CONTENTS

Message from the Country Director ........................................................................ 3
Partnering with Government to Transform Health Care Delivery for Kenyans .......... 4
Strengthening Community Health Systems in Isiolo County ................................. 4
Leveraging Technology for Improved Health Service Delivery .............................. 6
Piloting Technical Assistance (TA) and Enhancing Our Learnings ............................. 8
Scaling and Broadening Health Impact in Kenya and Beyond ................................. 9
Living Goods’ Direct Operations in Kenya ............................................................. 9
Increasing Immunization Coverage and Equity through Digitally Empowered CHVs ... 10
Enhancing Women’s Access to Family Planning Services ....................................... 11
New Digital Health Tool Supports CHV Programs: Maturity Model and Toolkit ....... 12
Government Partners Learn from Our Experiences in Kenya ............................... 12
Building Momentum for Sustained Community Health Investments ...................... 13
Working to Advance UHC .................................................................................. 13
Living Goods Becomes HENNET Vice-Chair ....................................................... 14
Progress in CHV Treatment of Pneumonia in Kenya ............................................. 14
SUCCESS STORY: Amplifying Grassroots Voices in Global Platforms .................. 15
Living Goods Kenya Governance and Leadership ............................................... 16
Kenya Technical Advisory Board ...................................................................... 16
Country Leadership ......................................................................................... 17

COVER PHOTO:  
A mother in Port Victoria, Busia County cradles her newborn. She received a continuum of care from a CHV through pregnancy and post delivery to ensure that she and her child are well and healthy.  
Photo Credit: Christian Bobst.

BACK PHOTO:  
Following a guided assessment on the Smart Health app, a CHV conducts a malaria test on a sick child using a simple diagnostic kit.
Thomas Onyango converses with then Health Cabinet Minister Sicily Kariuki and Kenya’s First Lady Margaret Kenyatta at the Living Goods booth during the 2019 African Union Conference on Maternal, Newborn and Child Health.

Insightful learnings, catalytic partnerships, and many critical firsts marked an exciting 2019 for Living Goods in Kenya. We are truly grateful for the commitment and leadership of government, the support of funders and like-minded partners, and the dedication of our staff and advisors in advancing community health. Special recognition goes to the community health workers—known in Kenya as community health volunteers (CHVs)—who make it all possible by delivering lifesaving health care to millions of Kenyan families every single day.

2019 was a year of momentous global action with the passage of the Political Declaration on UHC, signaling widespread recognition of community health as a key driver for accelerating universal health coverage (UHC).

Locally, Kenya took meaningful strides towards achieving this with the launch of the country’s UHC program pilot in Isiolo, Kisumu, Nyeri, and Machakos counties. To enhance availability of data for decision making, the government also led efforts to pilot the integration of community-level data into the Kenya Health Information System (KHIS)—known globally as DHIS2. We supported the implementation of this process using our open-source mHealth platform, which is fully compliant with government reporting tools and systems. This resulted in the first-ever digital transmission of community health data into the government system—a huge milestone that will inform the country-wide integration of Kenya’s community health information systems (CHIS) (page 6).

The devolution of the health system in Kenya has created opportunities for counties to explore customized approaches that support health systems change. As such, Living Goods partnered with Isiolo County through an innovative co-financing model to strengthen the county’s community health systems over four years (page 4).

Rallying behind government’s focus on ensuring that community health systems are effectively implemented, we supported efforts to increase health investments and to develop policies and tools that support health system strengthening. Beyond maternal and child health—the critical health issues we have always supported CHVs to deliver—we also made inroads in service expansion, equipping CHVs to provide family planning (FP) and immunization referral services (pages 10-11).

In 2020, we will continue working closely with government and like-minded partners to scale co-financed approaches, strengthen service delivery through enhanced performance management, and support local priorities to advance UHC in Kenya and beyond.

