



# 2022 - 2026

## STRATEGIC PLAN

Saving Lives at Scale through Country-Led,  
Digitally-Enabled Community Health Systems

## 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.**

- To achieve this, we leverage smart mobile technology and real-time data to optimize outcomes, performance, and accountability.
- We work closely with governments and partners to strengthen national community health systems.
- We ensure health workers are effectively compensated, supervised and equipped
- We nimbly innovate to deliver the greatest health outcomes at the least cost.
- And we always aim for national scale, co-creating financing solutions to make universal health coverage a reality.

## VISION

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



# Saving Lives at Scale through Country-Led, Digitally-Enabled Community Health Systems

**The COVID-19 pandemic crystalized Living Goods’ belief in the urgency, importance, and power of investments dedicated to strengthening primary health care and community health.** The pandemic has also presented us with a unique opportunity to help health systems leapfrog to digital health platforms that can dramatically improve access and outcomes for patients, lower costs for providers, and detect and respond to outbreaks earlier and better than ever. Community health workers (CHWs) are playing a critical role delivering essential health services, reducing excess mortality and illness, and blunting COVID’s impact on communities. Done right, community health is impactful and cost-effective. Not just during COVID-19, but always.

**Living Goods’ new strategic plan focuses on the next frontier of impact: enabling government partners to improve health outcomes nationally, by ensuring CHWs can reach their full potential.** Building on our unique experience supporting more than 12,000 CHWs to deliver quality health care to more than 9 million people, this plan focuses on ensuring high-quality, digitally enabled

community health care can be professionalized and scaled more sustainably, in more countries—saving and improving more lives.

This strategy represents a material evolution of Living Goods’ work and journey to date and builds upon the wealth of valuable insights we’ve gained over the past 15 years in delivering high-impact care in partnership with governments. In the last few years, we have increasingly worked collaboratively with our government partners to design, test, scale and finance and implement community health solutions. We now aim to go even further.

This strategy **is ambitiously centered on supporting governments to truly own and invest in stronger national health systems.** We are trying to tackle huge underlying issues and have set targets that we know will be difficult to achieve. Consequently, we are entering this plan with humility, and a recognition that we have more to learn. We will remain flexible and adaptive throughout this journey and look forward to driving even greater impact as we work to influence the broader community health space with our findings.



*Living Goods’ evolution over time, demonstrating the shift in the balance of Living Goods activities.*



# Where we've come from, and our journey ahead

## The Problem

A billion people around the world still lack access to health care, with 5 million children dying yearly from easily preventable and treatable diseases. This need not be the case. Across sub-Saharan Africa, public health systems often struggle to meet the needs of the people they serve due to constraints in human and financial resources, infrastructure, and more. This is where the vital services of community health workers (CHWs) come in: **CHWs are proven to dramatically expand access to health care and save millions of lives—far faster and more inexpensively than facility-based care alone.** But, too often, community health is underfunded and treated as an afterthought. There is a significant opportunity to bridge the gap in accessing health care and ensuring children reach their full potential by better supporting CHWs to

deliver quality care where people live. And the most sustainable way we can achieve that vision is by increasing support to governments that empowers them to finance and manage their own digitally-powered community health systems, long-term.

## The Solution

Since 2007, Living Goods has been working to close the gap between CHWs' incredible potential to improve and save lives and the challenges they regularly face, including insufficient training, supervision, and access to medicines; reliance on antiquated and inefficient paper-based tools; and systems that treat them as unpaid volunteers, rather than as trusted members of a health care delivery system. In our first decade, we focused on establishing an improved approach for delivering care, and on building an evidence base on which we could learn and adapt.



In doing so, we embraced and codified the **DESC approach**, through which CHWs are: **D**igitally enabled, **E**quipped, **S**upervised, and **C**ompensated. DESC is designed to improve the performance of CHWs, ensuring they are incentivized and able to deliver high-quality health care at low cost.

Through DESC, we have learned how to improve the performance of CHWs at scale and helped push the boundaries of the impact that community health can achieve. **Evidence for what is now possible includes:**

- **SIGNIFICANT MORTALITY REDUCTION:** A randomized controlled trial of our work in Uganda, published in 2014, showed Living Goods' approach **reduced child deaths by 27%**.
- **IMPROVING HEALTH FOR MILLIONS:** In 2020, **more than 11,000 Living Goods-supported CHWs assessed more than 3 million sick children.** We also identified more than 165,000 under-vaccinated children, helping 85% achieve full vaccination status for standard childhood illnesses in less than 2 years.

## Partnering with Governments to Drive National Scale

Burkina Faso and Kenya have invited Living Goods to partner with them on a national level to digitize, strengthen and optimize their community health worker platforms. Over the next 5 years, **these partnerships will give Living Goods an opportunity to scale our impact across several large regions with a combined population of over 70 million people.** With signed national MOUs, these trusted partnerships provide LG with the foundation for driving the long game of significant systems change, and with the means to dramatically scale our reach and outcomes over time.



**Digitally-Enabled**  
**Digital tools and Data for Decision-Making are important engines of our strategy.**  
 In fact, digital technology enables all other aspects of the DESC approach. Data for decision-making is used at every level of the health system, including CHWs, supervisors, managers and leadership teams



**Equipped**  
 Ensuring that CHWs have access to supplies of essential medicines and digital resources, as well as the training and kits they need to succeed.



**Supervised**  
 Increasing accountability of supervisors and managers in primary health care to ensure CHWs are adequately supported.



