



LivingGoods

QUARTERLY REPORT

Q2 | April - June 2020



In Masaka district, Ugandan CHW Peruth wears PPE and maintains a safe distance while assessing and treating a sick child.

Maintaining Essential Health Services, Despite Pandemic

Although we were concerned that our KPIs would see decreases under these difficult working conditions, we are thrilled that they have not. While the pandemic has made some fearful of going to health facilities, **we are ensuring women and children do not fall through the cracks.**

In our Uganda direct operations, we believe Q2 achievements were likely driven by the introduction of free medicine in early May, increased compensation packages for CHWs, and a reluctance among the population to visit health facilities. Monthly under-five (U5) assessments per CHW reached a record of 36 in Q2, surpassing the target of 32. U5 positive diagnoses and treatments per CHW also reached a record 31 in Q1—a nearly 30% increase from Q1 and almost double the target of 16. This increase is largely attributed to the presumptive

treatment of malaria in our [current adjusted low/no-touch protocols](#), which restrict Ugandan CHWs from doing malaria rapid diagnostic tests (mRDTs) and treating all fevers as presumptive malaria. We may see a reduction in Q3, as we are considering reintroducing mRDTs, given our current reliable supply of personal protective equipment (PPE).

CHWs are also becoming increasingly engaged in their work; we have seen previous low-performers significantly step up their level of effort. The adjusted COVID-19 CHW incentive scheme launched in April, and being equipped with PPE and additional training, have helped increase CHW reporting and motivation. **CHWs' average income rose from \$12.50 in March to \$19.70 in June, showing a 58% increase.** Remote supervision has also led to increased engagement with CHWs.

However, certain services like immunization are challenging without more in-person contact, as child health cards cannot be seen remotely. Immunization activities have seen a steady growth pattern, but there is still significant opportunity to reach more children, particularly given the [worrisome drop in vaccinations](#) across the country. **We will focus on improving immunization supervision, tracking statuses, and integrating workflows and SMS reminders into the Smart Health app.** CHWs are also reaching out to more new women of reproductive age on a monthly basis and an increasing number have received family planning (FP) services. CHWs in Uganda are continuing to provide the Sayana Press injectable contraceptives to women using low-touch services. We will also begin a pilot to test self-injection of Sayana Press in Q3 to increase access to FP in the midst of [service disruptions at facilities](#).

BRAC's performance was generally stable but remains below target. BRAC halted field activities in April following the COVID-19 lockdown, resuming operations in May using remote supervision and adjusted no-touch protocols. From Q1 to Q2, monthly under-1 (U1) assessments per CHW fell 8% and pregnancies registered per CHW fell 10%, while positive diagnoses and treatments per CHW increased 18%. **On-time postnatal care (PNC) visits also jumped from 49% in Q1 to 68% in Q2, and supervision and CHW in-stock levels improved significantly.** BRAC remotely recruited 457 new CHWs who were deployed in March; however, they were not given full in-person basic training due to COVID-19, so are currently only doing some education and awareness-raising activities. BRAC is preparing to potentially resume replacement and refresher training in Q3. **We are supporting BRAC to further adapt their ways of working, which will enable them to ensure continuity of services at this critical time.**

Q2 2020 Results



10,603
COMMUNITY
HEALTH WORKERS



42,862
NEW PREGNANCIES
REGISTERED



145,695
SICK CHILDREN
UNDER 1 ASSESSED



785,025
SICK CHILDREN
UNDER 5 ASSESSED



8,175,500
PEOPLE SERVED

Cover: Living Goods-supported CHWs in Kenya after receiving a fresh supply of PPE so they can safely continue delivering services to communities.



A CHW in Kenya's Busia county holds up educational flyers at a training and sensitization event co-led by MOH and Living Goods focused on ensuring continuity of health services at the community level.

Strong Performance Improvements in Kenya

In Kenya, our direct operations performance improved on nearly all metrics in Q2, despite mounting COVID-19 infections in the country and subsequent travel disruptions. **We had a record high in U5 sick child assessments and June marked one of our highest-ever on-time PNC rates.** Average monthly U5 assessments per CHW increased from 20 in Q1 to 22.6 in Q2, driven in part by the new CHW incentive structure. Meanwhile, monthly U5 positive diagnoses and treatments per CHW also increased from 8.0 to 8.7, due to the focus on ensuring CHWs always had essential commodities in-stock—though these are still not at target.