Thomas Opiyo Onyango
Living Goods Kenya Country Director

RESULTS IN 2019

- 2,918 Active CHVs
- 23,495 Pregnancies Registered
- 387,798 U5 Assessments
- 1,680,699 Population Served

In 2019

- Active CHVs
- U5 Assessments
- Pregnancies Registered
- Population Served

Living Goods Kenya Country Director

Living Goods Kenya Country Director

A Message from the Country Director
through this partnership, CHVs will help prevent diseases at the community level through sensitizing locals on proper hygiene practices, public health initiatives, immunization counselling, check-ups, and ante-natal services to reduce the high maternal mortality rates in the region.

- Isiolo Governor, Dr Mohamed Kuti.

In May 2019, the Isiolo County government officially signed a historic co-financed agreement with Living Goods to transform health care service delivery for its residents. The four-year initiative focuses on strengthening and institutionalizing the county’s community health systems as a means of delivering UHC and improving overall health outcomes.

A vast and mostly arid region with high maternal and child mortality rates and significant migratory populations, Isiolo County faces unique challenges in the realization of its community health goals, including sparse data networks and more complexity around CHV supervision. The partnership will help mitigate these challenges by ensuring the county’s community health workforce is equipped, digitally enabled, well supervised, and compensated, while also building the enabling governance and policy frameworks necessary for sustainability.

Partnering with Government to Transform Health Care Delivery for Kenyans

Strengthening Community Health Systems in Isiolo County

Isiolo County and Living Goods pioneer co-financed model for sustainable community health programs

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- Isiolo Governor, Dr Mohamed Kuti.
There’s been steady improvement of every core health KPI from Q3 to Q4 since operations began in July. Retention of CHVs is high and performance will continue to improve as CHVs gain experience and as we work with government to optimize the program.

Isiolo is well positioned to showcase the critical role community health plays in advancing UHC and will provide insights on how to navigate challenges in similar demographic environments as government begins to roll out UHC countrywide. Living Goods brings more than a decade of community health expertise to Isiolo—its sixth county of operation in Kenya—and is applying the lessons we’re learning to establish new partnerships with counties to sustainably manage their community health systems. We are in advanced discussions with Kisumu County for a similar co-financed partnership.

Living Goods is supporting the county in strengthening its community health information systems by providing technical expertise through data-driven performance management and providing ongoing training to more than 700 government CHVs. We equip CHVs with smartphones loaded with our digital application, Smart Health, that supports them to do their work and to collect live data that integrates directly into KHIS. As the county works to ensure a steady supply of essential commodities to CHVs, we are complementing these efforts by strengthening referral and commodity supply chain systems.

Immediate gains and insights for scaling

While much remains to be done, there are some immediate successes to celebrate.

- In July 2019, the first cohort of 340 CHVs graduated at the launch event of the county’s community health program and, by the end of 2019, all 708 CHVs were trained and equipped to provide families in Isiolo, Garbatulla and Merti sub-counties with improved access to quality health services.
- The county is harnessing digital tools to collect and transmit critical data for decision making.
- For the first time, the county government consistently provided CHVs with a monthly stipend of KES 2,000 base pay and up to KES 1,000 in performance-based pay.
Leveraging Technology for Improved Health Service Delivery

The overall digitization, automation, and integration of community-level health data is one of government’s priorities as part of far-reaching health sector reforms to achieve UHC. Building a functional CHIS supports the government’s goal of strengthening national health systems and enhancing data demand and information use at all levels. Working with Living Goods and other implementers who use technology at the community level, the government is exploring ways to harmonize fragmented tools, solutions, and systems to build an interconnected infrastructure that will fundamentally shift the way health information is accessed and shared.

mHealth at the community level

At Living Goods, we help transform health care delivery through digital tools that provide timely and reliable data and eliminate the slow, labour-intensive, and error-prone paper-based data systems. Our open-source mobile platform—the Smart Health application, originally developed in collaboration with our tech partner Medic Mobile—helps collate and consolidate siloed data and drive performance and health impact across all our current operations in Kenya.