**Compensated**  
 Effectively compensating, motivating, and empowering community health workers.

# The DESC Approach

- **SAVING LIVES IN CRISIS:** Since 2020, we have seen the urgent and critical role CHWs play in ensuring continuity of care everyday—not just in crises such as COVID-19. During the pandemic, we have seen marked reductions in facility-based care. Living Goods-supported CHWs have filled the gap, **doubling the number of lives saved in 2019.**
- **HELPING FAMILIES PLAN THEIR FUTURES:** In 2020, CHWs helped **avert an estimated 28,000 unintended pregnancies and registered more than 250,000 pregnancies,** greatly facilitating access to the care these expectant mothers need.
- **SUPPORTING GOVERNMENTS TO LEAD ON DIGITAL TOOLS FOR HEALTH:** In 2021, we were selected as a leading partner to help nationally digitize Kenya’s national community health program and support the country’s **CHWs to incorporate digital health best practices into their work.** In Burkina Faso, we signed a three-year MOU to improve maternal and child health through the development and strengthening of an integrated and digitally enabled community health system.



- **DELIVERING IMPACT IN A COST-EFFECTIVE WAY:** We have learned how to deliver impactful community health at an annual per capita cost of \$3 to \$4, which ensures a high return on investment for Living Goods, governments, and other partners.



# Learning from our experiences to drive greater impact

Living Goods' last strategic plan (2018-2021) was an important chapter of learning and growth. Our path forward both builds upon Living Goods' substantial strengths and represents a significant evolution based on our successes and hard-won learnings. Some of our most important learnings have been:

- **THE VALUE OF DELIVERING HIGH-IMPACT, QUALITY CARE IN NEW HEALTH AREAS:** Our original goal was reducing under-5 mortality. Thanks to the work of governments and partner organizations, we have seen great progress—with mortality decreasing across many countries in Africa—though there is still much more progress to make. Our integrated approach to community health allows us to address a broader set of health needs. While we're keeping our focus on

## Results we intend to achieve:

- **Scale our reach**, tracking KPIs through digital tools for all CHWs
- **Reduce U5 mortality by at least 10-15%** where we work
- **Avert 950,000 unintended pregnancies** through family planning
- **Ensure cost-effectiveness.** At scale, we're targeting costs of less than \$2,500 per CHW and between \$3 and \$4 per patient annually – no matter who pays
- **Unlock approximately \$43M in co-financing** to fund implementation

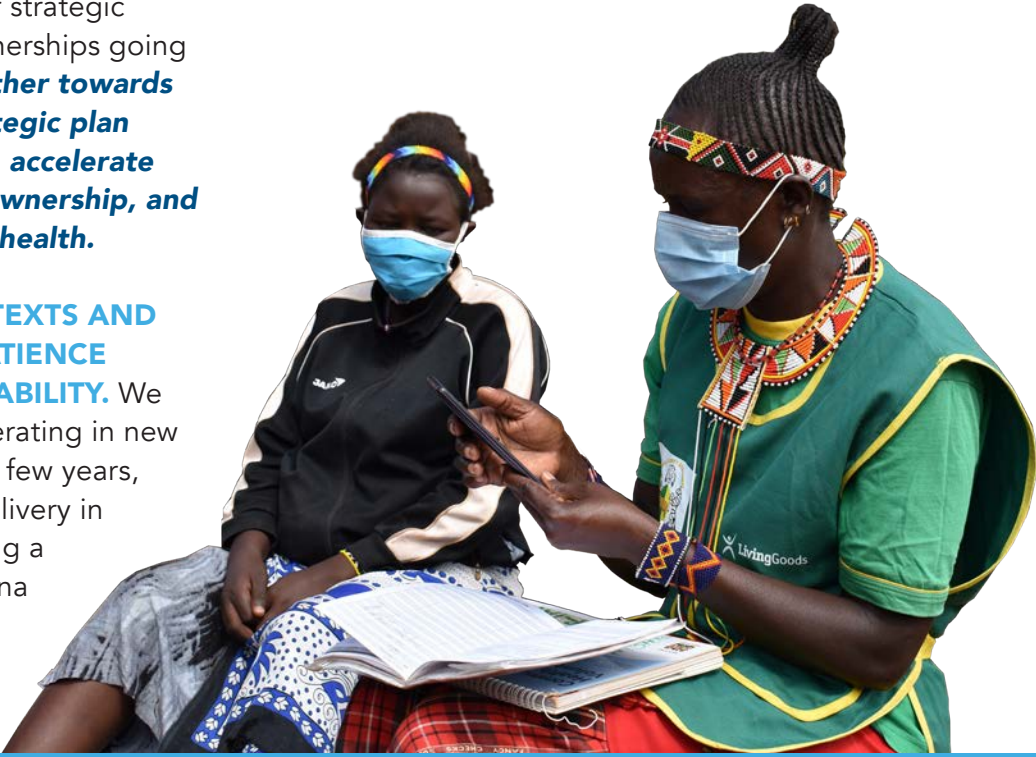


saving children’s lives, we have undertaken experiments in two new areas to expand our impact: modern contraceptive use and immunization uptake. **Going forward, Living Goods will strengthen our impact in family planning and vaccine uptake, while remaining agile and responsive about additional health areas we might incorporate.**

- **EXPERIMENTING WITH NEW MODES OF GOVERNMENT PARTNERSHIP AND COLLABORATION TO DRIVE SUSTAINABILITY**, including securing co-financing agreements with two county governments in Kenya and designing, testing, and growing a Results-Based Financing (RBF) mechanism in Uganda. We believe the next level of community health impact requires even deeper partnership with governments to sustainably lead community health, including committing to the requisite policies and financial resources. While some of these efforts struggled at first, we learned hard-won lessons about shared accountability systems and how to best design our strategic framework for country partnerships going forward. **As we lean in further towards systems change, this strategic plan is proactively designed to accelerate government leadership, ownership, and investment in community health.**
- **WORKING IN NEW CONTEXTS AND GEOGRAPHIES TAKES PATIENCE AND INCREASED ADAPTABILITY.** We have learned a lot from operating in new environments over the past few years, including scaling service delivery in Uganda and Kenya, initiating a major engagement in Burkina Faso, and providing short-term advisory support in Ethiopia and Sierra Leone. In the past,

we underestimated how much time it would take to build strong relationships with governments and their partners when not based there, or how much more flexibility should be built in, enabling us to respond more quickly when government priorities change. We have adapted and refined our approaches so that we’re more responsive to the needs of each country—better adapting our support to local contexts—and we are committing to deciding more quickly whether to proceed with deeper engagements. **Drawing on past learnings, this strategic plan includes a focus on expanding our footprint to drive in-depth impact.**

