Kenya Institute for Clinical Artificial Intelligence

A Business Case and Proposal to the Board

FUNDING REQUEST FOR PHASE 0

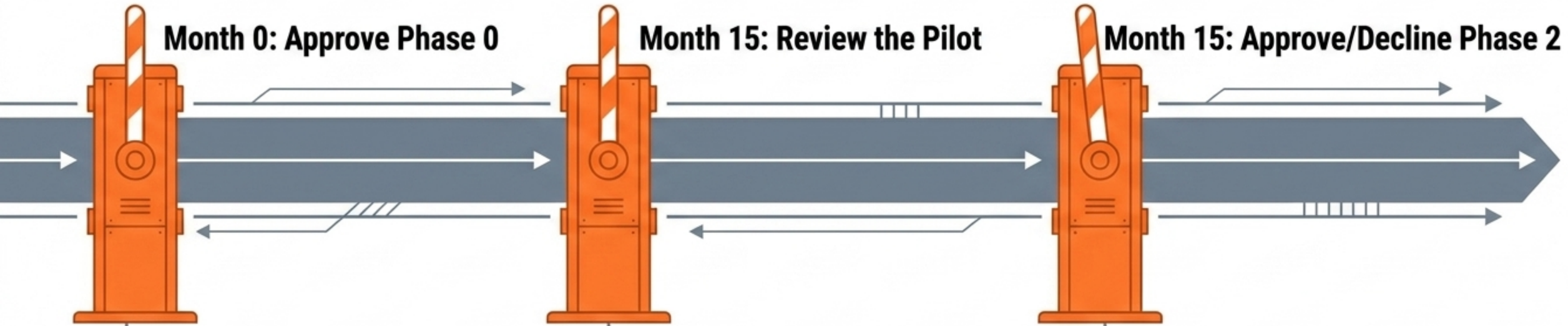
CAPITAL ALLOCATION & GOVERNANCE MANDATE

> “The honest headline: this does not wash its own face, and it is not designed to.”

USD 17.37 m Five-year expenditure	**USD 5.34 m** Five-year earned income	**USD 12.03 m** Five-year subsidy required
21,746 Learners certificated	**71 FTE** Core establishment at steady state	**49%** Earned-income cover, Year 5

Full cost recovery would require 2.1x the projected income, necessitating fee levels that Kenyan clinicians cannot pay. The Institute is a subsidized public good with a growing earned-income component.

The commonest way institutions of this kind fail is scaling an unevaluated pilot. **I would rather the Board declined at Gate 2 than approved a program that failed to change behavior.**



Month 0: Approve Phase 0

Authorize USD 1.94 m over months 0–12. Establishes the foundation, simulation center, and initial team. The only decision that commits capital today.

Month 15: Review the Pilot

Independent evaluation of a 120-learner, single-hospital pilot is published. Strict Condition: If it does not change workplace behavior, redesign, do not scale.

Month 15: Approve/Decline Phase 2

Scaling commits the recurrent cost base (USD 3.6 m rising to USD 4.9 m).

The Host Gains Competence First.

The pilot is single-site by design. If successful, this hospital's staff are the first to hold the certificate and have AI-assisted practice audited.

