



GOVERNMENT OF THARAKA NITHI COUNTY

# THARAKA NITHI COUNTY COMMUNITY HEALTH INVESTMENT CASE



One of the “best buys” in primary healthcare, the Community Health Program (CHP) offers numerous health advantages, as well as social and economic benefits (Haines et al., 2007). Through task shifting, CHP lowers the number of patients treated in facilities and increases the coverage of critical healthcare services within the health system, all while generating temporary cost savings in other areas of the health system (Perry & Zulliger, 2012). Up to three million fewer deaths annually may be avoided if essential, affordable interventions were more widely available worldwide and delivered by qualified Community Health Workers (CHWs) (World Health Organization, 2015b). Additionally, CHWs play a critical role in mitigating the severe scarcity of qualified healthcare professionals, particularly in low-resource environments and shaky health systems (Condo et al., 2014). By improving human capital overall and enabling many families to escape poverty, investments in CHP can quicken economic growth through higher output from a healthier population (World Health Organization, 2015b).

Tharaka Nithi County Government has over the last 5 years exhibited commitment to community health as evidenced by the tremendous growth of the program since inception. Substantial investments have been made to bolster the recruitment, training and equipping the Community Health Promoters (CHPs) to improve their performance and increase efficiency in reducing disease burden within the county. Great impact has been realized among the key health indicators that the CHPs focus on such as the maternal and child health services. Specifically, since the deployment of 1000 CHPs in 2017, the county has not experienced any cholera outbreak which were often experienced before then. The commitment to community health has been backed up by the recently approved County Community Health Strategy (2021-2025) which conclusively highlights the community health current state and key priorities for the county. The investment case therefore come in handy to present core arguments for investing in community health and support the resource mobilization process towards the implementation of the Community health strategy 2021-2025

## Total cost of programmes

KES 758M

USD: 6.71M

## Return on investment (ROI)

1:10.3



# Tharaka Nithi County Community Health Program

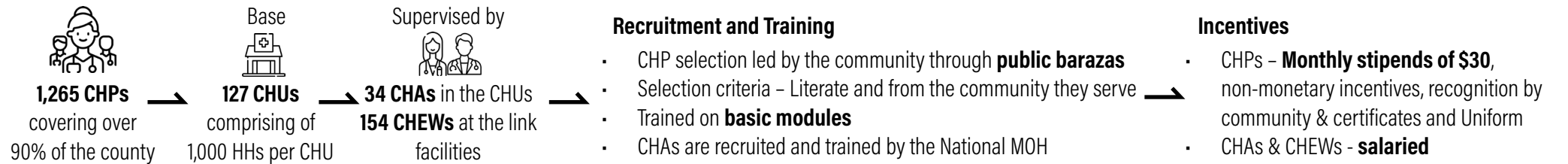
## Governance Structure

- The **Department of Health Services and Sanitation** oversees the management of the Community Health Unit. The unit is coordinated by the **County Community Health Focal Person** responsible for the **CH strategy formulation and implementation, planning, budgeting, monitoring and evaluation**
- At the sub county level, **6 Sub County CH Focal Persons** are responsible for **coordination, management and supervision** of CH services at the sub counties
- At the health facility level, CHS is coordinated by the **CHEW** in collaboration with the **CHA**
- At the CHU level, governance is done by **the CHCs**, supervised by the **CHAs**

## Policy Framework/ Strategy

- There is a **Community Health 2021 – 2025 Strategy**, with a **costed implementation plan**. The county strategy is anchored to the National CH policy and strategy
- **County Health Services and Sanitation Act, 2021**
- **Facility Improvement Fund Regulations, 2023**

## Community Health Workers



## Service Delivery Package

- Offer households **preventive, promotive, rehabilitative** and **outreach** services
- Each CHP **assigned 100 households**
- Time spent – **10 hours per week**

## Financial Costs and Sustainability

- CHS is a **budget line item** in the county budget
- CHAs & CHEWs are **employed and paid** by the National and County Governments respectively
- Some CHUs have **IGAs managed** by the CHPs

## Strengths of the Program

- **Coordination** -> Harmonization of community health development partners through a **Partnership Coordination Committee**
- **Policy & Strategy** -> Approved 5-year community health strategy with a **costed implementation plan**
- **Political Commitment** -> High-level political support from the Governor's office; facilitated the scale-up of the program and payment of stipends
- **Supervision** -> **Adequate supervision** with CHA and CHEW supervision roles well defined
- **Financing** -> **Domestic resource allocation** from the county government and development partners
  - CHAs & CHEWs are **salaried** and part of the PHC system
  - **Stipend**
  - **IGAs in some CHUs**