At the community level, we leverage these mobile tools and real-time data to overcome the biggest challenges CHVs face, which in turn improves their effectiveness, on-the-job experience, and motivation. Every Living Goods-supported CHV is equipped with a smart phone that includes this app, enabling them to collect data digitally and provide a standardized quality of care to patients. Beyond CHVs, our diverse technology allows us to manage commodity inventory, leverage automated task lists and performance dashboards to guide supervision, track individual performance to inform the pay-out of incentives, and provide governments with reliable community-level data to inform policies, budgets, and operations.

In 2019, we successfully hosted and built a new, modular version of the Smart Health system with more features, and interoperability, making it easily adoptable by partners and CHVs. Our most recent partnership with the Isiolo County government gave us an opportunity to showcase how the Smart Health technology platform could operationalize a functional CHIS.

Community health workers are critical to devolution because development should happen at the grassroots, in our communities...the collection of digital data from each family will give us electronic health records of each household that will enable our vision for UHC.

– Kisumu Governor Prof Anyang Nyongo.

First digital integration of community-level data to KHIS

In 2019, MOH commissioned Living Goods to conduct an automation pilot to test how digitally captured community health data could be sent directly to KHIS. To inform phased national rollout in 2020, Living Goods balanced the urgency at the national level with realignments required at the county level. This involved:

- Understanding of national requirements through multi-stakeholder engagements,
- Configuring/customizing the Smart Health system to fully comply with MOH guidelines and reporting tools,
- Securing the county’s buy-in through targeted advocacy, training sessions with county teams, and convening consensus-building sessions for county and MOH teams,
• Cleaning up and aligning fragmented government health data systems, activating community units (CU), and link facilities,

• Developing standard operating procedures for handling community-level data and adapting technology to enable different roles to review, validate, and approve data before transmitting to KHIS, and

• Training more than 700 Isiolo-based CHVs on using digital tools to collect and transmit data, in addition to the routine technical and basic training modules.

In September 2019, the first set of digitally captured community-level data was transmitted to KHIS. Digitization vastly improved the county’s data reporting and service delivery performance. The use of digital tools in service delivery facilitated progressive increase in assessments, treatments, and referrals by making CHV activity more visible and guiding supportive supervision.

At the beginning of the pilot in June, only 17.5% of reports were submitted to KHIS—10% of those on time. By December 2019, all community units were activated with 100% reporting and 100% on-time reporting rates. This achievement is a milestone in enabling the government’s real-time analysis of community-level health indicators, which is essential for budgeting and operationalizing broader government-led efforts.

### Scalable mHealth to support government goals

Working with the county government, we successfully proved that integrating digital community-level data is possible and we are keen to advance our support to help the government build a strong data-centric culture, identify and acquire the essential technology infrastructure and resources, and implement and sustainably manage an integrated CHIS at national scale.

Our mHealth solutions are developed on the latest open-source technology stack, and designed with a thorough understanding of national requirements and end-user needs to create cost-effective, interoperable, and scalable CHIS platforms.
Piloting Technical Assistance (TA) and Enhancing Our Learnings

In April 2018, Living Goods and Kisii County entered a partnership focused on the provision of technical assistance (TA) to support sustainable management of the county’s community health systems. Implemented in Bobasi sub-county, the partnership leverages strong government commitment, with a focus on the transfer of essential skills and capacity to the county health management team. This TA approach serves as an opportunity for Living Goods to better understand and potentially replicate the support county governments need to effectively utilize digital health tools, improve the quality of CHV supervision, and enhance overall performance management.

As with all our approaches in Kenya, we provided CHVs and community health extension workers (CHEWs) with digital tools to aid service delivery and decision making. But unlike our directly implemented programs—where we maintain an autonomous supply chain and directly conduct rigorous, supportive supervision—this TA approach works with the Bobasi sub-county health management team (SCHMT) to build CHEW and facility capacity to effectively use data to manage supply chains, undertake performance management, and supervise the daily operations of more than 400 CHVs.