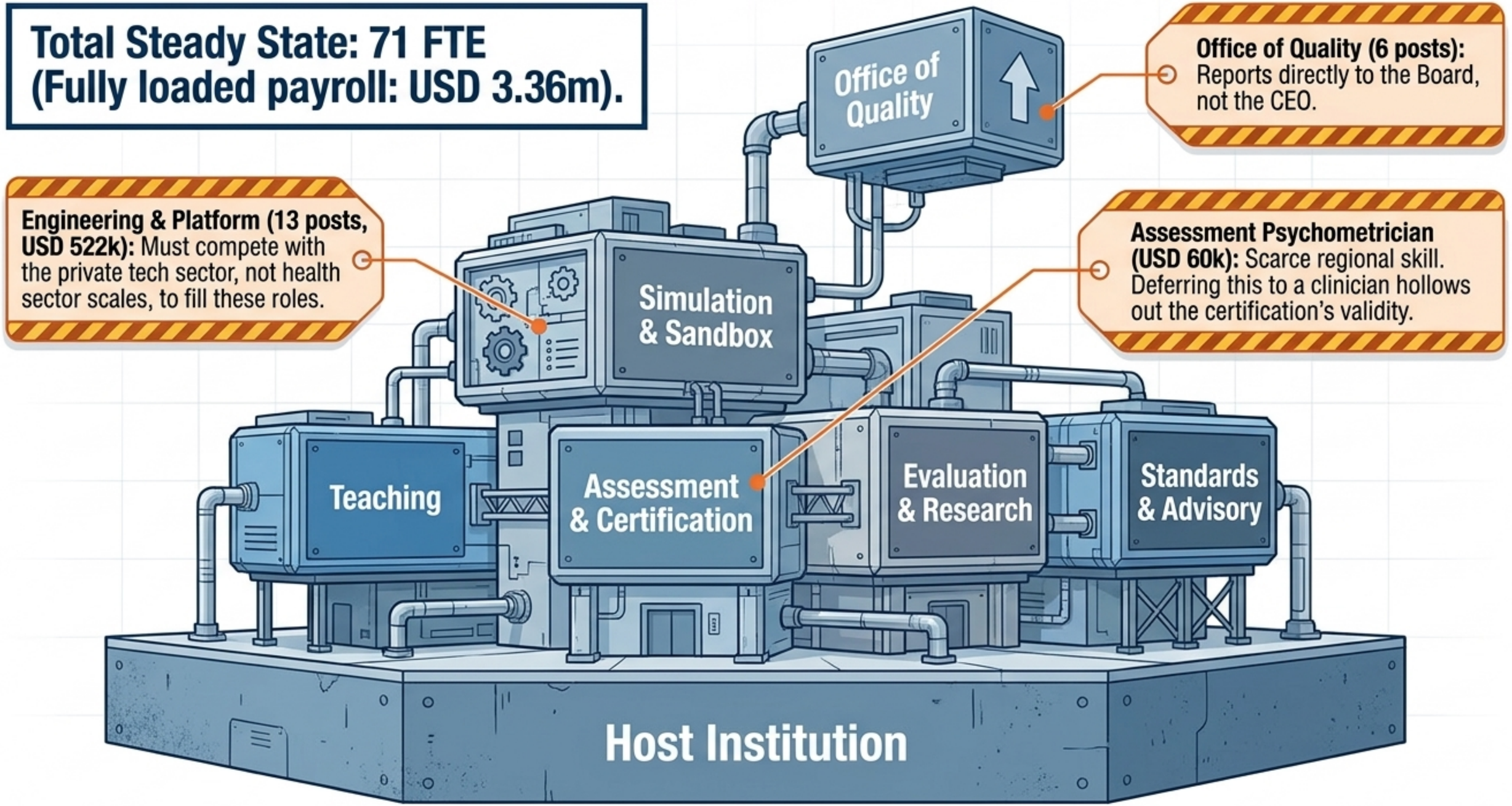
The Invisible Cost of Inaction.

Clinicians are already using these systems, untaught and unassessed. The cost is it is unmeasured. A single AI-contributed adverse event, lacking training records or governance, costs more in reputational and inquiry terms than a year of this program.

The Vanishing Window for Primacy.

No teaching hospital in the region has moved. North American medical schools jumped from 53% to 77% AI-curricular adoption in a single year. That adoption curve is arriving in Kenya now.

Total Steady State: 71 FTE (Fully loaded payroll: USD 3.36m).



Office of Quality (6 posts): Reports directly to the Board, not the CEO.

Engineering & Platform (13 posts, USD 522k): Must compete with the private tech sector, not health sector scales, to fill these roles.

Assessment Psychometrician (USD 60k): Scarce regional skill. Deferring this to a clinician hollows out the certification's validity.

	L1: Foundation (12 h)	L2: Practitioner (36–40 h + logbook)	L3: Advanced (60 h + project)	L4: Faculty (Pedagogy core + practicum)	L5: Fellow (12 months)
Physicians	Foundation Certificate, 12 h, 120	Practitioner Certificate (by track), 36–40 h + logbook, 220	Advanced Certificate, 60 h + project, 220	Certified Instructor, pedagogy core + practicum 650	Fellowship, 12 months, 220
Surgeons/ Proceduralists	Foundation Certificate, 12 h, 220	Practitioner Certificate (by track), 36–40 h + logbook, 220	Advanced Certificate, 60 h + project, 220	Certified Instructor, pedagogy core + practicum 650	Fellowship, 12 months, 220
Nursing/ Midwifery	Foundation Certificate, 12 h, 220	Practitioner Certificate (by track), 36–40 h + logbook, 220	Advanced Certificate, 60 h + project, 220	Certified Instructor, pedagogy core + practicum 650	Fellowship, 12 months, 220
Administrators/ Managers	Foundation Certificate, 12 h,	Practitioner Certificate (by track), 36–40 h + logbook, 220	Advanced Certificate, 60 h + project, 220	Certified Instructor, pedagogy core + practicum 650	Fellowship, 12 months, 220
Health Informaticians	Foundation Certificate, 12 h,	Practitioner Certificate (by track), 36–40 h + logbook, 220	Advanced Certificate, 60 h + project, 220	Certified Instructor, pedagogy core + practicum 650	Fellowship, 12 months, 220

