reviewed all the mortalities that occurred in the county, and from there we were able to identify the quality gaps that are in all our facilities — both private and public. We looked across the board: from the household, the community, the facility, if it was a referral; to learn what we can do so we do not have another mother, or another baby, dying from similar circumstances.

I would really want to say that the partnership is quite good, very cordial and strong. I look forward to continuing working with Tunza.



RICHARD KARINGURI AND
QUALITY ASSURANCE OFFICER
PS KENYA

VIOLET KAWIRA NJUE
PROPRIETOR BOORES MEDICAL CLINIC
KIAMBU COUNTY

BOORES MEDICAL CENTRE
VIOLET KAWIRA NJUE
CEO



Innovation in Quality

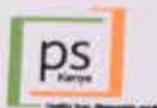
As PS Kenya continued to learn, recalibrate, expand and pivot, they were continually seeking ways to enhance their ability to track and monitor quality improvements. Since inception, quality assessments had been captured using paper forms, that were then reviewed by the team and feedback was then consolidated and sent back to providers. While the system met the expectations of data collection, the feedback to providers would take almost two months, meaning a loss of momentum and efficiency in terms of opportunity and will to improve. In partnership with Population Services International (PSI), PS Kenya invested in the development of a digital application that would offer quicker turnaround times for feedback and streamlined data management. Months of development led to the launch of the Health Networks Quality Improvement System (HNQIS), generally known as "HanKeys," in 2015.

Built on an Android platform, Tunza Quality Assurance Officers are now able to carry out their support supervision while keying in data on handheld tablets. By the end of the visit, the provider receives the clinic assessment report by email which includes an outline of the gaps that have been mutually identified, the areas of improvement and an action plan for the subsequent months. The app also includes videos which

are live demonstrations of actions to improve services. The immediate feedback mechanism has meant that changes are implemented soon after the assessment. Furthermore, the app provides a guided scoring system that takes into account the size of the facility, number of patients seen, and other parameters, ensuring that a bespoke quality improvement solution is given for each facility. The app also provides the Officers with the suggested timing for the next visit, helping with their own planning and prioritization of facilities that may benefit from more frequent review visits than others. HNQIS has become such an essential part of the Tunza quality journey that the innovation has been adopted by seven countries across Population Services International.

WHILE THE SYSTEM MET
THE EXPECTATIONS OF
DATA COLLECTION, THE
FEEDBACK TO PROVIDERS
WOULD TAKE ALMOST TWO
MONTHS, MEANING A LOSS OF
MOMENTUM AND EFFICIENCY...

The quality story, however, has been just one side to Tunza's approach to transforming clinicians. Another integral facet of the journey has been turning clinicians into business people and facilities into enterprises.



GoldStarKenya
Empowering communities for better health

**Top in Viral Load Review
Category One**

**NEW MWANANCHI AND
NURSING HOME**

**Best Performing Tunza P
in IMCI
Coast Region**

**NEW WANANCHI
MATERNITY &
NURSING HOME**



Promoting Excellence

As the Tunza Family Health Network evolved over the years, new revelations on how to incentivize and promote quality care became apparent. The pursuit of quality was at the center of the social franchise.

Ultimately this served the patients but one learning was that it unveiled to facilities a growth path that could be achieved over time and was also aspirational. Strong peer networks had formed amongst the providers and those with expanded offerings in their facilities or who had achieved a higher level on the Safe Care Continuum were open to sharing their lessons as well as acting as referral points for others in the vicinity.

