

Strengthening Government-Led Community Health Systems: A Process Evaluation of Living Goods' DESC Model in Kenya

Across sub-Saharan Africa, community health workers (CHWs) are increasingly recognized as a powerful, cost-effective solution to bridging the health workforce gap and advancing primary health care. Kenya has embraced this vision through its Community Health Strategy (2020–2030), which positions community health promoters (CHPs) as the frontline foundation of its health system with a focus on preventative care. Counties are tasked with financing and operationalizing this vision—an ambitious goal in a context of constrained budgets, fragmented implementation, and shifting global funding priorities.

In this evolving landscape, Living Goods (LG), which operates in Kenya, Uganda, and Burkina Faso, seeks to play a catalytic role by supporting governments to operationalize and institutionalize strong, government-led community health systems. Since 2022, LG has transitioned from directly implementing community health programs in Kenya to supporting the national and county governments to lead, finance, and sustain their own systems, using the DESC model, where CHWs are **D**igitally-enabled, **E**quipped, **S**upervised, and **C**ompensated.



To inform and strengthen this transition, LG partnered with IDinsight—with support from the Children’s Investment Fund Foundation (CIFF)—to conduct a rigorous process evaluation of the government-led DESC model in Kisumu County, with Homa Bay County serving as a comparison site. The evaluation sought to document both system-level implementation and early shifts in health outcomes, while capturing the real-world benefits and challenges of co-implementing with government systems.

What We Studied

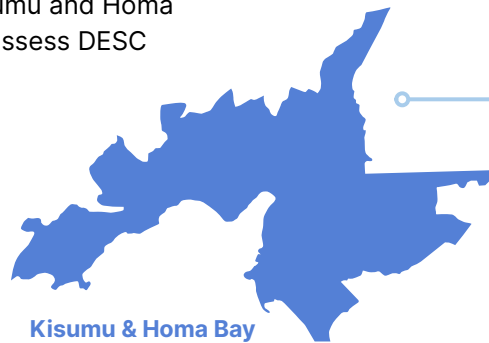
This mixed-methods study focused on three core objectives:

- 1** Assess implementation fidelity of the DESC model.
- 2** Evaluate early changes in health service delivery and outcomes, particularly in reproductive, maternal, newborn, and child health (RMNCH) and integrated community case management (iCCM).
- 3** Identify enablers and constraints to guide future model adaptation and scale-up.

The study, which collected data in March and April 2025, included:



Quantitative survey with **954 CHPs** across Kisumu and Homa Bay Counties to assess DESC implementation



Kisumu & Homa Bay



Household survey with 2,350 pregnant women, women who had given birth in the last 18 months, and caregivers of children under age 2 (Kisumu only) to track changes in service delivery and health behaviors before and after LG's support. Baseline was conducted in 2022 by a different evaluation team.



In-depth qualitative interviews with CHPs, supervisors, county health officials, caregivers, and LG staff to explore experiences, system-level changes, and implementation challenges.

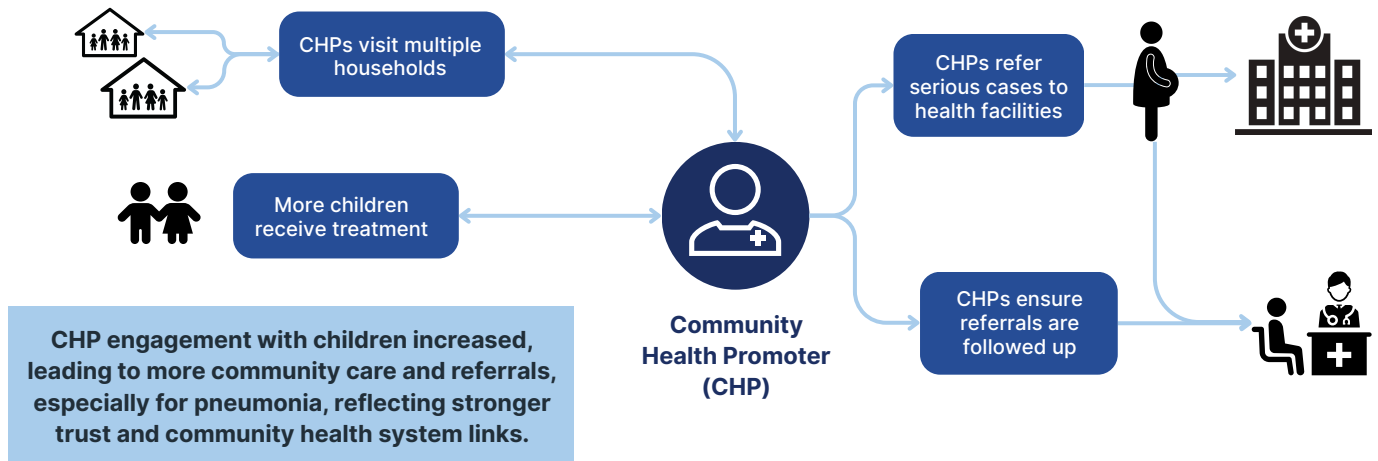
Homa Bay served as a valuable comparison county, where other partners (but not LG) have supported a similar DESC-style model. This allowed the evaluation team to contextualize Kisumu's progress and consider LG's unique contributions.











