



PARTNERSHIP & SPONSORSHIP PROPOSAL

PROJECT TITLE: The E-MedicalCamp Telehealth Series: Sustained Healthcare Continuity for Underserved Communities

ORGANIZATION: Rotary Club of Milimani (in partnership with Matibabu Foundation, Global Telehealth Network, and Healthcare Alliance for an Equitable World).

GRANT REF: Rotary Global Grant GG2123166

TARGET IMPLEMENTATION: Thursdays | October 8th – November 26th, 2026

PILOT/HUB CLINICS: Sekenani (Narok), Telek (Narok), Mary Immaculate (South B), St. Catherine's (Mukuru Slums)

1. EXECUTIVE SUMMARY

Access to quality healthcare remains a major challenge in rural and informal urban settlements due to the severe shortage and maldistribution of medical specialists. The **Rotary Club of Milimani**, through Rotary Global Grant **GG2123166** (valued at USD 98,000), has deployed a secure, high-end telehealth platform (VSee) to bridge this gap.

Following our successful physical medical camps, we are now piloting to a 100% online **E-Medical Camp Series**. Over 8 consecutive Thursdays from October 8 to November 26, 2026, local nurses and clinical officers at designated rural/slum clinics will queue patients for virtual consultations with trained volunteer general practitioners and specialists.

While our technology, infrastructure, and local clinical staff are fully operational, achieving nationwide impact requires a multi-sectoral coalition. We invite corporate partners, healthcare institutions, pharmaceutical suppliers, logistics providers, and regulatory bodies to join us in revolutionizing healthcare delivery in Kenya.

2. THE PROBLEM & THE TELEHEALTH SOLUTION

The Challenge:

- **Geographic Barrier:** Rural communities (e.g., Narok) and informal urban settlements (e.g., Mukuru slums) lack access to medical specialists (dermatology, cardiology, pediatrics, internal medicine, etc.).
- **High Costs:** Patients incur heavy travel expenses and delays seeking consultations in urban centers.

- **Supply & Equipment Gaps:** Rural clinics lack the necessary pharmaceuticals and diagnostic equipment to act on specialist diagnoses.

The Telehealth Model:

1. **Triage:** Local nurses at target clinics register and conduct preliminary checks on patients.
2. **Virtual Consultation:** Patients are connected via the secure VSee telehealth platform to registered, trained volunteer doctors working remotely.
3. **Diagnosis & Treatment:** Doctors access uploaded lab results, conduct virtual assessments, issue digital prescriptions, and recommend referrals where necessary.

3. PROGRAMME TIMELINE & WORKFLOW

- **Information Session for Doctors:** Thursday, 3rd September 2026
- **Doctor Onboarding & System Training:** Starts 10th October 2026
- **E-Medical Camp Live Operations:** Thursdays, 8th October – 26th November 2026 (10:30 AM – 3:30 PM EAT)

4. STAKEHOLDER ENGAGEMENT & PARTNERSHIP OPPORTUNITIES

We offer customized partnership avenues tailored to the strategic objectives of different stakeholders:

A. Hospitals & Healthcare Institutions

- **Role:** Donate medical staff (GPs & Specialists) to provide virtual consultations (1–2 hours weekly or bi-weekly) and serve as referral centers for critical cases requiring physical interventions.
- **Benefits:** Fulfill institutional Corporate Social Responsibility (CSR), expand doctor exposure to digital health tools, and gain visibility as a pioneering healthcare institution.

B. Corporate Bodies & Telecoms (IT Infrastructure)

- **Role:** Donate or sponsor digital hardware (laptops, tablets, routers) and high-speed internet connectivity/data bundles for rural clinics and volunteer doctors.
- **Benefits:** Brand visibility across Rotary channels and media, direct contribution to Sustainable Development Goal (SDG 3: Good Health & Well-being and SDG 9: Innovation), and measurable ESG impact metrics.

C. Pharmaceutical Companies & Medical Suppliers

- **Role:** Donate essential medications, diagnostic consumables, and basic point-of-care medical kits for the rural/slum clinics servicing the camp.
- **Benefits:** Direct impact on patient outcomes, product recognition in community health centers, and CSR alignment with Universal Health Coverage (UHC) goals.

D. Government & Regulatory Bodies (e.g., KMPDC, Ministry of Health)

- **Role:** Provide program approvals, facilitate licensing frameworks for telehealth service providers/professionals, and accredit the Telehealth Training Module so volunteer doctors receive **Continuing Professional Development (CPD) points**.
- **Benefits:** Advance national UHC objectives, capture actionable digital health data, and support structured capacity building for medical professionals.

E. Insurance Companies & Financial Institutions

- **Role:** Sponsor patient consultation tokens, fund local clinic micro-infrastructure, or subsidize secondary treatment costs for needy patients.
- **Benefits:** Drive preventive healthcare advocacy, build community goodwill, and position your brand as a technology-forward health sponsor.

F. Emergency & Ambulance Service Providers

- **Role:** Provide emergency evacuation and patient transport standby services for critical cases identified during virtual triage.
- **Benefits:** Integration into a structured referral network and high-visibility community service branding.

5. WHAT ROTARY BRINGS TO THE TABLE (PARTNER BENEFITS)

- **Governance & Transparency:** Managed under strict Rotary International and TRF Global Grant reporting standards, ensuring total accountability.
- **Brand Visibility:** Your logo featured on the [club website](#), all digital promotional flyers, social media campaigns, event banners, and media releases.
- **Measurable Impact:** Receive structured post-camp impact reports detailed with patient reach metrics, demographics, and clinical outcomes for your corporate reporting.
- **Recognized Certification:** Jointly awarded certificates of recognition and appreciation for participating institutions and doctors.

6. PROPOSED STAKEHOLDER SUPPORT MATRIX

Stakeholder Category	Contribution Requested	Strategic Impact
Hospitals & Clinics	Doctor volunteer hours & referral support	Reduces specialist access deficit in rural Kenya
IT & Telecoms	Laptops, 4G/5G Routers, Internet Subscriptions	Ensures zero downtime during virtual consultation sessions
Pharma & Medical Suppliers	Essential medicines, test kits, diagnostic equipment	Completes the care cycle from virtual diagnosis to treatment
Ambulance Providers	Emergency evacuation standby	Guarantees patient safety for acute conditions
Regulatory Bodies	CPD Point Accreditation for volunteer doctors	Incentivizes medical practitioner participation

7. CALL TO ACTION & CONTACT DETAILS

Join us in leveraging modern technology to make healthcare accessible to every Kenyan, regardless of geography or economic status. Together, we can turn a national doctor shortage into a model of digital collaboration.

To discuss partnership opportunities, please contact:

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