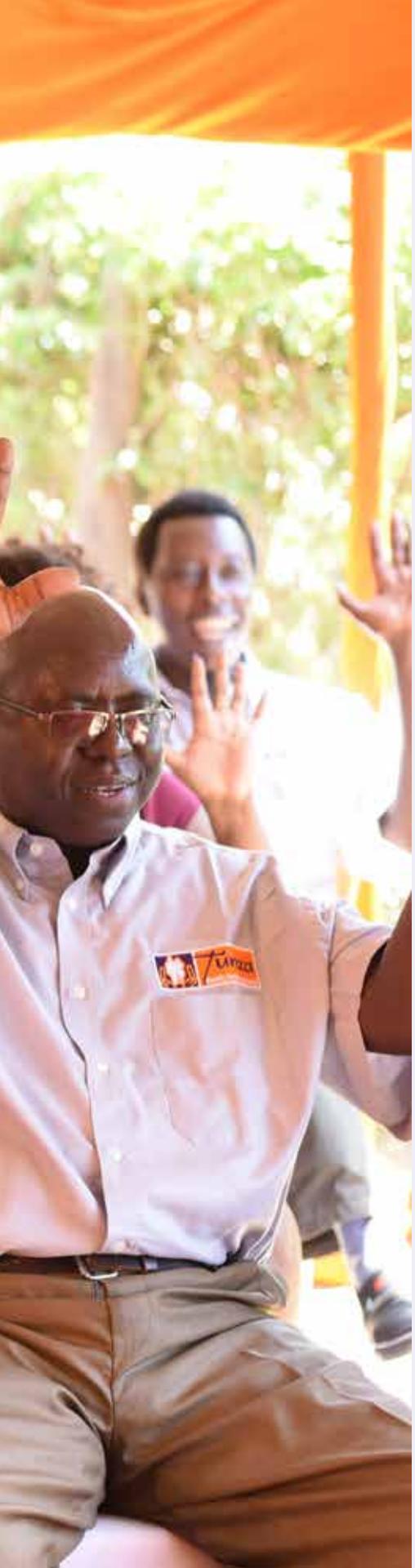
MORE THAN A CELEBRATION,
THESE EVENTS WOULD ACT
AS A “SOFT INCENTIVE” TO
OTHER PROVIDERS AS THEY
WITNESSED FIRST-HAND THE
IMPROVEMENTS THAT HAD
BEEN MADE BY PROVIDERS
SIMILAR TO THEM...

The strength of these interactions and learnings was eventually codified by the Tunza team into the Centre of Excellence concept in 2017. Facilities which had attained Safe Care Level IV, had robust business systems in place courtesy of the business programme and had embraced a culture of improvement and benchmarking. They were now assessed against a new set of criteria and invited to become a Centre of Excellence.

After successfully going through a rigorous assessment review, the Centres would be officially launched in a colourful ceremony that involved the facility staff, Tunza providers from across the country, Tunza mobilisers, representatives from the county health departments and Tunza team members from PS Kenya. More than a celebration, these events would act as a “soft incentive” to other providers as they witnessed first-hand the improvements that had been made by providers similar to them, who had access to the same resources and used them to effective ends.

The Centres of Excellence programme has already recognised 16 facilities with the award with several more facilities now vying for the esteemed recognition.





Building Sustainable Health Enterprises

THE TUNZA CREDO:

Friendly, quick and affordable services offered by qualified health service providers.

While PS Kenya continued to roll out supportive services that enhanced the capability of providers to offer increasingly high quality healthcare services, a new concern emerged. Most facilities were being run by healthcare providers, individuals who were trained in clinical medicine, but understandably, not in management sciences. The potential of the facilities to grow and thrive as business entities was compromised by inadequate business skills on the part of these owners.

Determining the cost of lab tests, knowing the right mark-up for pharmaceuticals, forecasting for staff growth, or even determining the ideal rent to pay on a premises was often a guesstimate based on what the competition was doing or what resources were available to the providers as opposed to what the business could ostensibly support or invest in. From its own experience with operations as a social enterprise, the gap was apparent to PS Kenya and a new pillar—Business Development Program was established in 2012 as part of the essential support package available to Tunza franchisees.

The first step was to bring the requisite skills into the Tunza team to deliver the programme, and for

this PS Kenya looked to the financial sector, hiring Business Advisors who had previously worked with banks, insurance and fintech companies.

THE GAP WAS APPARENT TO THE TUNZA TEAM AND A NEW PILLAR—BUSINESS DEVELOPMENT PROGRAM WAS ESTABLISHED IN 2012.

This new team was divided into regions and deployed to start engaging with providers. First though, they had to understand the extent of provider needs and what they found confirmed their assumptions. Many providers were operating without the most basic of financial systems. Money would be collected from patients and used the same day to buy drugs and other consumables, or pay for a portion of their rent, or on electricity and water bills. It was found that few businesses had their own bank accounts, many were operating without a business name, and thus had no financial history that could be used to the advantage of the institution to unlock relevant financial products.

The first step for the Tunza Business Advisors' was one-on-one sessions to understand the concerns,

VIOLET KAWIRA NJUE
PROPRIETOR BOORES MEDICAL CLINIC
KIAMBU COUNTY





reservations and fears that the providers had. These ranged from a lack of awareness about financial business management wariness about tax exposure and assumptions that their businesses were not robust enough to require any sort of "financial system." Through conversations, mentoring and training sessions, the Business Advisors patiently educated the providers on the advantages of opening bank accounts, on the value of carrying out cost analysis for different services of their business, on effective HR management principles and proper bookkeeping and accounting. The aim was to ensure that the investments that had been made in building high quality services would not be lost, but rather optimised, allowing franchisees to flourish. Meanwhile, these investments allowed for more streamlined processes that increased the likelihood of accreditation by NHIF and other insurers. The number of patients attended to increased exponentially as a result of affordability of services and access for NHIF members.

