



2021
Year-End
Report

Letter from the CEO



I'm enormously proud of the impact Living Goods-supported CHWs delivered in 2021, despite grappling with numerous challenges in the second full year of the global pandemic.

Most exciting, we just received the preliminary results from our second Randomized Controlled Trial (RCT) in Uganda ([page 3](#)), which **evidences an estimated 30% under five (U5) reduction in child mortality and a 27% reduction in infant mortality**. This again proves what we've long known to be true: properly supported CHWs save lives. And research is an enormously powerful tool for validating what does and doesn't work and allows us to improve and course-correct.

I'm delighted to see the **increased impact we supported two counties in Kenya to deliver** ([page 6](#)) through innovative co-financed approaches to community health that are designed to make government both the owner and investor. We helped government develop the first national digital tool for CHWs, based on our Smart Health app, which we are now supporting to pilot in Kisumu ([page 7](#)).

Although still nascent and in a very complex environment, I'm also very **proud we inked a 3-year Memorandum of Understanding (MOU) in Burkina Faso** ([page 7](#)), and of the strides we've already made in helping a government in a very different context digitize their entire community health

system and establish a performance management framework that better supports the country's 18,000 CHWs.

This was also a year filled with significant challenges and learnings. With Kenya the proving ground of our new strategic plan ([page 10](#)), **we had to make difficult operational and organizational changes to better support our government partners**. Given the promise of helping drive community health at national scale, we made the tough decision to transition back to government our support of direct service delivery in several counties. While they'll ultimately be supported through the national eCHIS rollout, we acknowledge the reality that communities there will likely face some service disruptions in the short-term.

Our new strategy also required a review of our organization design. About 100 staff across Living Goods were affected by way of job changes, with most of the impact felt in Kenya. While many colleagues were able to secure new or significantly changed roles, and we did our level best to provide a soft landing for those who became redundant, this was hard for us all, and it affected morale for many. But thanks to several employee engagement initiatives throughout the year, we registered strong scores in our all-staff Voices Survey conducted in November 2021, with improvements made across all of the survey's engagement indices.

Cover: In Isiolo Kenya, CHW Judith counsels a young mother. Credit: Johnson & Johnson Center for Health Worker Innovation

Results in 2021



11,477
CHWs SUPPORTED



4,425,390
SICK CHILDREN
UNDER 5 ASSESSED



285,960
NEW PREGNANCIES
REGISTERED



927,910
SICK CHILDREN
UNDER 1 ASSESSED



8,544,610
PEOPLE SERVED

And, of course, COVID continued to present substantial challenges ([page 9](#)).

The rising global vaccination numbers in wealthier countries have been met by equally powerful surges of COVID cases in those with fewer means. That said, we have prioritized ensuring our staff and the CHWs we support are protected. Among our team, 92% in Kenya, 77% in Uganda, and 100% in Burkina Faso and the US were fully vaccinated as of January 2022. We still have inroads to make among CHWs, but at least 20% of CHWs in Uganda and 70% in Kenya were fully vaccinated in that same period.

Another significant challenge was dealing with financial fraud. As we transparently shared with our key partners in much greater detail, we were disturbed to uncover that a former staff member embezzled money from us. Although we recovered all the funds, it was a sobering catalyst to strengthen even further our already strong financial controls. After uncovering a hacking scheme that targeted several senior staff, we also made key improvements in our IT security systems and controls.

Looking ahead, there's so much to be excited about in 2022. We've already hit the ground running. It's the first year of our bold, new strategic plan. We remain relentlessly focused on learning and adaptation so that government partners can drive even greater impact at scale.

We'll also continue to strengthen our organizational effectiveness and leadership to deliver that impact effectively and efficiently. We continue to build and localize our [Board of Directors](#) and [executive leadership](#). I'm also hopeful this year will enable increased face-to-face interactions and, hopefully, the ability to look at COVID through the rearview mirror.

Thanks to all of you who continue to walk this journey with us to improve health outcomes for families. You have enabled us to achieve tremendous results, weather challenging storms, and increase our resilience on the road ahead. I'm excited for all we will achieve together in 2022 and beyond.

