

Report of a Mission on Identification of a Suitable Institutional Setting for the  
Continuation of Healthnet in Kenya

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23-25 July 2003

### **Summary of Recommendations:**

- Decide on an organization to take Healthnet forward. The Faculty of Medicine at the University of Nairobi presents the best institutional option compared to other three institutions identified during the visit namely AfriAfya/AMREF, continuing working through IPPNW on the registration of AfyaNet or joining the National Councils for Science and Technology. However, an arrangement with the Faculty of Medicine should include key champions from Ministry of Health, National Council for Science and Technology and AfriAfya.
- Develop a full-fledged business plan for Healthnet in Kenya in September or October to capitalize on the momentum of this mission and respond to interests in PDAs. SatelLife staff should visit Kenya in September and October to define and finalize a business plan
- Provide financial incentive for Silas Mundhekere for him to continue promote PDAs and act as Healthnet representative. He has been doing quite a superb job with a very little incentive. He may as well move to secure another job; that will be a tremendous loss.
- Do not waste time and energy in searching for the RITTC equipment. We were told that part of the RITTC equipment was left at the Kenyatta National Hospital and the rest was taken to ELCI by the former Healthnet Kenya manager installed by Fred Buckachi. The machines are old and may not be that functional.
- Participate in Africa Telecommunications Day and a workshop to be organized AITEC Africa on Telehealth in September to continue to promoting the Healthnet agenda and to work with as many stakeholders in Kenya as possible.
- Initiate experience sharing visits between Ministries of Health and Faculties of Medicine and other stakeholders like the Christian Church Association of Kenya (CHAK) in Kenya and their counterparts in Uganda.

## I. Background, TOR and Purpose

HealthNet Kenya was started as a national focal point of SatelLife in Kenya in the early 1990s. It soon became a well-established independent NGO. It was originally located at the Kenyatta National Hospital where it received free space in exchange for providing connectivity and information services to hospital staff and students. Up until 1997 Healthnet Kenya, using both low earth orbit satellite and dial up connection was providing email and information (both electronically and on a walk-in basis) for the Nairobi health community. For many years it served as SatelLife's key partner in Africa under the leadership of Dr. Fred Bukachi who from the mid 1990s until 2000 served as the Director and Field Officer for activities of SatelLife throughout the region.

In 1997, SATELLIFE was awarded an infoDev grant to create a Regional Information Technology Training Centre for the health community in Africa. Dr. Fred Bukachi who was fully engaged in the process of designing the project convinced SatelLife that the RITTC would bring an opportunity to develop a sustainable business plan for Healthnet Kenya. The centre was established in Kenya. Shortly after the award was made, Dr. Bukachi informed SatelLife that he was leaving Kenya for London for further education. Misunderstandings and problems emerged thereafter between SatelLife and Dr. Bukachi who managed RITTC from London and created centralized control including access to the bank account that made smooth operation and Healthnet Kenya very difficult.

The problem led to the deterioration of the operations of Healthnet Kenya and the withdrawal of SatelLife and the University Hospital from Healthnet Kenya. Dr. Bukachi subsequently created a commercial company with a brand Healthnet Kenya using Satelife's emblem and appointed Ms. Suzzane Droulih as a manager for the his company. Ms. Droulih retained part of the Healthnet Kenya's assets including RITTC equipment and became participant in ICT and health affairs in Kenya using the SatelLife's Healthnet Kenya mark. This did not only create confusion among key stakeholders but also made it difficult to salvage and sustain SatelLife's operation in the country.

