

# SCALING SOLUTIONS TOWARD SHIFTING SYSTEMS

## Scaling Impact toward Systems Change: Exploring Good Health for All in Kenya July 9-10, 2019

### Background to the Event

This event is a part of Rockefeller Philanthropy Advisors' [\*Scaling Solutions toward Shifting Systems\*](#) initiative, which encourages funders to work collaboratively to place longer-term, more adaptive and responsive resources with grantees and investees to enable them to scale their solutions and impact toward pressing problems, and contribute to positive systems change around those challenges.

This initiative was launched in 2016 by Rockefeller Philanthropy Advisors (RPA), the Skoll Foundation, and a committed group of Steering Group members from the Skoll, Ford, and Draper Richards Kaplan Foundations and Porticus. Since then we have completed research and convened events with funders and grantees in the US, Europe, Africa, Asia, and Latin America.

On this learning journey, in 2017 we dove into an inquiry on practices and behaviors funders should adopt to support scaled solutions and impact. Interviews and analysis with dozens of organizations resulted in five recommendations that have resonated with our peer funders: SCALE. In summary, SCALE is when philanthropic funders *Streamline processes; Collaborate more and better; Accelerate progress through non-monetary support; Learn about systems change; and Empower grantees*. Our second-year report in late 2018 illustrated how and why funders are 'walking the talk', and provided case studies of funders in collaboratives aimed at systems change. This second report included 7 key findings, including that collaboratives can be more effective and rewarding than doing it along, that shared alignment and expectations matter for success, and that proximity to issues and populations facilitates responsiveness.

In 2019, we explored more deeply what collaborating for systems change looks like in a particular geographic area on a specific theme, in order to help funders understand the importance of local

context and partnerships. We started with Kenya and focused on health and the determinants of health. Agenda 2030 – the Sustainable Development Goals (SDGs), includes Goal 3: *Ensure healthy lives and promote well-being for all, at all ages*. Within that goal, target 3.8, which is also an aim of the Government of Kenya and many others, is to *Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all*.

For Kenya and most countries, achieving this goal requires greatly scaled-up solutions and impact and having at least some philanthropic funders adopt a systems approach, not least addressing deeper root causes; shifting mindsets and behaviors; supporting improved policies and implementation of those policies; and understanding and addressing power dynamics. At the same time, strengthening individual organizations' ability to scale their work positions them better to shift systems through 1) capacity strengthening, 2) improving direct service delivery, 3) advocating for better policies and practices, 4) changing behaviors, social norms, and mindsets, and 5) improving quality and access to facilities. Additionally, this can mean wider sector changes in order to create a more enabling environment for such scale of innovative solutions to take place.

In our initiative, we have posited that for grantee or investee partners who have the intent to scale solutions and impact, funders can best support them not only by following the SCALE recommendations above, but also by supporting them, as appropriate, in connecting with larger, more influential system actors. Ideally, this would enable long-term partnerships beyond individual events.

A surprising finding in the first year of Scaling Solutions through most of our grantee interviews was that these organizations generally find they understand and do systems change better than their funders, and moreover, have much stronger connections with government bodies, UN agencies, and the business sector. In fact, we have seen that virtually all of the organizations who are scaling solutions and impact acknowledge the importance of working with governments (and sometimes the UN) to achieve their goals, even as some of their funders disparage working with governments or the UN. On the other hand, many other organizations and funders work entirely independently from larger system actors, and arguably have less scaled impact because of that.

At RPA, through the [SDG Philanthropy Platform](#) that we co-lead with the United Nations Development Program (UNDP), we have seen how powerful it is to foster an active ecosystem in focus countries. Through this, grantees, social enterprises, governments at different levels, the UN, business, and philanthropic funders solve problems together. The Platform calls this the Collaborative Pathway approach (see diagram below). In this, a common thread is using the SDG framework in ways that focus on a given country's priorities. Funders, civil society organizations, government agencies, and businesses opt into this process, and what results is a network of very collaborative individuals and institutions. In Scaling Solutions we don't automatically use the SDG framework, but in our country "deep dives", like the one in Kenya, we focus on the nexus of nationally-prioritized SDGs that are a major impediment to broad-based human development and what our Scaling Solutions stakeholders are prioritizing.