Results

Our analysis revealed promising results on how the government-led DESC model is driving structural change in community health. This transformation is characterized by:

1 The Formal Integration of CHPs into the Health System:

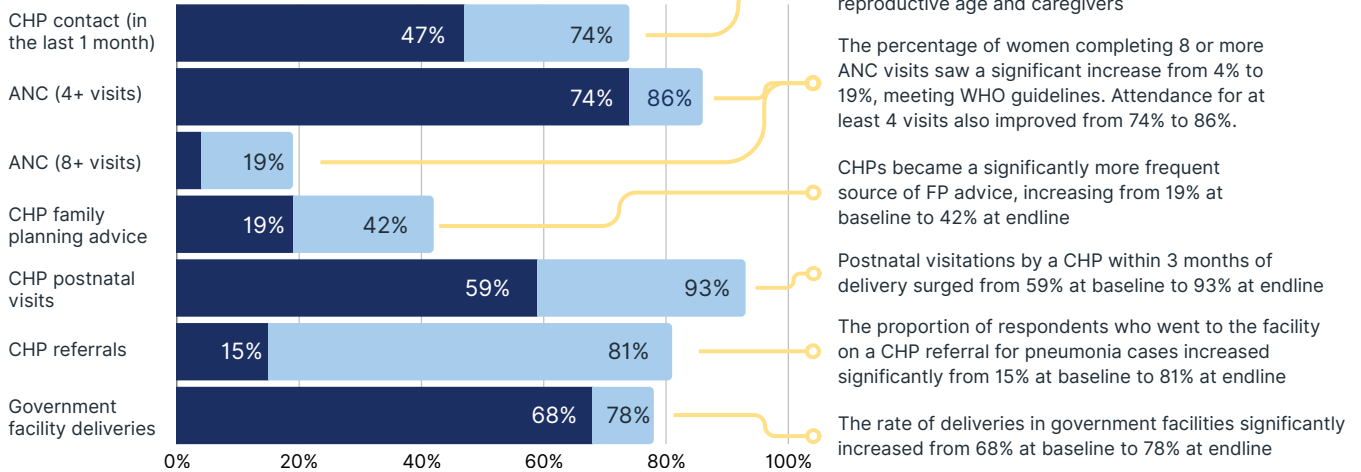


2 Institutional Anchoring of DESC Components

 <p>Kisumu's CHP training coverage reached 99.8% In HomaBay, training coverage was similar at 99.6%</p>		<p>D Digitally-enabled Smartphones vital for reporting and guidance; challenges with data sync, network, airtime/bundles. LG's technical support in Kisumu helps to minimize disruptions related to device malfunction</p>
 <p>98% of CHPs in Kisumu received smartphones. This is similar to Homabay.</p>		<p>E Equipped Kisumu CHPs more likely to have essential medicines (malaria, paracetamol, ORS).</p>
 <p>99% trained on eCHIS in Kisumu by the government This is similar to Homabay.</p>		<p>S Supervised Recent training received by 67% (Kisumu) and 81% (Homa Bay); training well-received (96%), increased knowledge/confidence.</p>
 <p>In Kisumu, 99.9 % of CHPs reported supervisor contact in previous month. 98.9% in Homa Bay</p>		<p>C Compensated In Kisumu, 81% of CHPs reported quarterly compensation with 99% experiencing delays, sometimes up to seven months. In Homa Bay, 85% reported monthly payment, with 63% facing delays.</p>
 <p>In Kisumu, 90% of CHPs synced data weekly. Use of digital dashboards facilitated real-time supervision & data use.</p>		
 <p>98% of CHPs in Kisumu received compensation This is similar to Homabay.</p>		
 <p>99% of CHPs in Kisumu reported stockouts This is similar to Homabay.</p>		

3 Positive Shifts in RMNCH and iCCM Outcomes (Data from Kisumu Only)

● At baseline ● At Endline



4 Barriers and Enablers to Future Adaptation and Scale-up:

Both LG staff and government officials interviewed identified political goodwill and strong collaboration between the government and partners as critical enablers for the successful implementation and potential scale-up of the DESC model. However, they also reported that limited budgets and staff shortages continue to constrain the scale and quality of implementation

Recommendations

Based on the findings from the study, we recommend the following:



Enhance CHP training by **monitoring knowledge retention and performance** over time, and emphasize **practical, scenario-based learning**.



Strengthen training delivery methods through **blended learning approaches** and **explore AI-powered tools (e.g., chatbots)** for on-demand training and decision support.



Ensure digital reliability and continuity by assessing **mobile network adequacy** and **backing up historical data** to smooth version transitions.



Advance government-led digital capacity by **continued technical support, train “digital champions,” and support sustainability planning** for device maintenance, replacements, and long-term system upkeep.



Collaborate with county governments to **map the drivers of stockouts** and jointly develop **county-specific action plans**.



Reinforce quality supervision with a focus on **supportive mentorship and data use**



Investigate reasons for **monthly compensation amounts** being lower, as reported by CHPs, than the committed amounts



Strengthen the **protocol of women and babies being checked by a healthcare professional within 48 hours**. Further investigation should be conducted to identify and address **barriers to timely PNC checkups** by healthcare providers.

Conclusion

Living Goods' model is designed to demonstrate that government-led community health can be high-impact, cost-effective, and scalable—but questions remain about how such models perform in practice and whether they can be sustained and replicated at scale. This evaluation comes at a pivotal time, as Kenya and other countries consider long-term investments in community health amid declining donor resources.

Our findings demonstrate that LG's model has not only supported strong service delivery gains—particularly for women and children—but also contributed to sustainable systems transformation. While the wider policy environment and partner engagement have also played roles, LG's technical assistance was consistently credited by stakeholders as a driver of improved coordination, digital system strengthening, and policy adoption. In short, LG helped unlock greater government investment and capacity for delivery.

At the same time, the evaluation also highlights the very real constraints counties face—especially around stockouts, delayed compensation, and limited digital infrastructure. These are challenges that any system will confront, and LG's work with county leaders to co-create solutions represents an important proof of concept.

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We welcome further comments and reflections at rachel.lusava@idinsight.org. All errors and omissions remain our own.

IDinsight

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