Liz Jarman
Chief Executive Officer

Research Again Demonstrates Life-Saving Impact of CHWs

The preliminary results from a new external RCT of Living Goods-supported CHWs in Uganda show a strong and statistically significant 30% reduction in U5 child mortality and a 27% reduction in infant mortality, compared to control areas.

RCTs are the gold standard in evaluations, and this is **the second such study of Living Goods-supported CHWs in Uganda to demonstrate a significant mortality reduction**. [The first RCT](#) was completed in 2013 when Living Goods was only supporting 500 CHWs.

Completed in 2021, **the second RCT evaluates the impact of a program at a much larger scale—with 4,500 Living Goods-supported CHWs serving more than 3.6 million people**. Both evaluations were conducted by [Innovations for Poverty Action](#), with funding from the [Children's Investment Fund Foundation](#), and a research team from Stockholm University, Stockholm School of Economics, Trinity College Dublin, and Uganda's Makerere University.

Living Goods believes these preliminary results demonstrate that **digitally-enabled CHWs who are paid, equipped with training, medicines, and supportive supervision can save and improve lives at scale**, and are vital for cost-effectively powering health systems.

We also believe the RCT underscores **the value of using research and data to iterate and improve**. The midline highlighted gaps in program implementation and was not picking up a strong directional impact on mortality reduction. In response, we unpacked the midline data and other external and internal data sources to strengthen and focus the support we provide to CHWs. This included driving up certain key performance indicator (KPI) targets and household coverage, increasing CHW compensation, strengthening supportive supervision, and ultimately ensuring communities received the high-quality community-based care needed to improve and save lives.

Moreover, the RCT's preliminary results also show statistically significant differences in key evidence-based maternal, newborn, and child health interventions. In treatment areas, the RCT's preliminary results show **a 4x increase in-home newborn care, a 5x increase in pregnant women receiving an antenatal care-focused home visit, and an 8x increase in follow-ups for sick children who had been treated**, compared to the control arm. The preliminary evaluation results also measured better health knowledge among CHWs and found an increase in children receiving the correct treatments for illnesses including diarrhea, malaria, and pneumonia.

We're unpacking the data to identify priority opportunities for further deepening the impact of our community health programs in 2022 and beyond.

In the coming months, we expect a final report from the RCT evaluation research team, along with submissions to peer-reviewed journals. In the meantime, we are working on a plan to disseminate the important evidence and learning that will emerge from the RCT to the wider field.



Ugandan CHW Eleanor Makune treats a sick child.



Ugandan CHW Doreen counsels her client Kanton Kruthum.

CHWs Deliver Impressive Immunization Results



Research also enabled us to contribute to the evidence base around how well-supported CHWs are closing the immunization gap. Promising endline results from our three-year partnership with Gavi, the Vaccine Alliance and the Ministries of Health in Uganda and Kenya showed that the 6,500+ government CHWs we trained were able to significantly increase demand for vaccines and dispel misconceptions.

- Between baseline and endline studies, researchers found that **full immunization coverage improved 36% in Uganda** (from 50% to 68%) **and by 69% in Kenya** (from 44% to 74%).
- **Zero-dose children** aged six weeks to 59 months—who had never received any vaccines—**dropped 87% in Kenya** (from 5.2% to 0.7%) **and 47% in Uganda** (from 13.2% to 7%).

Supporting One Another in the Most Difficult of Times: A CLIENT'S PERSPECTIVE



"In March 2020, everything around us suddenly stopped moving. We stopped working, stopped going out to meet with loved ones," explains Kanton Kruthum, a 28-year-old mother of four, "With schools closed for more than 18 months because of the COVID-19 pandemic, we are constantly anxious about the next day... **The last thing you want to experience in this space and time is a child falling ill.**"

When her four-year-old son complained of an itchy throat, **Kanton says she was scared he had contracted COVID. She immediately phoned her CHW Doreen.** "She examined the boy and ruled out COVID. She instead gave him a child-

friendly antibiotic and he recovered in a few days. Doreen has done an incredible job spreading information on how people in our community can protect themselves from contracting COVID. People listen to her."

Kanton says she is grateful for the free and quality essential medicines that she's been able to access through Doreen since the onset of the pandemic.

But one of the biggest challenges is that CHWs have faced some stock-outs and supply chain issues during the pandemic. "In those cases, we resort to buying anything we can find, and sometimes the children don't take the correct dosage."

