

QUARTERLY REPORT

Q2 | April - June 2022

OUR RESULTS IN Q2 2022



11,994
CHWs SUPPORTED



6,764,120
PEOPLE SERVED



203,379
SICK CHILDREN UNDER 1
TREATED/REFERRED



946,695
SICK CHILDREN UNDER 5
TREATED/REFERRED



64,707
NEW PREGNANCIES
REGISTERED

Cover: Ugandan CHW Mary checks a baby's vaccination card to assess his status.



Learning Sites

UGANDA: THE TREND OF EXCELLENT PERFORMANCE CONTINUES

Ugandan CHWs achieved their highest performance on record for the second quarter in a row—thanks to technology improvements, the resumption of in-person refresher trainings, innovations in CHW supervision, and uninterrupted supplies of essential medicines. This ongoing improvement is exciting; and we are stepping up our data quality validation checks to ensure the continuous delivery of high quality services alongside the capture of accurate results.

CHWs provided more than **half a million treatments or referrals to sick children under age 5 (U5)** in Q2, and nearly doubled per CHW targets. This was due in part to a growing demand for CHW services and the free medicines Living Goods has been providing since the start of the pandemic, which have grown alongside the rising costs of living in the country. Improved supervision and support to CHWs on tracking clients' delivery dates also enabled continued improvements with on-time postnatal care (PNC) visits, which increased from 64% in Q1 to 69% in Q2.

By June, we **scaled peer supervision to 90% (4,106) of the CHWs we directly support**, an approach that enables high-performing CHWs to 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, making community health more cost-effective. CHWs now benefit from weekly peer-led group meetings that boost accountability and enable timely reminders, knowledge reinforcement, and individualized support, which is increasing CHW motivation and confidence.

In Q2, the CHWs we support also enabled more than 29,000 couple years protection and averted more than 7,000 unintended pregnancies—both record highs—after we scaled family planning to nearly 650 more CHWs. We also provided refresher trainings to more than 1,350 CHWs, which was essential for knowledge reinforcement given COVID restrictions on CHW trainings the past two years. By the end of July, **all the CHWs we support in Uganda were trained in family planning, with close to 95% already offering services.**

Still, we have faced some family planning uptake challenges, given changes in how we access commodities from the regular government channels. We are actively engaging our government stakeholders at all levels to ensure a more stable supply moving forward, and have advised CHWs to focus on referrals for longer-term methods in the meantime.

Meanwhile, we are continuing to improve our tech systems to ensure a more efficient and long-lasting solution to dashboard malfunctions for supervisors and workflow issues. This work has been completed in Kenya and will be a major priority for Uganda in Q3. It is expected to improve the user experience and increase motivation in registering activities. ■



CHW John Bosco reads results off a thermometer, in Kayunga, Uganda.



>500,000

Treatments or referrals to sick children under age 5 (U5) provided by LG-supported CHWs in Uganda in Q2, nearly doubling per CHW targets.



>1,350

Ugandan CHWs received refresher trainings, which was essential for knowledge reinforcement given COVID restrictions on CHW trainings the past two years.

BRAC: SUSTAINED PERFORMANCE DESPITE OPERATIONAL SHIFTS

Much of BRAC's Q2 focus centered on sustaining gains made in CHW performance last year while recuperating from operational changes in early 2022. We attribute this in part to cross-learning between Living Goods and BRAC, which resulted in improvements in supervision and compensation. **BRAC introduced performance-based incentives and increased its compensation;** CHWs earned an average of \$12.43 per month in Q2 against the target of \$15, up significantly from \$8.79 last quarter.

Performance for **U5 and U1 treatments and referrals remained strong, with per CHW averages exceeding their targets by 21% and 74% respectively.** On the flip side, the percentage of completed referrals at health facilities fell to 54%, below the target of 75%. Moving forward, BRAC will explore how to incentivize these follow-ups and require CHWs to record a reason in their app for incomplete referrals.