Many of our program adjustments in Kenya were not rolled out until early June. Given the complexity of working within Kenya's devolved health system, we needed to align with each county on new protocols, and create more than one new workflow for the app. The Kenyan Ministry of Health (MOH) also pushed back on doing presumptive malaria treatments, as we were doing in Uganda, and some counties wanted CHWs to continue household visits. This required us to procure additional PPE, which took some time. With

the fully adjusted program, we expect there will be an even greater number of treatments; we already began seeing increases in the second half of June. **The percent of on-time PNC visits reached 86% in Q2, surpassing the target of 75%.** We attribute this continued improvement in part to the timely sharing of expected delivery date reports so that CHWs can follow up with women about to give birth. FP visits per month fell from 9.2 to 7.8, due to an MOH directive to halt community distribution of Sayana Press, which we had been testing. We gave our remaining stock of the injectable to health facilities and focused on making referrals so that we could ensure women could still access it. We also saw an increase in the number of women who took up an FP method during the quarter. Living Goods' focus on continued provision of essential services during COVID-19 is also reflected by our immunization improvement, given **the percent of defaulters completing necessary immunizations increased in Q2 from 76% to 81%.**

In our technical assistance (TA) efforts in Bobasi sub-county, average assessments and positive diagnoses/treatments per CHW declined from Q1 to Q2, but there were strong improvements through May and June. Pregnancies registered per CHW also improved from 0.7 in Q1 to 1 in Q2, meeting the target. Notably, the percent of assessments that are positively diagnosed is at an all-time-high—rising from 49% in Q1 to 59% in Q2. We attribute the dip in performance at the beginning of the quarter in part to the introduction of a new cohort of CHWs in February who took time to get up-to-speed. Assessments and treatments in Q1 were also affected by difficulties around government supervision and provision of commodities, which we don't directly control in Bobasi. These issues were resolved in Q2, and the team coached MOH supervisors to better support inactive CHWs remotely, causing more CHWs to become active in the second half of the quarter. In fact, **Bobasi reported the highest supervision rates across all our areas of operation in May and had the highest household visit rate in Q2** among our areas of operation, at 83.5 per CHW.



In Bobasi sub-county, Living Goods' John Kevin Tweni (left) looks on as government supervisor Mr. Kebasi (right) prepares for a field supervision visit.

Our co-financed program in Isiolo county saw small declines in assessments, treatments, and pregnancies registered per CHW in Q2, as well as relatively stable performance elsewhere. Isiolo was one of the first counties to report COVID-19 cases, and both CHWs and government supervisors faced competing priorities as they were pulled into pandemic response. The remote workflows were not adopted until June—which also affected supervision—as supervisors were not immediately available to conduct trainings when the workflows were ready for deployment. However, **by the end of Q2, Isiolo recorded its highest supervision rates in 7 months.** The county does not allow CHWs to treat pneumonia and there were limited supplies of essential commodities at the beginning of the year. But **CHWs are now distributing free medicines primarily provided by the government,** with only a small supplementation by Living Goods. The percent of positive diagnoses treated increased from 59% in Q1 to 66% Q2, attributed to the commodity kits distributed to CHWs by the government in April. The rate of on-time PNC also improved from 40% in Q1 to 47% in Q2.



The signing of an MOU for co-financed TA in Uganda's Oyam district, through which Living Goods will focus on mHealth and data-driven performance management.

First Co-Financed Partnership Launched in Uganda

Now that initial COVID-19 restrictions have lifted, **we are restarting some high priority activities that we believe we can do in a safe, modified way.** This enabled us to launch our first official technical assistance partnership in Uganda in July in collaboration with the MOH, Oyam district's local government and the Malaria Consortium. Through this public-private collaboration, **Living Goods will train and empower at least 1,000 CHWs and 32 supervisors with mHealth technology.** We are starting with an initial cohort of 200 CHWs, so that we can assess how best to onboard new CHWs in the current environment. The partnership will help standardize the quality of care for patients in the district and provide government and supervisors with critical, real-time community-level

data to enable quick decision-making and improve health outcomes in Oyam district.