- **DIGITIZATION DRIVES PERFORMANCE.** As one of very few organizations that both develops digital solutions and implements them at scale, for the past several years we’ve been intentionally investing in a strong team focused on delivering and advising on digital tools and data analysis. We have continued to refine and innovate





the digital aspects of DESC—ensuring all CHWs, supervisors, and other managers are equipped to gather and gain robust insights from the data they gather to improve accuracy and effectiveness of care, optimize efforts in real-time, and employ smart feedback loops that improve performance and accountability. We are increasingly focused on partnering with governments and other partner organizations to co-design and operationalize community health digitization more broadly—which is widening our aperture to include critical considerations such as data integration and interoperability. ***This strategic plan continues to prioritize digital technology and data as key drivers of impact. We will invest in transformative digital tools and services that can dramatically accelerate increases in access and outcomes and align more deeply with governments and other partners to realize these goals.***

**This plan also reflects our increased focus on localization, diversity, and equity over the past several years.** In recent years, we have intentionally shifted our staff and operations as close as possible to the CHWs and communities we serve. We moved the “center of gravity” for our staffing to Kenya in 2018, with the appointment of our Kenya-based CEO; today, 95% of staff are based in East Africa and are citizens of the countries in which we work. We also increased African representation in senior leadership roles—including all our country leads—and within our board of directors, where 50% of our board is comprised of people of color and 37% are of African descent. However, as an organization founded in the U.S. and primarily funded by international organizations, we are clear-eyed about the ways in which these characteristics influence our organizational capabilities and identity. We know that we can progress further and will be intentional about continuing our localization journey. This includes ensuring local teams are in place and in leadership roles across our countries, deepening engagement with our in-country advisory boards, and continuing to diversify our global board to ensure that at least 50% of members are of African descent.

# Living Goods' Five-Year Strategy (2022-2026)

Over the next five years, Living Goods will enable African governments to increase families' access to high-quality, digitally enabled community health care. In so doing, Living Goods will significantly improve health outcomes for at least **9.7 million people in three countries**, and support governments to transition to substantial ownership of community health care delivery. Through this strategy, Living Goods will save lives and create durable national impact in our core countries of focus, following a 'blueprint' designed to help governments achieve improved health outcomes and transition to a role of increased ownership and investment.

Our approaches include:

## 1. STRENGTHENING DELIVERY THROUGH LEARNING SITES

Living Goods will implement high-quality, cost-effective community health care using the DESC approach in learning sites. Living Goods will invest directly in these sites to ensure all elements of DESC are in place and will **deliver high-quality care to approximately 2.5 million people over five years**. They will help provide evidence for investing in community health in each specific country and beyond, while serving as "innovation labs" that enable us to test adaptations in specific contexts and surface new insights and learnings about how to drive efficiencies and effectiveness among digitally enabled CHWs and their supervisors.

### Remaining both aspirational and agile

This five-year strategy reflects our best estimates and aspirations for what we will achieve by 2026. We also acknowledge that there are significant unknowns, and progress may proceed faster or slower than planned. We'll remain flexible to invest quickly in well-aligned opportunities and will be willing to pull back when the conditions are not right.





## 2. SUPPORTING SCALING FOR NATIONAL IMPACT

Living Goods will provide on-the-ground implementation support to governments that enables them to sustainability lead community health service delivery. Drawing on our implementation experience, Living Goods will help put operational best practices in place across all DESC elements by supporting supervisors, managers, and regional and national government teams to optimize performance and cost-effectively improve the care families receive—**reaching an additional 7.2 million people over five years.**

**This is where co-financing comes into play:** Living Goods will seek co-investment agreements where we provide implementation support. **Co-investments from government and other partners will cover the costs of all DESC elements in implementation support, totaling approximately \$43 million over five years.** Since this is a newer area for Living Goods, we will prioritize building an evidence base for government-led, co-financed implementation support early in the plan.

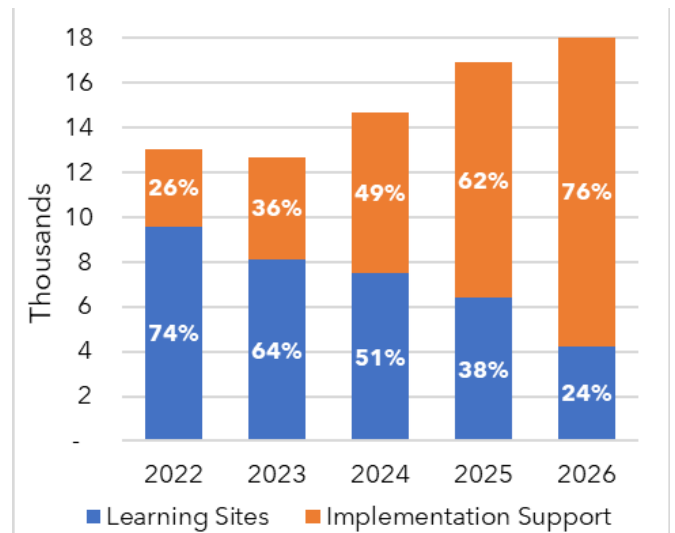
## 3. SHAPING THE COMMUNITY HEALTH ENABLING ENVIRONMENT

Living Goods will partner with governments and other leaders in the field to advance the community health movement and improve the enabling environment. We will engage in advocacy and policy support, and share collected data, evidence, and learnings to shape policies and implementation frameworks in the countries where we work and beyond. We will also support governments in our core countries to ensure sufficiently strong digital systems and capabilities. These efforts will help to unlock global and domestic resources that will accelerate access to universal health coverage (UHC). Significantly, Living Goods will amplify the voices of CHWs and their communities, and share our knowledge to contribute to South-South learning across our core countries.