Nevertheless, Mr. Eliazar Karan and Silas Mundhekere, former staff of SatelLife and HealthNet Kenya, who under the temporary leadership of Dr. Bill Okelo-Odongo implemented the RITTC between 1998-2001 and made substantial contribution to RITTC's success have taken on themselves the challenges of salvaging the operations of SatelLife in Kenya by create a new entity AfyaNet. AfyaNet in part was supported by Mr. Paul Saoke and Dr. Walter Odhiambo of IPPNW-Kenya who offered to host the new project at the clinic of Dr. Odhiambo until it becomes fully established as an NGO. Silas Mundhekere, Eliazar Karan and IPPNW spent several months drafting documents of incorporating AfyaNet and writing a business strategy using resources made available by SatelLife. However, the process became time consuming.

In June 2003, SatelLife proposed a mission to Kenya to analyse the situation and develop an Institutional strategy for Healthnet in Kenya. I undertook the mission 23-25 June 2003.

The purpose of the visit was to:

- analyse the institutional setting of AfyaNet and recommend a best strategy for promoting the activities of Healthnet in Kenya
- discuss partnership between SatelLife and key stakeholders in Kenya
- explore possible institutional arrangement and guide SatelLife and the Board on the way forward

In addition it was possible to meet with a number of stakeholders including the Ministry of Health and the Christian Health Association of Kenya to discuss possible Healthnet collaboration in rolling out of Personal Digital Assistants (PDAs) in Kenya.

## II. Details of activities in Kenya

I arrived in Nairobi on 23 July at 5:30 am. Silas Mundhekere came to my hotel about 8:30. We travelled to the AMREF International Training Centre where a consultative meeting on Continuous Medical Education (CME) and the Role of ICTs in Kenya was taking place. The purpose was to meet with key stakeholders in health and ICTs in Kenya. In deed my participation in that meeting was critical for success of my mission. Participants at the CME and IT workshop were drawn from various institutions including the Ministry of Health, Kenya Medical Training College, Kenya Medical Association, Kenyatta Hospital, Nursing Council of Kenya, AMREF Kenya, Christian Health Association of Kenya, Kenya Association of Family Physicians, East African Medical Journal, KNET, USAID, University of Nairobi, INASP, KEMRI, AMREF, AfriAfya and AfyaNet among others.

The meeting was started by the time we arrived. A keynote speech was being delivered by Dr. Chris Wood on a title "Continuing Medical Education: A piece of Cake." Prof. Wood indicated that there are many players in promoting CME in Kenya. "Everyone is involved in preparing the cake, but there is no coordination. The government should take a leading role in coordinating Continuous Medical Education in the country." In fact that was what I found out during my mission, everyone wanted a piece of Healthnet but not willing to coordinate with the others.

The keynote was followed by a presentation of Dr. Ahmed Ogwel of the Ministry of Health. Dr. Ogwel indicated that the Ministry is the forerunner of the CME in Kenya using various techniques such as providing specialized training, short courses, conferences, on-the job training and salary advance during study leave. From his presentation it was clear that Dr. Ogwel will be one of the key champions in Healthnet in Kenya. We met with Dr. Ogwel during the tea break and secured an appointment for a meeting on the 25<sup>th</sup> of July.

Silas Mudhekere made a presentation on "The Use of Handheld Devices: the Afyanet Experience" just before the lunchtime. Thereafter it was possible to meet with those who were interested in PDAs. The afternoon session was devoted to group discussions on the role of ICTs in Continuous Medical Education to which we contributed. The following observations were made from the meeting:

- There is a strong desire for cooperation among key stakeholders in health and ICTs, but there is no strategy as to how to achieve this.
- As in all parts of Africa, there is some gap in appreciating the role of ICTs in CMEs in particular and in health in general. The gap ranges between those who would like to sell one form of technology or the other to cautious policy makers who want to analyse the cost benefit. Sensitisation and

demonstration of combination of technologies that work in different setting will be useful.

- There is a significant willingness to embrace ICTs by all health institutions represented at the meeting.
- AMREF created an exemplary trust and coordination capacity when it comes to health issues in Kenya.