In 2019, we made progress in significantly increasing CHV activity through effective support to CHEWs. We trained 15 SCHMT officials and 20 CHEWs in using the supervisor application and mHealth dashboards. Reinforced by monthly monitoring and data review meetings, this led to a steady increase in their use of data, improving the frequency, planning, and quality of CHV supervision.

A new Community Health Bill is under development, and it will enable the county to sustainably pay CHVs a monthly stipend.

We supported the county in the interim by jointly developing a performance-based payment structure and providing the incentive payments to motivate CHVs. We also trained and mentored county staff in its application, which helped resolve challenges in processing and paying incentives to CHVs on time, leading to a sharp rise in performance. CHV activities trended upward since August 2018, evidenced by an increased number of assessments, household visits, pregnancies registered, and general referrals and follow-ups for immunization, family planning, antenatal, and postnatal care.

Our on-time PNC was 60% and there was steady improvement in sick child assessments, treatments/referrals, and data quality.

County health facilities directly replenished CHV supplies with some reported stockouts. In response to this, our technology team co-designed a workflow with the Bobasi SCHMT to help improve the county’s commodity supply chain.

Despite some initial challenges, the Kisii government has shown considerable buy-in for the TA approach to community health systems strengthening. They have demonstrated that governments can effectively and sustainably run performance management frameworks. This TA approach has been benchmarked by counties in the region and is informing the design of our new county partnerships.
Scaling and Broadening Health Impact in Kenya and Beyond

Living Goods’ Direct Operations in Kenya

Working in Kenya since 2015, Living Goods partners with national and county governments to strengthen community health programs through a spectrum of approaches, and we collectively supported 2,735 CHVs through all our efforts in 2019, including Isiolo and Bobasi.

We currently directly implement community health programs in Nakuru, Kiambu, Kisii, Busia, and Kakamega counties. In 2019, we directly supervised and supported more than 1,700 CHVs, who served more than 1.4 million people across the five counties. We made progress in our on-time post-natal care (PNC) rate—a measure designed to ensure that mothers and new-borns receive timely post-partum visits when their health is most vulnerable. Against an on-time PNC target of 75%, we attained 83%—a 36% increase from our 2018 performance rate of 61%—and we’re now able to document the outcome of 95% of registered pregnancies. In terms of assessments and treatments or referrals, our 2019 performance was similar to 2018. Although the assessment trend has been positive, the biggest challenge with treatment numbers is related to restrictions on CHV pneumonia treatment, but we are optimistic this will be resolved through government policy in 2020 (page 14).

The quality of community health data is widely recognized as a major challenge. We have worked to address this through our technology solutions and robust quality control processes, resulting in a 92% data validation rate by end of 2019.
Increasing Immunization Coverage and Equity through Digitally Empowered CHVs

Since 2018, Gavi has supported Living Goods to work alongside the Government of Kenya to extend community-based immunization services with the aim of significantly reducing neonatal and U5 mortality from vaccine-preventable diseases. The initiative focuses on increasing immunization coverage by scaling CHV-driven immunization counselling and referral activities, while supporting governments to increase capacity around generating demand for vaccines and using data to support their immunization planning activities.

Following a baseline survey, the initiative began in June 2019 as a pilot activity in Shinyalu, Kakamega County. Living Goods developed and integrated an immunization workflow into the SmartHealth app to support CHVs in incorporating immunization activities into their standard service package and developed an SMS workflow reminder for caregivers and follow-up reminders for CHVs to increase immunization coverage and reduce the rate of defaulters. MOH officials facilitated a training of trainers course for 75 county and sub-county immunization focal persons and participated in training 160 CHVs for the pilot.

