



Since 2015, Living Goods has worked closely with Kenya’s Ministry of Health (MOH) and county-level governments to strengthen the overall health system by recruiting, training, supporting, and compensating a network of digitally empowered community health workers (CHWs). Beyond our direct operations, we support the government’s vision of achieving universal health coverage (UHC) through a variety of system-strengthening approaches that individually reflect local priorities and contexts.



Why Community Health?

In Kenya, there is just one doctor for every 5,000 people. The overall health workforce is scarce, and health-related issues are further compounded by vast inequalities in their distribution: Though 75% of Kenyans live in rural areas, the majority of health workers are concentrated in urban centers. Further, the public health facilities are limited in their ability to meet people’s demands due to resource constraints, inadequate stocks of medicine and other key commodities, and infrastructure challenges. As a result, many families lack access to essential, reliable health services. This is particularly dangerous for vulnerable populations, including pregnant mothers and young children, especially given fewer than 62 percent of births are managed in a health facility and 52 out of every 1,000 children die before their fifth birthday.

Community health provides a low-cost and high-impact solution to these challenges. CHWs ensure that there is a continuum of care for vulnerable populations and that every household has access to a range of promotive, preventive, and curative health services.

However, as health care is a devolved system in Kenya, each of Kenya’s 47 counties are mandated to deliver primary healthcare to a total population of over 47 million people with a growing focus on achieving UHC by 2030. While the country understands trained and equipped CHWs are catalysts for UHC, each county faces unique challenges in designing and adopting robust and sustainable healthcare systems. Currently, CHW mobilization, recognition, training, integration, supervision, and compensation is highly varied across counties with ongoing inequities and inefficiencies in service delivery. In many cases CHWs work on a part-time, voluntary basis with little or no compensation, using manual data collection systems and with minimal resources, ultimately limiting their effectiveness.

2019 Impact



2,918
ACTIVE CHWs



23,495
NEW PREGNANCIES REGISTERED



398,798
SICK CHILDREN UNDER 5 ASSESSED

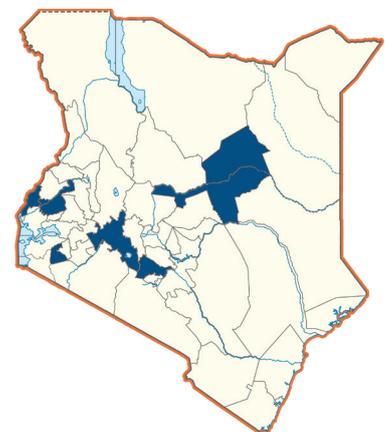


1,680,699
PEOPLE SERVED



80,414
SICK CHILDREN UNDER 1 ASSESSED

At the end of 2019, Living Goods was directly supporting nearly 3,000 digitally empowered CHWs in 6 counties.



How We Work in Kenya

Direct Program Implementation

Through our direct operations, we work alongside CHWs—commonly known as community health volunteers in Kenya—from existing government pools, providing them with the training and resources they need to deliver safe and cost-effective primary health services in their communities. We provide every CHW with a smartphone equipped with a robust mHealth application, which ensures patients receive a standardized and digitized quality of care. The application supports effective management of CHWs by setting clear targets and providing supervisors with access to real-time data, allowing supervisors to better manage far-flung networks of CHWs and identify disease trends or outbreaks.

In most of our operations, Living Goods manages its supply chain to ensure CHWs are always equipped with essential medicines to treat children under five for malaria, diarrhea and pneumonia, as well as modern family planning commodities. We also provide motivating compensation to CHWs, which is tied to meeting key targets.

Partnering with Government

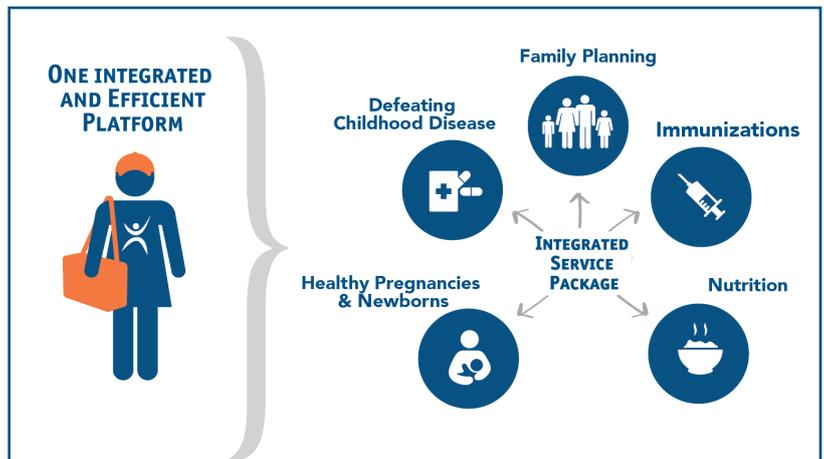
We support the national- and county-level governments' success in community health through direct technical assistance, training, financial support, and most recently, through partnerships that implement innovative community health financing models. While our approaches—particularly at county level—are varied, and context-specific, our overarching goal is to support national and county governments to attain UHC by strengthening, scaling, and sustainably financing their community health systems.

In Kisii County, we support the government in training and digitally enabling a network of CHWs and supervisors, known as Community Health Extension Workers (CHEWs). In Isiolo, we are pioneering an innovative, co-financed partnership that leverages Living Goods' expertise to train, equip, and provide robust digital technology and effective supervision to over 700 government CHWs, backed by government-supplied commodities and stipends for CHWs.

Through our advocacy initiatives we help shape policies that promote the mainstreaming of community health, overall strengthening the quality, efficiency, and scope of services delivered by CHWs. At a broader level, we work closely with the MOH to pilot integration of community-based health data to the national health data system for improved data collection, ultimately allowing for more calculated decision-making.

Our Integrated Platform

Rather than focus on just a single disease, the CHWs we support register every pregnant woman, conduct pre- and post-natal visits, treat sick children, provide family planning counseling, and track immunizations. This scope will expand and evolve as communities' needs do.



The Community Health Investment Case

In 2017, Kenya's MOH and Living Goods partnered to make the case for community health in Kenya. We worked together—using the UNICEF Costing Tool and the Lives Saved Tool—to estimate the benefits and costs of scaling up community health in Kenya between 2017 and 2026. Using the Living Goods approach for its model, the study showed that investments in community health have a 9.4-fold return on investment—stemming from the increased productivity and reduced disease burden that these investments enable. Ratified by the MOH, the study provides compelling evidence for continued investment in community health.