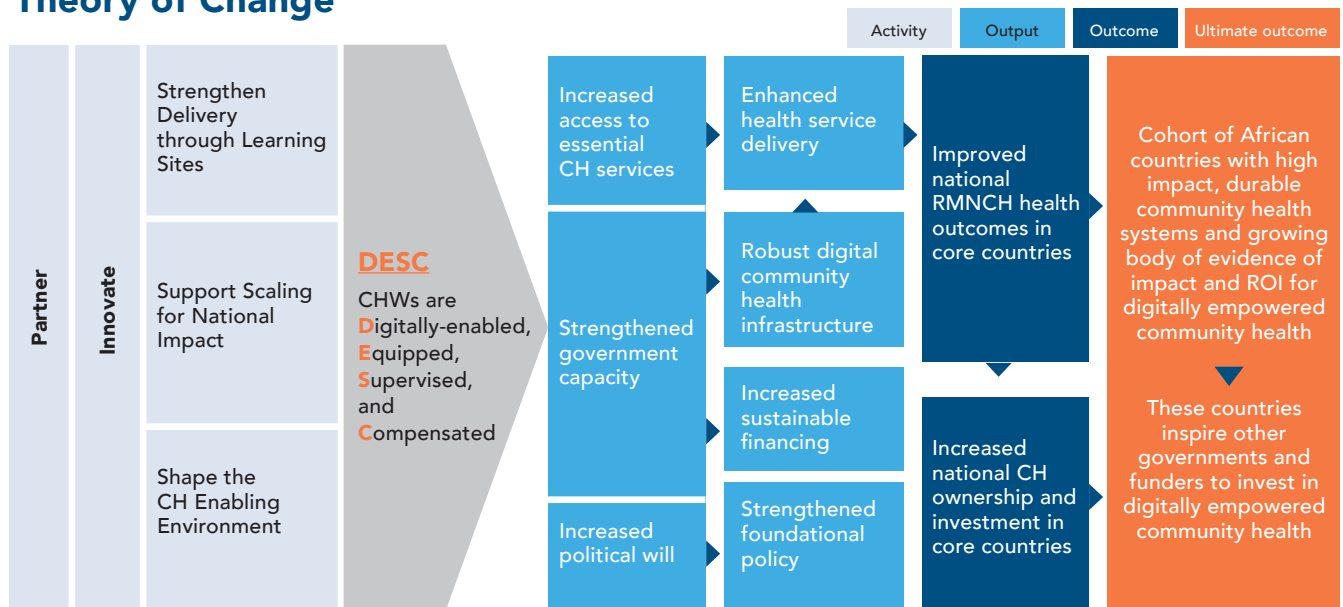


These three modes will enable Living Goods to save additional lives and build stronger, more resilient community health systems in the countries where we work. We also envision this strategy to have additional positive ripple effects. By working in close partnership with a cohort of African governments, we can help build a strong case for government-led community health, and ultimately **inspire other African governments and funders to invest in digitally enabled approaches**, saving even more lives across the continent. We will accomplish this by working alongside our partners and peers in the community health space, such as members of the Community Health Impact Coalition. The outcomes we seek to drive are articulated in our Theory of Change, as illustrated in the following diagram.

Estimated CHW Reach by Mode



## Theory of Change





# Strategic Pillars for Success

Our strategy for the next five years is guided by three key pillars:



Enable government-led community health

## ENABLE RESILIENT, EFFECTIVE GOVERNMENT-LED COMMUNITY HEALTH

Living Goods will follow a blueprint designed to help governments achieve improved health outcomes and transition to a role of increased ownership and investment. This includes three different modes of support to government: 1) strengthening delivery through learning sites, 2) implementation support that enables government-led scaling for national impact, and 3) shaping the enabling environment around policies, financing, and tools for digital technology and data for decision-making. This support will include collaborating with governments to increase sources of financing for their community health systems. Living Goods will prioritize building an independently validated evidence base around all aspects of DESC. Working as a thought leader, we will use this evidence to advocate for and support changes to policies, practices, and increases in investment in community health. We will do this in the countries where we work, regionally and globally, both individually and in coalitions.

Over the next 5 years, we estimate supporting between 15-30% of the CHWs in Kenya and Burkina Faso—which will create a tipping point that substantively advances UHC. We believe this will enable us to forge greater sustainability for governments and the communities we collectively serve. An important aspect of our partnerships with government will be working towards **building resilient health systems that have the capacity to withstand shocks**, such as future epidemics and pandemics, and we will work to advance South-South learning.