CHVs pivotal in scaling immunization services

The project has demonstrated that leveraging CHVs can have a catalyzing effect on identifying under-immunized and unimmunized children and on increasing immunization coverage in hard-to-reach communities. Using smartphones, CHVs tracked the real-time immunization status of children for tuberculosis, polio, diphtheria, whooping cough, hepatitis B, measles, and other serious illnesses, referred defaulters, and followed-up with caregivers to ensure children received needed vaccines.

Results at the end of 2019 show that with Living Goods support, government CHVs are moving the needle on default rates and reaching more unimmunized children. Of the more than 23,000 U5 children identified as under vaccinated, Living Goods-supported CHVs referred and followed up on 86% of them, with 67% of immunizations completed. By helping to identify unimmunized children and link them to the health system, CHVs are playing a critical role in promoting equity because these vulnerable groups are also more likely to have other gaps in health coverage. By the end of 2019, we had partnered with government to train over 2,000 CHVs in Kiambu, Kisii, Kakamega, Nakuru, and Busia reaching over 1.5M people with immunization services.

To further drive demand for immunization services, Living Goods is promoting immunization education through development and distribution of information, education, and communication (IEC) materials; monthly sensitization meetings involving county and sub-county health promotion teams, CHEWs, and CHVs; and sharing testimonials collected from CHVs and other stakeholders.

In 2019, we also participated in the MOH’s National Vaccine and Immunization Program technical working group meetings and supported the introduction of a new malaria vaccine in Kakamega and Busia counties. In 2020, we plan to extend immunization services to Isiolo and Kisumu counties and will continue to engage with the national and county governments to drive successful immunization initiatives.

<table>
<thead>
<tr>
<th>Children immunization status assessed</th>
<th>Zero-dose children</th>
<th>Defaulters</th>
<th>% defaulters of those assessed</th>
<th>Referred &amp; followed up</th>
<th>% referred &amp; followed up</th>
<th>Completed referrals</th>
<th>% Completed referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>23,011</td>
<td>1,343</td>
<td>5,455</td>
<td>4,698</td>
<td>86%</td>
<td>3,663</td>
<td>67%</td>
</tr>
</tbody>
</table>

CHVs are instrumental in providing immunization counseling, referral and follow up services ensuring that no children die of vaccine-preventable diseases.
Enhancing Women’s Access to Family Planning (FP) Services

Living Goods and MOH launched a collaborative research initiative to generate evidence on the effectiveness, acceptability, and feasibility of scaling-up community-based distribution of DMPA-SC—an injectable contraceptive more commonly known as Sayana Press—for home administration and self-injection. This quasi-experimental study explored CHVs distribution of FP commodities to women to inform the national FP policy on using DMPA-SC. DMPA-SC is easier to inject and has a lower hormone dose with the same effectiveness and safety as DMPA-IM—a more expensive, intramuscular injectable contraceptive administered in health facilities. This initiative supports MOH’s broader vision to increase the use of modern contraceptives by providing interested and eligible women with access to free DMPA-SC through all FP service delivery points by the end of 2020.

This pilot comprised 362 CHVs in Kakamega County, with Malava sub-county serving as the intervention arm and Shinyalu sub-county serving as the control arm. CHVs in both groups provided counselling and referrals, as well as combined-oral contraceptives and condoms; however, CHVs in Malava also provided community-level access to DMPA-SC. The health facilities in both sub-counties were supplied with DMPA-SC to more accurately test the effectiveness of community-based distribution.

The pilot will continue through September 2020 and the findings will guide the government in crafting a policy decision on CHV distribution of DMPA-SC by the end of 2020. MOH plans to scale this initiative in a phased approach and we look forward to partnering with them to provide CHV-led FP services across all our operational areas.

A CHV visits a mother and educates her on how to care for herself and her child for optimal health. This often includes education on FP options to ensure that families are empowered to make informed decisions on the number and spacing of children.
New Digital Health Tool Supports CHV Programs: Maturity Model and Toolkit

Living Goods collaborated with HealthEnabled, the Kenya and Uganda MOHs, and other stakeholders to co-design a digital health maturity model that will help governments and other implementers grow effective community-level digital health programs. Funded by the Johnson and Johnson Foundation, the Maturity Model Toolkit provides users with a 5-stage continuum scale to evaluate community health programs; policies, funding, and technical Infrastructure; and existing health technologies. The tool is intended to inform strategy development, investment cases, and a structured pathway to implementing a scalable, sustainable digital health program for community health.

