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Nyamrerwa – Eyes on the Ground: The Role of the Community Health Promoters in Engaging the Community in Integrated Universal Health Coverage in Kenya

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Abstract:. Universal Health Coverage (UHC) stands as a global imperative, aimed at ensuring that all individuals, regardless of their socio-economic status or geographic location, have access to essential healthcare services. It has emerged as a global priority for achieving equitable access to quality healthcare services. In the context of Kenya, a country striving to achieve UHC by 2030, community engagement is essential to ensuring that healthcare reaches all citizens, especially those in underserved and remote areas. Kenya's healthcare landscape is characterised by disparities in access, resource constraints, and a diverse population spread across urban and rural areas. These challenges have necessitated innovative approaches to bring healthcare closer to the people, particularly those residing in remote regions. CHPs, individuals from within the community who are trained to provide basic healthcare services and health education, have emerged as indispensable agents of change in this context. This paper explores the pivotal role played by Community Health Promoters (CHPs) in Kenya's journey toward integrated UHC. Kenya's healthcare landscape is marked by geographical disparities, limited resources, and a diverse population. CHPs, who are community members trained to provide basic healthcare services and health education, have proven to be a crucial link in bridging these gaps. This paper presents a comprehensive analysis of the ways in which CHPs facilitate the integration of UHC principles at the grassroots level. The study draws on a combination of qualitative and quantitative research methods, including interviews, surveys, and case studies conducted across various regions of Kenya. It examines the impact of CHPs in improving healthcare access, promoting preventive care, and increasing health literacy within their communities. It investigates the multifaceted roles played by CHPs in promoting integrated UHC and the impacts they have achieved within their communities. Furthermore, it analyses the challenges faced by CHPs in fulfilling their roles and suggests policy recommendations to enhance their effectiveness. Key findings highlight that CHPs have not only increased healthcare awareness but have also reduced healthcare disparities by providing timely and culturally sensitive care. They have acted as advocates for marginalised populations, fostering a sense of community ownership of healthcare services. Despite their invaluable contributions, CHPs face several challenges in fulfilling their roles effectively. These include limited resources, inadequate training, and the need for sustainable incentives. To bolster their impact, policymakers should consider investing in ongoing training programs, strengthening the supply chain for essential medicines and equipment, and devising mechanisms to recognise and compensate CHPs for their services. In Kenya's relentless pursuit of UHC, the role of Community Health Promoters cannot be overstated. Their efforts have transformed healthcare access and delivery at the community level. By providing immediate care, promoting preventive practices, and increasing health literacy, CHPs contribute significantly to the realisation of integrated UHC in Kenya. This paper contributes valuable insights for policymakers, healthcare practitioners, and researchers aiming to strengthen community involvement in achieving UHC goals. It underscores the importance of recognising and supporting the role of CHPs as key drivers of progress towards integrated Universal Health Coverage in Kenya. As Kenya and other nations strive to make healthcare accessible to all, this research sheds light on the pivotal role of community health promoters in achieving truly comprehensive and equitable healthcare systems.

Keywords: Community Health, UHC, CHVs, CHPs.

INTRODUCTION

"Community health is the cornerstone of care in many countries, extending beyond traditional health care settings, reaching into communities and households. At the forefront are community health workers who often travel door to door, through challenging terrains, bringing health care to people who otherwise may not have access to care. Despite being critical frontline workers in many health systems, they are frequently poorly trained, under-resourced, and undervalued, often receiving minimal compensation or no compensation at all." – Dr. Linda Amarkai Vanotoo, Senior Program Director, Community and Primary Health Care, Results for Development, December 2023.

Universal Health Coverage (UHC) seeks to ensure that access to essential health services is made available and affordable to all the citizens especially in the face of financial hardships. There is the recognition of the need for a comprehensive and integrated approach to health care in Kenya that goes beyond the regular health service institutions. It is because of this that the pursuit of UHC has gained momentum in the Kenyan health systems debate. There is the desire to transform the health delivery system and at the heart of this transformation is the critical role played by the Community Health Volunteers (CHVs) who are now recognised officially by the Government structures as Community Health Promoters (CHPs). These are trained persons within the local

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community who are mandated to act as the bridge between the formal healthcare system and the varied needs of the rural population, and increasingly, even in the urban slums.