## DRIVE SUSTAINED, NATIONAL IMPACT ACROSS A PORTFOLIO OF COUNTRIES THROUGH COST-EFFECTIVE, DATA-DRIVEN COMMUNITY HEALTH

This strategy is squarely focused on driving national-level impact, and so we have given great thought to where and how to best grow our footprint. Innovation and generating evidence remain a priority. Learning sites provide opportunities for rapid experimentation and improvement to further strengthen performance management and DESC approach. We will evaluate and add other high impact services to further leverage community health networks. These learnings and best practices can be leveraged to further advance the field of community health. Across our portfolio of countries, the level of investment over the course of the strategy will depend on each country's comparative return on investment (ROI), and how strong the enabling environment is. For example, while Uganda is moving in the right direction in terms of government ownership, it is unlikely to continue to fit the mold of where we believe our core countries should be by 2026. However, Uganda will continue to play a critical role for Living Goods: in addition to saving lives every day through cost-effective service delivery, Uganda will serve as a scaled learning laboratory to test new innovations while we continue to support strengthening the enabling environment. In Kenya, which we consider the first testing ground for our new strategy, we will continue to support counties to scale government-led, digitally enabled community health. Next year, Living Goods will launch learning sites in Burkina Faso.

### Digital tools for pandemic preparedness

Living Goods will contribute to and collaborate with broader efforts in the field to use digital tools and data in service of stronger pandemic preparedness. **CHWs are on the frontlines delivering care, and thus have a unique opportunity to deliver health services and collect data that can serve as an early warning of disease or epidemic outbreaks.** Ensuring effective integration of this data with health information systems is vital as it will enable governments and their partners to take early action. Living Goods will explore how to best advance our own work in this realm, based on needs in the field and areas that fit well with our internal capabilities and priorities.

### Criteria for selecting new countries

All potential new countries will be assessed and ranked by these factors to assess potential impact and ROI:

- Underlying need and disease burden
- Strong government support for community health
- Reliable commitments to co-financing DESC elements





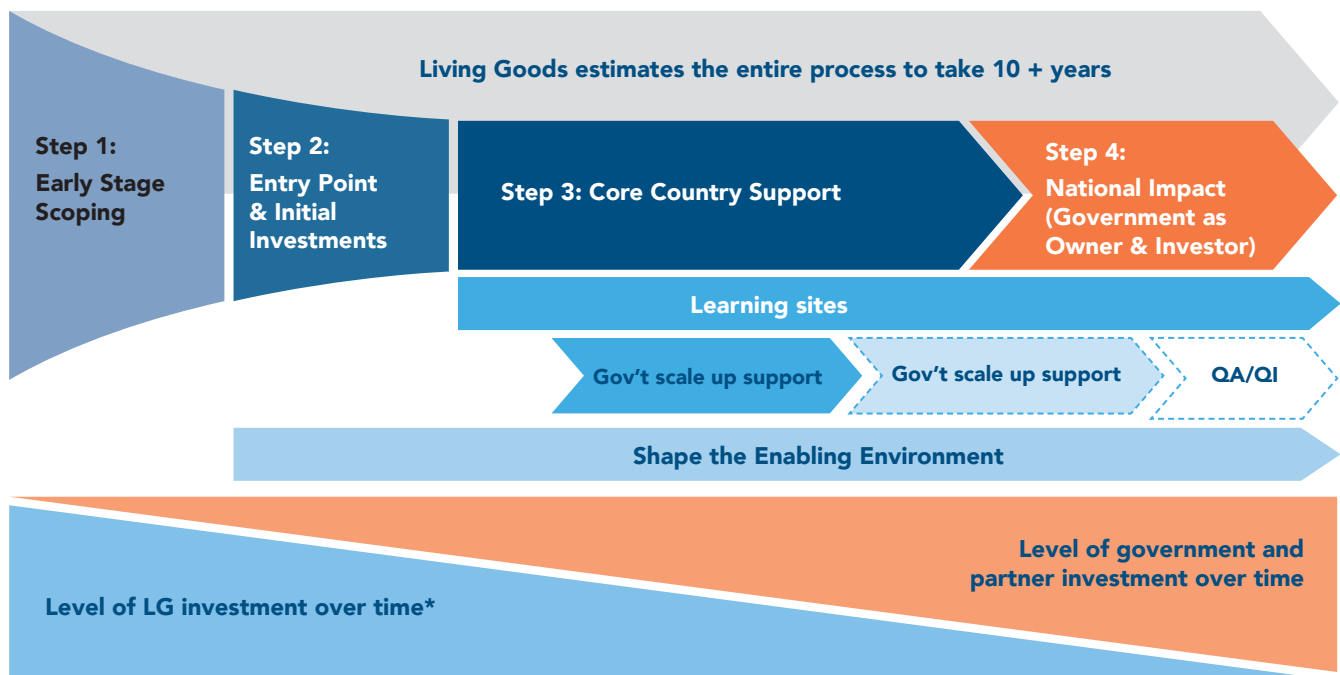
### Follow blueprint plan in new countries

## FOLLOW A CLEAR BLUEPRINT PLAN FOR ENTERING NEW COUNTRIES

To identify the best new countries to support long-term, Living Goods will follow the early stages of the blueprint defined in pillar 1. The blueprint outlines a scoping process and phase of initial investments that will precede determining whether to designate it a core country for long-term investment. The blueprint is intended to provide guidance on decisions about whether and when to increase or decrease investments, while maintaining the flexibility to meet country needs and be opportunistic to pursue new impact opportunities with a clear potential for higher ROI. We anticipate this process could ultimately take more than 10 years for each country to achieve, so we will monitor a set of interim metrics over the next five years to ensure all partner countries are on-track. **The goal of using this blueprint is to identify and partner with countries we can support to drive improved health outcomes nationally, where there is also strong government commitment to investing in and owning community health.**

*\*Living Goods will only enter additional countries under this plan if there is dedicated, long-term funding, over and above the funding required to reach its goals in Kenya, Uganda, and Burkina Faso.*

### Country blueprint



\*Adjusted levels of investment are illustrative.