We officially unveiled the model at the 2019 Annual Global Digital Health Forum, in Washington, DC. In Kenya, we disseminated printed copies to MOH and will distribute it to all our partner counties throughout 2020.

Government Partners Learn from Our Experiences in Kenya

In late October, Living Goods hosted delegations from Rwanda and Burkina Faso MOHs in Kenya for an exciting week of discussions, presentations, and field visits to learn more about national community health systems and digital health.

The delegation engaged with multiple Kenya MOH officials, including Dr Salim Hussein—Head of the Department of Primary Health Care—and Dr Richard Onkware—Kisii County Director of Public Health and Sanitation—to learn more about their experiences developing and managing community health programs, as well as how Living Goods supports community health at both national and county levels.

This was a unique opportunity for Living Goods to simultaneously host two governments and facilitate critical learnings. The Burkina Faso delegation was most impressed by the power of digital health in empowering CHVs while the Rwanda delegation noted the importance of enabling frameworks in strengthening community health programs.
Building Momentum for Sustained Community Health Investments

Working to Advance UHC

In December 2018, the government launched the UHC pilot in four counties: Isiolo, Kisumu, Machakos, and Nyeri, with plans to roll out across the remaining 43 counties through a phased approach beginning in 2020. To support Kenya’s goal of building strong primary health care (PHC) systems that extend to the community level, we worked to galvanize national and international leadership to move beyond rhetoric and make specific, long-term investments in community health systems.

Locally, we worked to elevate community health within the UHC agenda and influence governments to create funded strategies through several advocacy events. Notably, we co-chaired a post-UNGA meeting through the Health NGOs Network (HENNET) to share the main highlights with other civil society organisations (CSOs) and to chart a way forward regarding CSOs’ roles in supporting the UHC agenda in Kenya. With more than 60 organizations in attendance, the meeting called for the development of a framework to track funding and progress towards UHC and increased government transparency and accountability in delivering community health commitments.

At the global level, we worked as a founding member of the Communities at the Heart of UHC Campaign and collectively celebrated key successes including adoption of the CHV guidelines as well as the passage of the UN Political Declaration on UHC at UNGA.
Living Goods Becomes HENNET Vice-Chair

In October, Living Goods was elected to serve as the Vice Chair of HENNET for a two-year, renewable term. Working with PATH (Chair), Kenya Red Cross (Treasurer), and 46 other member organizations, HENNET serves to amplify voices for stronger health care systems. In December 2019, HENNET developed a CSOs’ position paper on UHC and launched the Social Accountability for Health Platform. This important advocacy platform will help health CSOs hold the government accountable for promises made in achieving UHC by tracking how commitments are executed and enacted. Living Goods will continue to support these initiatives, positioning community health as a catalyst for achieving UHC.

Progress in CHV Treatment of Pneumonia in Kenya

Experts back CHV management of pneumonia in U5s

Despite global, regional, and local evidence that supports treatment of non-severe pneumonia by well-trained and supervised CHVs, this has not been the practice in Kenya. In 2018, MOH worked with key stakeholders to appoint a panel of experts to comprehensively assess available evidence and give their expert opinions to inform policy. In December 2019, the panel of experts, including community health champion and Living Goods technical board member Professor Miriam Were, submitted a report recommending dispensing oral amoxicillin tablets at the community level to treat children with non-severe or fast-breathing pneumonia without danger signs.

MOH is in the final stages of making a policy decision based on the experts’ report. If approved, the recommendation will be a breakthrough in safeguarding the health of U5s, particularly in areas with limited access to health facilities.