Top right: Ugandan CHW Annet Kirabo plays with a child after checking her immunization status.

UGANDA: CHWs Sustain Strong Service Delivery in Year 2 of COVID



We are proud to have continued innovating and sustaining key health services in our Uganda learning site in 2021, despite a big COVID surge in June and ensuing lockdown measures that affected household coverage and commodity supplies at the CHW level.

We saw strong performance on child assessments and treatments, referrals, facility delivery, and supervision, which were driven by various program adjustments. These included free medicines and personal protective equipment (PPE) for CHWs, improved supervision resulting from bug fixes to the Supervisor App, and weekly data review meetings.

That said, results were lower in H2 than H1 due to tech challenges. Though we pushed out fixes that improved CHW phone syncing and the overall user experience in Q4, in 2022 we'll be prioritizing finding a long-term solution that can handle our massive amount of historical data from Uganda.

We scaled family planning to an additional 400 CHWs in 2021 despite COVID and will train 1,280 more in 2022 to reach 100% coverage. Based on our learnings from a recent evaluation of our family planning work, we'll do a deep dive in Q1 2022 on the optimal ratio of family planning visits to drive couple

years of protection (CYPs). We'll focus on strengthening family planning coverage, referrals, refills, and conversion rates, and closing the loop with facilities to drive increased uptake of long-term methods. Other areas of focus will be on stabilizing CHW stock levels, strengthening on-time PNC, and driving COVID vaccinations among CHWs.

We made a strategic decision not to scale our work in Oyam—a project co-financed with the district government and Malaria Consortium—but continue to operate it as a pilot to influence the national community health strategy and policies. Performance on most KPIs was inconsistent and below target throughout the year, mainly due to low stock levels of essential commodities at the CHW level, and unreliable compensation for CHWs.

On a positive note, CHW supervision was consistently above the target of 90%. We are pleased to see growing district government support and buy-in from the MoH—which is leading a newly formed Technical Advisory Committee

Above: Ugandan CHW Maria Kabeega with a client's child.

that will provide oversight in Oyam. In 2022, priorities include working with the committee on ensuring commodity availability at the community level, documentation and sharing of lessons, and advocating for CHW compensation.

Our partner BRAC sustained strong performance throughout 2021, achieving most targets, including pregnancy registrations, sick child assessments, and treatments/referrals, thanks to effective CHW supervision, a simplified incentive structure, and stability of the Smart Health app. They are working on improving results on

ANC visits by working with Medic to intensify task reminders for CHWs.

Looking ahead to 2022, with its mHealth upgrade completed, BRAC will continue building the capacity of CHWs to provide quality-driven services, focus on more frequent visits to high-risk patients, and scaling the peer supervision approach we initially developed. **We also plan to reactivate cross-learning visits and engagement between Living Goods and BRAC programs,** which were curtailed due to COVID lockdown measures.



Ugandan CHW John Bosco Kiggundu assesses a sick child.

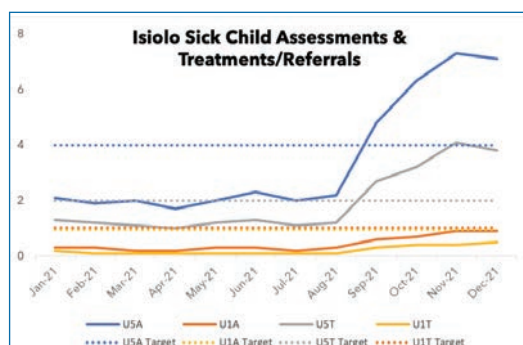
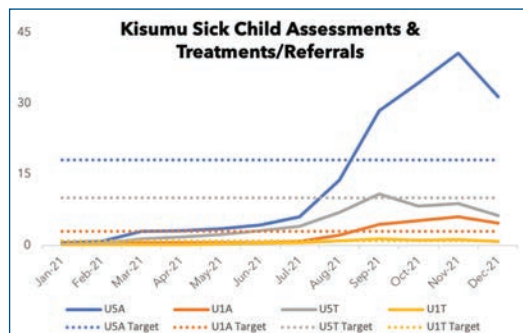
KENYA: Increased Government Ownership Drives Results



2021 marked strong performance progress in both Kisumu and Isiolo Counties, where we are supporting government to improve the performance of CHWs and strengthen the systems in which they work.