According to Kibe (2020), nurses and midwives play a central role in enhancing essential primary health care across the world. The Universal Health Coverage (UHC) 2030 underscores the contribution of nurses towards the Universal Health Coverage in the run-up to achieving sustainable development goals. In many countries, nurses/midwives are the first line professional contact with patients. This is particularly true for many low and middle-income countries (LMICs) where nurses and midwives are the only health professionals seen by patients in primary health care facilities. However, nurses and midwives face structural challenges as well as financial constraints that make their work extremely difficult, especially in the inaccessible remote areas of Kenya. They have also faced risks in the delivery of their services during pandemics as was seen in the case of the Ebola pandemic in West Africa and back home during the Covid-19 pandemic where many nurses were infected with the virus and some even lost their lives in line of duty. It is because of this that there has been a clarion call for leaders to contribute more to the health and well-being of nurses/midwives by partnering to ensure nurses/midwives are protected, motivated and supported to deliver health care.

In this paper, we show that integrated community health platforms are the backbone of the health care system. We also present the main challenges that have led to the adjustments and transformations that have necessitated the introduction of the Community Health Promoters into the healthcare system to help Kenya achieve the UHC agenda. We also present the opportunities in engaging the community for integrated UHC in Kenya, thereby shining a spotlight on the indispensable contributions of Community Health Promoters in this ambitious national endeavour.

According to the Kenya Community Health Strategy 2020-2025 (Republic of Kenya, 2020), Community health approach is based on the concept of primary healthcare and focusses on the principles of partnership, community participation, empowerment and access to health care services. The goal of community health services is to bring health services closer to the households thereby improving preventive, promotive and rehabilitative health of communities.

A Brief History of Community Health Worker (CHW) Programs

The first example of formally well-trained non-physicians to carry out duties that were normally given to physicians is Russia's Feldhsers who, in the late 1800s, were trained as paramedics to assist physicians and to function in their stead in rural areas where physicians were not present (Perry, 2013). The first example of a large-scale CHW program was in Ding Xian, China, in the 1920s, where illiterate farmers were trained to record births and deaths, vaccinate against smallpox and other diseases, give first aid and health education talks, and help communities keep their wells clean. As the health needs of the rural poor community became more apparent, there emerged the need to develop new approaches to address these needs and it is as a result of this that the Barefoot Doctor concept gained attention around the world as a type of alternative health worker who could complement more highly trained staff who did not have university-type training as medical doctors or graduate nurses, such as auxiliaries and paramedics (Perry, 2013).

The World Council of Churches, based in Geneva, envisioned a new approach to providing health services in developing countries based on the principles of: social justice, equity, community participation, prevention, multi-sectoral collaboration, decentralization of services to the periphery as close as possible to the people, appropriate technology, and provision of services by a team of workers, including community-based workers.

In 1978, the WHO and the United Nations Children's Fund (UNICEF) sponsored the International Conference on Primary Health Care at Alma-Ata, USSR (now Kazakhstan), which resulted in the Declaration of Alma-Ata, and called for the achievement of "Health for All" by the year 2000 through PHC. The Declaration was explicit in defining a role for CHWs. Article VII.7 of the Declaration states:

"Primary health care… relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries, and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to

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respond to the expressed health needs of the community." (Tulenko, *et al.*, 2013).

It is this Declaration that explicitly defined the CHWs as one of the important providers of PHC in certain circumstances. Perry (2013) concluded in the study by highlighting the fact that the effective functioning of large-scale CHW programs offers one of the most important opportunities for improving the health of impoverished populations in low-income countries.

The Landscape of Universal Health Coverage (UHC) in Kenya

In 2006 Kenya adopted a community-based approach (Community Health Strategy), as articulated in the second National Health Sector Strategic Plan (NHSSP II: 2005-2010), which defined a new approach for health care service delivery to Kenyans. This approach emphasised a more proactive approach of promoting individual's and community's health to prevent the occurrence of diseases (Republic of Kenya, 2020).