In this co-financed program—initially lasting one year—the MOH will provide an oversight role and offer technical guidance to the district to utilize its World Bank/GFF-funded Uganda Reproductive Maternal and Child Health Improvements Project (URMCHIP) funding to compensate CHWs with a performance-based monthly incentive. This will be calculated and paid out through a quarterly Results Based Financing (RBF) allocation—which will only pay for results that can be independently verified via district government structures. Previously just used for facilities, **this is the first time that URMCHIP RBF funding is being used for a community-level project.**

Meanwhile, Malaria Consortium, which has been in Uganda for more than a decade and supports MNCH services in 17 Ugandan districts including Oyam, will guarantee a stable supply chain of essential medicines and lead supervision at the community level.

Living Goods will provide CHWs with smartphones loaded with the Smart Health app and support them to standardize and improve their diagnosis and treatment protocols. We'll also leverage our experience completing the first-ever RBF pilot for community health in Uganda and our ongoing work to re-design this RBF for greater scale to **build the capacity of government supervisors to manage and sustain results-based data collection and performance management of CHWs.**

The MOH and partners including UNICEF and DFID are interested to see the results of this partnership, as it will inform future programing and funding allocations for RBF programs.

Available data shows that Oyam district has significantly lower immunization coverage (43.2%) in comparison to the national average (86.7%), high rates of maternal mortality, and low rates of ANC visits. Additionally, the district has a considerably high proportion of U5 children with acute respiratory infections.

The partnership will help standardize the quality of care and provide government and supervisors with critical, real-time community-level data.



Key representatives of the Ugandan MOH, Oyam district government, Malaria Consortium, Living Goods and UNICEF after signing the MOU for Oyam district.



Lydia Gavinta, a CHW in Kenya's Busia county, enters diagnostic data into her Smart Health app while assessing a sick child for potential malaria.

Supporting Kenya's MOH to Establish a National eCHIS

Kenya's MOH has been working to establish and institutionalize an end-to-end digital health platform that cuts across all levels of the health system to address challenges related to information availability, quality, acceptability, utilization, cost and accountability. **The MOH is moving beyond efforts to digitize facility-level services and prioritizing the integration of community health in the broader health information system.** This will create a unified national electronic community health information system (eCHIS). The digitization of the health

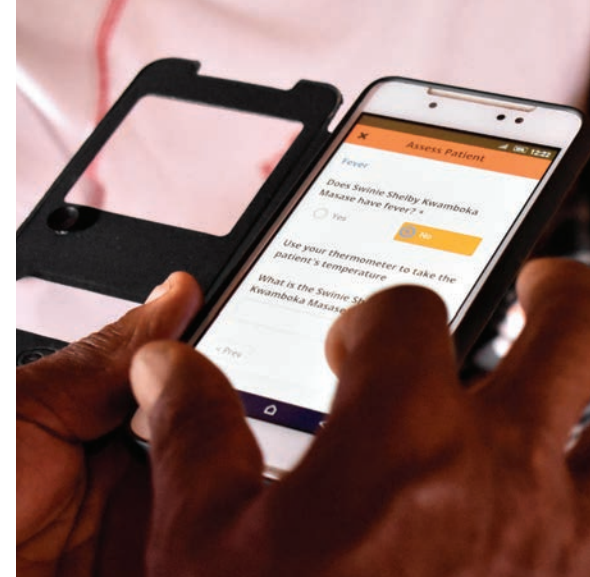
sector builds on the existing Kenya Health Policy. The draft community health strategy includes reforms to community health services, including digitally driven performance management, improved supervision mechanisms, compensation of CHWs and robust logistics management information systems at the last mile.

This past quarter, Living Goods supported the MOH in developing a concept note outlining the roadmap for enabling the country to select, develop, test and implement a robust eCHIS.

Living Goods is the lead technical support partner on performance management, M&E, data use and wraparound services, and will be embedding technical experts at the MOH to guide the first phase of implementation over the next three months.

