



2022 YEAR-END REPORT



Letter from the CEO

If I had to describe 2022 in a few words, I would say it was a year of leaps, commitment and momentum building!

2022 was the anchor year of our new five-year strategy. We kicked it off with determination and clarity on how to achieve **our vision of a world where every family can easily access the healthcare they need to survive and thrive**. We're more certain than ever that community health workers (CHWs) are one of the best investments in health. Research proves this and I witness this day in, day out.

However, COVID and other diseases like Ebola are still a threat, and on top of global inflation, many people are facing food insecurity as a result of climate change. But all hope is not lost...

Today, we are **supporting 12,000 CHWs who serve 6.8 million people**, and we are partnering with three countries to improve the performance of their CHWs at scale. We're on track to improve access to quality healthcare for millions of people and materially reduce child mortality by 2026.

I'm excited about the progress we are seeing in Kenya. We scaled our **co-implementation, co-financing model with the Kisumu County Government to almost the whole county, supporting 2,465 CHWs serving 1.2 million Kenyans** (page 3). I'm pleased that the government contributed nearly 60% of costs, up from 30% the year before.

Together with Kisumu County, **we also successfully piloted Kenya's first electronic community health information system (eCHIS)** (page 4). The goal of the landmark eCHIS is to improve service delivery through enhanced training and data usage for decision-making.

Despite two coups in Burkina Faso, **we launched our first learning site alongside the Ministry of Health (MOH) in Ziniaré District** (page 9). I believe this partnership could lead to our most significant impact yet as currently 8.5% of children in Burkina Faso don't reach their fifth birthday.

In Uganda, we again saw **how critical a strong primary healthcare system is after an Ebola outbreak** (page 7). CHWs played a key role in detection, education and response, all while ensuring continuity of care in their communities.

We also made important investments in our systems, people and culture. We strengthened our approach to talent management (page 13), launched a new Enterprise Resource Planning (ERP) (page 13) and reviewed salaries and benefits with equity in mind (page 14).

Thank you to our government partners, funders and friends for believing in us, learning alongside us and joining with us in this important, lifesaving work. And to our team—your passion, resilience and dedication inspire me daily.

My energy is higher than ever. Although there is still much to do, together we have made great strides and will continue to live up to our value of Putting Families First in 2023!

Liz Jarman
Chief Executive Officer

Results in 2022



12,041

CHWs SUPPORTED



6,758,052

PEOPLE SERVED



3,568,820

**SICK CHILDREN UNDER 5
TREATED/REFERRED**



749,251

**SICK CHILDREN UNDER 1
TREATED/REFERRED**



92%

**% CHILDREN 9-23 MONTHS
FULLY IMMUNIZED**



230,294

NEW PREGNANCIES REGISTERED



198,167

**TOTAL COUPLE YEARS OF
PROTECTION**

Cover: CHW Consolata Namukuru educates Gladys about health in pregnancy in Mundulisia village, Busia County.



Implementation Support

Living Goods provides hands-on support to government partners to implement and scale DESC-enabled community health—which ensures all CHWs are Digitally enabled, Equipped with training and medicines, adequately Supervised, and Compensated. Living Goods provides implementation support to government partners that have a strong enabling environment in place and commit to co-financing the DESC elements.

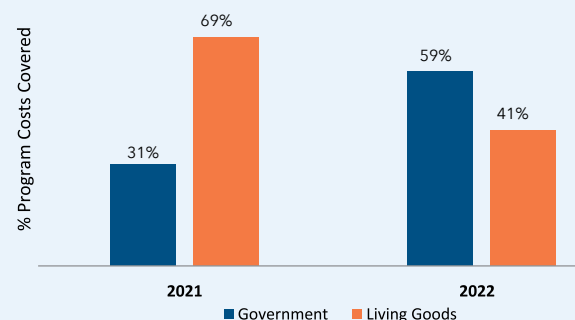
KISUMU IS SHAPING THE VISION FOR GOVERNMENT-LED COMMUNITY HEALTH

In Kisumu County, Kenya, we are partnering with the government to co-finance and co-implement a DESC-enabled community health approach that equips their CHWs to provide high-quality comprehensive health services in their communities. Kisumu is the second county after Isiolo where we are implementing this approach, in which the government leads and we support.

We scaled this program threefold during the year from 772 to 2,465 government CHWs serving more than 1.2 million people. Impact is steadily improving as they fully benefit from the DESC approach, especially a stronger supply chain with in-stock rates of essential medicines rising from 34% at the end of 2021 to 63% by December 2022. CHWs on average provided 7.3 under-5 sick child treatments a month compared to 4.4 the year before.