Community health is one of the flagship projects in Kenya's vision 2030 and is recognised as the level 1 of health care in the Kenya Health Act, 2017. The Kenya Community Health policy 2020-2030 provides policy direction for community health services. Kenya is a signatory to Astana Declaration (2018) which highlighted the importance of community health services in advancing Universal Health Coverage. Kenya has adopted primary health care as the approach to deliver universal health coverage and this is well articulated in the Kenya Primary care strategic framework 2019-2024 which gives prominence to community based primary health care.

Kenya's healthcare system is structured in a hierarchical manner that begins with primary healthcare, with the lowest unit being the community, and then graduates, with complicated cases being referred to higher levels of healthcare.

According to the Kenya Health Policy 2014–2030 (Republic of Kenya, 2014), the primary care units consist of dispensaries and health centres. The current structure consists of the following six levels:

- Level 1: Community
- Level 2: Dispensaries
- Level 3: Health centres
- Level 4: Primary referral facilities
- Level 5: Secondary referral facilities
- Level 6: Tertiary referral facilities

Kenya's healthcare landscape has witnessed significant strides, yet gaps persist, hindering the realisation of comprehensive health coverage. As the nation aspires to attain UHC, it is imperative to explore avenues that reach beyond traditional healthcare models. Community involvement is pivotal in this context, as the success of UHC relies on the active participation and understanding of local communities. By embracing the unique position of Community Health Promoters as liaisons between the formal healthcare system and communities, Kenya aims to foster a sense of ownership and engagement that transcends mere access to services, making healthcare a communal responsibility.

The Kenya Health Act 2017 is an Act of Parliament that established a unified health system, coordinates the inter-relationship between the national government and county government health systems, and provides the regulation of healthcare services, health care service providers and health technologies. The Act defines the Community Health Assistant (CHA) as the person in-charge of community health services (CHS) (Republic of Kenya, 2018).

In Kenya, community health remains a key priority in the Kenya Vision 2030 and got a significant boost in 2018 when the Government of Kenya outlined its "Big Four Agenda". UHC was one of the "Big Four Agenda" priority areas and has remarkably increased the attention given to primary health care since 2018. The community health system in Kenya benefited from this increased political will to improve healthcare delivery at the community level. The UHC pilot in four counties (Isiolo, Kisumu, Machakos, and Nyeri) has increased visibility and funding to primary healthcare and community health services.

The MoH in Kenya has prioritised primary healthcare and community health as critical drivers of UHC. This has been done, in part, by the development of the Kenya Primary Healthcare Strategic Framework (2019 – 2024) and the Kenya Community Health Policy (2020 – 2030).

The role of Community Health Promoters (CHPs) in Kenya just like in the earlier experimentation with Community Health Volunteers (CHVs), centres on two main agendas namely: the service-oriented agenda of extension of preventive and curative services within the existing health system; while the second agenda is a transformative agenda concerned with engagement of

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communities in the process of taking responsibility for their health, and addressing the environmental, social, and cultural factors that produce ill health, including inequity and deep poverty. However, new additions have been added to the Kenyan context namely:

- Standardisation of community health work and improvement of referral systems;
- Shift towards preventive and promotive health services, different from previous curative-focused approaches to UHC;
- The Government commitment to jointly pay stipends and health insurance to CHPs;
- To fast-track legislation that will anchor CHP recognition and financing into law;
- Digitisation of community health to support service delivery and more accurate planning and demographics on health trends;
- Working with partners for supporting the kitting as well as equipping of CHPs.

According to a USAID study, investments in community health are required to meet global health objectives, produce significant long-term returns, generate short-term cost savings, and deliver further benefits to society, including employment opportunities and women's empowerment (USAID, 2022).