# SDG Philanthropy Platform Collaborative Pathways: The Platform's Flagship Approach at Country Level



## Learnings and Outcomes from Pre-Workshop Research

We interviewed about 20 stakeholders - funders, NGOs, government representatives, bilateral funders, and UN agencies - to learn their perspectives on scaling solutions and impact as it relates to health and determinants of health in Kenya. The interviews covered approaches to addressing problems, engaging with or thinking about the work at the systemic level, and impediments and risks. Common themes emerged from the interviews, which included collaboration, financing, coordination, and resources. We grouped responses to illuminate alignment and opportunities to resolve any challenges through partnerships. We also highlighted what interviewees believe is needed to create systems change, and how the philanthropy sector needs to change. A range of responses, shared at the workshop as a starting point, is included below.

### What government representatives told us in interviews

#### Collaboration

- We know we must collaborate with other non-State actors.
- People work in silos (health, agriculture, transportation), and government needs to be more interoperable and more open.
- We have to take the time to co-create amongst government entities. Championship itself does not create resiliency.
- We need behavior change in terms of looking at funders as more than an ATM machine, and engaging citizens to co-create plans and solutions, not just be recipients.
- The problem is the egos, not the work.

### **Resources (monetary and non-monetary)**

- Key issues include how the National Insurance Fund operates; government budgets for health; balancing the national versus county levels; and emergency response capacity within the government.
- Funders should support local organizations, but we recognize that local organizations often have trouble accessing government themselves.
- CSOs often come to advocate, but they need to offer their support – we need their professional input, not just coming as vendors.

### **Coordination**

- Primary health care (community-based) is first window established as a critical driver working with other stakeholders toward achieving Universal Health Coverage in line with Kenya's Big 4 agenda, SDG3, and UHC roadmap.
- We are looking at new uses of data. Data allows conversations.
- It is a priority to invest in coordination. It is a mixed picture in terms of health delivery. We need to do better as government by 1) building capacity to do preventive health care, and 2) have better data systems (e.g., for better surveillance).

### **Learn from best practices**

- CHWs have crucial local experience and are a key to the health system.
- We have great examples to learn from like Makueni County.
- CIFF has been an exemplary philanthropic funder – understands government priorities, acted as catalyst, convenes different actors to move the needle.

## **What bi- and multi-lateral funders told us in interviews**

### **Collaboration**

- Private sector needs to be a stronger team player with others.
- The national and county levels are not yet working together well – this hampers delivery of a comprehensive set of services. Not yet a well-established approach to sharing budgets/resources for health.
- The county level is essential in health service delivery. County-level government is the crucial partner.
- Philanthropy could play a strategic role in de-risking and testing scalable opportunities across public-private collaboration.

### **Financing**

- The National Treasury and financing industry need to see health is not only morally right but a smart investment.
- Policies are generally good, but financing is what is needed – but in neighboring countries, there are better outcomes for the same or less money.

### **Coordination**

- So many programs and projects that we do not know who is doing what where. Duplication of effort and 'multiple organizations falling over each other'. Multiple NGOs working in fragmented ways weakens rather than strengthens government. Invest in local CSOs who know the context and are here to stay.

- There is a very clear national strategy for CHWs, very positive moves. Many NGOs are not working in line with this for training curricula, incentives, or requirements. Many NGOs are doing vertical programs on HIV/AIDS or malaria. Should instead utilize harmonized strategy.
- Everyone is trying to deliver results where donors are directing them, but no effort to strengthen coordination across, and raise the capacity of the system overall.
- Government and local partners on the ground are pulled in different directions by development partners, reducing opportunities for synergy. Provide strategy and coordination support for government in clear, coordinated manner.
- Outside NGOs and social enterprises should not parachute in. Work through government and be mindful of learning curve and broad participation needed - those require time. Be demand, not supply, driven. Ensure government is in the driver's seat on planning and coordination.

### **Solutions and root causes**

- Inequity is a root cause, and there is a big equity gap; it is about rural areas, but due to rapid urbanization, it is also about informal settlements (where traditional social systems from rural areas do not work).
- Even if goal is the same, competing interests arise based on whether you are measuring against short-term or long-term objectives.
- Work on both the demand and supply side of interventions so the system is responsive.
- Carefully embrace selected innovation and technology solutions that are demand driven and benchmarked to leapfrog SDG impacts.