Living Goods has been called to showcase how community health can link to the broader digital platform—and support MOH and other stakeholders in the field testing, piloting and national implementation of the eCHIS. From an assessment of available digital tools, Living Goods' Smart Health app was found to meet MOH requirements for a solution that is open-source, interoperable and fully compliant with their requirements. It was also found to successfully push data to DHIS from a pilot conducted and rolled out in Isiolo county in 2019.

We expect to formalize the MOU detailing our technical support across all phases of implementation in Q3. Living Goods will work within a coalition of MOH-coordinated stakeholders, including the Council of Governors, WHO, USAID, UNICEF, AMREF Health Africa, Kenya Red Cross Society, Financing Alliance for Health, Medic Mobile and Population Council to support government in leveraging the eCHIS to drive strong performance management, standardize service delivery, strengthen their pandemic response and ultimately improve health outcomes.



Effective digital surveillance and tracking at the community level will be essential for combatting COVID-19.

2-Way SMS in Uganda

In Uganda, we initiated a two-way SMS service that enhances community-level disease surveillance by sending a specific message to the short code 8808. The MOH-approved SMS service has been implemented for COVID-19 to enable CHWs and citizens to report suspected COVID-19 cases or contacts for follow-up by the MOH. **To trigger the SMS service for COVID-19, users can send the message 'covid' to 8808.** They will receive a response from a chatbot with a list of options to choose from. Users of the primary phone networks in Uganda will be able to **send these messages for free through a reverse billing model that bills Living Goods** instead of the users. We are using the same platform to send SMS messages to CHWs and the population related to COVID-19 prevention and other health services.



Ugandan CHW Shamimu Namatovu from Masaka district displays a pack of free medicine received from Living Goods to support families during the COVID-19 pandemic.

Initial Learnings Responding to COVID-19

Facing the COVID-19 pandemic has forced Living Goods to stretch and grow in unforeseen ways, and to truly live [our organizational values](#). We had to take smart risks, embrace radical collaboration, and quickly learn and adapt to an ever-changing context and countless unknowns. Most importantly, we have worked to ensure we always put families first, drive measurable impact across households and health systems, and prevent needless illness and death for lack of life-saving services.

After putting into place the [COVID-19 response plan](#) we outlined in Q1, we have already gathered a wealth of learnings and are reassessing and refining all aspects of service delivery. While it will take more time to evaluate the insights—and it's hard to attribute success to one initiative amid many concurrent changes—we thought we'd share a few high-level learnings.

Free Medicine Distribution

Living Goods started distributing free essential medicines in April 2020 to reduce preventable deaths in the face of increased facility strain and economic hardship. We believe free medicines have played a key role in increasing the number of U5 children receiving treatment for common childhood illnesses. **Qualitative feedback indicates that free medicine has been very helpful for communities**, given challenges with transport to reach health facilities, stock-outs of essential medicines, or facilities that weren't operational due to HR constraints or lack of PPE. **It may be challenging reacclimating communities to pay for treatments again if we change our approach** at a later phase of COVID-19.

Revised Incentive Structure

We adjusted our CHW incentive structure to ensure they remain motivated and supported amidst the crisis, knowing they were facing the loss of jobs and earnings, and the cessation of earnings from health product sales, which we ceased in the relevant communities. **This new formulation has generally increased overall earnings per CHW by 25%, compared to Q1, although earnings have also increased thanks to improved performance.** Compensation is now 50% fixed and 50% based on meeting a minimum threshold of health activities each week. Because of the pandemic, Living Goods had to pause an active experiment studying the optimum amount and structure of compensation. However, there's anecdotal feedback from the field suggesting high motivation among CHWs as a result of this new incentive structure, with most now hitting the earning target of \$20 a month.

E-Learning

We're testing the use of e-learning platforms to enable continuous capacity improvement for staff and CHWs in the absence of physical trainings. The reception to these systems has been quite positive, but **we believe there's opportunity to adapt them further to simplify content and improve user experience on the platform.** Challenges we're working to resolve include the resource-intensive need to ship phones to branches to install applications that cannot be done virtually, the lengthy content, poor phone connectivity and obsolete phone technologies.