As with the quality programme, PS Kenya works with a number of partners to provide a high level value proposition to Tunza providers through its business program. These partnerships have been instrumental in enabling small scale providers to gain access to cutting edge equipment, to be accredited in the NHIF program and to reap the benefits of being part of a network with global reach. True partnership is best exemplified when different parties bring their top strengths towards the resolution of a problem or in working towards a common cause. This was certainly the case

when PS Kenya began working with the NHIF to resolve the challenge of accrediting private sector providers.

THROUGH CONVERSATIONS, MENTORING AND TRAINING SESSIONS, THE BUSINESS ADVISORS PATIENTLY EDUCATED THE PROVIDERS ON THE ADVANTAGES OF OPENING BANK ACCOUNTS, ON THE VALUE OF CARRYING OUT COST ANALYSIS FOR DIFFERENT SERVICES OF THEIR BUSINESS, ON EFFECTIVE HR MANAGEMENT PRINCIPLES AND PROPER BOOKKEEPING AND ACCOUNTING. THE AIM WAS TO ENSURE THAT THE INVESTMENTS THAT HAD BEEN MADE IN BUILDING HIGH QUALITY SERVICES WOULD NOT BE LOST, BUT RATHER OPTIMISED, ALLOWING FRANCHISEES TO FLOURISH. MEANWHILE, THESE INVESTMENTS ALLOWED FOR MORE STREAMLINED PROCESSES THAT INCREASED THE LIKELIHOOD OF ACCREDITATION BY NHIF AND OTHER INSURERS. THE NUMBER OF PATIENTS ATTENDED TO INCREASED EXPONENTIALLY AS A RESULT OF AFFORDABILITY OF SERVICES AND ACCESS FOR NHIF MEMBERS.



Our strength then, was really around quality services and investing in the skillsets of the providers, but we needed business people who thought with a business mind. We needed people with a skillset in business to create a business program, and start training the providers on business skills. So a lot of the new employees were from the private sector, commercial banking sector as well, professionals who had provided training on business skills or had worked in a commercial environment and thus understood the needs.



KENNETH IRERI

PROPRIETOR UKUNDA MEDICAL CENTRE
KWALE COUNTY

Growing a Service, Growing a Business

Kenneth Ireri is all about standards. As he sits in his pristine office at the modern Ukunda Medical Centre, he speaks with urgency and frankness about his transition to private practice. "I was working at a public facility in Malindi when a terrible accident occurred in the area; almost thirty injured people were brought in. After attending to just a handful of patients, my personal supply of gloves and sutures ran out. With no supplies or instruments, we watched helplessly as people died. We could have saved them if we had the right tools." For the intrepid Clinical Officer, it was a turning point. He left the public service soon after and opened his own facility, determined to build a health facility that would not be at the mercy of insufficient tools.

In 1997, Ukunda Medical Centre opened its single door. It was a modest beginning with all services hosted in a single room—consultation, triage, pharmacy and payments all clustered together under Ireri's watchful eye. Growth in the early years was slow, with the focus on provision of health services as the central tenet. Thinking of the centre as a business enterprise never crossed Ireri's mind. "One of the biggest mind-shifts for me was the idea of cost analysis. We used to do malaria tests at 100/- because that was the going rate in the area. I had never thought about what it costs to provide the service until the Tunza

Business Advisors team took me through training. I was shocked to learn that I had been operating my facility as a charity!"

GROWTH IN THE EARLY YEARS WAS SLOW, WITH THE FOCUS ON PROVISION OF HEALTH SERVICES AS THE CENTRAL TENET. THINKING OF THE CENTRE AS A BUSINESS ENTERPRISE NEVER CROSSED IRERI'S MIND.

Tunza works primarily with medically-trained providers to help them transition into understanding, embracing and ultimately, deploying a business outlook so their facilities can grow both in terms of quality of care provision through continued investment in upgrades and be financially sustainable so they can continue serving their communities. "I remember, when Tunza started working with me in 2008, they promised three things —quality improvement, continuous medical education and commodity support. I'm glad to say that all have been delivered."