### **What NGOs and social enterprises told us in interviews**

#### **Collaboration**

- We work closely with the government, which helps ensure that our objectives are met. We are partners and enablers of government, not replacers. Build personal relationships.
- Domestic and international NGOs have to complement each other, not compete.
- Lots more opportunities to use technology for efficiency and effectiveness.

#### **Behavior change**

- Behavior change is the big thing – if a program is to be sustainable, you have to change behavior and habits. Build understanding, and demand, the local solutions come...The communities come up with the solutions.
- When there are CHWs, behavior starts to change. And they can record the indicators the government needs, to make more informed decisions.
- Long-term sustainability is more resilient when government institutions have an increased capacity to provide services. Institutional mindsets need to change (as well as communities').

#### **Empower communities**

- We set it up so the community can be empowered and take ownership...Communities need a seat at the table. A collective voice from communities is important.
- Give power back to the community instead of funders or the government deciding.

## **Planning and measuring**

- Funders fund us to scale, but measurement required only on specific # of people impacted.
- Politics/elections creates a short-term mindset and constrains long-term planning and partnerships.
- Using SDGs has unified conversations around impact internally and across partners.

## **What philanthropic funders told us in interviews**

### **Collaboration**

- On complex issues like FGM, we want to work with governments so their policies are implemented in ways that achieve long-term, sustainable change.
- We want to have a collective model, but NGOs really vary: some get the funding and set the strategy, and then go to the government and ask if they would like to be part of the work.
- Belonging to relevant networks is very important for funders.
- NGOs are usually service providers OR do policy. The siloing of implementation partners means silo-ing of funders. Bringing them together is a challenge – you end up with grantees who are competing for funding.
- If grantees are not engaging with government, the UN, and business, then they are not having an impact in the health sector. An expected outcome from funding is public engagement, and we run workshops on how to do it, giving funding and training.
- If we are hands-on with coalition building, we create a more equal space between government and CSOs. Bringing NGOs together needs a facilitator (in this case the funder) because otherwise they are very competitive. We push the NGOs to treat the government as the leader because the scaling power of the government is unsurpassed. Someone has to play this backbone role at the county level...
- A helpful practice of ours is convening and creating opportunities for peer learning and sharing between and across NGOs and funders. We try to get grantees on the radar of bilaterals – often they are not there because of small budgets.

### **Coordination**

- Government and private sector do not speak the same language.
- The philanthropic community should work alongside the public budgeting cycle, not add a new cycle. It is a rare donor who recognizes this and does not add more paperwork to the stack.
- We need to focus on prevention and social determinants of health, not just health care: poverty, malnutrition, violence against women. We can use real-time data on these issues to strengthen community health, with platforms to plug into – not our own, but support what the country is doing – DHIS2. However, NGOs use different systems partly because of the competitive advantage.

### **Capacity strengthening**

- Sometimes we have to build basic capacity before talking about systems change.
- Investing in health research capacity is crucial, led by Africans: build researchers; translate this into new or innovative services; policy and practice that improves health; engagement; see researchers engaged with the public and communities; increase trust in research; build national local research capacity so agenda can be local determined. The need is ten times what is now given. In addition, needs to be more African funders of research.

- We provide a range of support: direct services, advocacy, communications, and research to learn what is needed in the system, find champions to influence policy, and look deeply at the county level.

### **Looking at the system as a whole**

- If progress is achieving scale and impact, I do not think we have been working effectively with existing systems to test approaches that are scalable as part of existing systems.
- How you invest in healthcare infrastructure has a direct correlation to the economy: incidence of disease, choices of whose lives to save, how to invest in workforce, how to manufacture inputs locally...
- Where is the space for the mid-range funders?
- If something is political, it can go upside-down in a heartbeat.
- We see many international NGOs opening offices in Kenya and how this influx of new players has impacted service delivery and advocacy – it is not always beneficial. Local talent moving to them can affect the quality and sustainability of indigenous organizations in Kenya.
- Turnover of government staff is extremely hard; there are months when the workforce has not been paid; a new Minister of Health might not be there long enough to build relationships needed to move the needle forward.
- Changing mindsets can take a generation whereas service delivery takes one-two years. A mistake is to try to measure too early.