## Development Partners

- Village Hope Core International
- Financing Alliance for Health
- Kenya Red Cross Society
- Plan International
- Fred Hollows

## Methodology for the development of the Investment case

To compute the ROI, we employed different tools including:

1. ABC costing method and the UNICEF/MSH Community health costing and Planning tool to calculate the total program cost for the five-year strategy. The UNICEF/MSH tool is designed specifically for community health hence its choice.
2. Spectrum List tool. The List tool was used to calculate the estimated number of lives saved from the implementation of the CH program.
3. The excel based ROI tool. The tool uses outputs from the costing and the lives saved to calculate the return on investment.

## The case for investing in Community health

### Health impacts

With changing disease burdens and patterns, prevention and promotion of health is becoming more and more critical. Community health is the backbone of disease prevention and promotion at the community level. Community health programs impact on health outcomes, particularly in low resource settings is evident especially on maternal and child health and in hygiene and sanitation services. Community health programs are key towards the achievement of goals such as:

#### Sustainable development goals

**SDG target 3.1:** Reducing maternal mortality by ensuring that all the pregnant mothers attend their recommended 4 antenatal clinics and deliver under skilled birth attendance. Largely, this has reduced the number of maternal deaths due to the reduced home deliveries.

**SDG 3.2:** End all preventable deaths for under 5 years of age. The CHPs play a great role by ensuring that all the children under the age of 5 are fully immunized, managing diarrhoea, malaria and pneumonia before they progress and referring cases that can't be managed at home. Additionally, by visiting all new borns within their CHUs, educating the new mothers on exclusive breast feeding and monitoring their vitals has greatly contributed to better neonatal health outcomes.

**SDG 3.3:** Fighting communicable diseases. The CHPs are playing a great role in reducing deaths from communicable disease such as TB by supporting TB DOTs, and defaulting tracing to ensure all patients complete their treatment, distributing ITNs to all pregnant mothers and children under the age of 5 years to reduce malaria incidences as well as distributing water treatment tablets to prevent water-borne diseases.

**SDG 3.4:** Reducing mortality from non-communicable diseases and promote mental health. Through screening and referral for diabetes and hypertension the CHPs have greatly improved the health of the population and prevented deaths that could have come with late diagnosis. Additionally, they support the patients with nutritional advice and lifestyle changes to promote their health.

**SDG 3.7:** Universal access to sexual and reproductive care, family planning and education. CHPs are on the frontline to ensure universal access to FP through condom distribution, health education on family planning and referrals.

#### County Goals

Through the third-generation County Integrated Development Plan, (CIDP 2023- 2027), Tharaka Nithi county aims to reduce maternal and neonatal mortality, achieve Universal Health Coverage, including financial risk protection and increase access to quality essential healthcare services. The achievement of these goals cannot be realized without the support of community health workers who are increasing access to health care to the last mile communities, ensuring that mothers attend their ANC clinics and deliver under skilled birth attendance and ensure that all the children get the required immunization.



### **Notable CH impact within the county**

Community health already has shown impact in improving the health outcomes within the county proving the need to strengthen the program and invest more to continue reaping the benefits. Such benefits experienced include on diseases areas such as:

#### **3.1.6. Child Health:**

Since the increase of CHPs in the county in 2018, great health outcomes on child health have been realized including increase in the number of children fully immunized from 72.3% in 2018 to 82% in 2021. These milestones can be attributed to the great effort by the CHPs to trace and refer all the immunization defaulters, frequent home visits to all under five children for growth monitoring and referral in case of any identifiable problem beyond their scope. Through nutrition education, the CHPs have also improved the general nutritional status of the children. Using their MUAC tape, they are able to identify and refer malnourished children for treatment and management reducing the rate of stunting growth prevalence to 22 %.

#### **3.1.7. Reproductive and Maternal Health**

Community health workers promote reproductive health through health education on family planning and delivery of family planning products such as the condoms improving the FP utilization rate from 67.2% in 2017 to 74.9% in 2021. On maternal health, through education and promotion of 4 ANC for pregnant women and skilled birth attendance the rates have increased greatly from 38.9% to 52% and 57.8% to 78.3% respectively between 2017 and 2021.