With its airy, light-filled rooms made of glass and white prefab material, today Ukunda Medical Centre is a shining example of a facility that is guided by high standards. In 2017, the centre was awarded Centre of Excellence status based on its adherence to quality as prescribed through the SafeCare programme. A private, drug-dispensing area is balanced by an active, digital patient management system. Sustainability has been ushered in through traditional and more innovative ways, such as Tunza negotiating the discounted purchase of solar systems for providers. "When I heard about the opportunity to buy a solar system I jumped on it because electricity bills are very high here in Kenya and we have sunlight all-year-round. The system I have is so efficient that now the electricity from the grid serves as the backup; my costs were slashed by almost half, meaning I could repurpose that money for drugs. It's been the same with bulk purchasing of drugs—the savings we have made means that our money can be used for expansion of services and bringing in more staff. Ukunda Medical Center has grown through better business management — staffing is fit for purpose, actual costs of the business are reflected in the fees charged to patients, a significant number are capitated to the centre and the lab and diagnostic services have increased income to the facility. The transformation continues ...



GEORGE BOORE
BENEFICIARY BOORES MEDICAL CENTRE
KIAMBU COUNTY



The Advent of Supa Cover

Kenya's National Hospital Insurance Fund (NHIF) is the largest insurer in the country and is designated as a social health insurer. In the transition from an insurer that provided mandated membership for those in the formal sector, NHIF needed to encourage people in the informal sector to purchase health insurance of their own volition.

In 2016, new outpatient services, including a host of diagnostic and chronic medical care treatments, were gazetted as NHIF offerings, but ordinary wananchi were unaware of the benefits that came with registering as NHIF members. With funding from AHME, PS Kenya was able to partner with NHIF to expand access to care and reduce catastrophic expenditures from healthcare amongst Kenyans in the informal sector through an integrated marketing and communication strategy. The arrangement was that NHIF would provide key benchmarks that needed to be achieved across the country, and PS Kenya would bring its considerable expertise in public health marketing and Behaviour Change Communications to help create awareness and increase registrations.

Through a communication campaign, dubbed SupaCover, PS Kenya spearheaded a customer education drive using mass media and grassroots activations around the country. The team went on the road, moving from county to county, interacting with citizens and literally "ramping up the hype" and spreading the word on the reorganised and expanded service offering. With SupaCover, being an easy to remember, catchy and self-explanatory name, social health insurance finally made a connection with ordinary people. From the roadshows and advertisements, SupaCover was a product that suggested incredible value for money in a nation where contributions for medical expenses had become a normalised safety net.

... BUT ORDINARY WANANCHI WERE UNAWARE OF THE BENEFITS THAT CAME WITH REGISTE RING AS NHIF MEMBERS.

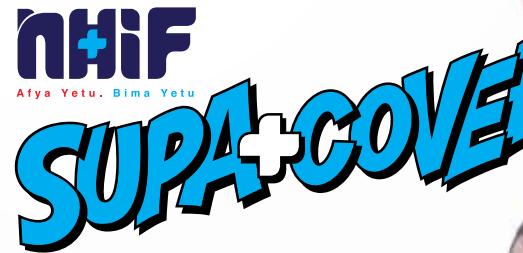
The seven-month long awareness campaign targeting everyone from farmers, fruit vendors and fishmongers resulted in increased NHIF registrations. Including re-activation of lapsed memberships, this translated into about an additional million Kenyans covered by the scheme within the campaign period. Data from the next four months continued to show a significant increase in new members opting into the scheme. The name that had been a catalyst — SupaCover was so popular that NHIF team decided to keep it as the official moniker.

The partnership was unique in that NHIF allowed PS Kenya to drive the campaign while NHIF, on the other hand, used their footprint to support registration countrywide when demand shot up, ensuring that there would not be any challenges of unmet demand.

SupaCover continues to be a flagship product that enable Kenyans to access several services.

Of note, NHIF does not provide healthcare services, so even with increased registration, only part of the puzzle was complete. The next step was ensuring access to services by increasing the number of providers accredited by NHIF who would serve these fast-growing numbers.

THE SEVEN-MONTH LONG AWARENESS CAMPAIGN TARGETING EVERYONE FROM FARMERS, FRUIT VENDORS AND FISHMONGERS.....