# Cross Cutting Enablers

In addition, Living Goods will invest in three enabling tactics that each cut across several arenas to successfully execute the strategy:

## 1. ANCHOR ON DIGITAL TOOLS, DATA & DISRUPTIVE INNOVATION AS DRIVERS OF IMPACT:

Living Goods will continue to prioritize digital tools and data to drive results. This includes strengthening our own and others' abilities to use digital tools and data to inform decision-making at every level of the health system. Living Goods is software-agnostic, and in the last few years we have strengthened our ability to work across different technology platforms to be a lead partner to governments to design and roll out the digitization solutions that best

meet their needs and integrate evidence-based best practices. We will introduce disruptive innovation, which may include incorporating existing approaches not widely used in community health today, and investing selectively in cutting-edge, new approaches where it will be important to partner with others. **Our disruptive innovation investments will be highly targeted and strategic, with an estimated spend of 5-10% of our organizational budget.**

## 2. RESOURCING THE PLAN:

Achieving our strategic goals requires raising money both for Living Goods and resource mobilization for the sector at-large, securing funds from public and private donors, as well





as national governments. **For the first time, this strategic plan and budget includes funds that will be financed by others: we aim to catalyze more than \$43 million in co-financing over the course of this plan.** We believe this is a bold but achievable goal; while it presents several unknowns, it is critical for enabling greater sustainability.

Consistent with our last plan, **philanthropy will remain Living Goods' primary source of revenue in the short-term.** We will work to maintain and grow our historical base of individual, foundation, and corporate funders. More than simply supporting our plan, this approach will enable us to take risks and to innovate and learn. This philanthropic support will also afford us opportunities to leverage

**For the first time, this strategic plan and budget includes funds that will be financed by others: we aim to catalyze more than \$43 million in co-financing over the course of this plan.**

and influence how public funders invest in community health. We will expand our major gifts fundraising and explore expanding into new fundraising markets, such as Europe.

We will actively pursue awards from bi- and multilateral funders, including those that are focused on improving digitally enabled community health systems. We expect modest growth in bi- and multilateral funding, which has previously accounted for about 15% of our revenue from 2017-19, targeting an increase to 15-20% during the plan.

**We will develop additional capacity to support governments and other in-country partners to increase global institutional funding for community health,** as well as domestic financing. This support could include identifying donor funding opportunities, contributing to proposal writing, facilitating financial agreements between governments and donors, costing out community health programs, resource mapping for community health, and assistance with budget development. To effectively provide this support, we will need to grow our capacity and partnerships in health financing—including financial modeling, budget analysis, and understanding financing mechanisms.





Our advocacy work also plays an important role in resource mobilization. Alongside partners, **we will advocate for the inclusion of community health and primary health care in national and sub-national budgets and in more public and private donor funding mechanisms**, with a focus on the Global Fund, the Global Financing Facility, the World Bank, and Africa CDC. Our advocacy work—focused on the passage of community health policies and guidelines (e.g., Kenya’s National Community Health Strategy and Community Health Digitization Strategy 2020-2025)—also supports resource mobilization by providing frameworks for resource allocations to community health.

### 3. STRENGTHENING ORGANIZATIONAL CAPABILITIES:

For this plan to succeed, Living Goods needs the right capabilities in place. We will focus on our **People and Culture**, ensuring we have the motivated, and diverse teams with the right skills in place to execute our strategic plan. We will strengthen our **organizational effectiveness** through strong systems, processes, and governance to enable efficient and effective delivery of the plan and rigorous controls on our resources. Some highlights of our planned capability investments include:

- Furthering our skill sets, expertise, and organizational mindset across each of the three modes of operation, with **a particular focus on ensuring we are set up to**

**effectively support government partners through change management** approaches and secondments that enable knowledge transfer.

- **Ensuring we have staff in place with the contextual knowledge and language abilities** to effectively work across different geographies, including local teams on the ground in core countries.
- **Advancing digital and data capabilities**, with a continued emphasis on ensuring we can effectively serve as a software-agnostic advisor to government partners.
- **Confirming Living Goods has the right in-house skills and external partnerships to engage in different forms of innovation** across the organization. We will likely drive more disruptive forms of innovation alongside partners; we will need to engage in partnership-mapping and management to ensure the success of these efforts.
- **Continuing to invest in research, evidence, and thought leadership**, particularly around understanding how best to drive impact through government-led delivery.
- **Strengthened resource mobilization and health financing skills**, to align with our broader advocacy and thought leadership efforts. We will also ensure we are able to attract and manage more restrictive, risk-averse funding from bi- and multilateral and government funders.

# Key Goals and Outcomes: Driving Impact at Scale

Since our founding, Living Goods has held ourselves accountable to smart, clearly defined, measurable goals, backed by robust measurement and evaluation. In setting goals, we must both be ambitious in the face of huge unmet need, and realistic given the many challenges and unknowns. In that spirit, here are the key outcomes Living Goods aims to deliver over the next 5 years:

- **GROW OUR REACH:** Living Goods will aim to support at least 18,000 CHWs, who will **provide 9.7 million people across three countries with access to quality health care** in the convenience of their homes. We will continue to track robust KPIs for each of these CHWs, while supervisors will be fully equipped to drive CHW motivation and performance using real-time data. This would enable Living Goods to support a meaningful (15-30%) proportion of the total CHWs in-country in both Kenya and Burkina Faso.
- **MATERIALLY REDUCE CHILD MORTALITY:** Reducing under 5 mortality is still one of Living Goods' bedrock goals. We will target **a minimum reduction of 10-15% in U5 mortality** where Living Goods supports across the different modes. We will also set goals related to lives saved, as well as immunization rates at the country level.
- **SIGNIFICANTLY EXPAND ACCESS TO FAMILY PLANNING:** Empowering women with the freedom to choose when, if, and how often they want to become pregnant drives improved health outcomes for all family members, lowers maternal mortality,

## KEY OUTCOMES LIVING GOODS AIMS TO DELIVER OVER THE NEXT 5 YEARS



**18,000**

Target number of CHWs and supervisors who will **provide 9.7 million people across three countries** with access to quality health.