We are excited about our close collaboration with government staff, which ensures alignment and makes it possible to transfer skills and learnings. Government supervisors and staff now have data because of eCHIS, and we are coaching them on how to use it to drive performance and make decisions.

Co-financing Cost Breakout



In 2022, government contributed nearly 60% of the total program costs, up from 30% in 2021.

Although performance is moving in the right direction, CHWs have still not reached their full potential or delivered exceptional, timely care 100% of the time. This is in part because there are still regular stockouts resulting from government supply chain challenges and because CHWs face a learning curve to properly assess sick children. We have plans in place to improve both these areas.



Postnatal care: CHW Joyce Muyesu checks on her client Eunice and her infant to ensure they are not experiencing any danger signs.

Other counties have expressed interest in co-financing commitments, demonstrating that Kisumu is not a one-off but a trailblazer. Next year we will expand this model to Vihiga County where 1 child in 20 does not reach their 5th birthday, compared to 1 in 25 in Kisumu. However, we will not do so until we get this approach right in Kisumu and key performance indicators further improve. As we move into new counties, we will also continue to advocate for more frequent (ideally monthly) compensation for CHWs. ■

We scaled our pioneering co-implementation, co-financing model with the Kisumu County Government to almost the whole county, supporting 2,465 CHWs—serving more than 1.2 million Kenyans.

AFTER A SUCCESSFUL PILOT, KENYA eCHIS TO BE SCALED COUNTRYWIDE

Together with the MOH and the Kisumu County Government, **we piloted the country's first electronic community health information system (eCHIS). The goal of the landmark eCHIS is to improve service delivery through enhanced training and data quality and usage for decision-making, and ultimately to advance Universal Health Coverage for all Kenyans.**

Living Goods was the MOH's lead technical partner in bringing this system to life as the eCHIS tool was based on our SmartHealth app, built on Medic's Community Health Toolkit (CHT) platform. After the successful pilot, the eCHIS was approved for scale to all 95,000 CHWs across the country. Both the CHWs and supervisors in Kisumu are now actively using digital tools to deliver health services, with dashboard data informing monthly performance reviews and program planning.

When they embarked on the digitization journey, the county did not have enough paper-

based tools for their nearly 3,000 CHWs and 119 community health assistants (supervisors) to use for reporting. In contrast, the eCHIS is a comprehensive decision-support tool that enables consistent quality of care for patients and supports data collection and reporting in near real time.

This, in turn, enables effective performance management of CHWs, commodity management and disease surveillance. **"I have been a CHW for 20 years. The introduction of eCHIS has made our work easier. The app guides and reminds me of what to do. So, I cannot forget anything. For example, I cannot forget to do a follow-up visit to a client,"** says Jael Atieno, a CHW in Kabodho west in Nyakach sub-county. Supervisors' work has also been eased as they are able to view what CHWs are doing and give tailored support, even remotely.

We are excited about the scaling of eCHIS as it could significantly improve the quality of care for Kenyans and provide a blueprint for other counties and countries that want to digitize. "I believe that we are laying a strong foundation. In the years to come, this investment in community and primary health will have long-lasting results," says Maureen Opiyo, Kisumu County's Community Health Services Coordinator. ■



A Living Goods Digital Health staff offers support to CHWs during a community unit meeting in Kanyakwar.

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– Jael Atieno

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CHWs ON THE FRONTLINES OF DROUGHT RESPONSE

Since pioneering our co-financed implementation support approach in Isiolo County in 2019, **we are today supporting 558 CHWs reaching about 190,000 people across the county.** The need for affordable and accessible CHW services in Isiolo is more important than ever amid a severe drought. Hunger has reached a nearly 40-year record high and rates of malnutrition are rising among the most vulnerable.

With support from partners, the county government is undertaking mass screening of children and lactating mothers to determine their nutritional statuses. Yet a significant gap remains between cases of malnutrition identified and those resulting in treatments at health facilities. **Living Goods is supporting the government's efforts by equipping CHWs to conduct outreaches, assess for malnutrition, improve linkages to health facilities and provide follow-ups and nutritional supplements to those identified as at-risk.**

Isiolo remains a challenging context for CHWs to work for reasons ranging from poor network connectivity to nomadic communities. Between

the hunger crisis, conflict due to the severe drought and rising tensions ahead of the August elections, many families relocated to places they felt safer during the year. This made it harder for CHWs to follow up with families and ensure consistency of care.