To register for NHIF SupaCover, dial *263# on your phone, visit www.nhif.or.ke

[www.nhif.or.ke](#) [@nationalhospitalinsurancefund-official](#) [@nhif](#)

R



**Be a health hero
for you & your family**

- ◆ Out-Patient
- ◆ Maternity package
- ◆ In-Patient
- ◆ Renal dialysis
- ◆ Chronic illnesses covered
- ◆ No age limits

FOR JUST
KSH 500 /-
A MONTH

www.nhif.or.ke or go to your nearest NHIF branch or Huduma Centre.

nhifkenya

A photograph of a woman at a fruit stall. She is wearing a colorful headwrap and a patterned top, holding several fruits in her hands. Behind her is a large pile of various fruits like mangoes, watermelons, and carrots. The NHIF logo and the words "SUPA+COVER" are overlaid on the top left of the image. The same promotional text and logo are repeated on the right side of the image.

To register for NHIF SupaCover, dial *263# on your phone, visit www.nhif.or.ke or go to your nearest NHIF branch or Huduma Centre.

www.nhif.or.ke

[nationalhospitalinsurancefund-official](#)

@nhifkenya

NHIF SUPA Cover communication and marketing campaign developed in partnership with PS Kenya.

AIC. MULANGO HEALTH CENTRE

24
HRS

LAB

OHIF



Increasing Service Points NHIF

Since 2015, PS Kenya had been working with NHIF with the singular goal of accrediting as many private providers as possible and normalizing the idea of small scale providers as ideal NHIF partners. The approach had two pillars — the first was advocacy directed towards NHIF to make the case for redesigned criteria that would encourage the accreditation of small and medium sized facilities. This included negotiating for lower joining fees for accredited status, and revised frameworks governing staffing structures for facilities. The second pillar was anchored in building the quality of services that they provided as part of their accreditation readiness. The Tunza quality team would work with providers to help them understand and apply for the various licenses they needed; build diagnostic services, and embed customer service procedures.

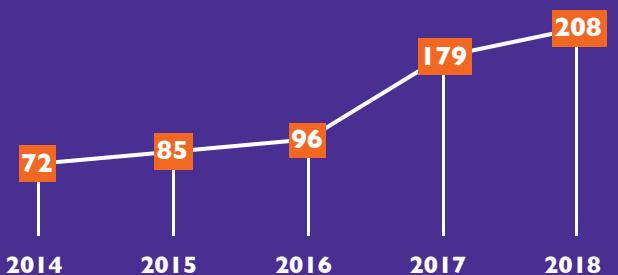
**50% OF TUNZA FACILITIES
ARE NOW ACCREDITED WITH NHIF**

By working with providers along the five-pronged quality approach, Tunza franchisees were able to not only meet, but also implicitly prepare themselves for accreditation with NHIF. Over 95% of Tunza facilities that have undergone the quality enhancement programmes provided by the quality system received NHIF accreditation on their first application. Through years of working with Tunza facilities, NHIF has come to recognise the standards required to stay within the franchise which enables them to make faster decisions regarding onboarding Tunza franchisees. It's a win-win approach that ultimately serves the beneficiary that all partners are trying to reach — the patient.

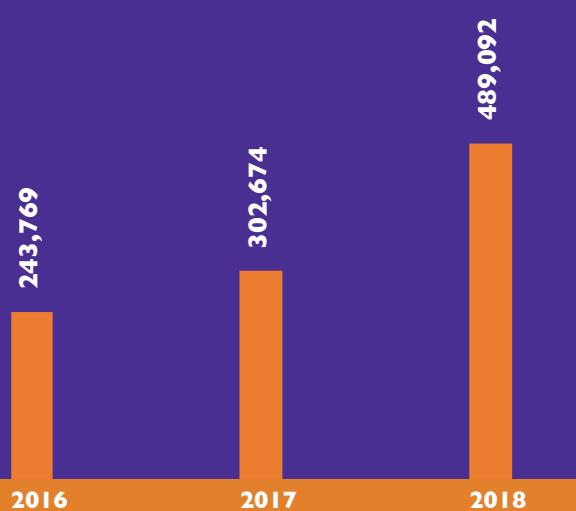
THIS INCLUDED NEGOTIATING FOR LOWER JOINING FEES FOR ACCREDITED STATUS, AND REVISED FRAMEWORKS GOVERNING STAFFING STRUCTURES FOR FACILITIES.