### **AfriAfya**

We met with Prof. Chris Wood (Board Chair) and Dr. Carolyn Nyamai (Project Coordinator) immediately after the CME meeting because of their plans to travel to the countryside the following day. Our discussion was centered-around possible partnership between SatelLife and AfriAfya, the hosting of AfyaNet by AfriAfya and the political repercussions that this may cause because the former Healthnet Kenya is one of the partner agencies of AfriAfya. We felt that the objectives of AfriAfya such as exploring innovative models and technologies, and capacity building of members in leadership, knowledge management and communication are in harmony with the missions of SatelLife. Working through AfriAfya would allow SatelLife to access to AfriAfya's partner agencies such as the Aga Khan Health Services, AMREF, CARE, Christian Health Association of Kenya, Plan International, the Ministry of Health and the World Vision. Discussion showed that the participation of the former Healthnet Kenya in AfriAfya is limited to attendance of meeting by Souzane Droulih. Observations from the meeting:

- AfriAfya could host AfyaNet or SatelLife projects if requested. The modalities should be worked out between SatelLife and AfriAfya if this route was taken.
- There will not be a significant opposition and problem from the former Healthnet Kenya due to their limited participation in AfriAfya and questionable sustainability of the private company put together by Dr. Fred Bukachi
- Bill Okello-Odonogo should be consulted about the collaboration between AfriAfya and AfyaNet
- IPPNW Kenya could be a potential partner agency to be drawn into the AfriAfya/AfyaNet collaboration

### **Christian Association of Churches of Kenya (CHAK)**

The Christian Association of Churches of Kenya (CHAK) showed strong desire to participate in the PDA project following demonstration by Holly Ladd at the World Health Assembly and a presentation by Silas Mudhekere at the CME consultation meeting. Dr. S. Mwenda the Secretary General of CHAK organized a meeting for us with his management team of eight persons to discuss a potential PDA project for the his health community on the next day of my visit. CHAK is an association of protestant churches, church health institutions and programmes in Kenya. The

body was started by national Christian churches of Kenya in 1930 to facilitate the role of protestant churches in health. In 1996 CHAK made major restructuring and paradigm shift from implementer to facilitator of health services. The Association comprises 20 hospitals, 30 health centers, 258 dispensaries and 45 church health programmes. Its services focus on the most vulnerable and its revenues are generated from patient fees and support from sister churches. CHAK carries out a number of activities ranging from health policy advocacy, continuous medical training, maintenance of medical equipment, health management, distribution of essential drugs, quality analysis and promotion of health insurance. CHAK has an information department that gathers health information and disseminate it to stakeholders using regular publications and a newly built CHAK web site. The Association also manages a comprehensive health statistics. Its network is divided into four regions:

- Eastern/North Eastern Region
- Central - Nairobi
- Western-North Rift Valley
- Nyanza-South Rift Valley

After the briefing on the activities of CHAK Silas Mudhekere made a presentation on the use of Personal Digital Assistants for gathering health data and sharing information in support of continuous medical education. Silas described the role of SateLife in building the concept, implementing a project, identifying, acquiring and delivering the appropriate hardware and software, providing training and advice on the PDA technology. We then gathered that CHAK has eight hospitals that provide nursing training. There is also an ongoing medical education and data gathering. This requires dissemination basic information such as manuals, guidelines and textbooks to students and gathering of health statistics from the field. We concluded that PDAs will be attractive to the works of CHAK. We agreed that CHAK in consultation with SateLife and Silas:

- Decide on the scope of the project in terms of geography, data types, personnel and number of PDAs to be involved,
- Select content and survey instruments needed to be uploaded to PDAs
- Identify training needs
- Design a phase-by-phase project and implement a pilot and a roll out plan to other regions.
- Silas and CHAK will develop a project concept and send it to SateLife.