Remote Supervision

To support the wellbeing of staff, CHWs and communities during this phase of COVID-19, we implemented remote supervision to ensure continuous support to CHWs in the absence of physical visits. We provided supervisors with airtime and data bundles to facilitate regular phone check-ins with the CHWs they support. **We found remote supervision to be an enabler of sustained CHW supervision rates**, which we believe is having a positive impact on our core KPIs. Supervision costs have also declined considerably, though there have been challenges with ensuring teams receive timely credits and data reloads to effectively do their jobs in contexts with very expensive data rates. **A big surprise is that some supervisors have reported feeling more efficient in their work and better able to deep dive into performance management issues remotely**, so we will be examining these insights to see how we leverage this even after the pandemic is over.



Living Goods Uganda Health Director Dr. Peter Kaddu joins the Minister of ICT and National Guidance, Hon. Judith Nabakooba at a nationally televised press briefing to remind the country to adhere to COVID-19 guidelines and the importance of wearing masks correctly.

Enhancing MOH Support to Maintain Essential Services and Fight COVID-19

Over the past 3 months, Living Goods has continued to proactively ramp up our support to government to integrate community health into their COVID-19 responses and ensure service continuity for essential reproductive, maternal, newborn and child health services in the face of the pandemic. Key updates since Q1 include:

Advocacy and Collaborative Partnerships

We're focusing current advocacy efforts around influencing policy, budgeting and planning for PPE, and ensuring community health is included in COVID-19 legislative frameworks, budgets and reporting.

In Kenya, we are a part of the 8-member community health for UHC (CH4UHC) advocacy group that is pushing for passage of a community health bill, increased financing for community health and allocation of PPEs for CHWs. Jointly, the CH4UHC team submitted memoranda on community health services and COVID-19 pandemic bills to Kenya's Senate. In addition, we supported MOH to repurpose the country's Global Fund budget, unlocking critical resources for CHW PPE and stipends.

In Uganda, advocacy efforts resulted in the institution of the community health acceleration tracker, finalization of the UHC roadmap, inclusion of community health in

the finalized health sector development plan and Global Fund grant, and we embarked on a budget assessment to support efforts to increase funding for primary health care. In her role as the UHC Co-Chair for Africa, our deputy country director Dr. Diana Nambatya Nsubuga worked to advocate and support the African Union and African CDC to finalize a strategy on the [Partnership to Accelerate COVID-19 Testing](#) initiative, which focuses on coordinating pooled procurement of diagnostics, support for testing 1 million Africans in 10 weeks, deploying 1 million CHWs to support contact tracing, standardizing and deploying common technology platforms to boost public trust in testing data and more.

Policy Development and MOH Surge Support

Working through various MOH-led technical committees, Living Goods is lending technical expertise to the development, review and adoption of strategies, policies, guidelines and reporting tools in order to inform delivery of COVID-19 community health interventions as well as maintain essential community health services.

Living Goods' staff secondments and other staff time are serving as extra hands and feet at the MOH, supporting continuity of services at the national level.

Specifically, in Kenya we supported the development of the [Kenya Community Health Policy 2020-2030](#), [Kenya's Community Health Guidelines for Continued Provision of Services in the Context of Corona Virus Pandemic](#), and [Guidelines for COVID-19 within iCCM Programs](#).

In Uganda, we supported the development of [Operational Guidelines on COVID-19 for VHTs](#), [COVID 19 VHTs Information Sheet](#), [Guidance on Continuity of Essential Health Services During the COVID-19 Outbreak](#), and the [COVID-19 Community Health Guidelines](#).

We are also finalizing the Uganda Integrated COVID-19 Strategy for a community-based knowledge, attitudes and practices survey. Additionally, in Kenya and Uganda, Living Goods is co-leading a number of working groups aligned to national response pillars.

With the MOH technical teams busy providing frontline support, Living Goods' staff secondments and other staff time are serving as extra hands and feet at the MOH, supporting continuity of services at the national level. The 10+ seconded staff in Kenya have supported MOH to set up the M&E system, including harmonized reporting indicators and building data analysis and quality assurance capacity. In Uganda, our two MOH secondees are leading risk communication for the national COVID-19 response. They support the online dissemination of the guidelines and factsheets that Living Goods helps to create, coordinate partners, and support the development of all pillar documents, including plans, budgets and indicators. Proximity of our

teams to the MOH is also enabling hands-on mentorship and progressive capacity transfer, setting up MOH to succeed during and post COVID-19.