### **Re-evaluating funding practices**

- We have to reorient ourselves outside of the issue areas and better understand where are the gaps, where are the counties most in need, how to make better use of resources, and who within the government can be our champions?
- Funding can curtail the ingenuity of local leaders solving local problems.
- At central core of any health investment should be designing your services to value patients.
- The holistic SDGs framework is useful because you can't get to good health without it...We work with WHO to accelerate progress toward SDG3 and ID what needs changing in the system to achieve SDG3 VS The SDGs are too broad for those who administer health, they're seen as a scaffolding they need to respond to.
- Every time we go into a country thinking we know what is good for them, we spend a lot of time forcing an issue.
- Research can influence policy and affect community-level influencers, including cultural and religious leaders who have the ear of senior politicians. We need more understanding on how to shift social norms.
- We talk to decision-makers at the beginning of the process and ask what information they need to make better decisions. Supporting data and research systems, and ensuring data is disseminated, are better than one-off investments.
- The route from donor commitment to donor disbursement has a lot of disruption along the way.

These interviews reflected sharply how the coordination between the sectors needs to evolve to really support systems change in achieving good health and well-being. In interviews, and later in the workshop itself, people identified these drivers of progress:

- Creating sufficient, sustained domestic funding, especially in a country that is very political/politicized.

- Changing funder timelines - funders want to see and fund scale in the short term, but shifting systems takes time.
- Moving to measuring both the quality and quantity of services. We need more research partnerships to build the evidence base, and costing studies for different interventions. Tangible results will influence policy.
- Creating better coordination between NGOs, and between national and county levels, and recognizing the different contexts in different counties.
- Research, information and data informs policy and practice recommendations, which inform priority investments. For example, HIV/AIDS data is robust, but what about supply chain or nutrition data? What do we know about aging and NCDs on the rise? All are linked to health systems strengthening.
- Although 60% of care is delivered by the private sector, we lack agreement in terms of their appropriate roles.
- Even when community-based organizations can do systems-changing work, strict M&E requirements of funders mean they cannot access funds.
- Committing significant resources for collaborative investments in market development, research, pre-feasibility and transaction advisory services, influencing culture change, and funding in remote areas.
- Driving more funding to action at the community level, in particular CHWs and TBAs, is important, but that level has the least powerful voice.
- Development of a national health account to see what resources are actually coming in.
- Systems change requires integrated development, but there is an 'obsession' with vertical programs. Many root causes of health problems are outside the health system: traditional issues and beliefs, lack of gender equality, education, more recently climate change, and conflicts it generates. All these are significant for health.
- Health needs to be a bigger priority driving government funding.
- Not sure whether the government is willing to provide adequate services to certain disadvantaged areas (e.g., slums)

## Workshop Highlights

To frame the issues and set the scene of the workshop, an opening panel represented the various sectors working on health and health determinants in Kenya. Arif Neky, UN Strategic Partnerships and SDG Partnership Platform coordinator, shared lessons from the past decade of UN support for health in Kenya. Heather Grady of Rockefeller Philanthropy Advisors spoke to the Scaling Solutions and SDG initiatives, and how these can be used as a framework for funders to better support their grantees. Dr. Simon Kibias of the Ministry of Health emphasized the government's strong commitment to UHC. Dr. Manu Chandaria of Comcraft described how the philanthropy sector has been able to activate community ownership of health care in ways that complemented what the government was able to do. Peter Waiganjo of AMREF discussed the milestones and lessons learned in achieving scaled impact on health and social change in Kenya. And Ivy Syovata of Philips shared her successes in partnership in health with the business sector.