### **Kenya Medical Association**

The Kenya Medical Association is a union of over a thousand physicians throughout the country. It has 14 divisions and a very well organized resource center run by Eliazar Karan. KMA publishes a highly regarded medical journal in east Africa. KMA is also developing its web site. In a brief meeting, Ms. Rose Kioko, the Executive Officer of the Kenya Medical Association indicated that the Association will be supportive of Healthent and AfyaNet. KMA will be instrumental in organizing workshops, sensitizing its members on e-health issues and promoting information and communication technology standards in health.

### **Mr. Eliazar Karan, KMA, AfyaNet**

I met with Eliazar Karan and asked for his views regarding the current arrangement of AfyaNet with IPPNW. According to Eliazar, IPPNW is trying to control AfyaNet by

inserting clauses in the AfyaNet constitution that will make it difficult for the the NGO to operate independently. I observed that:

- Eliazar will not have problem if AfyaNet decides to move out of IPPNW although he acknowledges that they have invested a considerable time and energy
- Incorporating the work of AfyaNet with AfriAfya/AMREF will be the best option as compared to continuing pushing for protracted registration process of AfyaNet through IPPNW
- In case AfyaNet (Silas) moves out of IPPNW, SatelLife should write a letter of acknowledgment and appreciation for the work the IPPNW has done so far
- He feels the Faculty of Medicine is rather bureaucratic.

### **National Council of Science and Technology**

Dr. Rispa Oduwo, a medical doctor, Chief Science Secretary an experienced and veteran civil servant (as she calls herself), was very supportive to Healthnet. She met with Silas before our discussion on 24 July. She was conversant with the situation Healthnet Kenya run by Fred Bukachi.

The National Council of Science and Technology is the statutory body of the government dealing with issues of science and technology research and development in Kenya. Dr. Oduwo is in charge of the health sector. Her component is managed by board of experts including deans of medical faculties, managers of health research institutions such as the Kenya Medical Research Institute (KEMRI) and the National AIDS Council.

She indicated that the National Council could host AfyaNet. This was in line with the new government interest to promote research in science and technology in general and the use of ICTs in the health sector in particular. She also pointed out that if required, the National Council of Science and Technology could host AfyaNet as a loosely organized NGO attached to it. NCST would provide space for staff and promote Healthnet's mission in Kenya.

### **African Medical and Research Foundation (AMREF)**

Dr. Peter Ngatia, Director of Programmes of the African Medical Research Foundation gave us a brief description of AMREF during our meeting in the afternoon of July 24. AMREF is an independent non-profit, NGO with a main mission to improve health of disadvantaged people in Africa. It works with the hidden and forgotten people -people with disabilities, urban poor and slum dwellers and rural communities. Its core programmes focus on six areas namely tuberculosis and HIV/AIDS, malaria, safe water environment and sanitation, family health, clinical outreach, disaster management and emergency response, training and developing health training and learning materials. AMREF has regional offices in Ethiopia, Kenya, Uganda, Tanzania, Mozambique, South Africa and operations in Southern Sudan and Somalia. The research component of AMREF is devoted to operations

research where lessons from the field are packaged and disseminated to the actual users particularly to rural health practitioners.

We explained the situation of Healthnet Kenya that was run by Dr. Fred Bukachi and the new AfyaNet and asked Dr. Ngatia of his response if AMREF was approached to host AfyaNet. AMREF would be glad to host AfyaNet either through AfriAfya or directly. Partnership with HealthNet would increase AMREF's profile in disseminating health information and adopting innovative technology to reach the poorest and the hidden members of the community.

#### **University of Nairobi (Institute of Computer Science),**

The meeting with Dr. Bill Okello-Odongo of the Institute of Computer Science of the University of Nairobi did not take place as planned. He traveled to Mombassa before I arrived in Kenya. We made telephone call to Mombassa in the morning of the 25<sup>th</sup> July and arranged for calling him back in the evening. However, he was not reachable by phone. I made another attempt to reach him by email and telephone while in South Africa. He did not reply until the 8<sup>th</sup> of August. I will forward his response to SatelLife as soon as it is available.