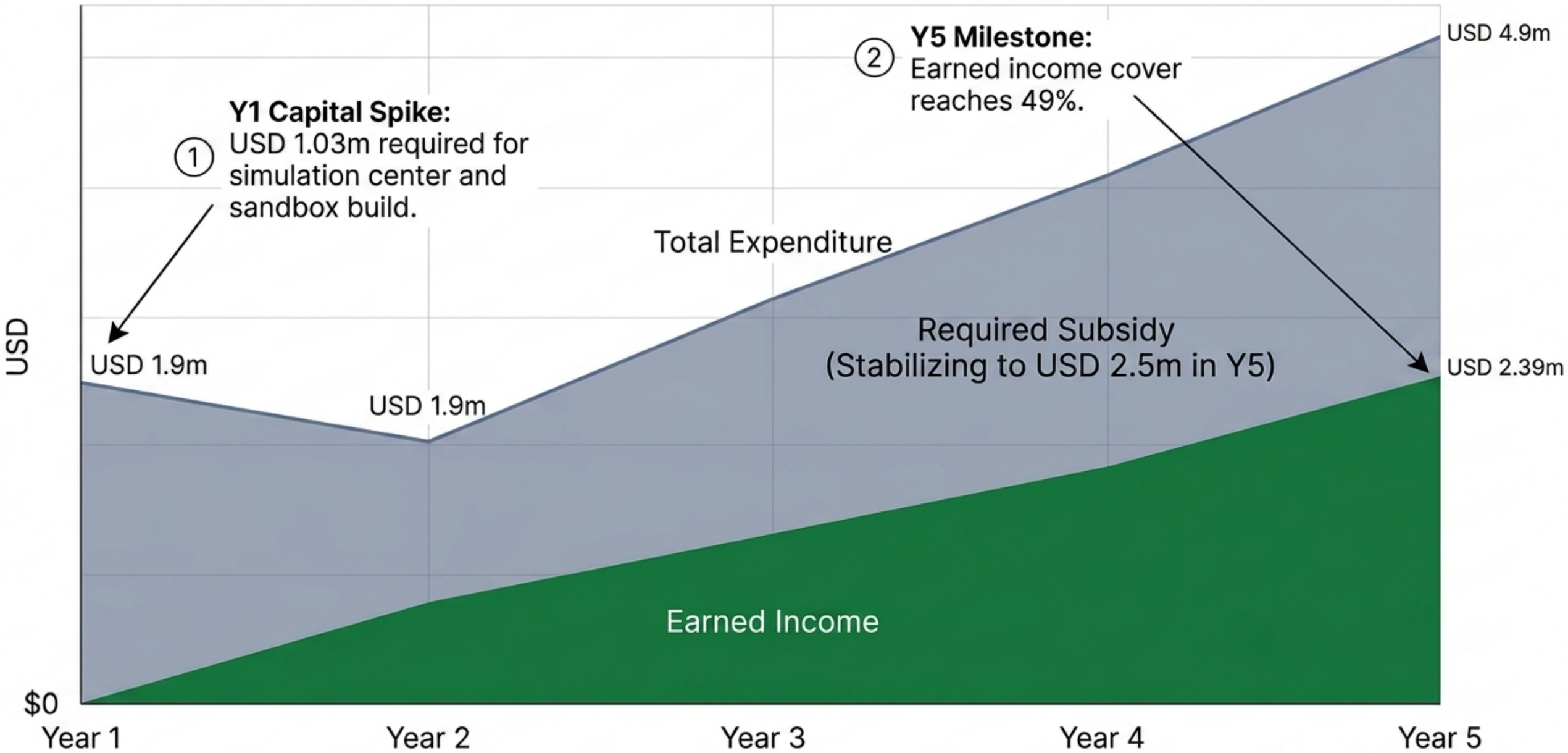
The Pedagogical Core: Error Detection

A 2025 trial showed physicians defer to deliberately erroneous AI output even after 20 hours of basic literacy training.