Despite this, CHWs are increasingly meeting a gap during this critical time. **CHWs in Isiolo were formally trained in treating pneumonia with amoxicillin after the government—with Living Goods' support—rolled out revised Integrated Community Case Management (iCCM) guidelines in March.** The increased availability of essential medicines—from 5% of CHWs fully in stock in January to 40% in December—is still a long way from where it needs to be, but allowed CHWs to steadily reach and treat more sick children by the end of the year. ■



CHW Magdalen Aspan checks up on a child who is receiving nutritional supplements.

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CARRYING FORWARD A FAMILY LEGACY OF COMMUNITY HEALTH SERVICE

Some of Bethwell Ogot Otieno's fondest memories of his mother are tied to his childhood days accompanying her on rounds as a CHW. "I'd join her on her household visits before or after school or when on holiday. It helped me understand community-level issues, and I was so proud watching mom confidently advocating for our neighbors, even with village chiefs."

While her work inspired him, it also left Bethwell a bit confused. **"I couldn't understand why my mom would be willing to spend her days as a volunteer," he recalled. "It was a big debate in our household, since I was one of 13 kids. We'd ask her, how will you keep food in our bellies? But she was unrelenting and always confidently replied, 'Being a CHW is a calling—the Lord will take care of us.'"**

And sure enough, the families his mom supported returned the favor in their own ways, bringing gifts of flour and sugar in appreciation for her time. "I was ultimately convinced that I had to follow in mum's footsteps. She introduced me to all the households she supported. When she passed away a few years later, I took on caring for the same families that she did." But Bethwell also knew that his education was important. He persisted and finished university, getting a certificate in community health even as he continued delivering community health services at the household level.

"In 2011, a miracle struck—the government launched a community health strategy using money from the Primary Health Care budget. They were finally investing in hiring

community health supervisors," Bethwell said. "I rushed to interview alongside many other people, and was one of the only 10 they hired." He currently mentors and guides 10 CHWs who serve more than 900 households. He also continues to work as a CHW and provide direct care to households.

Bethwell is proud that Kenya's eCHIS was piloted in Kisumu and is pleased to have played a part in training and digitizing the county's CHWs. Although working within a government bureaucracy can be challenging, he says: "I feel great being part of such a progressive government and knowing that we've already equipped more than 2,400 CHWs to use digital tools, and I can already see the benefits—the quality of reporting has improved." **As a supervisor, he gets alerts about all the tasks for each CHW he supervises, which means he can easily spot disease outbreaks and support every patient to get proper care.**



Community health supervisor Bethwell Ogot observes and assesses how CHW Jane conducts her work, as part of her certification exercise after training in iCCM and eCHIS.

Given the increasingly aging CHW population, the next generation of digitized CHWs could very well come from Bethwell's own family. **"I've got two girls and a boy, and they are constantly clamoring to accompany me on my work—just like I did with my mom. I guess that community health work is just our family legacy!" ■**



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Learning Sites

Living Goods is responsible for performance on all elements of our DESC approach—Digitizing, Equipping, Supervising and Compensating—along with their funding. Learning Sites are centers of excellence where we innovate nimbly, produce evidence and show impact at a gold standard to ensure greater chances of success for government-led implementation.

UGANDA: DESPITE HARD TIMES, CHWS CONTINUED TREND OF GOOD PERFORMANCE

We saw generally strong performance in Uganda, our longest-standing area of operations with more than 4,200 CHWs reaching 2.5 million people. CHWs again demonstrated their value in closing the gap in the provision of essential health services, especially during hard times.

An outbreak of Ebola in September led to lockdowns in three districts. We instituted a response plan including remote working in districts neighboring the epicenter of the outbreak. CHWs played a key role in backstopping the outbreak and continuing to provide essential lifesaving services. **For example, they registered nearly 80,000 new pregnancies and provided over 1.8 million sick child treatments during the year.** This shows what is possible at scale when a strong network of CHWs is well-supported to continue providing services, even during times of crisis.

We constantly innovate in our learning sites to figure out how to drive optimal community health programs. For example, **we scaled a peer supervision experiment to 100% of our operations in June.** Under this model, high-performing CHWs in close geographic proximity mentor their peers instead of relying solely on supervisors. This has **increased supervision**

touchpoints and effectively reduced the supervisor-to-CHW ratio from 1:35 to 1:70. CHWs have expressed preference for this approach because of the weekly peer-led group meetings where they can raise and solve problems amongst themselves, and for the opportunity for career progression. Peer supervision is an example of an experiment that can be adopted at scale across contexts, reducing costs and increasing CHW motivation and retention. We plan to test this approach in Burkina Faso once the learning site is fully established.

Unverified data halved from 23% in January to 11.5% at the end of the year, owing to resumption of physical quarterly in-service trainings in 2022 after being remote during COVID. This provided an opportunity to close gaps around some areas like referral follow-up and antenatal care visits.