This is thanks to government's increased ownership of program results and support to CHWs, enabling them to get quickly deployed and more rapidly hit their milestones. We also attribute this improvement to the strengthening of our teams in both counties and the successful leveraging of Living Goods' [performance management expertise](#) that's helping government teams and CHWs turn around their results.

We witnessed significant improvements in U5 sick child assessments, positive diagnoses, and treatment KPIs in Kisumu, with U5 assessments 10x higher from H1 to H2 (2.5 to 25.7), and treatments and referrals increasing 5x over that same period (1.5 to 7.6). In Isiolo we saw 2x or more increases across those indicators in that same time frame. We are also working to increase phone registrations in Isiolo, at 64% by December, so that CHWs can better reach households, and fast-tracking deploying the latest version of Smart Health, which will enable data to be directly pushed into the Kenya Health Information System.



Above: Government supervisor Maureen coaches Kenyan CHW Mordecai.

We are excited about the eCHIS rollout in Kisumu ([page 7](#)) and will work to support other counties on their digitization journeys. Since the start of the pilot in 2021, we have supported the Kisumu County government to train 777 CHWs and 46 Community Health Assistant supervisors. We plan to significantly scale up our support in 2022 to support 2,000 CHWs in the county.

Despite the progress made, performance is still well below target on many indicators, partly due to CHWs having low stocks of essential commodities, given inconsistencies in the public supply chain. In 2022, we will continue efforts we've already begun to support county governments' quantification processes, to help ensure CHWs are always in stock of essential medicines.

Kenya's MoH finally approved CHWs treating U5 children with non-fast-breathing pneumonia at the community level with amoxicillin in 2021, following years of advocacy efforts by Living Goods and other development partners. In 2022, we'll be the first organization partnering with government to roll out this support to the households CHWs serve, starting in Isiolo and subsequently Kisumu. We are updating our workflows in anticipation of that work, while government finalizes its updated iCCM policy framework and treatment protocols.

We recorded excellent performance in our Busia learning site in 2021, surpassing most targets. CHWs conducted an average of 44 U5 sick

child assessments per month and 29 U5 treatments or referrals—the highest performance on record for Busia—indicators that are respectively 36% and 52% higher than in 2020.

CHWs in the county are also progressively reaching more people, visiting an average of 106 households per month in 2021 compared to 92 last year. We have found that unique households visits drive the number of child health assessments and treatments—a learning successfully picked up by our Kisumu implementation support site.

Although we were challenged by stockouts of mRDTs and some other medicines towards the end of the year in Busia, we moved quickly to restore supplies in December. In response, we are making quarterly bulk procurements in 2022 to hedge against this challenge and ensure short-term supplier shortages don't affect CHW stock levels going forward.

The continued rollout of family planning services—done without Sayana Press in Kenya—was another achievement this year, and we rolled it out to all but four branches in Busia. We'll fully scale up family planning across the learning site in 2022 by training an additional 530 CHWs. In September, we successfully led a COVID-19 vaccination drive with a workflow built on learnings from our childhood immunization work that enabled 81% of households' vaccination status to be verified by YE 2021. We plan to expand this effort across our operations by the end of 2022, with a focus on pregnant women and other priority groups.

Implementation of Kenya's National eCHIS Underway



In 2021, the Kenyan MoH committed to fully adopt a national digitized system for community health that will support all 95,000 CHWs nationwide. Living Goods is honored to be a key partner throughout this journey and to support government ownership throughout the process.

We've been so encouraged by government's evident commitment to the digitization journey, in a process that began with prioritized stakeholder engagement, and culminated with the development and March launch of the National Digitization Strategy for Community Health we helped influence.

Owing to our strong track record, Living Goods was nominated by MoH as the key partner in leading county-level stakeholder engagement, trainings of trainers, and piloting the eCHIS tool—modeled on our Smart Health app—with 600 CHWs in Kisumu County. Learnings from the pilot, underway through March 2022, will inform scale-up in other counties.

Since the launch, we've been providing thought partnership to government to address gaps identified during the stakeholder engagement process, to enhance the design of eCHIS tools and ensure interoperability with the Kenya Health Information System. Additionally, MoH kickstarted development of an eCHIS curriculum Living Goods

supported that includes a competency framework to measure the skills of trained CHWs, which is scheduled to conclude in 2022.