#### **Ministry of Health**

Silas and myself met with Dr. Ahmed E. Ogwel, Head of the Division of Non-Communicable Diseases of the Ministry of Health who showed a keen interest in the PDA project. Dr. Ogwel also talked to us on behalf of The Director of Medical Services & Permanent Secretary. The purpose of our meeting was to establish institutional relationship between h AfyaNet/SatelLife and the Ministry of Health and discuss a potential PDA project at the Ministry. Dr. Ogwel is not only a technology-savvy but also a champion at the Ministry of Health

In effect we were lucky to have met with him during the Continuous Medical Education meeting at AMREF. We discussed the role of the Ministry of Health in promoting Healthnet and the use of PDA for gathering data. Dor. Ogwel observed that:

- The Ministry of Health could support a properly coordinated group that advances ICTs in health in Kenya
- A properly coordinated team of AfyaNet with a highly regarded leadership is important
- The Ministry of Health is organizing its ICT unit and have advance plans to play a key role e-health policy in Kenya

I indicated that the Ministry of Health could lead all areas of ICT use in health (i.e, ICT in health research and CME, ICT in community health, health management information systems and standards and a national e-health policy). The PDA are important tools for efficient data collection and dissemination of health information to people who otherwise could not get access to guidelines and text books. Dr. Ogwel noted that the Ministry would like to pilot a PDA project to collect data on risk factors of non-communicable diseases. He will send a questionnaires and sample size to SatelLife, determine the scope of the pilot

applications and the number of enumerators. SatelLife will then provide him with general information on cost and technical specifications including training needs.

## **IPPNW**

The meeting with Mr. Paul Saoke, Executive Officer of IPPNW took place on 25 July at the IPPNW office. Mr. Saoke explained the role they played in continuing the work of Healthnet by creating AfyaNet and the support IPPNW provided to Silas Mudhekere. He pointed out that registering an NGO proved protracted due to requirements by the new government of the re-registration of all the NGOs in Kenya. Every effort is being made to register AfyaNet. Once registered AfyaNet remains independent of IPPNW. This was generally contrary to what Eliazar told me during our brief discussion. I then called a meeting of the AfyaNet Board of Directors at the Fairview hotel when we met with Dr. Walter Odiahimbo, Eliazar, Silas, Paul and two women who seem to be friends of Paul and Walter but introduced to us as members of IPPNW.

Walter too indicated that AfyaNet will be independent once it is registered. I pointed out SatelLife's concern with the long time it took to take AfyaNet off the ground. This might lead to the loss of momentum and opportunities. Paul and Walter indicated that they are keen to grab the opportunities particularly in the rolling out of the PDAs and agreed to continue to host Silas until the registration is sorted out. The following observations can be made from the discussions:

- IPPNW was actually useful in promoting AfyaNet despite lack of legitimacy and broad-based representation (it is composed of two people)
- IPPNW seems to focus on the PDA project than the broader SatelLife mission
- There is some tension between Eliazar and IPPNW. Eliazar was quiet all that time.
- It is clear from the discussions and meeting with other stakeholders that Paul and Walter have a limited support from high-level policy makers. For example they were not invited to the CME meeting. The Dean of the Faculty of Medicine thinks that they are not well represented.
- It was clear from the meeting that AfyaNet will have difficulty to attract a broader high level support or legitimacy if it continued to attach itself to IPPNW even if it gets registered. IPPNW could interfere with the operations of AfyaNet, perhaps leading to the same cycle of problem.

## **AGA KHAN Hospital, Dr. Mohamed Abdullah**

Silas arranged for us to meet with Dr. Mohammed Abdullah a senior health researcher and government expert who chairs the boards of Kenya Medical Research Institute (KEMRI) and the National Council for Science and Technology to discuss possibility of promoting SatelLife's mission within the research community and a pending PDA project. Dr. Abdullah questioned the institutional setting of AfyaNet at the university. He supposed that this has been constraining to the success of healthnet. He argued that locating AfyaNet at a university could only increase capacity of one centre. He offered to host AfyaNet at the National Council for Science and Technology and argued that would create option for legal endorsement by the government and the availability of financial resources.

