



# NURU KENYA 2020 HEALTHCARE PROGRAM IMPACT ON LIVES SAVED TOOL (LiST)

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Principal author: Ray Marshall Center

Co-author: Nuru International, Nuru Kenya

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3001 Lake Austin Blvd., Suite 3.200  
Austin, TX 78703 (512) 471-7891  
[www.raymarshallcenter.org](http://www.raymarshallcenter.org)

## KEY FINDINGS

In 2020, Nuru Kenya's Healthcare interventions reached 1,659 households (HHs) including 9,954 individuals with a health behavior change approach. This intervention was delivered as part of an integrated rural service delivery portfolio including livelihoods, financial inclusion, dairy and farmer cooperative activities. The intervention achieved a **24% reduction in under-five child mortality**. The cost per person per year was \$4.84 for these services. In total, 20 lives were saved. The cost per life saved was \$2,433. These intervention activities were delivered and impact was achieved amidst the context of the COVID-19 pandemic.

## METHODOLOGY

This report includes calculations from the Lives Saved Tool (LiST). LiST is a modeling software designed to estimate the impact of maternal and child health interventions on mortality in low- and middle-income countries.<sup>1</sup> The tool aggregates the effectiveness of Nuru Kenya's (NK) Healthcare (HC) indicators (Table) based on peer-reviewed literature and the software's mathematical algorithm. After inputting NK's indicators, the tool calculates an estimated percent reduction in under-five child mortality.<sup>2</sup>

NK HC Indicators	LiST Inputs
HHs with a functional latrine	Improved sanitation - Utilization of latrines or toilets
HHs washing hands at appropriate times	Handwashing with soap
HHs sleeping under LLINs	ITN/IRS Households protected from malaria
Active pregnant women on track with 4 ANC visits	Iron supplementation in pregnancy
	Multiple micronutrient supplementation in pregnancy
Deliveries in Health Facility	Skilled birth attendance & Health facility delivery
	Health Facility Delivery
Newborns immediately breastfed	Breastfeeding <1 month
Women exclusive breastfeeding	Breastfeeding 1-5 months
Children 6- 23 months on appropriate	Complementary feeding - education only

complementary feeding	
Newborns on track with Immunization (0-11)	BCG
	Polio
	Pentavalent (Includes DPT, H.Influenzae type B & HepB)

## RESULTS AND DISCUSSION

In 2020, the LiST tool calculated that NK’s impact on behavior change resulted in a **24% reduction in under-five child mortality**. The main driver of this calculation is the delivery in health facility behavior.

Another useful feature of LiST is that it allows for comparisons between organizations working on maternal and child health (MCH) interventions. An analysis of a peer-reviewed journal article by Perry et al<sup>3</sup> about the effectiveness of the Care Group method demonstrated that the average Care Group MCH intervention saw a 30% reduction in under-5 mortality, while the average non-Care Group MCH intervention saw a 13% reduction in under-five mortality.<sup>4</sup> **Nuru Kenya’s impact of a 24% reduction in under-five child mortality is within the range of optimal performance against the benchmark.**

NK HC is demonstrating a trend in impact as the intervention achieved a 25% reduction in under-five child mortality in 2019, and a 24% reduction in under-five child mortality in 2020. This outcome was achieved at decreased cost compared to 2019 – representing a 12% increase in cost-efficiency year-on-year. The total care group programming expenditure in 2020 is \$48,193. The cost per life saved is projected to be \$2,433. **The cost per person per year is \$4.84.**

COVID-19 was the context in which this impact was achieved. In Kenya, COVID-19 heavily disrupted normal life with curfews and closures, shutdown schools for a scholastic year, and sickened the populace. NK HC altered the planned activities to adapt to social distancing and new health challenges amid this new context. During, and in spite of, these circumstances, NK HC continued to offer life-saving health behavior change interventions and make impact in 2020.

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<sup>1</sup> <https://www.jhsph.edu/research/centers-and-institutes/institute-for-international-programs/current-projects/lives-saved-tool/>

<sup>2</sup> LiST was developed as part of the Lancet’s Child Survival Series in 2003. In 2008, the tool was further developed by the Child Health and Epidemiology Reference Group with funding from the Gates Foundation. It was then shifted into the public domain as part of the Spectrum suite and is maintained by the John Hopkins School of Public Health. LiST estimates are utilized in reporting by USAID’s Acting on the Call, UNICEF, Save the Children, and PATH, as well as in peer-reviewed journals. <https://www.livessavedtool.org/list-in-reports>  
<https://www.livessavedtool.org/list-in-peerreviewed-journals>

<sup>3</sup> Perry, H., Morrow, M., Davis, T., Borger, S., Weiss, J., DeCoster, M., ... & Ernst, P. (2015). Care Groups II: a summary of the child survival outcomes achieved using volunteer community health workers in resource constrained settings. *Global Health: Science and Practice*, 3(3), 370-381.  
<http://www.ghspjournal.org/content/3/3/370>

<sup>4</sup> Care Groups II: A Summary of the Child Survival Outcomes Achieved Using Volunteer Community Health Workers in Resource-Constrained Settings. Henry Perry, Melanie Morrow, Thomas Davis, Sarah Borger, Jennifer Weiss, Mary DeCoster, Jim Ricca, Pieter Ernst. *Global Health: Science and Practice* Sep 2015, 3 (3) 370-381; DOI: 10.9745/GHSP-D-15-00052