**10-15%**

**minimum reduction target in U5 mortality** where Living Goods supports across the different modes.



**950,000**

**unintended pregnancies averted**, and we'll seek to reduce unmet contraceptive need by **30%**.



**<\$2,500**

estimate annual cost per CHW at scale for all DESC elements providing core RMNCH health services, and between **\$3** and **\$4** cost per person across all core countries—no matter who pays.



**\$43 Million**

estimate amount we aim to unlock in co-financing across implementation support sites, ranging from **\$4 million** in **2022** to **\$16 million** by **2026**.

and increases household economic gains. We will measure impact on family planning across the plan in unintended pregnancies averted, **targeting 950,000 unintended pregnancies averted over five years**, and we'll seek to reduce unmet contraceptive need by 30%.

- **DRIVE BEST-IN-CLASS COST-EFFECTIVENESS:** Funding shortages are the biggest obstacle to expanding health coverage, so Living Goods will continue to deliver powerful outcomes at low cost for funders and governments. **We estimate the annual cost per CHW at scale for all DESC elements providing core RMNCH health services at less than \$2,500, and between \$3 and \$4 cost per person across all core countries—no matter who pays.** We will also use High Impact Health Touches (HIHT)—evidence-based interactions between CHWs and clients linked to outcome improvements—as an ROI tool to aid decision-making and set country-appropriate “hurdle rates” to track impact and cost-effectiveness. These will be used as strong data points to inform investment decisions related to increasing,

decreasing, or exiting investments in countries and regions.

- **UNLOCK CO-FINANCING AND ADDITIONAL INVESTMENTS IN COMMUNITY HEALTH:** To achieve our vision of community health systems that are effective, national, and sustainable, their costs must be enshrined in national budgets. Over the next five years, we will **aim to unlock more than \$43 million in co-financing across implementation support sites, ranging from \$4 million in 2022 to \$16 million by 2026.** This will halve Living Goods’ costs per CHW and reduce cost per capita from \$4 to \$2. We will also support government and partner efforts to mobilize additional resources for their national CHW programs. This funding will be mobilized from bi- and multilateral funders and country governments. In this way, we hope to see investments for community health increase everywhere.
- **DRIVE THE DEVELOPMENT, ADOPTION, AND IMPLEMENTATION OF POLICIES AND PRACTICES:** By enacting policies and practices that institutionalize DESC components into government systems, we will be able to drive and sustain improved outcomes, and **expect to positively impact more than 138,000 CHWs, reaching more than 90 million people across three countries.** To capture the impact of our advocacy work, we will track progress on the development, adoption, and implementation of policies and practices at national and sub-national levels that formalize DESC elements and promote stronger digital health systems. We will also track progress on policies and practices of global and regional donors and norm-setting organizations that support national and sub-national uptake of DESC and strengthening digital health systems.





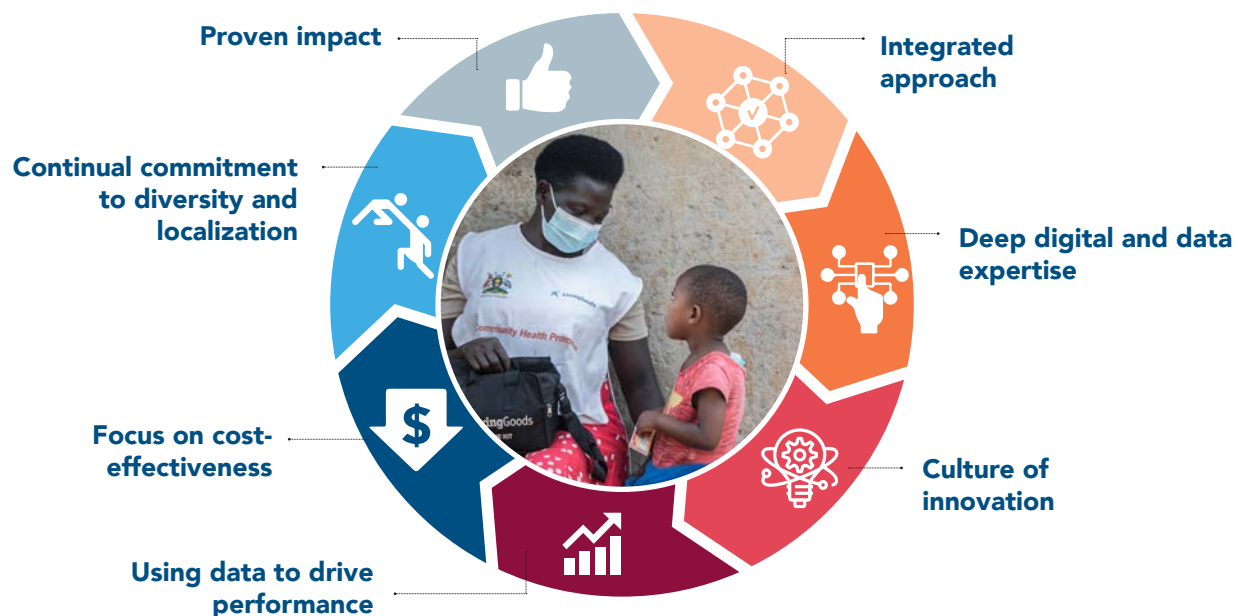
# Our Ability to Succeed

Living Goods’ work has been validated and endorsed by several industry leaders. Over the past five years, Living Goods won a Skoll Award, received landmark growth funding from TED’s Audacious Project, and, most recently, the Trinity Challenge awarded us a third-place prize. GiveWell and The Life You Can Save have respectively named Living Goods a standout and recommended charity, and we also have top ratings from Charity Navigator and Impact Matters.