With only a quarter of CHWs providing family planning services, performance was significantly below target in Q2. BRAC has been unable to conduct planned refresher trainings and follow ups of the 931 family planning-trained CHWs since their initial training in mid-2021, which has caused capacity issues both for the supervisors and CHWs. A focus in Q3 will be on conducting family planning trainings for supervisors and refreshers for CHWs. ■



CHW Irene Anyango performs a rapid malaria test on a sick child.



**Unintended
pregnancies averted
in Busia in Q2**

BUSIA KENYA: STRONG PERFORMANCE CONTINUES AS FAMILY PLANNING IS SCALED

CHWs in Busia County once again exceeded most targets this quarter. Major drivers of success were high supervision rates—with 95% of CHWs getting direct supervision in the past month against the target of 75%—and 89% of CHWs fully in-stock of essential medicines and other commodities.

Family planning services remained strong after fully scaling training to all CHWs in Busia last quarter. CHWs have been successful with family planning counselling and referrals to link facilities, since the government limits CHWs in directly

dispensing contraceptives. This has led to a 26% increase in couple years of protection per CHW and **more than 1,500 unintended pregnancies averted this quarter.**

CHWs' sustained campaigns to create awareness and drive demand for vaccinations continues to be a notable success in Busia, **with 97% of children fully immunized against the target of 65%.** Additionally, U5 treatments and referrals were 18% above target and sick

child referral completions remained high at 96%. Although per CHW U1 treatments and referrals remain below target, there has been progress from 2.8 in Q4 2021 to 3.5 in Q2, against the target of 5. Importantly, we upgraded CHWs to the newest version of the [Community Health Toolkit](#)—the platform upon which our Smart Health app was developed—to ensure stability and improved performance. There are still some minor issues like uncaptured households and slow loading of phones, but the team is working to resolve these as they occur. ■



Government partners and other stakeholders participate in a workshop to align on the country's new eCHIS.

PROMISING STEPS FORWARD IN LAUNCHING BURKINA FASO'S LEARNING SITE AND eCHIS

A major effort in Q2 was readying for the launch of the country's eCHIS and supporting MoH in conducting another user acceptance test with a small group of about 25 CHWs. In partnership with Dimagi, version 2.1 has already been released and consolidated by the Burkina Faso MoH, and we will be supporting in fine-tuning the app with new functionality until version 2.5, when the eCHIS pilot should officially begin.

The first release only included a focus on integrated child case management, commodity management, patient management and CHW management. With MoH and other key partners, we're now building elements in successive versions that will expand the tool to include maternal health, newborn care, birth and death reporting, tuberculosis patient management, and more. We are concurrently building a new supervisor app to complement the eCHIS.

We have also been finalizing the necessary preparations and recruitments to launch the first learning site in the district of Ziniare before the end of the year. Given the recent change in government following the country's January coup, we needed to update our learning site concept note, budget and action plan, and gather input from the country's new MoH leadership. Living Goods' approach of digitizing, equipping, supervising, and compensating CHWs—what we call the DESC framework—has been well received and the MoH leadership has shown strong support. ■

CHW SARAH NAKYAMBADDE: A COMMUNITY HERO WHO'S STOOD THE TEST OF TIME

"It's a blessing to have someone trustworthy—a CHW—within reach. It eases our response to healthcare because sometimes we don't get the same kind of care from health facilities," explains Huda, 31, a mother of three.

Her CHW, Sarah Nakyambadde, is a calm but firm 52-year-old who has been serving her community for more than 13 years.

Even though Huda waited two agonizing days before seeking help for her youngest son Muhammed's diarrhea, she was not chastised for the delay when she finally reached out to CHW Sarah. This was an opportunity to educate Huda about the importance of good hygiene and the causes of diarrhea. Families like Huda's who live in Bwaise, a slum on the outskirts of Kampala, Uganda, are particularly susceptible to diarrheal disease because they live near a poorly managed drainage channel that has become a dumping ground.

"Sarah sacrifices her time to come to our homes and educate us about health and disease outbreaks like COVID. She cares for us and is not arrogant," Huda adds.