Figure 1: A CHP conducting a malaria RDT (rapid diagnostic test) on a child as her colleagues watch to assess

The Kenya Health Policy 2014 – 2030 (Republic of Kenya, 2014) provides guidelines for policy formulation and programme implementation in Kenya towards the actualization of all the health-related goals of the Government of Kenya by 2030. The policy defines the four tiers of the health system as community, primary care, primary referral and tertiary referral services. Tier one, comprises of the Community Unit, identified as the first level of health services provision. This should focus on creating appropriate demand for services, while primary care and referral services will focus on responding to this demand (Republic of Kenya, 2014).

The government of Kenya has also began providing health promotion and targeted disease prevention and curative services through community-based initiatives as defined in the 2006 Comprehensive Community Health Strategy.

Building a Business Case for Community Health Workers (CHW)

In the context of shortages in human resources for health (HRH) across sub-Saharan Africa, community health workers (CHWs) have emerged

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as a critical platform for accelerating progress on health goals. CHWs are on the front lines of surveillance against emerging infectious threats like Ebola. They are among those most well positioned to engage communities in preventive and promotive health activities, such as the use of bed nets and family planning, and to support home-based management of the growing burden of chronic diseases. CHWs are a relatively low-cost way to extend health services to the hardest-to-reach, Communities (USAID, 2022).

For African countries in general and Kenya in particular, to achieve the UHC agenda and the Sustainable Development Goals (SDGs), they must rely on the frontline healthcare workers who can deliver services to the last mile. This of course is where the CHP come in handy. According to Masis, *et al.,* (2021), CHWs have proved to be a cost-effective way to extend health services to the hardest-to-reach communities. When well-integrated within country development agendas and national health strategies, CHWs serve as an entry point to, and interface with, the broader health system for many.

Figure 2: A CHP during household visitation

By integrating the community in healthcare provision, a country like Kenya is likely to reap the benefits which include reducing travel to the facilities, cutting on patients' treatment costs, and making healthcare accessible even in the remotest of places. It also empowers the women, who are the majority of the trained CHWs.

According to Warren *et al.,* (2021), a growing emphasis on the roles of communities recognises community engagement, including community health workers (CHWs), as a means of realising the full potential of PHC and the broader health system. They make an observation that community health is a significant component of PHC and driver of progress toward UHC, namely by expanding access to services, improving quality of interactions with the health system, and reducing out-of-pocket expenditure by promoting preventive health care. Community engagement, strengthening CHW capacity, and creating linkages with local transport infrastructure is critical to support access to the wider health system.

The COVID-19 pandemic took the healthcare systems in disarray and the Ministry of Health in Kenya, had to rely heavily on Community Health Volunteers (CHVs), now CHPs, to reach the last mile with commodities (Akumu, 2023).

Three key policy principles to guide the implementation of the Health Policy in Kenya (Republic of Kenya, 2014) in relation to the integration of healthcare service provision are:

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- **Equity in the distribution of health services and interventions:** There will be no exclusion or social disparities in the provision of healthcare services. Services shall be provided equitably to all individuals in a community, irrespective of their gender, age, caste, colour, geographical location, tribe/ethnicity, and socioeconomic status. The focus shall be on inclusiveness, non-discrimination, social accountability, and gender equality.
- **People-centred approach to health and health interventions:** Healthcare services and health interventions will be based on people's legitimate needs and expectations. This necessitates community involvement and participation in deciding, implementing, and monitoring interventions.
- **Participatory approach to delivery of interventions:** The different actors in health will be involved in the design and delivery of interventions in order to attain the best possible outcomes. A participatory approach should be applied when potential for improved outcomes exists. The private sector shall be seen as a complementary to the public sector in terms of increasing geographical access to health services and the scope and scale of services provided.

The Evolving Role of Community Health Promoters

In the Kenyan context, Community Health Promoters (CHPs) have emerged as linchpins in the implementation of integrated UHC strategies. Initially, they started as Community Health Volunteers, who offered their services *pro bono* and expecting no remuneration or compensation. However, when the County Governments began to realise the critical role that they play in the healthcare system, they started to systematically institutionalise their role in the system, and thereby changed the name to Community Health Workers (CHWs). Their multifaceted responsibilities include health education, preventive interventions, and facilitating access to healthcare services.