We've also been supporting government to ensure their ambitious plan drives sustainable improved health outcomes and better use of data for decision-making, by providing support on service delivery and supply chains, and capacity building on performance management approaches, quality assurance, monitoring and evaluation, data management, and more.

Despite the great strides and strong results emerging from the Kisumu pilot, the process has involved intricate adjustments and learnings both for Kenya's MoH and Living Goods. The lack of long-term financing plans from national and county levels of government has been challenging. We've also needed to realign to overcome infrastructure gaps, given insufficient standards around information enterprise design, which would better support a seamless data flow.

Above: A launch event for Kenya's Community Health Strategy; **Right:** Human Centered Design workshop in Burkina Faso.

In 2022, we look forward to collaborating with government and other stakeholders to co-finance the eCHIS scale-up. Key areas of focus will include institutionalizing governance structures, the system's performance management framework, and enhancing

the eCHIS tool to ensure its effective integration with existing systems such as KHIS. We'll also focus on helping to build the capacity of CHWs, and providing technical support to MoH on eCHIS implementation and how to manage a digital product.

Strong Progress on Burkina Faso's Road to Digitized Community Health



We've been proud to see the Government of Burkina Faso's commitment to community health. Following more than a year of scoping and lighter-touch support, in July 2021 we inked a 3-year partnership with government to develop a national eCHIS tool for the country's 18,000 CHWs and their supervisors that builds on what our partner Terre des hommes has already achieved at the facility level.

In Burkina Faso, Living Goods is focusing on supporting the development of new digital tools and approaches that enable the use of data for decision-making for community health. We're also supporting the development of financial and technical roadmaps for digitization, and training content to optimize CHW performance. The government has committed to providing CHWs with training, commodities, and monthly stipends. We made strong progress in 2021 with our partner Dimagi to refine the platform's design and conduct user acceptance tests.

At the same time, the country's security situation is challenging. On January 23, Burkina Faso experienced its third successful coup d'état, with instability displacing 1.6 million people and resulting in the deaths of 2,000 people in 2021 alone. Our work has not yet been

impacted, as our staff have been working from home and conducting remote meetings. We are encouraged by the relative calm and reassurances the army and interim government have provided to donors that they would honor all past MoH commitments. More than ever before, this instability means the people of Burkina Faso need quality health care they can access from CHWs safely at home.

We are excited about the promise of the digital tool we've been helping to develop and the launch of learning sites in Burkina Faso. We had previously planned to establish learning sites in Ziniare and Manga districts by June 2022 that would support a total of 800 CHWs. While the coup will likely delay that timeline, we remain committed to supporting the country as it moves forward.

A Year of Advocacy Wins



Living Goods believes advocacy is critical to creating an effective enabling environment and ensuring lasting impact for community health, and we were encouraged by the policy developments we supported throughout 2021.

Globally, we were pleased to contribute to the development of a [WHO/UNICEF guidance document](#) on the role of CHWs in COVID-19 vaccine distribution, as it supports governments to better outline the roles, needs and opportunities for CHWs in national vaccine deployment plans. Regionally, we contributed to the Africa Centres for Disease Control and Prevention (Africa CDC) guidelines on [Safe Vaccination Administration in the Context of COVID-19 in Africa](#) and together with partners we supported Africa CDC to develop a [position paper](#) on the critical role CHWs must play in expanding access to COVID-19 vaccines.

We are also providing strong support to governments in the countries where we work to take the lead on implementing and institutionalizing digital tools for community health, so that the enabling environment prioritizes digitized community health systems. This included amplifying the voices of MoH leaders from Burkina Faso, Kenya, and Uganda to present their vision and progress bolstering digital tools within their community health systems at the 2021 Global Digital Health Forum and 76th UN General Assembly.

In Kenya, we were pleased to see legislation introduced in 2021 to institutionalize integrated, digitized community health systems across the country. This included the passage of Community Health Services Acts in Busia and Kisii counties, which recognize CHWs and gives them a stipend, as well as providing for mentoring and supervision. This legislation forms a legal basis for securing a budget line for domestic resource mobilization for community health systems. Living Goods and other partners have walked this journey with government to ensure community health funding is sustainably entrenched in law, and we'll continue to support the passage of legislation in Isiolo and Kisumu in 2022.