THE ROAD TO UNIVERSAL HEALTH COVERAGE (UHC)

50% OF TUNZA NETWORK FACILITIES
ACCREDITED BY NHIF



OVER 480,000 NHIF MEMBERS
CAPITATED TO THE TUNZA NETWORK

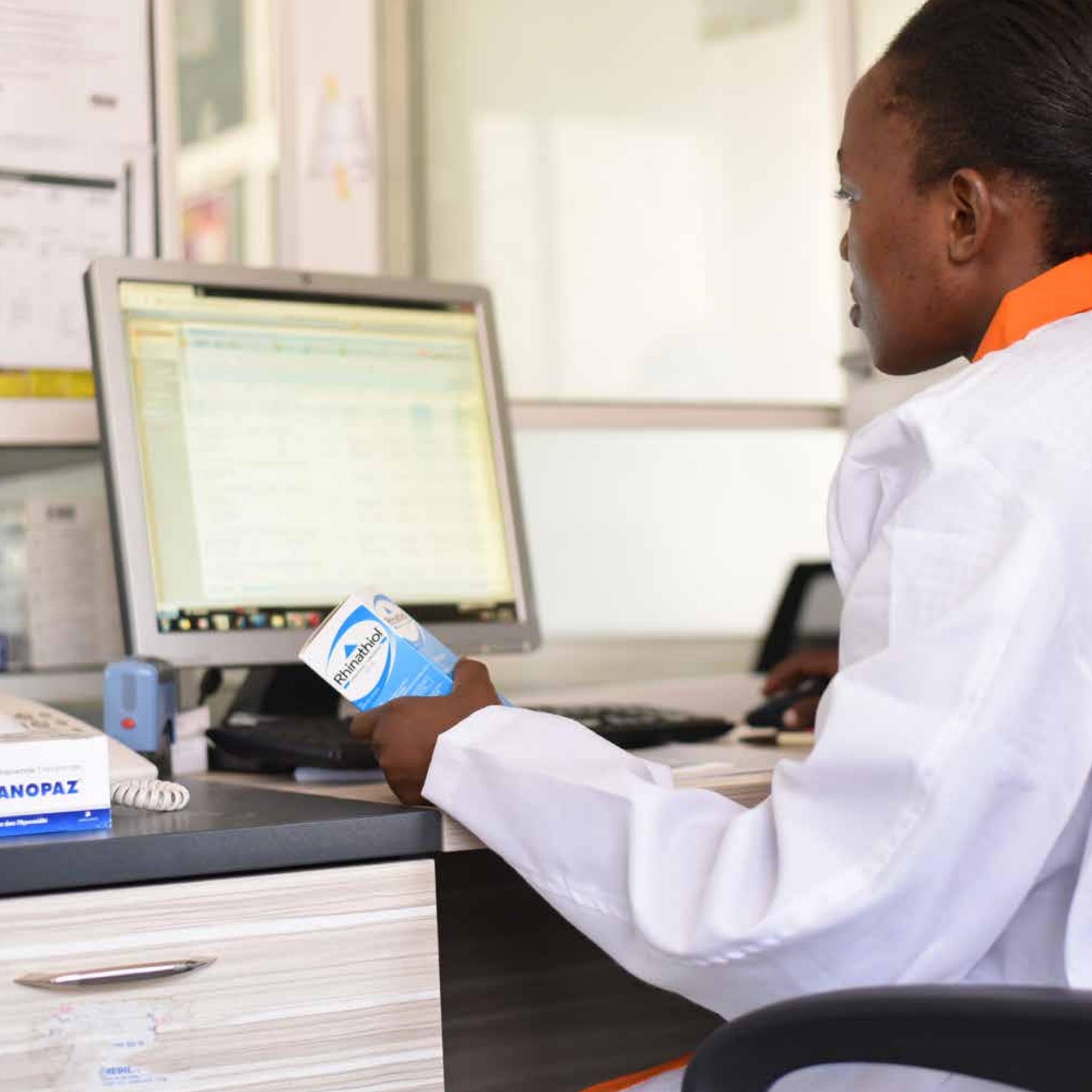




Universal Health Coverage (UHC) has steadily been gaining traction as a viable model of increasing access to, providing financing for and delivering equitable health services across the globe. Endorsed as a UN resolution in December 2012, UHC is now finding its home nationally as part of the current government's Big Four policy agenda. Kenya has the distinct advantage of a national insurance fund that can accelerate the achievement of this goal. An estimated 15 million people were under cover in 2017, mainly those in the formal sector which NHIF had been originally mandated to cover. Products like SupaCover have been instrumental in serving Kenyans who are in the informal sector and registrations will likely continue as more people learn of the advantages that the cover provides.

A significant challenge is ensuring that, once one has a card in hand, there is an easily-accessible facility that can provide quality services on-demand. Tunza's work in increasing the number of providers who are accredited by NHIF and, therefore, available for the public to receive services from, has been instrumental in the path towards UHC.

KENYA HAS THE
DISTINCT ADVANTAGE
OF AN ESTABLISHED
INSURANCE
FUND THAT CAN
ACCELERATE THE
ACHIEVEMENT OF
THIS GOAL.