We also scaled family planning to all CHWs in 2022. However, low stock levels of methods, which we receive from the government prevented many newly trained CHWs from performing optimally. We are actively engaging government stakeholders at all levels to ensure a more stable supply chain, procured some



Ugandan CHW Mary educates a woman about healthy feeding in pregnancy in Mayuge, Uganda.

80,000

new pregnancies registered by CHWs, and over 1.8 million sick child treatments provided during the year.

buffer stock and are encouraging CHWs to refer women to health facilities for longer-term methods.

We worked to mitigate some persistent tech issues, including logouts, system crashes, syncing and data flow challenges. We significantly upgraded our digital platform to ensure it was stable and user-friendly at significant scale, which led to an improved user experience, higher stability, and better app performance. However, we continue to experience some issues but are working with Medic—developer of the Community Health Toolkit (CHT) platform which the SmartHealth app is built upon—to resolve them. This is imperative as more governments are requesting our support to realize their ambitions for digital solutions at national scale. ■

BRAC: MAINTAINED PERFORMANCE DESPITE OPERATIONAL SHIFTS

Since its formation, Living Goods has partnered with and provided financial and advisory support to BRAC in Uganda to deliver high-quality community healthcare. Together, we support approximately 4,000 CHWs in BRAC sites. After 15 years of partnership and shared learnings, we believe we have established a strong foundation and inspired strategic champions to influence scaling of effective community health services, based on the DESC approach.

Building on the gains made in 2021, BRAC continued to show good performance in 2022. **CHWs on average provided 28 under-5 sick child treatments per month and registered 2.6 pregnancies.** We attribute these good results in part to shared learning between us, which resulted in improvements to their DESC elements: BRAC introduced performance-based incentives and increased its compensation early in the year to improve CHW motivation. They also continued their work in the new area of family planning, but decided not yet to scale this further in 2022; thus, less than 1,000 of the CHWs were providing family planning services against the planned 4,000 or 100% of CHWs. That said, couple years of protection¹ per CHW doubled from 1.3 in the first half of the year to 3 by the second half of the year. ■

¹ Couple years of protection is a commonly used metric that measures the estimated protection provided by family planning methods during a 1-year period, based on the distribution of contraceptives.

BUSIA: A HUB FOR INNOVATIONS AND EXCELLENT SERVICE DELIVERY

Our Kenya learning site continues to demonstrate the best of community health. We supported 772 CHWs reaching almost 400,000 people at the end of the year. CHWs once again excelled at connecting households to high-quality and timely health care services, delivering a positive trajectory and their best year of impact yet.

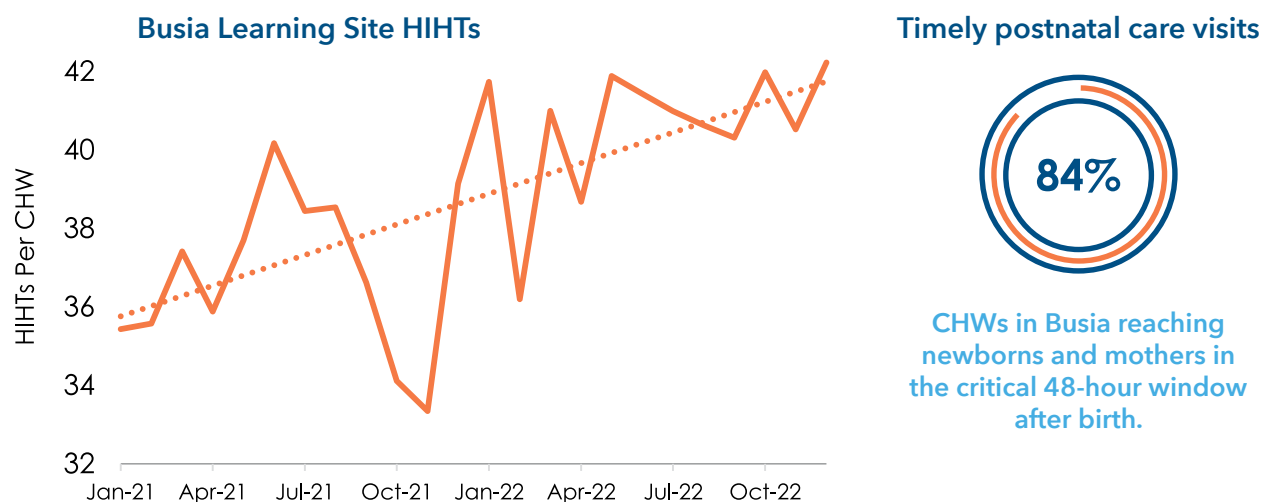
We scaled family planning to all CHWs in Busia after first launching this in mid-2021.