We believe leaders from governments, norm-setting bodies, and CHWs are our greatest advocates for DESC and ensuring the policies, practices, and funding are in place for national community health systems to reach the last mile. In 2022, we'll continue working to ensure their voices resound in key forums and will maximize opportunities to advocate for the inclusion of DESC in key strategies. This includes **supporting the development of Africa CDC's 2022-2026 Community Health Strategy** as the co-chair of the subcommittee on Policy and Guidance in the Community Health Technical Working Group.

Supporting One Another in the Most Difficult of Times: CHW DOREEN'S PERSPECTIVE



"When I discovered I was heavy with my first child in 2007, I was overcome with anxiety. There was no reliable person in my community to confide in," explains 30-year-old Doreen, a mother of five from Uganda's Kanyunga District. **Thus, when she had the opportunity to be trained as a CHW in 2016, she says she jumped at it.** "I mainly wanted to build my capacity to take care of my children's medical needs, and also offer health advice to mothers and their children in my community."

"The people in my community know that they do not have to run to the main hospital to access treatment for basic illnesses among children or to get contraceptives, because I am a few steps away from them," she notes.

However, things haven't been entirely rosy for Doreen. "While before COVID I could easily access my clients and supervisor Scovia, with the pandemic came a climate

of fear. Movement was extremely difficult because of the lockdown restriction measures, and my clients were initially hesitant to reach out to me or go to hospitals because they feared that health workers were the ones spreading the virus," Doreen explains. To overcome that, **she incorporated information on prevention measures and vaccination against COVID in her routine visits to the community.** "Currently I'm focusing on encouraging people to embrace COVID vaccines the same way they embraced immunization against polio."

Though Doreen is passionate about alleviating the health needs in her community and has been able to use the knowledge gained to help her family, she would like to see some changes for all CHWs. **"I believe that CHWs need to be motivated financially to enhance their effectiveness," she says.**



Living through the COVID Era: Our Learnings and Plans for the Future



Supporting One Another in the Most Difficult of Times: DOREEN'S SUPERVISOR SCOVIA



Vaccine equity is critical for ending the pandemic; however, significant disparities persist. By February 2022, while 2 in 3 people had received at least one dose in high-income countries, that number was only 1 in 9 in those classified as low-income.

In Kenya and Uganda, respectively, only 23.3% and 21% of the adult population had been fully vaccinated by early February 2022. In some instances, vaccines go unutilized due to short shelf-life, storage and distribution challenges, or misconceptions about them. And vaccines alone will not get shots in arms: CHWs must be mobilized to educate and sensitize communities.

We're proud of the role we've played in supporting the governments of Uganda and Kenya to access vaccine supplies and utilize community health structures to reach the last mile. Through COVAX, Africa CDC/ African Union, and other governments, Uganda received more than 34.5 million doses and Kenya more than 24.6 million in 2021. We've also leveraged forums like the Africa CDC to advocate for the recognition and categorization of CHWs as essential health workers, to ensure they receive PPE and are prioritized for vaccination and compensation.

Over 2021, we continued but refined the program adjustments we made for COVID in 2020 to ensure families at the last mile were still able to receive life-saving services. Some of these include **free essential medicines, simplified and slightly increased compensation structures** to ensure CHW motivation, and

remote protocols for supervision and for CHWs in service delivery.

We were also energized in 2021 to see the Ugandan government paying CHWs a stipend for the first time, covering three months, to recognize their role in supporting communities during the pandemic. We continue to engage the government and other key stakeholders to sustain this in the next financial year.

However, we continued to see supply chain challenges, which led to inadequate distribution of PPE in both Living Goods and government-led programs; untimely or no compensation for CHWs in government-led programs; and weak community-based disease surveillance (CBDS) systems, especially where systems are still paper-based. That's why we jump-started the journey to support the Kenyan government to develop workflows on CBDS and a two-way referral mechanism linking facilities and community health units.

As we look to the future, we can only hope that the lessons learned from tackling a global pandemic will be entrenched in health systems going forward. At Living Goods, we have committed to investing in and supporting governments to improve their pandemic preparedness and response capacities.

Above: Kenyan CHW Cleophas Odumbe tests a sick child for malaria.