He also requested SatelLife to follow up with the Catholic Mission Medical Board (CMMB) in New York with funding of a PDA project he submitted. The project aims

at collecting indigenous best practices using PDAs. We suggested that a digital video camera should be purchased along with the PDAs so as to capture some of the real life expressions of indigenous people.

#### **African Telecommunication Union, Mr. Jan Mutai**

We met briefly with Mr. Jan Mutai, Secretary General of the African Telecommunications Union who told us that the theme of this years' African Telecommunications Day on 7 December is ICT in health. He would like to cooperate with Healthnet in demonstrating tools such as PDAs and disseminating health content.

#### **Dean University of Nairobi,**

I was unable to meet with the Dean of the University of Nairobi while in Kenya due to some communications gaps. I called the Dean on the 4 of August but unable to locate him in office. I followed that up by email and tried again on the 5<sup>th</sup> of August and talked to him on the phone. We discussed the four institutional options emerged during my visit and explored the possibility of the Medical Faculty to continue supporting Healthnet in Kenya. The Dean suggested that I discard the offer from the National Council for Science and Technology. He argued that the National Council for Science and Technology does not have the necessary resources. The Dean also questioned the legitimacy of IPPNW. He offered to re-host AfyaNet. We agreed that SatelLife or I follow up with him perhaps in my way back to Addis Ababa and stay over for a day and meet with him and Bill Okello as well as Silas and Elazar to draw a strategy forward.

### **III. Outcomes**

My mission proved very encouraging and complex than I thought. Kenya was transformed a lot since the change of government last year. There is a high sense of openness. All government offices are open and receptive to new ideas. In fact it sounds as if Kenya is emulating the success in Uganda. Given Kenya's economic power, there is a chance for the country to consolidate its leadership within the eastern African sub-region. Therefore investment in Kenya will be very important.

I was also stunned by readiness of health institutions for embracing information and communication technologies. There was considerable interest in every institution we visited in PDAs and other ICT applications. However, despite the interest, there seems to be a deep-rooted acquisitiveness. All the institutions we visited wanted healthnet/AfyaNet to go to their own institution not to the others. This made the process of identifying the most suitable institutions quite complex. I identified four different options:

- Re-hosting of Healthnet at the Faculty of Medicine with change of name to Healthnet (without Kenya) or e-health Kenya
- Attaching AfyaNet to AfriAfya/AMREF to implement specific projects and make interventions at different levels with different institutions
- Continue working through the IPPNW on registration of AfyaNet as an NGO
- Take the offer of the National Council for Science and Technology to host AfyaNet

All these options have their merits and demerits. Table 1. summarizes the pros and cons of each of these four options.

Option	Pros	Cons
1. Re-hosting Healthnet at the Faculty of Medicine	<p>Medical students, staff and other medical institutions will benefit</p> <p>Dean of Faculty of medicine as a champion</p>	<p>Could be bureaucratic particularly in some intensive projects</p> <p>Stakeholders other than academic institutions may not benefit and buy to it</p>
Attaching AfyaNet to AfriAfya/AMREF as a project	<p>Healthnet could access to AfriAfya/AMREF network</p> <p>Could be efficient in executing projects</p> <p>May help in mobilizing resources other than those available to SatelLife</p>	<p>Institutions regard AMREF and AfriAfya as high flying</p> <p>The former Healthnet Kenya may cause a problem</p>
Registration of AfyaNet as an independent NGO	<p>AfyaNet would be an independent NGO</p> <p>Those who promoted AfyaNet would be happy</p>	<p>AfyaNet may not get registered at all</p> <p>AfyaNet could not get broader support</p> <p>IPPNW could interfere with the operation of AfyaNet</p>
Hosting AfyaNet at the National Council for Science and Technology	<p>AfyaNet could capitalize on the offer of NCST</p>	<p>NCST may not be able to actually move itself and AfyaNet forward</p> <p>Students and health works will be left out if AfyaNet is located at the highest government bureaucracy</p>

