



LivingGoods QUARTERLY REPORT

Q3 | July - September 2021





Kenya: Better Performance in Government-Led Implementation Sites

IMPLEMENTATION SUPPORT:

We are excited to see performance improvements in Q3 in both Kisumu and Isiolo counties—our two Kenyan sites of government-led, co-financed implementation support. This represents a promising proof point on our journey to support governments in establishing operational best practices.

In September, we saw record-high performance in both counties for under-five (U5) sick child assessments, positive diagnoses, and treatments, in addition to improvements in data quality. **We attribute this success to our closer partnership and continued collaboration with county leadership to understand and drive performance on a weekly basis.** We are excited about the increased engagement by government supervisors—known as community health assistants (CHAs)—to motivate community health workers (CHWs). Specific steps included adding new peer coaches to mentor

At our learning site in Busia County, CHW Emphraim receives hands-on coaching from his supervisor to optimize his performance.

CHAs on performance management and holding regular data review meetings.

Even though there was a slight improvement in stocks of essential commodities—a major driver of treatments—**inconsistencies in the public supply chain persist, and often affect performance.** As such, we have started supporting the county governments' quantification processes to ensure CHWs are always in stock of essential medicines. We also continue to advocate for timely quarterly payments to CHWs by government, as persistent delays affect morale.

While it is good to see Isiolo's improved assessments and treatments, performance in the county remains significantly below target.

The rollout of the updated Supervisor App in both Isiolo and Kisumu in the coming months is expected to drive post-

Cover photo: CHW Mellisa Achieng from Port Victoria, Kenya enjoys a light moment in the midst of a busy day delivering primary health services.

Our Results in Q3 2021*



12,037
ACTIVE CHWs



72,713
NEW PREGNANCIES
REGISTERED



9,019,130
PEOPLE SERVED



1,110,127
SICK CHILDREN
UNDER 5 ASSESSED



232,448
SICK CHILDREN
UNDER 1 ASSESSED

natal care (PNC) performance, among other indicators, as it enables supervisors to see CHWs' tasks and encourages them to improve the timeliness of these visits. We will also resume training CHAs to boost supervision and focus on increasing the number of household visits, which is linked to higher rates of health activities.

BUSIA LEARNING SITE: Busia County remains our only learning site in Kenya and continues to see strong performance. In Q3, **we achieved above-target performance for sick child assessments and treatments for the 5th consecutive quarter.** These results have been driven by free medicines, the revised compensation structure we established for CHWs during COVID-19 to keep them motivated, supportive supervision—which was at 100% throughout the quarter—and strong digital capabilities.

Two promising areas include the launch of a family planning (FP) pilot in Busia, with 324 CHWs trained, and the initiation

of an experiment to treat possible serious bacterial infections among newborns that involves 336 CHWs.

THE CHANGING COVID-19 CONTEXT:

CHWs in all counties continued to educate households on COVID-19 and screen for symptoms, even though infection rates have gone down. With the Kenyan Ministry of Health (MoH) reporting that only 6.7% of the national population was fully vaccinated by the first week of November, CHWs still need support to sustain community sensitization and drive uptake, especially now that vaccines are more available. Our newly deployed COVID-19 vaccine support workflow in Busia will help check completed referrals and track household vaccinations, building on the success of our approach to childhood vaccination tracking. **Nearly two-thirds (1,311) of the CHWs we support in Kenya have received at least one dose of the COVID-19 vaccine;** this includes 88% of CHWs in Busia County, 92% in Kisumu, and 8% in Isiolo.

*The above figures for total active CHWs and population served include four Kenyan counties that we recently exited, but where we are still providing light-touch support. The remaining Q3 KPI totals do not include these counties.



Uganda: CHW Performance Affected by Tech Challenges

In Kayunga, Uganda, CHW Michael Kijju shows one of his clients how he uses his smart phone to collect and manage her family's health data.