Because of their privileged position of understanding the local context and dynamics, the CHPs act as cultural brokers, who foster trust of the community and the development actors thereby leading to acceptance of health initiatives. The CHPs have the capacity to sustain health outcomes through tailoring unique interventions to unique cultural contexts, thereby amplifying the clarion call for UHC in remote contexts.

Figure 3: A household visitation by a CHP

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Most of the CHPs now attend government-sponsored trainings on community health. Some also undertake several online courses offered by different organisations dealing with health matters to sharpen their skills. The online classes help them gain a lot in terms of community health knowledge and certification as these are now a requirement before formal engagement as CHP.

According to Akumu (2023), for decades, CHVs (now CHPs) used paper registers to track households, thereby compromising the quality of care they provided. Today, however, they rely on the Electronic Community Health Information System (eCHIS), which is a new digital platform to advance UHC. It features a data-driven task list, real-time performance dashboard, and automated reporting into the Kenya Health Information System, thereby enhancing the efficiency of the CHPs as they deliver services at home.

The Kenya Health Sector Strategic Plan (KHSSP) 2018 – 2023 (Republic of Kenya, 2017) provides a framework for investing in primary healthcare, following the Astana Declaration on Primary Health Care. The KHSSP identifies the need to strengthen community health systems to be responsive and resilient to public health emergencies and disease outbreaks.

The Kenya Primary Health Care Strategic Framework (2019 – 2024) is aligned with the Kenyan Constitution and the Kenya Health Policy Framework (2014 -2030) and provides guidelines for the design and implementation of programmes targeted at strengthening the Primary Health Care system in Kenya (Republic of Kenya, 2019).

Figure 4: A CHP during Malezi Bora week, giving Vitamin A to children.

Challenges and Opportunities

The Kenya Community Health Strategy 2020 – 2025 (KCHS 2020 – 2025) and the situational analysis that followed the evaluation of earlier strategies, noted several aspects of community health systems that need to be strengthened and

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scaled to unlock the outsized potential of community health in Kenya. These include the distribution and coverage by the community health workforce across counties (Republic of Kenya, 2020).

While the engagement of Community Health Promoters holds immense promise, challenges loom large. There are the complexities and hurdles encountered on the ground, ranging from resource constraints to cultural barriers. We explore the opportunities presented by leveraging community-driven initiatives, such as the potential for increased health literacy, community empowerment, and the establishment of resilient healthcare systems. By addressing these challenges head-on, Kenya can refine its UHC approach and fortify the vital role of Community Health Promoters in achieving the overarching goal of health for all.

Figure 5: A Community Health Promoter (CHP) at work in Tharaka Nithi County

For a long time in Kenya, the CHWs have operated in an unclear environment in which it is was difficult to know whom they represented, whether the community, an NGO, the government health system or a combination of these. This has led to confusion in terms of responsibilities and accountabilities among the various actors and this has in most cases denied the CHWs of the support they needed.

Olaniran, *et al.*, (2019), have noted that there has been an informal expansion of CHWs roles in maternal and neo-natal healthcare, often beyond their competencies particularly during emergencies where health professionals are unavailable, and referral may not be feasible. This challenge also exists in the Kenyan context, where CHWs who have not undergone formal training have been made to act as village nurses, midwives as well as frontline service providers during the epidemics like was the case during Covid-19 outbreak.

From an interview with some of the Public Health Officers (PHOs) and the Community Health Assistants (CHAs) under whom the CHPs fall, it has emerged that the CHPs rarely get enough commodities to carry out their activities in the community. For example, in the management of malaria they are supposed to be given the Malaria Rapid Diagnostic Test (MRDT) kits equal to the number of doses of AL (Artemether Lumefantrine – the drug recommended for malaria treatment). However, most of the time they are given just a few quantities of each of these commodities that barely last them for two weeks. If a CHP covering a population of about 800 people receives 10 doses of AL to last them a whole month for example, this raises questions about sustainability.