Towards Sustainability

Since its inception in 2008, the Tunza Family Health Network was generously funded by several donors keen on widening the scope of actors who delivered health services. Tunza donors over the years have included; Large Anonymous Donor (LAD), USAID, DFID, Bill and Melinda Gates Foundation and Africa Health Markets for Equity (AHME). By 2015 however, the donor landscape globally was beginning to change. Overall spending on foreign aid was set to reduce in coming years, and the quest for truly sustainable programmes had become a central conversation for funders in health, as well as other sectors.

Aware of this evolving landscape, PS Kenya began brainstorming internally around how to turn the lessons of the first seven years of Tunza into a long-term, sustainable initiative; the business programme had perhaps given them the greatest insights to a possible next step.

Many of the small-scale providers had grown their facilities significantly since joining the Tunza network. The growth was visible in some moving to larger premises, increasing the number of patients they served, the number of staff they had on payroll, and in their balance sheets. Investments in new diagnostic equipment ranging from laboratories to full-scale operating theatres pointed to this growth as well.

The providers who were enrolled in the business programme provided specific metrics that showed that the facilities had indeed moved up the chain to being strong enterprises from a financial standpoint. The providers had taken it upon themselves to form their own forums as a way to encourage and inform each other; in essence, building a network within the Tunza network that was self-propelled, peer-informed and user-defined.

THE TUNZA TEAM BEGAN BRAINSTORMING INTERNALLY AROUND HOW TO TURN THE LESSONS OF THE FIRST SEVEN YEARS OF TUNZA INTO A LONG-TERM, SUSTAINABLE INITIATIVE.

In many ways, the value of Tunza to the providers was clear — which led to the question:

Would providers be willing to pay for a package of growth-oriented services that Tunza could provide?

Exploration around this question began in earnest in 2016. PS Kenya engaged a consultant team which spent time with providers in the network, learning which pain points offered a potential entry to a more nuanced programme of support. By the end of 2017, a business model that was provider-informed was developed.

The result of the business model became Tunza Platinum, a new service that would be funded by member contributions and that would offer services themed around five core value proposition pillars:

1. Improved business systems including; business advisory services, automation through a clinic management system that would capture both clinical and managerial components and linkage to affordable business financing to fund business expansion.
2. Marketing, including facility branding, community-based marketing highlighting available high-quality services that would be offered by Platinum members, thereby

promoting demand.

3. Quality improvement support to enhance health outcomes through onsite supportive supervision and clinical training.
4. Pooled procurement of medical supplies that would harness economies of scale and bring down the cost of drugs significantly.
5. Insurance aggregation — collaborative negotiation for payment of insurance claims and reimbursements.

The task was now to find out whether there was willingness to pay by providers, and if so, at what threshold. After interviewing over a hundred providers, they learnt that indeed the providers were ready to invest in a support function. From their perspective, the value the network brought far outstripped the modest fees that had been proposed. An initial set of 63 facilities were selected and confirmed for the pilot of Tunza Platinum. They would be the vanguard for the next step of the Tunza journey.

 **RITA MWACHANDI**
SENIOR BUSINESS MANAGER

We need to be cognisant that the health facility is a business in its own right, that provides a crucial service to the community. We need to ensure that the provider is there for the long term to continue serving that community — that's why we are interested in their commercial success.

 **KENNETH IRERI**
DIRECTOR - UKUNDA MEDICAL CENTRE

If you look at the advantages you're going to get from being a Platinum Member and you try to weigh those advantages against the subscription fee, the subscription fee really is nothing. I've struggled with insurance companies which did not pay for one year. Now, if you're paying a bank overdraft, you're paying a certain percentage for your bank overdraft of unpaid money, it is much more than the subscription fee we are going to be paying. So, for me, the fee is not a challenge, it is not something to think twice about.





JMK 26/02/2015
LUMBELE HOPITAL





HARRISON FONDO

PROPRIETOR AND HEALTHCARE PROVIDE NEW KILIFI WANANCHI MATERNITY AND NURSING HOME
KILIFI COUNTY



The Road to Excellence is Paved with 27 Years

Harrison Fondo first became interested in the medical field when his future father-in-law cured him of a persistent ailment. It was a defining moment for the young man thinking about his future in the mid-1970s. Fondo went on to pursue his certification as a Clinical Officer. From there, he went on to practice in his home town, Kilifi, serving in the public health system for several years before branching out on his own in 1997. The decision was an unusual one, given the security of tenure one finds in the Public Service, but Fondo yearned for something different.