#### **3.1.8. Tuberculosis**

Community health has played a great role in improving the TB patient's health outcomes by identifying the defaulters and accompanying them to the health facility to resume treatment. Further they support the TB DOTS program by conducting home visits to all the TB patients' homes and ensuring they adhere to their drugs and good nutrition. This has greatly improved the TB treatment coverage at 92% in the year 2022.

### 3.1.9. Hygiene and Sanitation

Tharaka Nithi County is among the few counties in the country with villages that has been declared open defecation free with a latrine coverage of 92%. The county boast of a strong community health program that have enabled the achievement by digging latrines in homes during the action days. During each month, the CHPs would identify a household without a pit latrine and would support the digging and fencing of the latrine then go ahead to construct an improvised hand washing facility within the household.

*"Within the households I have been allocated to serve, in 2019, I took people to court for refusing to dig latrines in their homestead and I was not afraid since they were pulling us back while I wanted my villages to be declared ODF, as we speak, every household in my area has a latrine and we have not had any cholera case since then. I am very proud to be a CHP in Tharaka Nithi County" Marcellino, the oldest CHP in the county.*

### Impact to the economy and the society

#### 4.1.1. Community health as a bridging gap within the health workforce.

Globally, there exists a huge gap in the health care workforce leading to sub optimal performance by the health care providers due to work overload. Community health promoters come in to bridge this gap by providing services at the community level hence reducing the number of patients getting to the health facilities. This reduces the workload on the higher healthcare system leaving the health providers only to focus on the major cases that require their attention.

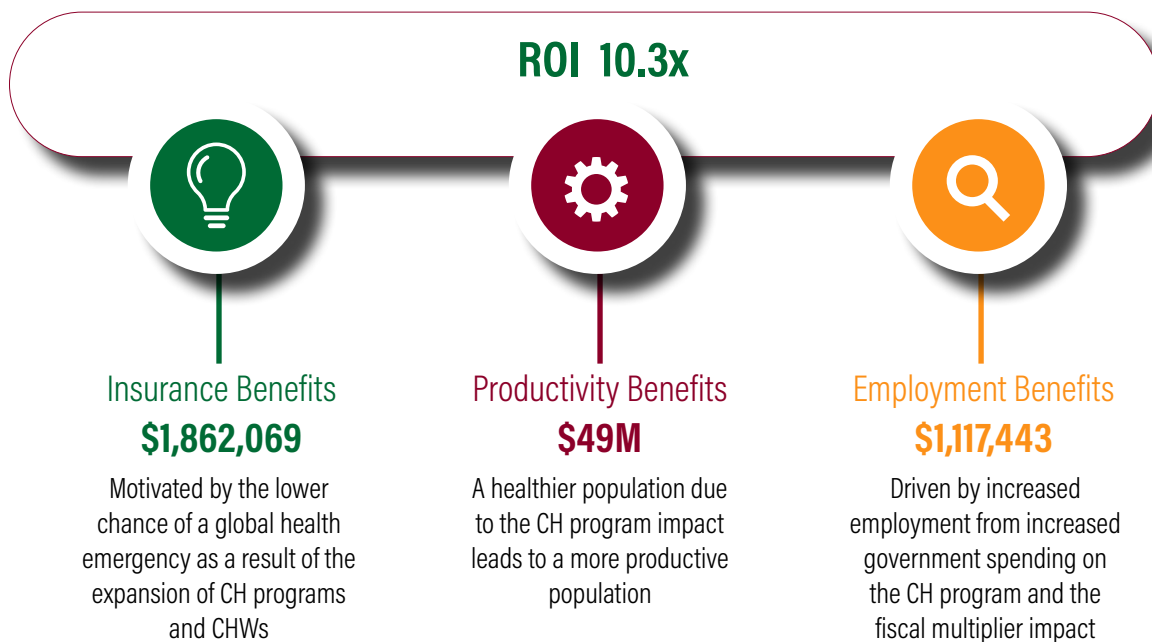
#### 4.1.2. Community health offers employment, economic empowerment and promotes gender equity.

The CHPs earn a stipend which improves their household income, additionally, the CHUs have created income generating activities which offers economic empowerment improving the living standards of the communities. From the earning, the CHPs are able to educated their children and offer better nutrition leading to better health outcomes. Additionally, 65.8% of the CHPs in the county are women. This promotes gender equity in the employment sector as well as general economic improvement within the community owing to role of a women in the community.