Another challenge is that most of the CHPs are old, therefore do not respond well to issues of digitalisation. They cannot make proper reports leave alone uploading them on their digital platforms recently introduced Kenya electronic Community Health Information System (eCHIS), a

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standardized community health digital tool on a mobile platform that assists in the management of health extension programs through the collection and use of demographic data, health services delivery information and service utilization. The eCHIS launch follows the Kenyan government's recent revamp of the community health program with the application aimed to improve the quality of care provided by CHPs. This transformative effort aims to digitize, equip, support, and provide salaries for all the CHWs, now referred to as Community Health Promoters (CHPs) across the country.[1]

Mobilising political will is both a prerequisite for initiating a community health system and an ongoing requirement for sustaining it. Diverse champions can use tailored advocacy to build support for community health across stakeholder groups, making the case through a focus on return on investment, cost-efficiency and health impact (USAID, 2022).

Since health is a devolved function in Kenya, there is need for the county governments to support the partnership with the national government to ensure their part of the match funding towards regular (monthly) and timely stipends to CHPs (Akumu, 2023; Living Goods, 2023).

Towards a Community-Centric UHC Future

As Kenya navigates the path towards integrated Universal Health Coverage, it becomes evident that community engagement, facilitated by Community Health Promoters, is not just a strategy but a cornerstone for success. There are plans by the Government of Kenya, to develop a national health digital superhighway to improve the management of health records. This has been occasioned by the lack of timely and reliable data has been a major impediment to achieving proper health outcomes (Akumu, 2023).

"We want to ensure that we create an interoperable environment where all service providers, and stakeholders within the health sector can be able to connect on a digital superhighway," – Kenya's Health Cabinet Secretary, Susan Nakhumicha.

On September 25, 2023, Kenya's President, Dr. William Samoei Ruto, backed by the County Governments, flagged off 100,000 Community Health Promoter (CHP) kits to all the 47 Counties and launched the revamped Community Health Promoter Program. The program will see all community health workers paid a stipend and equipped to provide preventive and promotive health services for all citizens. The government's clarion call is Prevent, Promote, And Protect (Living Goods, 2023).

Health is a devolved function in Kenya, and this means the respective County Governments are responsible for hiring, managing and supporting CHWs at the front-line facility and community levels without strong guidance from the national level. However, the national level guidance comes in because of the 50-50% matching in salaries for the CHPs.

While there is relative clarity in the education and training duration of the different cadres of health professionals, CHWs are often described in generic and non-specific terms (Olaniran, *et al.*, 2019). This position holds for Kenya as well.

CONCLUSION

This paper posits that by harnessing the collective wisdom of communities and empowering local agents of change, Kenya can forge a more resilient and sustainable healthcare future. Through an in-depth exploration of the dynamics, challenges, and triumphs surrounding the integration of Community Health Promoters (CHPs) into the UHC framework in Kenya, this work contributes to the growing body of knowledge that will guide nations on their journey toward health equity and universal well-being.

The strategic directions and objectives of the KCHS 2020 – 2025 make several deliberate additions to community health systems in Kenya. The strategy aims to integrate community health into the wider health system in part by fostering strategic partnerships and accountability among stakeholders at all levels of the health system in Kenya.

Globally, there is ample evidence for the efficacy of an integrated healthcare system and that the universal approach in healthcare delivery is in tandem with the aspirations for the realisation of the UHC agenda.

[1] Saya, M. (2023). 'Health Ministry rolls out an electronic community information system.' Available online at: https://www.the-star.co.ke/news/realtime/2023-10-17-health-ministry-rolls-out-an-electronic-community-information-system/ [Accessed on 20 December 2023].

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CHPs in Kenya have not only increased healthcare awareness but have also reduced healthcare disparities by providing timely and culturally sensitive care. They are a cost-effective way to extend health services to hardest-to-reach communities. They have acted as advocates for marginalised populations, fostering a sense of community ownership of healthcare services. Despite their invaluable contributions,

CHPs face several challenges in fulfilling their roles effectively. These include limited resources, inadequate training, and the need for sustainable incentives. By having strong integrated community-based primary healthcare (PHC) systems, we are essential able to accelerate progress toward global goals and to prevent and respond to future pandemics.