OUR LEARNING SITE AT SCALE:

Performance for Q3 is generally below H1 results, due to persistent tech issues and strict lockdowns, but still largely remains at or above target despite these challenges. **Free medicines, CHW incentives, and strong remote supervision by a dedicated team continue to drive performance.** Each CHW provided an average of 26 treatments or positive diagnoses to U5 children against the target of 18, and most pregnant women registered by a CHW delivered at a health facility (91% versus the target of 85%).

However, on-time PNC visits continue to struggle. To bolster this indicator, we are conducting refresher trainings for CHWs on how to calculate expected delivery dates, emphasizing following up on all pregnancies, and increasing the number of related follow-up visits—given the strong association between these and on-time PNC rates.

As noted, continued tech glitches such as logouts and system crashes affected

CHW performance this past quarter. Medic's Community Health Toolkit (CHT) platform, which the Smart Health app is based upon, is not designed to handle our vast amount of data—an issue that has only escalated as we have scaled. This has created inputting, syncing and data flow challenges, which has compromised our ability to receive and review data on time.

One of our top priorities moving into 2022 is to ensure that the Smart Health app is stable and scalable. We are hopeful that upgrading to a new Medic version of the core CHT platform this year and working closely with them to advance it will significantly improve the situation—both for ourselves and for anyone wanting a solution that needs to operate at significant scale.

OYAM DISTRICT IMPLEMENTATION SUPPORT:

We support nearly 200 CHWs in Oyam district, our first test of government-led and co-financed implementation support site in Uganda. Performance of iCCM indicators fell

in Q3, affected mainly by commodity shortages at health facilities, leading to low stocks of essential medicines at the CHW level. Highlights included supervision, facility referrals completed, and facility deliveries—all above target—indicating strengthened linkages with the primary health system.

Our work in **Oyam is an experiment intended as an advocacy tool to influence district and national government on the importance of community health driven by DESC components.** We continue to support the district in managing CHW performance and engaging partners, including ensuring that CHWs are compensated and sufficiently stocked. Dashboard usage is strong, with government supervisors consistently accessing them to monitor performance. We are also supporting the MoH to establish the Oyam Community Health Exemplar Technical Advisory Committee, a multisectoral committee that will be essential for the project's success. We're also seeing continuous improvement on the compensation front although the overall amount remains low; 64% of Oyam CHWs were compensated in Q3, almost double the 35% rate we saw in Q1.

BRAC PERFORMANCE: Our partner BRAC had high rates of active CHWs and record levels of sick child assessments and treatments in Q3, continuing a strong upward trend from the end of 2020. **Technology has been a key focus and performance driver,** with widespread phone replacements last year and an mHealth upgrade with Medic leading to greatly improved platform functionality. This, and having fewer workflows and historical data than Living Goods, has helped them avoid the bulk of the tech glitches affecting our learning sites.

Another performance driver has been consistent in-person supervision. This is something Living Goods continues to review and consider depending on staff and CHW vaccination rates, but safety remains our top priority. BRAC's peer supervision experiment is further driving results; based on Living Goods' success in this realm, it involves a high-performing CHW overseeing five lower-performing CHWs. An evaluation of the 413 CHWs involved in the program found that **peers enabled an increase in household visits by an average of 33% and U5 assessments by an average of 56%.**

Building on Living Goods' learnings, CHWs also remain highly engaged in family planning activities since they started them in Q2. More than 20,000 family planning-related visits were conducted in Q3, mostly done in September after the COVID lockdown was lifted.

THE CHANGING COVID-19 CONTEXT:

Uganda's national COVID infection rate is down, meaning that more CHWs can proactively support in-person health activities and encourage more households to get vaccinated. Personal protective equipment (PPE) has been a key motivator in their ability and desire to do so. Supervisors are also working to educate and build confidence among CHWs to reduce COVID-19 fears and increase their activity and vaccination rates. This comes as vaccines are increasingly available and the country targets to vaccinate about 12 million people by the end of the year. By first week of November, **about 6% of Uganda's population was at least partially vaccinated, while about a third (2,970) of the CHWs Living Goods and BRAC supports are.**



Living Goods Launches New 5-Year Strategy

VIDEO: On November 3, we held an online launch event for our new strategy, using it to engage key government and donor partners in a robust dialogue about the future of community health.