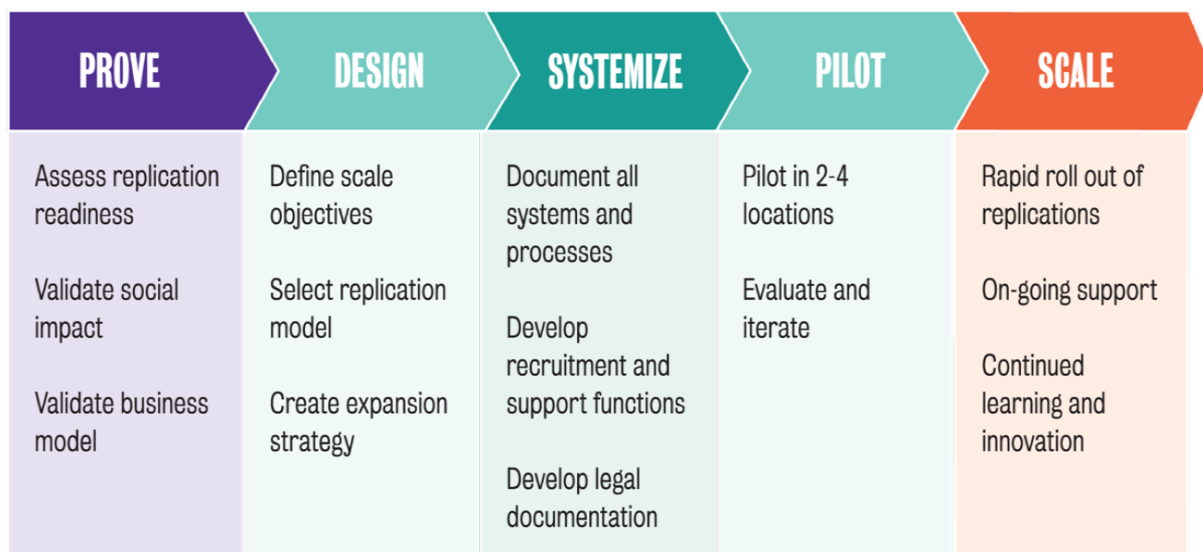
These representatives from each sector emphasized the need to start with communities, frame this issue for the person with the most limited access, and remember that no one organization or sector can do it alone. In order to achieve universal health care in Kenya, stakeholders need to look at the system as a whole, instead of incremental changes. This means that partnerships are key to increase resources and reach, and that we must leverage the strengths of and for each sector.

Rachel Flynn of Skoll Foundation and Milka Choge of the UK's bilateral agency DFID then spoke to the role of scaling up impact in systems change. Some of the learnings they shared were to consider sustainability at the beginning and build it into the design of the project, to have a communication plan, and maintain a long-term horizon: new things are learned along the way, innovations are developed, and behavior change takes time.

Martha Paren of Spring Impact led an intensive process during the workshop to delve deeper into the relationship between scaling solutions and systems change. Scale is generally necessary (but not necessarily sufficient) to generate large-scale change. Scale also can create a tipping point for wider systemic change, and scale can help put change into practice. She then introduced Spring Impact's approach for how organizations can systematically scale solutions, including considering how to work effectively with local and national government, and other partners.

The Spring Impact method includes a five-step approach to guide progress, illustrated below.

# BE SYSTEMATIC AND PURPOSEFUL



Spring Impact believes the pursuit of sustained impact at scale should guide an organization's scale plans, so encouraged each organization and stakeholder to think about the specific change they are trying to create at scale and then the 'end game' for how the impact of that solution will be sustained in the long-term.

In the Kenyan context, the goal is for the country to have universal health coverage by 2022. To help define the "end game," there are four questions for analysis:

1. What does your program need to exist in the long-term to deliver its impact?  
(e.g., sustained service, not a sustained service)
2. Who will **implement** your program in the long-term?  
(e.g., government, social sector, commercial)
3. Who will **fund** your program in the long-term?  
(e.g., government, social sector, commercial)
4. What, if any, will be your role in the long-term?  
(e.g., implement, knowledge/hub, innovate, center of excellence, advocate)

Spring Impact encouraged the participants to use this to think about how this may impact the way they scale up, or how they work with those around them to address any barriers towards achieving this end-game.