There is high unmet need in Busia, where [one in five](#) women are unable to access a modern contraceptive method. We have seen impressive results and steady improvement, with CHWs providing counselling, education, and referrals to facilities for methods. For example, **CHWs averted 2,238 unintended pregnancies in the first half of year compared to 3,825 in the second.**

This was despite a shortage of family planning commodities at facilities starting in January, which was resolved by Q3 to allow for increased CHW referrals and follow-ups. Government staff are also doing follow-ups to ensure community-facility linkages happen properly.

Busia also surpasses our other operations in on-time postnatal care visits, in which a CHW visits new mothers and newborns within 48 hours of birth. This improved after we focused on it at the beginning of 2022. This included the timely sharing of expected delivery date lists with supervisors to help follow up on facility deliveries. We are now unpacking learnings to ensure this is scalable and can be shared across all other programs.

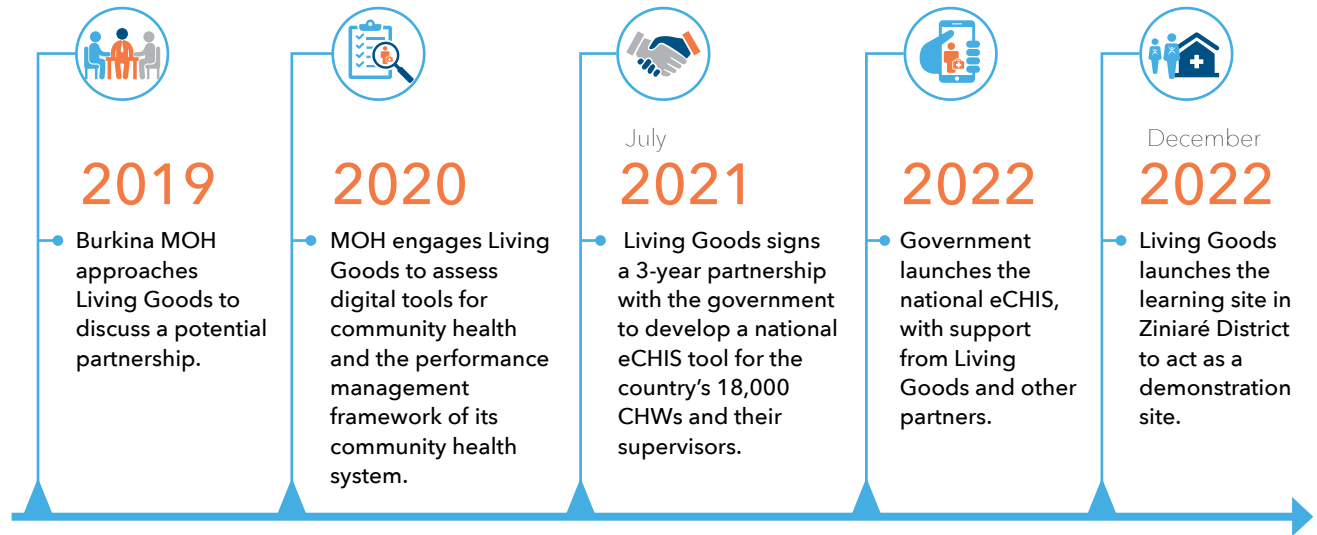
We're below target on reaching sick children under 1 years old, but this improved steadily throughout the year, attributed to a focus on targeted supervision and CHW reporting. ■



Living Goods uses High-Impact Health Touches (HIHTs) to capture a snapshot of CHW performance. HIHTs summarize all our key health indicators and enable us to easily compare performance over time and across programs.

LAUNCHING OUR LEARNING SITE IN BURKINA FASO

Burkina Faso has one of the highest rates of child mortality in the world, with [one child in 11 dying before their 5th birthday](#). 70% of these are preventable deaths occurring in community settings. Living Goods is supporting the government to reverse this trend by improving CHW performance to ensure continuity of care at all levels of the health system. Despite two coups in one year, **we launched our learning site in Ziniaré District in December, where we trained, equipped and deployed more than 200 government CHWs**. As a learning site, Living Goods is directly funding and managing all the DESC performance management elements while working alongside government.



Living Goods staff and government officials at the ceremony to hand over CHW equipment, after the launch of the learning site in Ziniaré District.



1 in 11

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In 2022, Living Goods facilitated another cross-country learning trip of MOH officials from Burkina Faso to gain insights from their counterparts in Kenya. They visited operations in Busia and Kisumu counties to see DESC in practice and to better understand how government makes use of data to inform health system planning and disease monitoring.