When Living Goods started in Uganda in 2007 and opened a branch in Bwaise in 2009, Sarah was one of the first CHWs to be recruited and trained. "It was challenging in the beginning. We relied on paper tools a lot. We had to write notes during trainings but would sometimes forget the dosages for the different age groups and it was not easy to retrieve information from those papers," she narrates. "All that changed when we started using the phones. We are always sure of the dosages we give to children, and



CHW Sarah attends to Huda's son Mohammed.

We are trained well, encouraged to care for our patients, and we try to live by that. I'm a proud CHW because in my work, I have saved many children's lives.

Sarah Nakyambadde, CHW.



“

It's a blessing to have someone trustworthy—a CHW—within reach. It eases our response to healthcare because sometimes we don't get the same kind of care from health facilities

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Huda, 31, a mother of three.

even the communities we serve appreciate the standardization of care.”

Besides community health work, Sarah is a businesswoman. She has a stationary shop and is also a tailor. People often find her at her shop to seek health services, some of which she does not offer. “I try my best to help whenever I can, but refer to health facilities those I can't manage,” she explains.

After dispensing diarrhea treatment for Muhammed, Sarah used the opportunity to check his immunization status and found that he had not been immunized, because the father does not trust vaccines. This was not the first time Sarah encountered such a case. Her strategy is always to share correct information until she wins over such parents.

“We are trained well, encouraged to care for our patients, and we try to live by that. **I'm a proud CHW because in my work, I have saved many children's lives,**” Sarah says with contentment, adding: “I do this work because of the people. They need me. They are my neighbors, my friends. Besides, this work keeps me on my toes. And, at my age, that's a good thing!” ■

◀ CHW Sarah Nakyambadde



Implementation Support

KISUMU: STEADY PERFORMANCE AS THE COUNTY TRAINS MORE CHWs TO DIGITIZE

We are excited about the Kisumu government's continued commitment to extending digitized community health services to all **1.2M residents**.

March marked the end of the government's eCHIS pilot, which Living Goods is deeply supporting. The county's ambitious scaleup plan is on track; with an additional 870 CHWs trained in DESC and integrated community case management in Q2 to bring the total number to 2,137 active CHWs by June. This is remarkable progress and is aligned with the county government's goal to roll out eCHIS to all nearly 3,000 CHWs in Kisumu by the end of the year.

CHWs maintained strong performance in Q2 in maternal health indicators and referrals, surpassing most of the set targets. For instance, the rate of facility delivery was 97% against a target of 85%. However, while new cohorts of CHWs are performing well, sick child treatments and on-time PNC visits remained at the same level as in Q1, providing room for improvement. CHWs on average provided eight U5 treatments against the target of 16; partially because of inconsistencies in the government supply chain of essential medicines, meaning that CHWs and even health facilities do not always have these on hand. Meanwhile, although only 53% of PNC visits were conducted within 48 hours against the target of 75%, this has improved from 36% the same time last year.

A highlight was the increased uptake of family planning services. CHWs registered an exceptional 50 family planning-related visits each, more than double the rest of our operations, and an average of 21 referrals. **This resulted in more than 4,200 unintended pregnancies averted in Q2—more than double the target of 1,813.** The increased uptake was mainly due to availability



deliveries at a health facility

of commodities and increased service delivery and utilization at health facilities.

In the second half of the year, we will focus on scaling implementation of eCHIS and further stabilizing our tech environment to ensure all users are upgraded. We will work with the

county to include the new CHWs in commodity forecasting to ensure better stock levels at the community level. We will also monitor interference due to politics during election season, as many CHWs in Kisumu are involved in campaigns. ■

There were 4,200 unintended pregnancies averted in Q2—more than double the target of 1,813. The increased uptake was mainly due to availability of contraceptives at the facility level.



Supervisor Brenda Oduor conducts a data review session with CHWs in Otonglo, Kisumu.

LIVING GOODS' BOARD VISITS KISUMU

In May, our board met for the first time in person after two years of the pandemic. They held discussions with various members of our staff, including those in the field, and had the opportunity to meet with the Governor of Kisumu, H.E Prof. Anyang' Nyong'o and several other county leaders. To crown it all, they made home visits and witnessed the impact of CHWs' work firsthand. They learnt more about our implementation support journey and left invigorated and inspired by the visionary leadership of the county to digitally transform community health in Kisumu.