RECOMMENDATIONS

At the national level, there is need for a collaborative approach to handling the issue of CHPs. There should be deliberate plans and strategies aimed at harmonising and coordinating the multiple stakeholders in support of the development of the health system as well as service delivery.

There is need for an integrated approach in which the role of the CHPs is not only institutionalised, but equally community-owned and rely on both the community and the formal health system for supplies, communications and referrals.

The Kenya Health Sector Strategic Plan (KHSSP) 2018 – 2023 provides for the establishment of a special fund for the remuneration of community-level health workers. The Strategic Plan also proposes the use of the Kenya Medical Training College (KMTC) curriculum, which has incorporated UHC principles, to train and certify a critical mass of community health assistants with a view to ensuring provision of preventive and promotive health care at the community level. There is need for the government to come up with mechanisms for the realisation of these strategic objectives.

To bolster the impact of the CHPs, policymakers should consider investing in ongoing training programs, strengthening the supply chain for essential medicines and equipment, and devising mechanisms to recognise and compensate CHPs for their services. Long-term financing of the CHP programmes is critically important for community health programmes to reach their full potential.

REFERENCES

1. Akumu, C. “Kenya: Community Health Promoters Strengthening Universal Health Coverage.” *Science Africa.* (2023).
2. Kibe, P. “A Clarion Call to Care for Africa’s Nurses and Midwives.” *A Blog Post on April 8, 2020. Nairobi: APHRC.* (2020).
3. Living Goods. “A Paradigm Shift in the Community Health Ecosystem in Kenya.” *A Blogpost on September 26,* (2023).
4. Masis, L., Gichaga, A., Zerayacob, T., Lu, C., & Perry, H. B. "Community health workers at the dawn of a new era: 4. Programme financing." *Health research policy and systems* 19.Suppl 3 (2021): 107.
5. Olaniran, A., Madaj, B., Bar-Zev, S., & Van Den Broek, N. "The roles of community health workers who provide maternal and newborn health services: case studies from Africa and Asia." *BMJ global health* 4.4 (2019).
6. Perry, H. "A brief history of community health worker programs." *Developing and strengthening community health worker programs at scale: a reference guide and case studies for program managers and policymakers, USAID, MCHIP* (2013): 1-16.
7. Republic of Kenya. *Kenya Health Policy (2014 – 2030).* Nairobi: Government Printer. (2013).
8. Republic of Kenya. *Kenya Health Policy 2014 – 2030: Towards attaining the highest standard of health.* Nairobi: Government Printer. (2014).
9. Republic of Kenya. *Kenya Health Sector Strategic Plan 2018 – 2023.* Nairobi: Government Printer. (2017).
10. Republic of Kenya. *Health Act 2017*. Nairobi: Government Printer. (2018).
11. Republic of Kenya. *Kenya Primary Health Care Strategic Framework (2019 – 2024).* Nairobi: Government Printer. (2019).
12. Republic of Kenya. *Kenya Community Health Strategy 2020 – 2025.* Nairobi: Government Printer. (2020).
13. Saya, M. ‘Health Ministry rolls out an electronic community information system.’ (2023). https://www.the-star.co.ke/news/realtime/2023-10-17-health-ministry-rolls-out-an-electronic-community-information-system/ [Accessed on 20 December 2023].
14. Tulenko, K., Mgedal, S., Afzal, M. M., Frymus, D., Oshin, A., Pate, M., ... & Zodpey, S. "Community health workers for universal health-care coverage: from fragmentation to

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synergy." *Bulletin of the World Health Organization* 91 (2013): 847-852.
15. USAID. “Strengthening Primary Health Care through Community Health Workers: Closing the $2 Billion Gap. Centre for Accelerating Innovation and Impact (CII) In Partnership with Financing Alliance for Health. From CII’s Investing for Impact Series.” (2022).
16. Warren, C. E., Bellows, B., Marcus, R., Downey, J., Kennedy, S., & Kureshy, N. "Strength in diversity: integrating community in primary health care to advance universal health coverage." *Global Health: Science and Practice* 9.Supplement 1 (2021): S1-S5.

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