Living Goods, along with other development partners, supported the evidence-building process and will continue to advocate for the endorsement and implementation of this recommendation.

Supporting enabling frameworks for strong community health systems

Along with other stakeholders, we are supporting the development of a community health bill in Kisii and Kiambu counties, and a community health policy in Kakamega County. In Kisii, the bill is under county assembly review, while in Kakamega the policy has been finalized awaiting ratification by the county executive.

I want to commend the panel, our partners, and other stakeholders for the role they have played in supporting government efforts towards improving the health of new-borns, children and adolescents in the country. Investing in new-born, child and adolescent health is vital in the achievement of the UHC agenda that we are undertaking, which we hope to roll out countrywide in January next year.

- Dr John Masasabi, former Ag Health Director General.
SUCCESS STORY:

Amplifying Grassroots Voices in Global Platforms

To many residents of Suneka, a rural area within Kenya’s Kisii County, Roseline Moenga is more than just a friendly neighbour. The 39-year-old mother of three has long been her community’s go-to person when there is a health concern. But now, she’s also their champion for community health.

Roseline was recruited to serve as a government CHV more than 11 years ago. She received initial training to assess and refer her neighbours for basic health issues. Two years ago, Roseline started receiving more comprehensive support from Living Goods, joining a network of about 120 other CHVs the organization supports in Suneka. She’s now equipped with medicines and a mobile phone loaded with the Smart Health app, and also receives regular in-service training, supervision and compensation by meeting performance-based targets.

Roseline was first thrust into the international spotlight when she starred in a widely publicized documentary showcasing the community health movement and the role it can play in enabling UHC. In the nearly six-minute video produced by Freethink—which garnered more than 670,000 YouTube views in just one month—Roseline is seen visiting families and providing services that help to prevent and treat illnesses, while community health leaders spoke about the importance of delivering essential health services to people’s doorsteps. The video also had its first live screenings during sessions at UNGA in September 2019.

“I’m proud to be a CHV and to serve my community,” said Roseline during a recent phone interview, adding, “This video documentary helps me bring my village to the world and the world to my village. It is also bigger than me and I’m excited to be part of this powerful narrative.”

During a session at ICPD25: The Nairobi Summit, Roseline spoke about the transformative power of digital health solutions in a panel discussion, featuring a health minister, an ambassador and leaders of international development organizations. She says the experience was a game-changer for her in realizing the kind of impact she could achieve as a voice that could help mainstream audiences better understand how to support and advance CHVs. “I want to make the ‘big people’ understand what it is like to be a CHV and appreciate what the people on the ground experience every day—so that they have an accurate picture of what is needed when making decisions that affect thousands of lives,” she said.

Back home, Roseline is quickly becoming a sensation and an inspiration, as she continues supporting her neighbours’ health needs with even greater conviction and passion. She says the empowerment and exposure she gained was both humbling and life changing. Roseline now sees her personal contributions as part of a larger movement for community health and feels edified to be a real advocate. Roseline exclaimed, “I feel so blessed and privileged. I feel like what I do matters and now have the chance to travel, speak and meet so many amazing people outside of my locale who are just as passionate about community health.”

“I want to make the ‘big people’ understand what it is like to be a CHV and appreciate what the people on the ground experience every day”

- Roseline Moenga, CHV
Living Goods Kenya Governance and Leadership
Kenya Technical Advisory Board

Prof Miriam Were
Chairperson, Kenya Technical Advisory Board & Chancellor, Moi University

Kwame Owino
Member, Kenya Technical Advisory Board & CEO, the Institute of Economic Affairs

Rose Mambo
Member, Kenya Technical Advisory Board

Dr James Mwanzia
Vice Chairperson, Kenya Technical Advisory Board

Dr Josea Rono
Member, Kenya Technical Advisory Board

Sarah Omache
Member, Kenya Technical Advisory Board & County Executive Committee Member, Health Services, Kisii County