He recalls starting off with a one-roomed consultation practice, opposite a physiotherapist who would provide auxiliary services to his patients. After a short while though, he found himself alone, his colleague had thrown in the towel, frustrated at the lack of income and the long hours of private practice. Fondo was undeterred, even though he faced the same challenges. In 2013, he engaged with the Tunza Family Health Network team for the first time and a cord was struck. He was keen to grow his facility — New Kilifi Wananchi Maternity Home, but his clinical background had not adequately prepared him for the intricacies of business growth. In fact, his first foray into providing radiology services was a costly mistake with the power cuts that plagued the sleepy coastal town ruining his expensive investment.

As a recipient of continuous medical training that was coupled with business skills, Fondo was finally in the position that he had yearned for many years before — growing the skills of his staff to provide excellent care, and being able to invest prudently in a growth plan that was financially viable and suited to his environment. From humble beginnings, New Kilifi Home has grown its staff complement substantially, has three inpatient wards, an operating theatre, fully-staffed pharmacy and lab and to top it all — coveted status as a Tunza Centre of Excellence.

Fondo is clear about the future. He has built a thriving family business where two of his adult children work, with the aim of building a foundation of affordable quality health services in Kilifi, but leaving a family legacy that can continue to be stewarded beyond him. The road may have been long, but the path to sustainability is never simple.

MORE THAN A CELEBRATION,
THESE EVENTS WOULD ACT
AS A "SOFT INCENTIVE" TO
OTHER PROVIDERS AS THEY
WITNESSED FIRST-HAND THE
IMPROVEMENTS THAT HAD
BEEN MADE BY PROVIDERS
SIMILAR TO THEM...



GRACE MUMBI
TUNZA MOBILIZER
SILIP - LAikipia West



The Future of the Franchise

With a decade of experience, service and learning the Tunza family health network stands on the precipice of an exciting future. After ten years, the number of franchisees stands at 415 facilities. Based on the experience gained over its decade of implementation, over 60 facilities signed up immediately for Tunza Platinum — the member-driven subscription service that is in its first year of testing. Tunza's established value is the sole reason for this continued belief in what the social franchise can do for them in the future. With over 3.5 million clients being served at network facilities each year, the capacity for impact through the provision of quality services becomes tangible — the result is lives saved, quality of lives improved, livelihood options unlocked and overall wellbeing achieved.



AFTER TEN YEARS, THE NUMBER OF FRANCHISEES STANDS AT 415 FACILITIES.



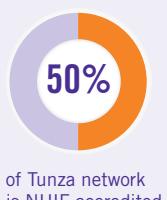
SYLVIA WAMUHU

DIRECTOR OF PARTNERSHIPS AND FRANCHISING

What excites me about the future of Tunza is that we are taking a sustainability journey and this franchise will actually manage itself, and get all its resources from providers or create systems whereby each will be able to get enough resources to continue supporting the franchisees. The private sector needs a strong entity to support them and we're seeing the Tunza franchise as being that entity that will actually promote the agenda of the private sector and enhance the notion of Private Public Partnerships. Tunza is the pioneer of thinking about driving the agenda of the private sector forward, and in particular from the perspective of the small private provider.

As Tunza looks to its next decade of operation, transitioning to a self-funded entity is a central to its future. Analysing and understanding the financial viability of the network as a social enterprise is a key offering that will unlock new paths for investment in private health services in Africa — no mean feat given that such investment will likely increase the footprint of quality care. Having established the standards for delivery, innovation and quality that are necessary benchmarks for healthcare delivery success, the future is looking incredibly bright.

Tunza at 10



*Thank you to our
Donors and Partners!*

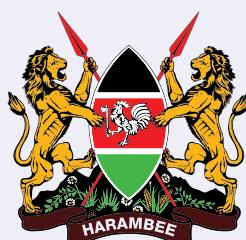


USAID
FROM THE AMERICAN PEOPLE

Health
Communications
and Marketing



BILL & MELINDA
GATES foundation





A decade of transforming lives through quality health care



A Decade of Impact



CONNECT WITH PS KENYA

2nd Floor, Wing B, Jumuia Place, Lenana Road | P.O Box 22591- 00400, Nairobi
Tel: 020 271 4346 | 020 271 4354 | 020 271 5096 | 020 271 5104 | 020 271 5098 GSM: 0722 203 199 / 0733 363 630.
Email: info@pskenya.org



www.pskenya.org



PSKenya



PSKenya



PS Kenya