CONT'D on Pg 10



CHWs in the field assessing a child, after receiving training and the necessary equipment from Living Goods.

CONT'D from Pg 9

Together with the government, we will learn from Ziniaré and determine whether to further expand the learning site or shift to implementation support to scale this model to all 18,000 CHWs in Burkina Faso.

The launch of the learning site follows our work supporting the development and launch of the country's eCHIS in partnership with the MOH, Terre des Hommes, Dimagi and other partners, with support from UNICEF, the Global Fund and USAID. The first release of the system focused on iCCM and commodity, patient and CHW management. We supported expansion of the tool to include maternal and newborn health, birth and death reporting and tuberculosis patient management. We shared learnings from using the CHT platform in Uganda and Kenya to shape how the performance management framework was created, and we supported MOH in conducting user acceptance tests with CHWs.

We are learning from our partner Dimagi about the implementation of a tool designed on a different platform, CommCare, than what we use in other countries. **We were thrilled that the government involved us in the tool selection process and we continue to work closely with Dimagi and other partners to refine the platform's design and features.** In 2023, we will support building of a CHW supervisor app that will link to the country's broader facility-level health information system to complement the CHW tool and ensure optimization of CHW performance, quality and timeliness of care. ■

LEVERAGING RESEARCH TO SAVE LIVES

In partnership with governments, independent researchers and other organizations, Living Goods carries out innovation and research to maximize and optimize the impact of existing CHW programs and, ultimately, strengthen community health policy and practice.

Approximately [1 in 10 newborns](#) develop signs and symptoms of a possible serious bacterial infection (PSBI), such as meningitis, pneumonia and sepsis in the first two months of life. **WHO recommendation for management of such infections in young infants aged 0-59 days is in a hospital setting with injectable antibiotics, but evidence shows this is not always possible in resource-limited settings.** Appropriately, WHO developed a guideline with simplified antibiotic regimens for outpatient treatment and guidance on the role of CHWs in identifying sick infants with signs of PSBI and treatment follow up.

CHW Jecinta is a lifeline in her community in Amagoro village, Busia County. Although she was trained to manage pneumonia in children aged 2 months to 5 years, and refer all sick young infants below 2 months of age to health facilities, she was not familiar with management of PSBI prior to 2021—yet for newborns, timely access to care is key and can be the difference between life and death.

With funding from The Bill & Melinda Gates Foundation, and in partnership with Lwala Community Alliance and Population Council, Living Goods conducted implementation research from November 2020 to August 2022 to actively identify and rapidly refer cases of sick young infants and provide adherence follow up for those on treatment for PSBI as outpatients. Overall, 727



CHW Jecinta in Busia educates a mother about signs and symptoms of PSBI.

CHWs, 95 community health assistants and 104 facility-based health workers across two counties in Western Kenya—half of whom were in Living Goods' Busia learning site—were trained on PSBI management.

After receiving specific one day training on the management of PSBI, Jecinta and other CHWs now provide health education to families on how to prevent and recognize danger signs in sick young infants. **The endline evaluation showed over 50% increase in the number of infants screened by CHWs, and Living Goods-trained CHWs saved 29 lives over the two-year experiment. There was also an improvement in the two-way referral systems between the community and facilities.**

These results confirm the high potential of community-based management of PSBI when hospital-level care is not possible. **It proves once again that digitally enabled CHWs who are paid, supervised, and equipped with training and medicines save lives. There is, however, still work to be done in strengthening linkages between CHWs and health facilities, addressing health workers' knowledge gaps and improving the supply of commodities.**

In 2023, we plan to scale this intervention within Busia, Kisumu, and Isiolo counties. We will disseminate the findings to the government and others in the ecosystem, and advocate for a similar intervention in Uganda as it has proved to be acceptable, accessible, sustainable and reaches underserved communities. ■



Enabling Environment

We support our government partners to develop and strengthen policies, implementation guidelines and financial frameworks—that allow CHWs to reach their full potential.

SUPPORTING GOVERNMENTS TO PRIORITIZE COMMUNITY HEALTH

2022 was a momentous year with new commitments at national and global stages to strengthen community health, but these must now be followed by action. The Global Fund's new investment case that points to increased funding for CHWs as an irreplaceable component of effective and resilient health systems, preceded

by the launch of the Africa Frontline First Catalytic Fund (AFF-CF), are steps in the right direction. We are proud to be a partner in AFF's ambitious goal to mobilize significant funds to close the \$4 billion annual financing gap for community health in Africa.