It is clear from the table that the two options that are attractive to SatelLife are either moving AfyaNet to the Medical Faculty or partnering with AfriAfya/AMREF. These options have some merits in sustaining Healthnet in Kenya. Healthnet could flourish with strong leadership of the Dean of the Faculty of Medicine and through champions such as Silas Mundhekere. On the other hand, SatelLife could benefit from the reputation of AfriAfya/AMREF. This arrangement could be counter

productive if AfriAfya fails to bring in academic and research institutions as its partner agencies.

The third option of registering AfyaNet as an independent entity does not seem to work unless the new government speeds up registration of NGOs. Even if it is registered, it will be hard for AfyaNet to sustain itself. In addition government institutions such as universities tend to be suspicious of NGOs. It may be years before it is accepted by a broader medical community. It does make more sense to attach AfyaNet (Silas) to AfriAfya and implement few projects than expending the energy and resources on building a new institution. The last option of hosting AfyaNet at the National Council for Science and Technology looked interesting at the very beginning of my visit. However, analysis of the situation and opinions from physicians indicated that the bureaucracy could stifle implementation of projects. National Science and Technology Councils have not been popular all Africa, and the NCST in Kenya is not an exception.

If Faculty of Medicine is selected as an option, SatelLife should discuss with the Dean about the modalities including:

- The establishment of a national Healthnet steering group that brings champions like Dr. Ahmed Ogwell and Dr. Mohammed Abdullah and deans from other colleges.
- Making offices and other relevant support available to Healthnet
- Integrating people like Silas Mundhekere who have been actually doing something
- Instituting accountable financial management system favourable to smooth operation Healthnet projects

If AfriAfya/AMREF is selected as a hosting institution:

- The role of former Healthnet Kenya should be clarified
- A memorandum of understanding that stipulates financial, human resources, stakeholders, etc. should be developed and signed

## **V. Proposed strategies for following up with PDA projects in Kenya**

As indicated above, there is an overwhelming interest in PDAs projects in Kenya. Three institutions have indicated their desires to participate in the PDA project. It would be useful to keep up the momentum by :

- Providing institutions with tailored support
- Giving them with accurate information on the cost benefit of PDAs
- Soliciting donor agencies interested in PDA projects to invest in Kenya

- Equipping Silas Mundhekere with ongoing information on other PDA projects and developments throughout Africa so that he keeps abreast of progress in this area

## VI. Recommendations and Follow up

As a way forward SatelLife should:

- Decide on an organization to take Healthnet forward. The Faculty of Medicine at the University of Nairobi presents the best institutional option compared to other three institutions identified during the visit namely AfriAfya/AMREF, continuing working through IPPNW on the registration of AfyaNet or joining the National Councils for Science and Technology. However, an arrangement with the Faculty of Medicine should include key champions from Ministry of Health, National Council for Science and Technology and AfriAfya.
- Develop a full-fledged business plan for Healthnet in Kenya in September or October to capitalize on the momentum of this mission and respond to interests in PDAs. SatelLife staff should visit Kenya in September and October to define and finalize a business plan
- Provide financial incentive for Silas Mundhekere for him to continue promote PDAs and act as Healthnet representative. He has been doing quite a superb job with a very little incentive. He may as well move to secure another job; that will be a tremendous loss.
- Not waste time and energy in searching for the RITTC equipment. We were told that part of the RITTC equipment was left at the Kenyatta National Hospital and the rest was taken to ELCI by the former Healthnet Kenya manager installed by Fred Buckachi. The machines are old and may not be that functional.
- Participate in Africa Telecommunications Day and a workshop to be organized AITEC Africa on Telehealth in September to continue to promoting the Healthnet agenda and to work with as many stakeholders in Kenya as possible.
- Initiate experience-sharing visits between Ministries of Health and Faculties of Medicine and other stakeholders like the Christian Church Association of Kenya (CHAK) in Kenya and their counterparts in Uganda.