Therefore, an **error-catch rate** is a conjunctive pass requirement.

Progression strictly requires passed assessments and countersigned logbooks; there is no ‘time-served’ route.

The Strategic Ledger



All-in cost per learner, Year 5

USD 544

Equivalent to:

A single day of specialist locum cover.

Break-even math: To reach full cost recovery (USD 4.92m) would require doubling fees, which would price out vital county-level cadres like nursing, destroying the Institute's core public health mission.

The Strategic Ledger

25% Host Institution: Cash and in-kind (premises, finance, HR, legal). Note: Premises for a simulation center is a highly material line.

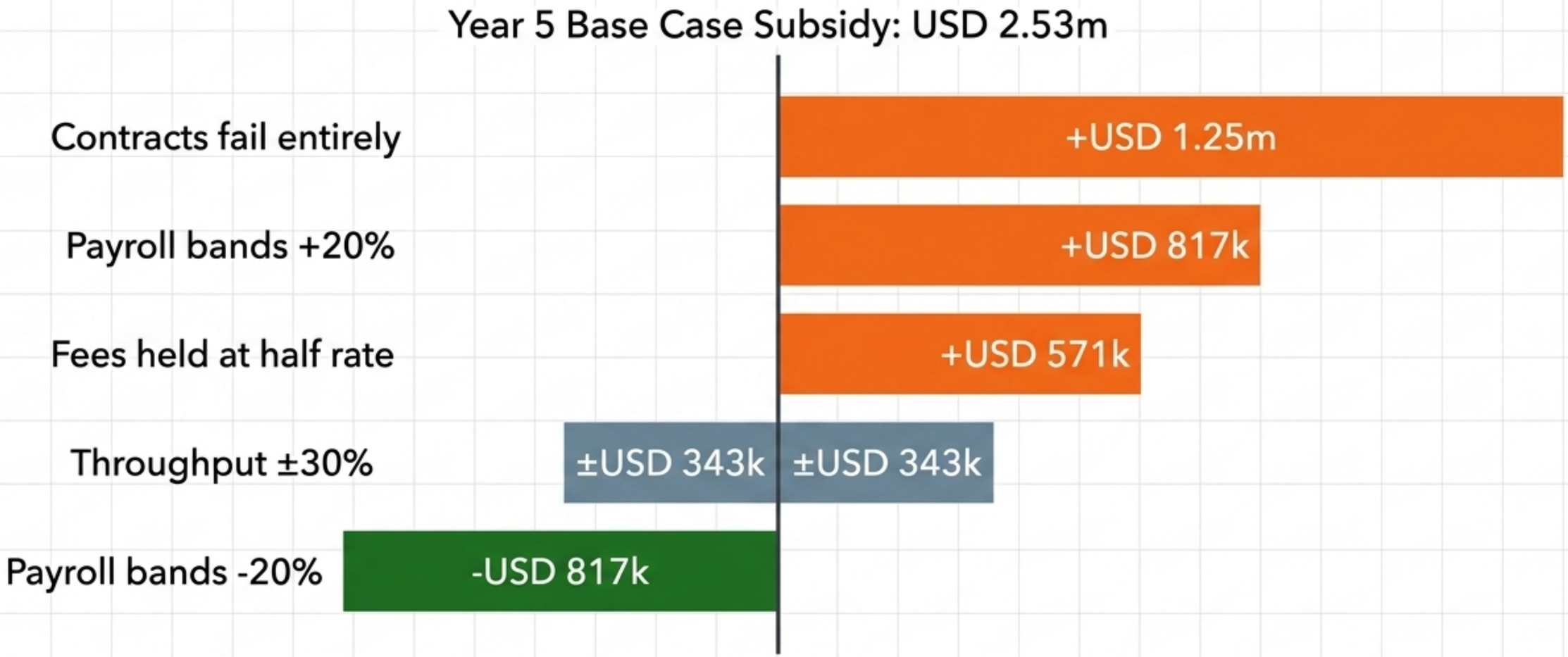
45% Philanthropic/Development Partners: Global health funders; the evidence case is strong and Kenyan.

20% CPD Funding: Council- and employer-funded places.

10% Research Grants: The evaluation programme is fundable in its own right.