## Exercise Results: Changes Organizations and Stakeholders Are Trying to Create at Scale

### IMPACT

- Building capacity of communities to access information and demand their rights to services
- Building a voice at grassroots levels

### Teen Seed

Working with adolescent girls and young women on sexual productive health and rights

### B Lab East Africa

Supporting social health enterprises to measure their social and environmental impacts in order to know and understand what exact impact they are having and how they can scale up

### Ministry of Health

- Amend PIM act so that facility funds get to the lower levels
- Legislators to reinforce health funds
- End to end tracking of health commodities
- Partnerships for Health in: Automation

### WSJP

- Financially viable well-functioning citywide water and sanitation services for all in Kenya towns and cities
- Enable city institutions customers and private sector to develop and grow (through behavior change) to become well-functioning resources institutions at city wide level.

### AMREF

- Institutionalizing of the CHW in the health system.
- Legislative agenda at the National and County levels
- Use of technology in generating evidence clinical interventions.
- Social entrepreneurship as a vehicle for creating social change

### Aga Khan Foundation

What needs to change

- Wastage in the system
- Corruption within the system
- Poor leadership
- Lack of Ownership and the community

### ICChange

- Breakdown ceilings for innovators to access talent and expertise, build competency, manufacture and research marketing
- Leading out space and expertise to launch health, entrepreneurs in a social

### Council of Governors

Create enabling space for private sector in community health service delivery through franchise cut saving arrangement.

### Skoll Foundation

Identifying and supporting entrepreneurs who are building and scaling organizations working towards good health in Kenya.

### Safal Group

- UHC-PP's involvement
- Diagnostic—PP's
- Involving Private corporals in realizing UHC
- Quality Primary Healthcare

### Lwala Community Alliance

- Modeling, testing, implementing, a strategy
- CHW program with dedicated supervision and mobile tablet technology
- Community committees and involvement
- Data-driven decisions

### Segal Family Foundation

- Embracing organization agency to define different types of impact boxes
- Encourage funder friends to take advanced approach to overhead
- Talent and org-development active partnership model

### AMREF

- Institutionalizing of the CHW in the health system.
- Legislative agenda at the National and County levels
- Use of technology in generating evidence clinical interventions.
- Social entrepreneurship as a vehicle for creating social change

### Amnesty International

- Strengthen accountability mechanisms for maternal health rights violations
- Enhance knowledge, awareness and agency on maternal health and rights, including skills and competencies

### IRES/EPL

Strengthening the pipeline of talented, young emerging leaders within the public health system.

### Rockefeller Philanthropy Advisors

- Encourage philanthropy funders to make more thoughtful longer-term grants for health in Kenya
- Convene different stakeholders to catalyze more collaboration

### Nivalishe Pad

- Advocating for menstrual decency and quality product
- Pushing for youth friendly center in the grassroots level

## Commitments

The last exercise of the workshop was to consider the roles different actors can play to better support systematic scale and create a more enabling environment for scaling solutions and impact. Spring Impact shared its findings on how they have learned this happens, listed below.

### Funders

- Be clear about where you are funding on the scale journey
- Challenge organizations to define the impact they want to have at scale and how it will be sustained
- Consider scalability and readiness to scale in selection
- Provide flexible, long-term funding to enable organizations to adapt and refine their program and models as they scale up

### Government

- Ensure a shared vision between you and other actors of impact you want to achieve at scale
- Clarify the role government intends to play in the end-game, scale up, and ongoing implementation
- Help other actors understand what is needed for government uptake (e.g., evidence, buy-in, community acceptance, cost-effectiveness)
- Support development and codification of replicable solutions

### Civil Society Organizations/Nonprofit Organizations

- Partner with government to help develop and test a low-cost model that is suitable for government uptake
- Provide professional support and input to government – not just trying to ‘sell’ to them
- Help funders understand which program components can be realistically sustained and in what timeframes
- Consider the wider organizational changes you may need to make to support systematic scale (e.g., staff who are good at training rather than just implementation)

Considering these examples that Spring Impact shared, workshop participants were divided into sectors to build on these ideas and in sector-based groups answer two questions: 1) What could your sector do differently to better support scale?, and 2) What does your sector need from others, and/or think others should do differently?