A community health supervisor in Kayunga, Uganda, Scovia Kobusinge oversees 20 CHWs. She has worked at Living Goods for more than 3 years and was one of the highest-performing supervisors by the end of the year. Scovia is a Clinical Officer and has a BA in Public Health and Health Promotion.

What exactly does your work entail, and how did COVID affect it?

My main duty is to provide technical and support supervision to CHWs like Doreen. Considering COVID, I was still able to do my work remotely, because we got airtime and data support. We prepared them on safety protocols and supported them with free essential medicines, PPE, airtime, and data to ensure continuity in delivering essential health services irrespective of the pandemic.

What has your experience been like supporting CHW Doreen?

Doreen is an asset to her community, and a very good performer. She is self-driven and results-oriented. That's why she is one of the leaders I appointed to support her fellow CHWs in troubleshooting tech issues. She is also very supportive of others, especially the new recruits.

How did your branch turn around the performance of CHWs to achieve remarkable preliminary RCT results?

We ensured CHW motivation! This was through effective training and setting of manageable targets, which we review monthly. We have also put in extra effort to train some of them to troubleshoot tech-related challenges. Personally, I have built good relationships with the

CHWs I supervise—and their spouses—to ease communication. I have also built comradeship amongst the CHWs, which has enabled them to support one another and be more effective. For instance, they have devised means to cover for one another in case of sickness or other challenges that might temporarily take them away from work.

What challenges have you encountered in your work?

The biggest challenge I have faced, especially during the lockdown, was keeping in touch with CHWs, due to restrictions in movement. This made it difficult to ensure service delivery and data quality, especially when we experienced tech challenges.

As we head into 2022, and considering the new strategic plan, what are you most excited about?

For the last 15 years, Living Goods has developed expertise in community health approaches that have been externally evaluated and proven to be effective in significantly reducing child mortality. I am excited that we are heading into implementation of the new ambitious strategic plan that will ensure sustainable community health interventions, delivered through governments.

Charting an Exciting New Strategic Journey



In November, we were thrilled to launch our new 5-year Strategic Plan: Country Led, Digitally Enabled Community Health: The Next Five Years.

The process of developing [the new strategic plan](#) provided us an invaluable opportunity to reflect on our journey and the organization we've become, so we can focus on the areas where we think we can make the most significant impact. **By 2026, we aim to assist our government partners to drive improved health outcomes for at least 18 million people by supporting 32,000 CHWs** in Kenya, Uganda, Burkina Faso and two other countries that are committed to increasing access to high-quality digital-enabled community health care.

We'll be working through three modes of support to execute the strategy:

- **Strengthening service delivery for 6 million people through learning sites** that Living Goods directly funds and manages, focusing on rapid innovation and enhancing the effectiveness of approaches to community health.
- **Supporting governments to scale for national impact, reaching 12 million people** with implementation support that helps to institutionalize best practices of our DESC approach.
- **Shaping the enabling environment** around policies, financing, and tools for digital technology and data for decision-making, which we do at subnational, national, regional, and global levels.

We're also investing in three cross-cutting enablers that are essential for success:

- **Anchoring on digital tools, data, and disruptive innovation** as drivers of impact: We'll continue prioritizing using appropriate technologies to support governments, CHWs and their supervisors to drive results and data for decision-making.
- **Resourcing the plan:** Philanthropy remains Living Goods' primary source of revenue in the short-term. We also aim to catalyze ~\$70 million in co-financing over the course of this plan and support increasing global institutional funding for community health and domestic financing.
- **Strengthening organizational capabilities:** We will focus on our People and Culture, ensuring we have motivated and diverse teams, and strengthening our organizational effectiveness through strong systems, processes, and governance.

As excited as we are, **we know there will be challenges along the way, and we've purposely set targets we know are going to be tough to achieve.** However, we believe we must be bold, given the size and scope of the problem. Given the plan's ambitious focus on supporting governments to truly own and invest in stronger national health systems, we'll need to remain humble as we work to optimize the impact of community health service delivery.

By 2026 we intend to

- Improve health outcomes for **18 million people** by supporting **32,000 CHWs**.
- **Reduce U5 mortality by at least 10-15%** where we work.
- **Avert 1 million 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 \$70M in co-financing** to fund implementation.