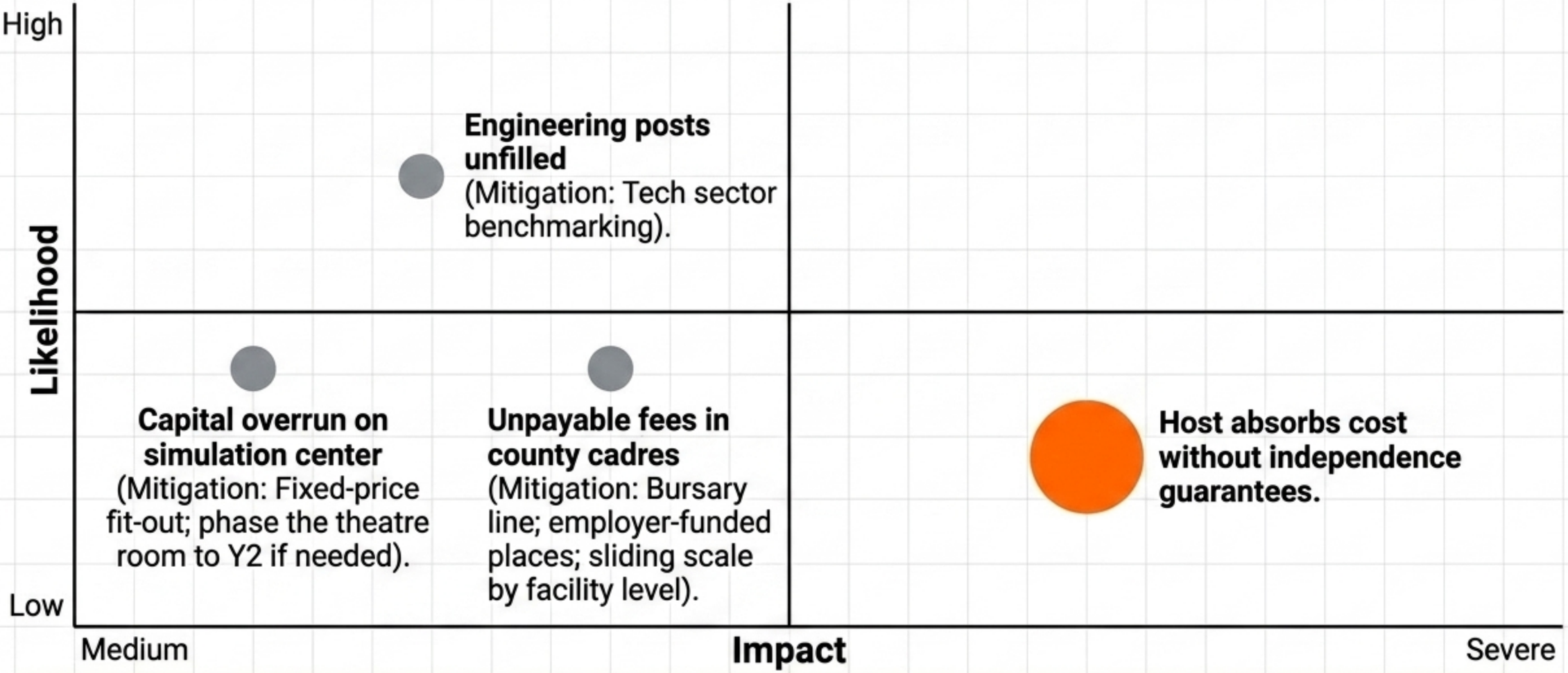
Strategic Callout: The 45% philanthropic share carries execution risk. Funders cannot be credibly approached until Decision 1 is taken and the founding team is actually established.

The Strategic Ledger



Takeaway: Payroll bands and contract income span roughly USD 2.1m of variance. The base case is a midpoint, not a guaranteed forecast.

The Strategic Ledger



An Institute whose evaluations can be suppressed by its host is worth less than nothing—it would launder deployments rather than test them. Independence must be written into founding instruments as a condition of Decision 1.

The Strategic Ledger

The Strategic Ledger

THE FINANCIAL ASK

USD 1,936,662

(Months 0–12)

USD 906k recurrent

USD 1.03m capital

The Deliverables (What it Buys)

- [ ] Governing board constituted and independence instruments executed.
- [ ] The founding nine staff recruited.
- [ ] Competency standards drafted with KMPDC and Nursing Council.
- [ ] 12-hour common core written, peer-reviewed, and piloted.
- [ ] Sandbox and case corpus built.
- [ ] First instructor cohort certified.

The Output: A 120-learner pilot at this hospital, with an independent evaluation published at Month 15.

We are building a measurable reduction in the rate at which AI contributes to harm in this hospital's own wards.

At Month 15, an independent evaluation will be published. At that point, the Board decides if it works.