What could your sector do differently to better support scale?	What does your sector needs from others or that your sector thinks others should do differently?
<b>NGOs</b>	
<ul style="list-style-type: none"><li>• Simple &amp; cost-effective model</li><li>• Understand what drives impact</li><li>• Understand what problem you are solving</li><li>• Understand what scale means for you (Demand Driven)</li><li>• Understand what to measure and how to measure</li><li>• Standard operating procedures</li><li>• Find champions for your cause</li></ul>	<ul style="list-style-type: none"><li>• Funders funding what is needed and not what they want</li><li>• Creating movements, coalitions, and partnerships across sectors</li><li>• Leadership and coordination from both government and funders</li><li>• Enabling policy, regulatory and political environment</li></ul>

What could your sector do differently to better support scale?	What does your sector needs from others or that your sector thinks others should do differently?
<ul style="list-style-type: none"> <li>• Build partnerships &amp; linkages with other actors</li> <li>• Use data to drive decisions and responses</li> <li>• <i>Uber-ize</i> human rights work</li> <li>• Have an internal scale and measure director</li> <li>• Comparable cost value analysis</li> <li>• Accessibility to reliable outcome data</li> <li>• Transparency/knowledge platform on sector best practices (HOW)</li> <li>• Use data to support other NGOs put pressure on government</li> <li>• Unified way of collaborating with other NGOs</li> </ul>	<ul style="list-style-type: none"> <li>• Long and flexible funding to enable iteration and impact measurement.</li> <li>• Creating clear avenues for government and funders to find out about innovations</li> <li>• Funding for Research and Development</li> <li>• Funders embracing risk and long-term returns</li> <li>• Streamlining rules, regulations, creating right infrastructure for businesses to scale</li> <li>• Creating open communication channels</li> <li>• Improve quality of contract arrangement to enhance value....</li> <li>• Funders need to provide longer term resourcing for sustainability</li> <li>• Clarify partnership with the government. Have a shared vision across different stakeholders. (Funders and Govt.)</li> <li>• Facilitate community “skin in the game” in services extension and improvement.</li> </ul>
Funders	
<ul style="list-style-type: none"> <li>• To build relationships with other funders. i.e. startups and those on the other end expansion scaling</li> <li>• Build database for most of the functions to assist agencies at different stages of growth know private and current grant applications.</li> <li>• Standardized reporting templates for our grantees especially when co-funding with another funder.</li> <li>• There is need for flexibility by funders in order to assist grantees scale—especially in supplying core funding</li> <li>• Understand who is doing what and where, create resource groups as one stop shop to be able to support grantees</li> <li>• Branding intellectual property transparency by the grantees open /share automation</li> <li>• Enabling government policies, deblock constraints by funders</li> </ul>	<ul style="list-style-type: none"> <li>• Government effective/strong collaboration in different ministries in supporting these scaling</li> <li>• One stop center licensing</li> <li>• Provision tax incentives- govt. innovations</li> <li>• Innovation community bench-making innovations</li> <li>• NGOs: Clarify on the end game</li> <li>• Clear on the theory of change</li> <li>• Evidence-based interventions</li> <li>• Feasibility studies and plan of concepts</li> <li>• Learn to wean out of grants/own funding streams</li> <li>• Private sector: to think on core investments and not just LSR but SRC</li> <li>• Responsible corporate</li> <li>• Triple bottom line for impact</li> <li>• Bottom of the pyramid</li> <li>• Change business model</li> <li>• Grantees to form coalitions/networks effective coordination, transparency, peer to peer support</li> </ul>