Ugandan CHW Michael Kijju

2021 Key Performance Indicators ¹	Learning Sites				Implementation Support				Partnerships & Experiments			
	Kenya: Busia County		Uganda		Kenya: Kisumu County		Kenya: Isiolo County		Uganda: Oyam District		Uganda: BRAC	
	YE Target	YE Actual	YE Target	YE Actual	YE Target	YE Actual	YE Target	YE Actual	YE Target	YE Actual	YE Target	YE Actual
MONTHLY IMPACT AND PROGRAM QUALITY METRICS METRICS												
Pregnancies Registered	1	1.0	2	1.8	1	1.5	1	0.6	1	0.6	2	3.5
Under-5 Assessments	26	43.5	32	33.9	18	14.1	4	3.5	23	12.9	32	43.7
Under-1 Assessments	5	5.9	6	6.9	3	2.1	1	0.4	5	2.7	6	10.1
Under-5 Treatments and Positive Diagnoses	14	28.5	18	31.7	10	4.5	2	1.9	13	9.7	18	27.8
Under-1 Treatments and Positive Diagnoses	2	3.1	4	6.2	1	0.6	1	0.2	3	2.0	4	7.1
% Facility Referrals Completed	80%	98%	80%	81%	80%	96%	80%	96%	80%	92%	80%	68%
% On-Time Postnatal Care Visit	75%	86%	75%	68%	75%	41%	75%	51%	75%	57%	75%	63%
% Facility Delivery	85%	94%	85%	92%	85%	96%	85%	83%	85%	92%	85%	96%
% Underimmunized Completing Necessary IZs ²	65%	94%	65%	66%	65%	73%	65%	64%	65%	N/A	65%	N/A
% of High-Impact Items in Stock (Branch) ³	98%	N/A	98%	56%	N/A	N/A	N/A	N/A	N/A	N/A	98%	97%
% CHWs w/ Supervision in Last 3 Months	90%	100%	90%	93%	90%	95%	90%	79%	90%	89%	90%	99%
IMPACT TOTALS AND COST EFFECTIVENESS METRICS												
Active CHWs (3-Month Active)	820	766	4,645	4,552	1,200	777	800	586	500	191	3,500	4,120
Population Served	656,000	612,800	3,716,000	3,641,600	600,000	388,500	268,000	196,310	250,000	95,500	2,800,000	3,296,000
Total Pregnancies Registered	8,238	8,863	92,009	95,367	7,140	9,587	7,126	3,685	3,315	1,305	71,400	167,153
Total U5 Assessments	214,182	405,076	1,472,146	1,752,092	128,520	102,367	28,506	22,815	82,875	29,015	1,142,400	2,114,025
Total U1 Assessments	41,189	55,031	276,027	357,660	21,420	15,439	7,126	2,864	16,575	6,150	214,200	490,766
Total U5 Treatments and Positive Diagnoses	115,329	269,084	828,082	1,635,628	71,400	32,159	14,253	12,770	43,095	21,704	642,600	1,350,838
Total U1 Treatments and Positive Diagnoses	16,476	29,402	184,018	320,776	7,140	4,296	7,126	1,390	9,945	4,450	142,800	343,192
Total Unwanted Pregnancies Averted	600	928	15,972	18,302	N/A	2,234	N/A	206	N/A	N/A	2,761	4,470
Income per CHW per Month ⁴	\$20.00	\$20.00	\$20.00	\$21.88	\$20.00	\$25.00	\$30.00	\$23.00	\$20.00	\$3.00	\$20.00	\$6.48
Net Cost per Capita	\$1.85	\$1.86	\$2.47	\$2.64	\$2.46	\$1.56	\$3.35	\$1.48	\$0.60	\$0.64	\$0.84	\$0.70

NOTES

¹The total active CHW and population served figures on page 2 include four recently exited counties in Kenya where we provided light touch support through the end of 2021. The remaining YE KPI totals do not include these counties.

²BRAC and Oyam did not report on IZ services in 2021.

³CHWs in implementation support sites acquire their commodities directly from partners or government health facilities. Busia's in-stock rate is still being determined and will be available shortly.

⁴Income in implementation support sites are projected totals, as these have not yet been distributed to CHWs; they will receive full pay after the end of the quarter.