H.E Prof. Anyang' Nyong'o, Governor, Kisumu County (center) is flanked by members of the Living Goods executive team, Board of Directors, and county officials.



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In June, we held fruitful discussions with a delegation from the Living Goods board and executive leadership on leveraging technology for improved health service delivery. Through our partnership we successfully piloted the eCHIS and are now eager to scale to the whole county and share lessons with other counties. I am committed to ensuring that Universal Health Coverage becomes a reality for everyone in Kisumu. That's why it is important to invest in and strengthen our Community Health Services.

”

H.E Prof. Anyang' Nyong'o, Governor, Kisumu County.

“

Living Good's partnership with the Kisumu County government represents perhaps the best examples of public private partnership in healthcare I've ever seen. The teams are outcomes focused, data-driven and masterfully collaborative. Importantly, the county is making community health a fiscal priority ensuring all CHWS are effectively paid and well stocked. Governor Nyong'o is one of the most forward thinking pro-health leaders we know. Watch Kisumu to see the future of high-impact community health.

”

Chuck Slaughter, Founder and Board Chair, Living Goods, Trustee HWG Foundation

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Our visit to Kisumu reinforced the importance of strong relationships in community health - both within the household, where we listened to a CHW gently convince a teenaged mother to accompany her to her first antenatal care visit, and with local government. To listen to the Kisumu government officials talking about the value of data-driven community health, one could be forgiven for thinking that they were employees of Living Goods. It is rare to observe such a high degree of government engagement and ownership.

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Dr. Joanne Peter, member of the Living Goods Board of Directors, Director of Jhpeigo's Innovation Hub.

ISIOLO: PROMISING SIGNS DESPITE CHALLENGING OPERATING ENVIRONMENT

CHWs in Isiolo maintained steady performance and continued to connect families to critical care despite working in a complex setting. Some challenges included disruption of the CHW schedule during Ramadan, heightened insecurity and displacement of households because of the prolonged drought, and the election season.

Nevertheless, sick child treatments have been steady for the first half of the year, and after training CHWs on the use of amoxicillin in March, we have started to see an increase in CHWs' treatments for pneumonia, from 2% in Q1 to 21% in Q2. Together with other partners, **Living Goods played a big role in advocating for policy changes to permit community-based management of pneumonia**—one of the leading causes of death among children—in Kenya. Unfortunately, the supply of amoxicillin is still low, but we



have started to see increases (from 17% in April to 30% in June) and hope this will stabilize by the end of the year.

Additionally, **CHWs drove up full immunization coverage for children aged 9-23 months from 82% last quarter to 88% in Q2**, against the target of 65%. Due in part to the nomadic lifestyle of clients, the rate of on-time PNC visits continues to be low at 59%. Equally, family planning services face cultural barriers, with only 80 unintended pregnancies averted in Q2.

On the other hand, DESC elements have seen some promising improvements. **CHWs had their highest-ever level of being in-stock of essential commodities in Q2 at 69%**, due to improved forecasting for quarterly orders and tracking the status of orders placed via the county pharmacist. As in Kisumu, CHW payments have been paid out in a timelier manner, although Isiolo County's government still allocates these quarterly rather than on a monthly basis. Supervision has also remained high, although intermittent dashboard blackouts have affected data visibility for supervisors. We are preparing for an upgrade later this year to resolve this. ■



◀ In Isiolo County, CHW Frances counsels a pregnant woman on healthy nutrition.

MAUREEN OPIYO: KISUMU'S COMMUNITY HEALTH CHAMPION

After Kenya's Ministry of Health (MoH) established its national Electronic Community Health Information System (eCHIS) in 2021, Kisumu became the first county to pilot the system, in partnership with Living Goods. One of the people behind the successful pilot and eventual scaling of eCHIS is Maureen Opiyo, Kisumu County's Community Health Services Coordinator.