What could your sector do differently to better support scale?	What does your sector needs from others or that your sector thinks others should do differently?
<b>Government</b>	
<ul style="list-style-type: none"> <li>• Building trust</li> <li>• Sharing information through strengthened and regular dialogue</li> <li>• Defining common parameters for engagement and honoring them</li> <li>• Clarity on what needs to be scaled up</li> <li>• Holistic engagement with stakeholders</li> <li>• Create sustainable mechanisms for co-creating through leadership, ownership</li> </ul>	<ul style="list-style-type: none"> <li>• Work together to find synergies in innovations to be scaled up</li> <li>• Funders to create incentives for collaboration</li> <li>• Eliminate incentivized programming to government and working in sectors to improve coordination leadership and ownership</li> <li>• Align programs to government priorities and policies</li> <li>• Harnessing and using local experts</li> </ul>
<b>Business</b>	
<ul style="list-style-type: none"> <li>• Clarity of roles, expectations, timelines, and accountability measures with stakeholders, govt. partners.</li> <li>• From program design phase onward, be deliberate about intersectionality since multi-stakeholder engagement is imperative for scale.</li> <li>• Set up “exit strategy” from Day 1 to generate ownership in community and message this for optimal participation.</li> <li>• Appropriately target capacity building (e.g permanent community members) for sustained mgmt. of interventions.</li> <li>• Be deliberate about Systematic evidence generation, documentation, communications and advocacy to create a critical mass of engaged stakeholders far in advance of scaling.</li> <li>• Communicate our products better</li> <li>• Invest and build relationships with relevant actors</li> <li>• Better integration of innovation through collaboration</li> <li>• Manage expectations—communicate what can be realistically achieved, timeframes, etc.</li> <li>• Understand the local/cultural/environmental/political factors before scale up</li> </ul>	<ul style="list-style-type: none"> <li>• Recognize sustained, impactful social change takes time, especially at community level (long-term financing/support)</li> <li>• Be realistic about reporting requirements/burdens balance B/W “value for money” and “Value for time”</li> <li>• Invest beyond the program; Support systems strengthening at key inflection points of organization growth.</li> <li>• Funding flexibility</li> <li>• Govt./Funders should fund innovation/start-ups</li> <li>• Funders/NGOs/Govt. should be more open to collaboration</li> <li>• Govt./Country govts. Should have a clear detailed vision which funders can invest in. This will reduce donor influence.</li> <li>• Funders should consider funding solutions/strengthening systems instead of vertical programs.</li> </ul>

From this group discussion, we examined our theory of change around how funders and other actors can better support scaled impact and systems change. When working towards a common end, in this case UHC for Kenya, this exercise reflected how each sector was enabling or inhibiting progress towards this common goal. In order to shift systems and the status quo, the workshop organizers hope participants and others will test these and other new approaches to our work to better support the Kenya, and the world, we want.



## Appendix—Participant List

First Name	Last Name	Organization
Aaron	Ogunde	Damu-Sasa
Abdullah	Saleh	ICChange
Aleesha	Peermohamed	SDG Partnership Platform, Kenya
Arif	Neky	UN Strategic Advisor for Partnerships & Coordinator, SDG Partnership Platform, Kenya
Beth	Bundi	African Development Foundation
Brezhnev	Otieno	Amnesty International
Cameron	Dobbie	CBM International
Caroline	Mbindyo	Living Goods
Catherine	Mwendwa	East Africa Philanthropy Network
Cynthia	Onyango	Aga Khan Foundation
Daniele	Ressler	Lwala Community Alliance
Deepali	Khanna	Rockefeller Foundation
Elizabeth	Okumu	Trust for Indigenous Culture & Health
Evans	Okinyi	East African Philanthropy Network
Gabriela	Touma	LeaderSX
Grace	Mwangi	Peek Vision
Gumato	Ukur	
Ivy	Syovata	Philips
Heather	Grady	Rockefeller Philanthropy Advisors
John	Reilly	AMREF
Kelly	Diggins	Rockefeller Philanthropy Advisors
Mali	Ole Kaunga	Impact Trust Kenya
Manu	Chandaria	Comcraft
Martha	Paren	Spring Impact
Maureen	Kangee	SDGP Partnership Platform & MOH
Meshack	Ndolo	Council of Governors
Neil	Jeffery	WSUP
Njeri	Mwaura Gitau	World Bank Group
Peris	Waweru	Sanergy
Peter	Juma	KickStart
Peter	Waiganjo	AMREF
Philip	Towle	Takeda
Phyllis	Ombonyo	Aga Khan Foundation
Rachel	Flynn	Skoll Foundation
Ruben	Vellenga	SDG Partnership Platform, Kenya
Safia	Abji	Aga Khan Foundation
Sandra	Mwarania	Amnesty International
Simba	Guleid	Frontier Counties Development Council
Simon	Kibias	Ministry of Health
Siprosa	Rabach	Safal Group
Wadzanayi	Muchenje	Rockefeller Foundation
Winny	Obure	