We are proud of the results we have been able to achieve for communities since our inception in 2007 and are humbled by how much we have learned as we’ve evolved organizationally. **We attribute much of our impact to both our government partners and the frontline CHWs we support** who deliver critical care to families in their communities.

Additionally, Living Goods’ strong team is another engine propelling our success and they will continue to be catalytic in executing this plan. **Our team is deeply rooted in Africa and brings a wealth of experience from across different sectors and functions.** We are committed to driving impact in the communities we serve, and we work in service of those communities, governments, and CHWs every day. **We are governed by a strong and engaged board of directors**, and we interact with them regularly to get input on key decisions. We have intentionally sought to increase African representation on our board and have made great progress in this realm. We have local advisory boards in Uganda and Kenya and are in the process of establishing one in Burkina Faso. We will invest in ensuring that these entities are even more active, to maximize the value we receive from their expertise and guidance and to ensure our work is locally grounded.

## What Sets Us Apart



# Summary: What to expect from Living Goods over the next five years



## What is staying the same?

- **A steadfast commitment to impact.** We will continue making decisions based on the results of our impact and will calibrate our strategy accordingly. We will track and hold ourselves accountable to specific impact measures and building an evidence base.
- **A continuation of our journey to build strong government partnerships** and facilitating government-led community health delivery.
- **An emphasis on DESC as the key approach to delivering high-quality community health care**, with a particular focus on digital technology as our key enabler.
- **Our commitment to ensuring that care is delivered cost-effectively remains unchanged.**
- **An emphasis on solutions that are both operationally and financially sustainable**—including financing arrangements that enable greater government ownership and ensuring that community health platforms remain flexible and adaptable to changing health landscapes.
- **An ongoing commitment to expanding geographically** into places that meet our goals from an impact and feasibility perspective.
- **A continued focus on innovation** and continuous improvement in all that we do.
- **An ongoing commitment to diversity and localization** in our teams and ways of working.





## What is new?

- **Increasing our intentionality by supporting the delivery of government-led community health**, building more resilient health systems, and achieving more durable, sustainable impact. This strategy is not just about Living Goods achieving great results: it is also designed to help governments get to these same results within their own systems. We will also adopt an explicit focus on supporting governments with pandemic preparedness.
- **Building a stronger evidence base to understand impact through government-led delivery models**. We recognize the need to expand our existing evidence base, which largely derives from contexts in which Living Goods has higher control. We're already coupling this with a commitment to thought leadership and collaboration across countries to strengthen results and advance South-South learning.
- **A more codified approach to selecting and entering new countries**, centered on our ability to transition government partners to a state of increased investment and ownership of community health. This includes a strong focus on co-financing, resource mobilization, and using ROI tools.
- **Expanding our use of digital technology and data as tools to strengthen government systems** and achieve national impact, while advancing on our journey to deliver software-agnostic advisory services.
- **A more explicit and intentional strategy related to resource mobilization**, focused on unlocking more funding from governments and growing the overall funding for community health.



## What will we not do?

- **Engage in scaling Living Goods-led community health delivery**. Going forward, the only Living Goods-led delivery we will invest in will be those that operate as learning laboratories. We will be maintaining our investment in Living Goods-led sites in Uganda, though we may reduce their size. We will consider Living Goods-led delivery at-scale only under exceptional circumstances (e.g., it is contracted and fully funded for multiple years, it offers outsize impact potential, etc.)
- **Light-touch engagement in countries that we do not intend to be in long-term**. For example, this would include discrete advisory services in a country with no path to becoming a "core" country, based on our new country blueprint. This could include countries that have not indicated sufficient willingness to increase ownership and investment in community health, or those where the impact opportunity is low from a health outcome perspective (e.g., low disease burden). While we may exit a country after initial investments if we deem it necessary, we will not enter a country if we know from the start it is unlikely to become "core."
- **Pay for DESC elements when providing implementation support to government partners**. We will work with partners to ensure these costs are covered through co-financing arrangements.
- **Become a commercial tech organization**—technology and digital health will remain critical enablers for the delivery of impactful community health service delivery, although we will not seek to, for example, deliver technology consulting services where there is no such link.



# Anticipated Budget

**Reaching our outlined health system goals requires a total investment of at least \$163M over the next five years from Living Goods and co-financing partners.** Living Goods' budget requirement is at least \$120M over the next five years—decreasing from \$27M a year to at least \$23M. We are therefore focused on delivering greater impact in a more sustainable way and improving the ROI.

We anticipate that **governments and others will co-finance more than \$43M over the five years**, culminating in a 2026 level of around \$16M—almost half of the total budget.

The plan will therefore focus on mobilizing governments and other partners to invest in community health, and we anticipate we can support the mobilization of up to 75% of the total cost for implementation support sites where the vast majority of DESC elements are paid for by others.

As outlined in the strategy, there will be a shift over the next five years in our levels of investment across our different modes of support. As seen below, over the five years, the share spent on implementation support will

grow substantially, while learning sites will decrease. Another goal of our strategy is to make high-quality community health services more accessible by making delivery more cost effective—both in terms of cost to Living Goods to deliver, as well as overall costs of CHW service delivery. We anticipate Living Goods' cost to support each CHW will reduce by more than a third from 2021 to 2026.

Through a combination of diversified funding sources and learning from additional data as we continue to scale, we're confident that Living Goods will make great strides in accomplishing its objectives over the next five years.

**Shift Over Time in Levels of Investment across Different Modes of Support (cost to Living Goods only)**