Thomas Opiyo Onyango
Country Director, Kenya
Country Leadership

**Thomas Opiyo Onyango**  
Country Director, Kenya

**Njuru Ng’ang’a**  
Deputy Country Director, Field Operations

**Ruth Ngechu**  
Deputy Country Director, Strategic Partnerships and Advocacy

**Sylvain Romieu**  
Director of Field Operations

**Dr David Oluoch**  
Director of Community Health Systems Strengthening

**Dr Kezia K’Odoul**  
Director of Health

**Peter Maina Kamonde**  
Senior Manager, Technology

**Samuel Njoroge**  
Senior Manager, HR Business Partner
# Living Goods 2019
## KEY METRICS

<table>
<thead>
<tr>
<th>Impact Metrics - Monthly</th>
<th>Kenya Direct Operations(^1)</th>
<th>TA - Bobasi(^2)</th>
<th>Cofinancing TA (Isiolo)</th>
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<tbody>
<tr>
<td>Pregnancies Registered/CHV</td>
<td>2</td>
<td>1.0</td>
<td>1.2</td>
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<td>U5 Assessments/CHV</td>
<td>18/12</td>
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<td>4/3</td>
<td>3.7/3.2</td>
<td>3.6</td>
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<tr>
<td>U5 Treatments and + Diagnoses/CHV</td>
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<td>8.9/3.1</td>
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<tr>
<td>U1 Treatments and + Diagnoses/CHV</td>
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<td>80%</td>
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<td>% On-Time Postnatal Care Visit</td>
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<tr>
<td>% 'High-Impact' Items in Stock(^3)</td>
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</table>

| Impact Metrics - Total\(^4\) | |
|------------------------------|------------------|------------------|------------------|
| Active CHVs                  | 2,890            | 1,786            | 1,890            |
| Population Served            | 2,312,000        | 1,428,800        | 1,512,000        |
| Total Pregnancies Registered | 45,288           | 19,728           | 21,582           |
| Total U1 Assessments         | 81,437           | 73,770           | 63,046           |
| Total U1 Treatments and + Diagnoses | 36,149 | 24,014 | 24,125 | 3,677 | 2,416 | N/A | 463 |
| Total U5 Assessments         | 352,757          | 360,360          | 289,011          |
| Total U5 Treatments and + Diagnoses | 271,320 | 142,241 | 134,144 | 14,706 | 10,516 | N/A | 2,240 |

## NOTES
\(^1\) Living Goods-Kenya has two assessment and diagnosis targets: malaria endemic/malaria non-endemic.

\(^2\) Currently the technical assistance CHVs in Kenya work only in malaria non-endemic areas, thus all assessment and treatment targets listed are for malaria non-endemic.

\(^3\) As we are working with the government supply in our TA model, we do not track stock outages for TA CHVs, but we hope to introduce technology in 2020 to do this.

\(^4\) Since we are still testing approaches to technical assistance, we have not set total targets yet for impact metrics.
**OUR MISSION**
Living Goods saves lives at scale by supporting digitally empowered community health workers who deliver care on call—making it easy for families in need to get the care they need.

**OUR VISION**
We envision a world where every family can easily access the healthcare they need to survive and thrive.

**OUR VALUES**

*Put Families First*
We work door-to-door, one family at a time, to improve health from the ground up. We believe in human dignity and the transformative power of strong, healthy communities.

*Make No Small Plans*
Since we address problems that affect billions of people, we prioritize and reprioritize relentlessly and only pursue solutions that deliver global impact.

*Drive Toward Sustainability*
Achieving impact at scale requires sustainability. We support governments to strengthen their community health programs and permanently transform the way community health is financed.

*Be Inventive & Adaptive*
We implement ideas with the potential for game-changing impact that can be tested quickly and inexpensively. We are creative problem-solvers who react nimbly to challenges and opportunities.

*Master the Art of Collaboration*
Our mission is ambitious, and we can’t do it alone. We work with equally ambitious and innovative partners, including governments, to save as many lives as possible.
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