At the regional level, **we have been a partner to Africa CDC to support African countries to scale and institutionalize CHW programs.** We inputted into their Digital Transformation Strategy to ensure representation of digitized community health best practices.

In Uganda, we worked with other partners under the Intelligent Community Health System (iCoHS) project and the Oyam Project—where we piloted implementation of DESC in the public sector—to influence the design, adoption and scaling of the eCHIS, led by the Department of Health Information at the MOH. This system will benefit all CHWs in the country and promote standardization of care at the community level. **This work contributed towards the development of the National Community Health Strategy—which incorporates DESC—and the National Health Information and Digital Health Strategy.**

In Kenya, **we played a big role in rolling out the guidelines permitting community-based management of pneumonia**—one of the leading causes of death among children. Other exciting policy wins included the passage of community health legislation in Kisumu and Isiolo counties where we supported consensus building among civil society organizations, provided technical support on the content of the bills, and rendered financial support for consultative forums and learning visits to other counties.

Enactment of legislation is a key step for ring-fencing resources for community health and is critical in solidifying the role of community health in attaining Universal Health Coverage. Governments and donors must now monetize their commitments to scale effective community health approaches that have the potential to save and improve more lives. ■



Peer supervisor and CHW Fatuma on her way from attending to her clients in Nakalanga village in Mayuge district.



Strengthening Organizational Capabilities

WE ARE LIVE: LAUNCH OF THE LONG-AWAITED UPGRADED ERP SYSTEM

In order to scale and increase our impact, we recognized that we needed to improve our operational efficiency. We decided to **invest in an Enterprise Resource Planning (ERP) system to help us streamline our business processes, ensuring greater internal alignment, quicker decision-making and more transparency in workflows—to ultimately help us serve the CHWs and clients we support more cost effectively.**

This has no doubt been one of the most significant internal cross-collaboration investments Living Goods has made. It has not been an easy road, and we were relieved to see it come to fruition across all our countries of operation (Kenya, Uganda, Burkina Faso, and the U.S.), despite the numerous roadblocks we encountered on the way. We have a lot of learnings from this journey that others might benefit from:

- **It is important to make the right investment at the right time, and to find the right balance between penny pinching and over-investment. We didn't invest enough early on, which ended up costing us in the long run.**
- Select the right system which is fit for purpose in the long term.
- These are complicated systems to implement, so take time and do due diligence to identify a competent partner to support implementation efforts.
- Have a dedicated project manager and support team who can work collaboratively to avoid straining internal resources.
- Budget for extra time because it's always going to take longer than you anticipate.



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Whereas it might take another 3-6 months for the system to run smoothly, we're now confident it's fit-for-purpose and will provide a good return on investment for the organization as we begin to reap the benefits in the coming months and years. ■

INVESTING IN OUR TALENT

As we grow in size and scope, so does our need for dynamic talent to help us achieve what we set out to do. Instead of looking to the outside, we are investing in the professional development of our employees and their overall experience at Living Goods. We have deliberately focused on improving talent management processes, personal development planning, career management and deployment of our emerging talent in critical roles as a way of accelerating their growth and readiness for the next level. **For instance, in 2022 alone, we made 10 secondments, 16 internal hires and 10 promotions.**



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Further, **we launched several capability initiatives, including executive coaching and a new program—Emerging Senior Leadership Development Program—developed in partnership with Gordon Institute of Business Science in South Africa.** This 10-month training targets emerging senior leaders but we hope to scale it to more employees in the future. We are at the same time leveraging our e-learning platform as a vehicle for continuous capacity building for various teams across the organization. ■

MAKING LIVING GOODS A GREAT PLACE TO WORK

In 2022, we listened to staff and held focus groups to come up with our “Make Living Goods a Great Place to Work” priorities. We focused on team building, building back trust and creating connection after two years of exclusively remote working. We embraced hybrid work and introduced loose guardrails to encourage in-person connection, a balance we are still trying to get right.

We worked on improving clarity, efficiency and inclusion in decision-making by creating a decision-making framework and delegation of authority policy and introducing new operating models such as RAPID. With equity and inclusivity in mind, **we rolled out improved and more equitable benefits across our countries of operation such as increased maternity and paternity leave, reviewed our compensation structures and strengthened our travel policy.** Other efforts included revamping the role of country advisory boards and holding unconscious bias training for staff.



Living Goods Uganda staff at an end of year celebration.