## Annex: I Summary of the Institutions and Persons Met during the short visit

Date	Office Visited	Person seen	Purpose
July 23rd	CME-AMREF CONFERENCE	CME-AMREF CONFERENCE	CME-AMREF CONFERENCE
July 23rd	AFRI AFYA	1. Prof. Chris Wood (Board Chair) 2. Dr. Carolyn Nyamai (Project Coordinator)	Networking and Establishment of Institutional relationship with AfyaNet
July 24th	Christian Association of Churches of Kenya (CHAK)	1. Dr. S. Mwenda (Secretary General) 2. CHAK Management Team (8 persons)	PDA project presentation and discussing possible project implementation
July 24 <sup>th</sup>	Kenya Medical Association	Ms. Rose Kioko (Executive Officer)	Networking and Establishment of Institutional relationship with AfyaNet
July 24 <sup>th</sup>	KMA	Eliazar Karan	Role in AfyaNet and possible way forward
July 24 <sup>th</sup>	KMA ( <i>Unrelated</i> )	Dr. Simeon Batchelor (Gamos Ltd, UK)	Interview with Silas on RITTC as a case study of InfoDev projects.
July 24 <sup>th</sup>	KNET ( <i>unrelated</i> )	Business Lunch with Dr. Lishan Adam	Business Lunch with Dr. Lishan Adam
July 24 <sup>th</sup>	National Council of Science and Technology	Dr. Rispa Oduwo (Chief Science Secretary)	Networking and Establishment of Institutional relationship with AfyaNet
July 24 <sup>th</sup>	African Medical and Research Foundation (AMREF)	Dr. Peter Ngatia (Director of Programmes)	Networking and Establishment of Institutional relationship with AfyaNet

Date	Office Visited	Person seen	Purpose
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July 25th	University of Nairobi (Institute of Computer Science)	Dr. Bill Okello-Odongo (Not in office but spoke on phone)	Follow-up on RITTC Equipment, Role in AfyaNet and way forward
July 25th	MINISTRY OF HEALTH	Dr. Ahmed E. Ogwell (Head, Division of Non-communicable diseases) and on behalf of The Director of Medical Services & Permanent Secretary (MOH)	<ol style="list-style-type: none"> <li>1. Networking and Establishment of Institutional relationship with AfyaNet</li> <li>2. Discussing possible PDA project implementation with MOH</li> </ol>
July 25th	Kenyatta National Hospital	(Director Not in office, attending Presidential function)	Follow-up on RITTC Equipment and possible re-Networking
July 25 <sup>th</sup>	IPPNW-Kenya	Mr. Paul Saoko (Executive Officer)	Role in AfyaNet, vision and possible way forward
July 25 <sup>th</sup>	AGA KHAN Hospital	Dr. Mohamed Abdullah (Chair, KEMRI, NCST, immediate former NACC chair)	<ul style="list-style-type: none"> <li>❖ Networking and Establishment of Institutional relationship with AfyaNet</li> <li>❖ Discussing pending PDA project implementation.</li> </ul>
July 25 <sup>th</sup>	African Telecommunication Union	Mr. Jan Mutai (Secretary General)	Networking and AfyaNet's role in World Telecommunication's Day
July 25 <sup>th</sup>	AfyaNet Board Meeting at Fairview Hotel	Board Members	Brief on registration process, Vision and IPPNW's role in AfyaNet.

\* There was a missed appointment with the Dean, Faculty of Medicine (University of Nairobi). Follow-up on e-mail or telephone possible.