## Community health long term benefits

Investing in Community health in Tharaka Nithi County has potential to yield long term benefits positive benefits of up to USD 10.3 for every dollar invested in the program.



Benefit per death averted  
**\$141,011**

**Projected no. of lives saved over the 5 years**  
Child deaths averted: 330  
Maternal deaths averted: 18

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**Resulting effect on the GDP from spending on the program**  
**\$1,117,443**



## Cost of the fully scaled up program by inputs

Strategy Costs by Input	Estimated Annual Input Costs					Total Input Costs
	2021/22	2022/23	2023/24	2024/25	2025/26	
CHP stipends	45,540,000	45,540,000	45,540,000	48,540,000	48,540,000	233,820,000
CHP equipment	24,515,700	14,139,804	56,260,179	12,704,000	13,365,434	120,985,902
Medicines and supplies	1,022,823	1,290,138	1,531,755	1,802,610	2,193,423	7,840,749
CHA/CHEW equipment	113,750	4,576,774	1,751,036	5,058,398		6,441,560
Supervision visits	4,344,760	4,570,688	4,808,363	18,009,700	5,321,435	24,103,644
CHP trainings	34,509,683	27,457,683	18,935,533			98,912,600
CHA/CHEW Trainings	4,700,067	5,332,767	2,806,967			12,839,800
Management Equipment			65,198			65,198
Management meetings	6,332,000	6,332,000	6,332,000	6,332,000	6,332,000	31,660,000
Other recurrent costs	30,263,515	31,837,218	33,492,753	35,234,376	37,066,564	167,894,427
Start-up costs	10,364,830	12,128,756	5,576,013			28,069,600
Capital costs	7,505,704	3,346,673	4,058,585	4,835,486	5,682,210	25,428,658
<b>Total Annual Costs</b>	<b>169,212,832</b>	<b>156,552,501</b>	<b>181,158,382</b>	<b>132,577,356</b>	<b>118,561,066</b>	<b>758,062,138</b>

**Funding needed**  
KES 758M  
USD 6.71M

**Funding Available**  
KES:238M  
USD: 2.12M

**Funding Gap**  
KES: 514M  
USD: 4.59M

**Source:** Tharaka Nithi County Community Health strategy 2021-2025





## Conclusion and Recommendations

Investing in community health is a guaranteed value for money and an essential path towards the achievement of global, national and county goals.

### Recommendations:

1. Disseminate the CHP investment case widely to multiple government stakeholders, including the finance and health ministries, to mobilize and prioritize the financing of community health programs by allocating more funds to the program. In addition, the Department of Health (DoH) should internally reallocate funds to CHP to target areas of greater returns on investment.
2. Arrange follow-up roundtable talks with interested parties to create a sustainable plan for mobilizing resources that is in line with programmatic and financial constraints.

Notably, the program has high yield both on the health outcomes, economy and the society in general.

Community health however cannot be a stand-alone program and therefore relies heavily on the larger health care system for maximum impact. This is true as it relies on the health facilities for referrals, data reporting, supplies, supervision and training.

**For the full realization of these benefits, the 1:10.4 return is only possible with "a strong program". This calls for:**

- |   |                                       |
|---|---------------------------------------|
| 1. Strong leadership in planning, implementation and supportive supervision | 5. High impact training               |
| 2. CHPs integrated and part of the frontline PHC workers                    | 6. Sustainable financing              |
| 3. Adequate resources, tools and supplies                                   | 7. Engaged communities                |
| 4. Consistent remuneration and incentives                                   | 8. On-going monitoring and evaluation |

### References:

1. Haines, A., Sanders, D., Lehmann, U., Rowe, A. K., Lawn, J. E., Jan, S., . . . Bhutta, Z. (2007). Achieving child survival goals: potential contribution of community health workers. *The Lancet*, 369(9579), 2121-2131.
2. Condo, J., Mugeni, C., Naughton, B., Hall, K., Tuazon, M. A., Omwega, A., . . . Ngabo, F. (2014). Rwanda's evolving community health worker system: a qualitative assessment of client and provider perspectives. *Human Resources for Health*, 12(1), 1-7.
3. Perry, H., & Zulliger, R. (2012). How effective are community health workers.