Composed and self-assured, Maureen has served in this position for the last three years and brings to the role a great level of commitment and 15 years of experience in community-level work. **"This is the most important assignment I've undertaken in my life," she says of the eCHIS pilot in Kisumu.**

When they embarked on the digitization journey, like in many other places, the County was short on the multiple paper-based reporting tools for their nearly 3,000 CHWs and 119 community health assistants. "We had gotten money from UHC and bought a few pieces which we distributed among the CHWs to share or photocopy. By month end, we would be in cat and mouse games. The supervisors would be looking for reports and the CHWs would not have them," Maureen explains.

Often, CHWs would resort to recording patient data on random papers or books, which would be misplaced or mishandled. Switching to electronic data collection is therefore a significant change for both the CHWs and County government. **Data is now delivered in near real-time and is easy to trace, especially when conducting data verification checks and giving targeted supervisory support.**



Maureen in her office in Kisumu.

One of the outstanding benefits of digitization has been standardization of care at the community level and integration of data, which eases monitoring and supervision. "There has been a big change since we started reporting digitally through eCHIS. It covers a wide range of health areas, such as maternal health, nutrition, immunization, WASH, among others. It has eased information sharing with other departments, which enables them to monitor households more effectively," Maureen recounts.

All the work that has gone into training and equipping CHWs has left Maureen's eyes focused on the finish line. "When we finally have all the CHWs trained, I will feel very proud, as will my colleagues. I invite colleagues from other counties to come and see for themselves what CHWs can achieve."

Maureen has not traveled this road alone, nor has the journey been without challenges. It was

important to have stakeholder engagements at various levels, including at health facilities and with the county leadership. "It is not easy to secure resources for skills development from the government, given conflicting priorities," Maureen explains, adding, **"We had to advocate at the highest levels to ensure goodwill from the County leadership and advocate for the same at the Assembly level for the budget to be passed."**

She is keen about Kisumu County's partnership with Living Goods because she knows that with the Government in the driver's seat, the gains will be sustainable. "There is goodwill from the county leadership, and they understand that promotive and preventive services at the community level are key in reducing the disease burden," Maureen says, adding: "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." ■

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When we finally have all the CHWs trained, I will feel very proud, as will my colleagues. I invite colleagues from other counties to come and see for themselves what CHWs can achieve.

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Maureen Opiyo



Enabling Environment

KISUMU AND ISIOLO COUNTIES PASS COMMUNITY HEALTH LEGISLATION TO SAFEGUARD GAINS

We are thrilled about the enactment of community health legislation in Kisumu and Isiolo counties, following success in supporting Busia and Kisii counties which enacted theirs in 2021. In June, Kisumu County passed its Community Health

Services (CHS) Act, while the Isiolo County Assembly's CHS Bill awaits the Governor's assent and subsequent publication in the Kenya Gazette to become law.

Among other things, **Living Goods supported advocacy efforts at different levels of government and consensus building among CSOs**, provided technical support on the content of the bills, and rendered financial support for consultative forums and learning visits to other counties.

The enactment of CHS legislation is a key step for ring-fencing resources for community health at county levels (including stipends and commodities for CHWs) and is critical in solidifying the role of community health in attaining Universal Health Coverage in Kenya. Moreover, legislation ensures the sustainability of community health services while institutionalizing best practices, especially as newly elected officials may assume office with different priorities. ■



Members of the Health Committee of the Assembly after reviewing the community health draft bill in Kisumu.



Oyam Council Hall: Members of Parliament on the Health Committee during their immersion visit to Oyam District, hosted by the TAC.

STRENGTHENING THE COMMUNITY HEALTH POLICY ENVIRONMENT IN UGANDA

Although CHWs in Uganda are the first level of the health care system, they are not part of formal government structures. Despite evidence of their significant impact, they are treated as volunteers and often insufficiently equipped and supervised to optimize their catalytic role in health service delivery.

Since mid-2020, Living Goods has been collaborating with Uganda's MoH, Oyam District Local Government, and Malaria Consortium on **a pilot project to generate public-sector lessons to influence government to adopt and scale the DESC approach for community health.**

In April this year, the MoH-led Technical Advisory Committee of the project invited Members of Parliament (MPs) on the Health Committee for an immersion visit to build their understanding of CHWs' work and to advocate for prioritization of CHW compensation and digitization. Among other things, this Committee can facilitate appropriation of funds, provide oversight of disbursed resources, and monitor implementation and the delivery of government services.