Operational Support

Living Goods is supporting MOH teams at the sub-national level to contextualize national policies, guidelines and strategies, which enables their implementation at the grassroots level. Our teams are also working alongside government counterparts to support orientation and training of teams, hosting planning and coordination meetings, and data review and reporting sessions.

In Kenya, we continue to support 7 counties to host online meetings for planning, data reviews and partner coordination. Living Goods participates in 4 national-level technical working groups (TWGs) and is providing operational and budgeting support.

Supporting Enhanced Protection for CHWs

Living Goods believes that CHWs are essential frontline health workers who need to be equipped, trained, compensated, protected and supported as part of a well-functioning health system that can help keep the pandemic in check. When it comes to the [CHWs we support](#), we are directly procuring and distributing the PPE they need to operate safely and effectively. But with all CHWs equipped with mobile phones, we are also

in a unique position that we can move to no-touch protocols when needed by using technology.

Living Goods is also a member of a new 30+ member coalition called the [COVID-19 Action Fund for Africa](#), which is working in partnership with MOHs to meet the essential PPE needs (including surgical masks, gloves, eye protection and more) for up to 1 million CHWs serving more than 400 million people during the COVID-19 pandemic. This is the only known effort to-date that pools resources for PPE for CHWs in Africa. In Kenya, Living Goods and Lwala Community Alliance are serving as the in-country focal partners representing this initiative, and we have supported the MOH in doing PPE quantification, while offering coordination and communication support between the donors and MOH. We may also support PPE distribution to CHWs beyond those we directly support in the counties where we operate.

Our teams are also working alongside government counterparts to support orientation and training of teams, hosting planning and coordination meetings, and data review and reporting sessions.

Additionally, **in Uganda, Living Goods supported the MOH in thinking beyond the health facility to include CHWs in their PPE projections.** Previously, the MOH used to procure PPE with support from the WHO system, but is now using the Africa CDC portal, which requires governments to set national priorities. Along with other partners, including UNFPA, we were able to influence MOH to ensure a line item for CHW PPE and provided technical support to assist with forecasting and procurement.



Living Goods staff in Uganda motivating each other and the communities we serve to stay home and stay safe.



The Living Goods team in Burkina Faso has begun speaking to CHWs, supervisors and officials to learn more about the opportunities and constraints to implementing a digital health solution in the country.

Burkina Faso: Tech Tools Advance Pandemic Response

We are hopeful this partnership will pave the way for Living Goods to more broadly support the government in digitally enabling and increasing the efficiency of its cadre of more than 17,000 CHWs.

Our team in Burkina Faso has assisted with the development and maintenance of DHIS2-based digital health tools that **support COVID-19 contact tracing and tracking border entry and disease call centers alerts**. They are also helping develop COVID-19 data management guidelines and training regional staff on appropriate data entry practices. They are currently in the process of building an interoperability layer between DHIS2 and UNICEF's mHealth tools, which include case registrations, self-check tools for the population, and case identification and follow-up modules at the community level. **They are also supporting the development of Burkina Faso's CHW response plan for COVID-19**, including sharing guidelines Living Goods helped develop in Kenya and Uganda. Importantly, we have restarted work to support the MOH in reprogramming resources from the Global Fund to Fight AIDS, Tuberculosis and

Malaria (Global Fund) so that CHWs have access to PPE and training to respond to COVID-19.

Knowing the 'new normal' would be our reality for some time, and following a request from the MOH, **we also made the decision to restart our work developing recommendations for a context-appropriate digital health solution and performance management framework in Burkina Faso**, which we believe we can now do safely. The team will be conducting field visits in August, with the goal of finalizing our recommendations in time to inform Global Fund negotiations in September for the 2021-2023 funding cycle. In partnership with the MOH, Living Goods will assess whether we should more broadly explore supporting the government in digitally enabling and increasing the efficiency of its cadre of 17,000+ CHWs beyond 2020.



After months supporting Burkina Faso MOH's COVID-19 response, Living Goods team members Charles Kamou and Armand Bambara resume work assessing the country's digital health and performance management landscape.