The results from our Annual Voices Survey reflect the progress we have made. Of the elements surveyed, staff scored improvements in 6 out of 7. These are above other non-profit scores across the world, including on the DEI index. There is still room to improve though. Next year, we will continue to focus on sharing power, improving

decision-making and promoting a safer, more open environment where staff can speak up and challenge our traditional way of doing things. We will build staff skills by rolling out a Power Dynamics and Inclusive Leadership coaching program for people managers. ■

2022 Voices Survey Results

Leadership Index	DEI Index	Engagement Index	Management Effectiveness Index	Operational Effectiveness Index
73 ↑ +2	77 ↑ +2	85 ↑ +3	88 ↔ +0	80 ↑ +2



6 out of 7 survey elements scored above the average of other non-profit scores across the world, including on the DEI index, according to feedback from our Annual Voices Survey.

2022 KPIs	Learning Sites				Implementation Support				Partnerships	
	Kenya: Busia County		Uganda ⁴		Kenya: Kisumu County ⁵		Kenya: Isiolo County		Uganda: BRAC ⁶	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Monthly Per-CHW Impact Metrics										
New Pregnancies Registered	1	1.1	1	1.5	1	1.1	0.5	0.4	1	2.6
% of 4+ ANC visits	75%	87%	75%	83%	75%	85%	75%	82%	75%	78%
% Facility Delivery	85%	96%	85%	92%	85%	97%	85%	86%	85%	95%
% On-Time Postnatal Care Visit	75%	84%	75%	63%	75%	52%	75%	58%	75%	69%
Couple Years Protection	2.5	3.1	2.5	2.9	2.5	4.3	1.3	0.8	2.5	2.2
% Children 9-23 Months Fully Immunized ¹	65%	97%	65%	95%	65%	88%	65%	86%	N/A	N/A
Under-5 Treatments and Referrals	23	28.2	24	38.1	16	7.3	3.2	2.3	24	28
Under-1 Treatments and Referrals	5	3.6	5	6.5	3	1.1	0.4	0.3	5	8.2
% Sick Child Facility Referrals Completed	75%	96%	75%	76%	75%	96%	75%	96%	75%	56%
DESC/Performance Management Metrics										
% CHWs in Stock of Essential Commodities ²	60%	82%	60%	94%	60%	57%	60%	42%	60%	64%
% CHWs w/ Supervision in Last 1 Month	75%	94%	75%	89%	55%	74%	55%	71%	75%	78%
CHW Income ³	\$20.00	\$17.04	\$20.00	\$19.02	\$20.00	\$20.02	\$20.00	\$20.58	\$15.00	\$11.66
Impact Total Metrics										
Active CHWs (3-Month Active)	850	772	4,205	4,208	3,200	2,465	780	558	4,000	4,038
Population Served	425,000	386,000	2,523,000	2,524,800	1,600,000	1,232,500	268,000	191,952	2,400,000	2,422,800
Total New Pregnancies Registered	11,444	10,473	67,768	77,998	28,948	20,530	4,680	2,611	64,464	118,682
Total U5 Treatments and Referrals	232,560	263,550	1,235,261	1,845,258	411,768	126,602	29,952	19,123	1,175,040	1,314,287
Total U1 Treatments and Referrals	46,512	33,395	258,355	316,813	83,592	19,739	4,064	2,597	245,760	376,707
Total Couple Years Protection	18,435	24,921	112,262	90,506	39,750	59,770	9,630	1,995	97,200	20,975
Total Unintended Pregnancies Averted	4,456	6,063	27,134	21,876	9,608	15,543	2,328	482	23,493	6,855
Net Cost per Capita (Annualized)	\$3.78	\$3.76	\$3.48	\$3.24	\$0.81	\$1.84	\$1.12	\$2.57	\$0.72	\$0.72

NOTES:

¹ BRAC CHWs do not provide immunization services.

² CHWs in implementation support sites acquire their commodities directly from partners or government health facilities.

³ Income in implementation support sites are projected totals as these have not yet been distributed to CHWs; they receive full pay after the end of the quarter.

⁴ Due to challenges with the app upgrade in Q4, Uganda's results represent the majority of CHWs whose reporting was unaffected as a good proxy for overall performance.

⁵ Original cumulative targets for Kisumu included a third implementation support county where we postponed scaling to 2023, thus these targets are not representative of our updated scale goals for Kisumu and we are on track here.

⁶ BRAC paused its plans to scale family planning in 2022, thus impact totals for these areas appear significantly below the original targets presented.



Client Saida in her home in Mayuge, Uganda, after a visit from CHW Kateme.

In all we do, we seek to live out our core values:



Put Families First



Make No Small Plans



Drive Towards Sustainability



Be Inventive and Adaptive



Master the Art of Collaboration

You can find more on our values on our [website](#), where we invite you to learn more about Living Goods, our partners and the communities we serve. ■

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