Relatedly, together with other partners under the [Intelligent Community Health System \(iCoHS\) project](#), we are utilizing lessons from Oyam to influence the adoption and scaling of the electronic community health information system (eCHIS), led by the Department of Health Information at the MoH. This will augment the gains made in Oyam to among other things streamline how community-based health workers gather and share data, which will be aggregated at different levels of the health system. ■



CHWs need to be digitized with appropriate technology and tools and equipped with essential medicines for their work to be efficient.



Dr. Thomas Malinga, District Health Officer of Oyam.



CHWs are very critical in linking communities to health facilities. They need to be facilitated. The Government should put this in the annual planning and resource allocation framework.



Hon. Sharon Laker Balmoyi, Woman MP for Gulu District.



Q2 2022 KPIs

	Learning Sites				Implementation Support				Partnerships	
	Kenya: Busia County		Uganda		Kenya: Kisumu County		Kenya: Isiolo County		Uganda: BRAC	
	Q2 Target	Q2 Actual	Q2 Target	Q2 Actual	Q2 Target	Q2 Actual	Q2 Target	Q2 Actual	Q2 Target	Q2 Actual
Monthly Per-CHW Impact Metrics										
New Pregnancies Registered	1	1.0	1	1.8	1	1.2	0.5	0.4	1	2.8
% of 4+ ANC visits	75%	86%	75%	82%	75%	83%	75%	79%	75%	84%
% Facility Delivery	85%	96%	85%	91%	85%	97%	85%	88%	85%	97%
% On-Time Postnatal Care Visit	75%	83%	75%	69%	75%	53%	75%	59%	75%	68%
Couple Years Protection	2.5	2.9	2.5	3.5	2.5	5.3	1.3	0.4	2.5	1.7
% Children 9-23 Months Fully Immunized ¹	65%	97%	65%	95%	65%	86%	65%	88%	N/A	N/A
Under-5 Treatments and Positive Diagnoses	23	27.2	24	43.0	16	8.0	3.2	2.5	24	29
Under-1 Treatments and Positive Diagnoses	5	3.5	5	7.4	3	1.2	0.4	0.3	5	8.7
% Sick Child Facility Referrals Completed	75%	96%	75%	80%	75%	96%	75%	95%	75%	54%
DESC/Performance Management Metrics										
% CHWs in Stock of Essential Commodities ²	60%	89%	60%	96%	60%	63%	60%	69%	60%	63%
% CHWs w/ Supervision in Last 1 Month	75%	95%	75%	91%	55%	81%	55%	81%	75%	79%
CHW Income ³	\$20.00	\$17.99	\$20.00	\$18.35	\$20.00	\$21.04	\$20.00	\$21.63	\$15.00	\$12.43
Impact Total Metrics										
Active CHWs (3-Month Active)	850	765	4,205	4,499	1,800	2,137	780	555	4,000	4,038
Population Served	425,000	382,500	2,523,000	2,699,400	900,000	1,068,500	268,000	190,920	2,400,000	2,422,800
Total New Pregnancies Registered	2,861	2,407	16,942	23,562	6,059	4,415	1,170	658	16,116	33,665
Total U5 Treatments and Positive Diagnoses	58,140	63,295	308,815	505,383	86,184	30,188	7,488	4,008	293,760	343,821
Total U1 Treatments and Positive Diagnoses	11,628	8,011	64,589	86,618	17,496	4,462	1,016	561	61,440	103,727
Total Couple Years Protection	4,020	6,386	25,553	29,111	7,500	15,625	2,925	330	24,300	4,106
Total Unintended Pregnancies Averted	972	1,541	6,176	7,036	1,813	4,276	707	80	5,873	992
Net Cost per Capita (Annualized)	\$3.78	\$3.55	\$3.48	\$3.09	\$0.81	\$1.25	\$1.12	\$2.33	\$0.72	\$0.72

NOTES:

¹ BRAC CHWs do not yet 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.