Sierra Leone Country Director Alhassan Bah (left) and a government official sign an MOU to improve MOH capacity to respond to COVID-19 using data-driven tools.

New MOU in Sierra Leone to Develop mHealth Tools for COVID-19

In Sierra Leone, Living Goods' three seconded staff are providing M&E assistance that has led to the development of harmonized community health indicators. We supported the **configuration of the country's CHW and COVID-19 dashboards—built off DHIS2—to enable use of integrated, real-time data to drive decision-making.** Simultaneously, we're conducting a situational analysis of the country's COVID-19 response and developing detailed user requirements so Sierra Leone's Emergency Operations Center can better harness data visualization and analytics in its response.

In June, Living Goods and our tech partner Dimagi inked a partnership with Sierra Leone's Ministry of Health and Sanitation and Directorate of Science, Technology and Innovation to **support the government in developing mHealth tools that assist with the prevention, early detection, tracking and case management of COVID-19**, particularly at the community level. A key focus is digital surveillance and case management applications that collate data from multiple sources, including quarantine centers, health facilities and labs, and integrating it with DHIS2.

In August, in partnership with Praekelt.org, we're helping launch Health Alert, a dynamic new WhatsApp-based tool that will enable people across Sierra Leone to immediately access accurate information about COVID-19 and arm the government with data-driven insights that will improve monitoring of community spread and contact tracing. The tool will provide users with the latest infection numbers, enable access to accurate information about disease spread and prevention, have myths dispelled, read relevant news and more.

We intend to upgrade it to include modules for users to conduct symptom checks, seek referrals, and engage in case management. It will also serve as a two-way messaging system to facilitate health alerts and information-sharing during and beyond the pandemic. All data collected will be integrated with DHIS2, and the account will also be integrated with Rapidpro—UNICEF's common SMS platform for developing and sharing mobile data—as a fallback for areas with little or no internet connection.

PEOPLE



Emilie Chambert

We are excited to announce that **Emilie Chambert** will be transitioning from Uganda Country Director to a new role, **Regional Director of New Country Expansion (NCE)**. In this new role, Emilie will lead the NCE team in developing our support to the Ministries of Health in Burkina Faso, Sierra Leone, and other countries of exploration.



Christine Namayanja

Replacing Emilie as the new **Uganda Country Director** is **Christine Namayanja**, officially joining the team in Q3. Christine is a Ugandan national who brings more than 20 years' experience in senior-level positions. She is the former Chief of Party for the USAID-funded Voucher Plus Activity and worked for Marie Stopes for nearly two decades, where she held various senior leadership roles. Christine also held various consultancy positions with Population Council in Zambia, Plan Uganda, Pepal UK, and more.



David Ssegawa

David Ssegawa recently joined Living Goods as our new **Chief People & Culture Officer**. David is a Ugandan HR professional with more than 20 years' experience as a global business leader. He has led HR functions in a number of prestigious organizations, including African Development Bank, Airtel, the Coca-Cola Company, Unilever, and most recently, Oxfam. He holds a BA in Social Work and Social Administration from Makerere University and an MBA from the University of Leicester in the United Kingdom. He is currently pursuing a Doctorate of Applied Leadership at Monarch University.



Sarah Cramer

Sarah Cramer recently joined Living Goods as our new **Deputy Director of Major Gifts**. Sarah brings more than a decade of nonprofit fundraising and communications experience. Prior to joining Living Goods, she worked for several international organizations—most recently International Rescue Committee—where she focused on high net worth individual philanthropy. Sarah received her MBA from UC Berkeley's Haas School of Business, where she concentrated her studies on social impact opportunities. She also holds a BA in English from Harvard University.

Q2 2020 KPIs	LG Uganda - Direct Operations			BRAC Uganda			LG Kenya - Direct Operations ¹			LG Kenya - TA (Bobasi) ²			LG Kenya - Gov't Co-financing (Isiolo)		
	Q2 2020 Target	Q2 2020 Actual	Q2 2019	Q2 2020 Target	Q2 2020 Actual	Q2 2019	Q2 2020 Target	Q2 2020 Actual	Q2 2019	Q2 2020 Target	Q2 2020 Actual	Q2 2019	Q2 2020 Target	Q2 2020 Actual	Q2 2019
Impact Metrics - Monthly															
Pregnancies Registered	2	1.7	2.6	2	1.8	N/A	1	1.1	1	1	1	1.2	1	0.5	1.5
Under-5 Assessments	32	36.0	35.2	32	27.3	N/A	24/8	25.6/17.4	18.8	12	5.9	13.4	4	3.2	1.6
Under-1 Assessments	6	7.6	7.6	6	3.6	N/A	4/2	4.7/3.8	3.7	3	1.2	2.7	1	0.6	0.4
Under-5 Treatments and Positive Diagnoses	16	31.2	14.2	16	9.7	N/A	12/4	11.2/4.7	7.1	5	3.6	5.4	2	1.9	1.2
Under-1 Treatments and Positive Diagnoses	3	6.4	3.1	3	1.6	N/A	2/1	1.9/1.0	1.2	1	0.7	0.9	1	0.4	0.2
Referrals Confirmed at Facility	80%	93%	N/A	80%	72%	N/A	80%	93%	N/A	80%	97%	N/A	80%	99%	N/A
On-Time Postnatal Care Visits	75%	70%	63%	75%	67%	54%	75%	86%	79%	75%	64%	53%	75%	47%	43%
Facility Delivery	85%	90%	92%	85%	104%	N/A	85%	93%	94%	85%	97%	N/A	65%	86%	N/A
Defaulters Completing Necessary Immunizations ³	60%	74%	72%	60%	N/A	N/A	60%	81%	N/A	60%	0%	N/A	60%	N/A	N/A
'High Impact' Items in Stock (branch) ⁴	98%	94%	97%	98%	87%	N/A	98%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Impact Metrics - Total															
Active CHWs (3-month active)	4,467	4,321	3,474	3,500	3,557	2,131	2,030	1,702	1,864	420	387	180	720	636	338
Population Served	3,573,600	3,456,800	2,779,200	2,800,000	2,845,600	1,704,800	1,624,000	1,361,600	1,491,200	210,000	193,500	144,000	216,000	318,000	64,414
Total Pregnancies Registered	21,831	20,653	24,276	17,850	14,925	9,651	5,107	5,391	5,289	1,071	1,036	584	1,836	857	950
Total U1 Assessments	65,494	91,642	70,948	53,550	30,468	N/A	18,415	21,398	19,432	3,213	1,230	1,278	1,836	958	966
Total U1 Treatments and Positive Diagnoses	32,747	77,137	28,998	26,775	13,203	N/A	8,202	7,350	6,306	1,071	465	417	1,836	599	138
Total U5 Assessments	349,302	433,813	328,916	285,600	229,041	83,080	94,396	110,735	97,495	12,852	6,091	6,399	7,344	5,346	799
Total U5 Treatments and Positive Diagnoses	174,651	375,583	133,148	142,800	80,922	N/A	45,186	42,462	36,740	5,355	2,984	2,553	3,672	3,129	163
Total Unwanted Pregnancies Averted ⁵	4,901	3,670	N/A	N/A	N/A	N/A	1,285	443	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cost-Effectiveness Metrics															
Income per CHW	\$20.00	\$23.00	\$10.74	\$8.00	\$10.60	N/A	\$20.00	\$20.90	\$8.00	\$20.00	\$9	N/A	\$30.00	\$25.98	N/A
Net Cost per Capita (YE annualized)	\$2.69	\$2.23	\$1.57	\$0.54	\$0.55	N/A	\$2.91	\$4.83	\$3.54	\$0.81	\$0.86	N/A	N/A	\$1.41	N/A

NOTES

¹LG-Kenya has two assessment and diagnosis targets: malaria endemic/malaria non-endemic.

²The Bobasi and Isiolo CHWs in Kenya work only in malaria non-endemic areas, thus all assessment and treatment targets listed are for malaria non-endemic.

³BRAC and Isiolo are not currently providing IZ services. Database issues in Bobasi led to challenges in computing this indicator in Q2.

⁴CHWs in Isiolo and Bobasi acquire their commodities directly from government health facilities.

⁵BRAC, Bobasi, and Isiolo are not currently providing FP services.