We're thrilled to officially launch our [2022-2026 Strategic Plan: Saving Lives at Scale through Country-Led, Digitally Enabled Community Health Systems](#). The new plan focuses on enabling government partners to **drive improved health outcomes nationally by digitizing community health**.

Living Goods will invest in learning sites in every core country we support, provide implementation support to government-led scale up, and strengthen the enabling environment. By 2026, **we aim to significantly improve health outcomes for at least 18 million people across five countries.**

OUR STRATEGIC PILLARS

1. Enabling resilient, effective government-led community health by:

- **Strengthening service delivery for 6 million people through learning sites** that Living Goods directly funds and manages, with a focus on rapid innovation and enhancing the effectiveness of approaches to community health.

- **Supporting governments to scale for national impact, reaching 12 million people**, by providing implementation support that helps to institutionalize best practices of our DESC (digitize, equip, supervise, and compensate) approach.

- **Shaping the enabling environment** around policies, financing, and tools for digital technology and data for decision-making.

2. Driving sustained, national impact across a portfolio of countries through cost-effective, data-driven community health

This strategy is squarely focused on driving national-level impact, and so we have given great thought as to where and how to best grow our support to partners. Innovation and evidence remain a priority. Learning sites will provide opportunities for rapid experimentation; for innovations that prove successful, we will work with governments towards national scale. These learnings and best practices can

be leveraged to further advance the field of community health. Across our portfolio of countries, the level of investment over the course of the strategy will depend on each country's comparative return on investment (ROI), and the strength of the enabling environment.

3. Following a clear blueprint plan for entering new countries

Living Goods will follow a clearly defined blueprint to identify new countries that have strong government commitment to community health that we can partner with long-term to drive improved health outcomes nationally. The blueprint is intended to provide guidance on investment decisions, while maintaining the flexibility to meet country needs and be opportunistic to pursue new impact opportunities with a clear potential for higher ROI.

CROSS-CUTTING ENABLERS

1. Anchoring on digital tools, data & disruptive innovation as drivers of impact:

We remain software-agnostic, and will continue to prioritize using technology to support governments, CHWs and their supervisors to drive results, including using data for decision-making at every level of the health system.

- #### 2. Resourcing the plan:
- Philanthropy remains Living Goods' primary source of revenue in the short-term, and we will actively pursue awards from bi- and multilateral funders. We also aim to catalyze ~\$70 million in co-financing over the course of this plan and will develop additional capacity to support governments and partners to increase global institutional funding for community health and domestic financing.

3. 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 that enable us to succeed, while ensuring rigorous controls over resources.

COUNTRIES OF OPERATION

- **Kenya:** The first testing ground for our new strategy, we'll operate a learning site in Busia County with 850 CHWs to experiment and innovate and will provide implementation support to Isiolo and Kisumu counties' governments to help institutionalize and scale DESC best practices. Nationally, we'll continue to support government's plan to digitize all 95,000 CHWs.
- **Uganda:** Serving as a learning lab at scale, Uganda remains critical for Living Goods, and we will continue to support thousands of CHWs to continue cost-effectively saving lives through service delivery, while continuing to strengthen the enabling environment.
- **Burkina Faso:** This is the first country we're entering using our new expansion blueprint and where we will consciously follow a roadmap to ensure true national impact. We are supporting government to design and implement a context-specific digital health tool for its 18,000 CHWs and their supervisors.
- **New country expansion:** We plan to add two more core countries by the end of the five-year plan.



Kenya's Community Health Digitization Pilot Goes Live!

CHW Mordecai receives hands-on digitally-enabled supportive supervision from supervisor Maureen while visiting a pregnant client in Kisumu County.



VIDEO: Watch Community Health Assistant Kennedy Ochieng, from Kenya's Kisumu County, speak about the importance of using digital tools to improve the performance of CHWs.

In August, Kenya's MoH, Kisumu County government and Living Goods embarked on a journey to pilot the country's national community health digitization program, eCHIS. **The eCHIS pilot began by deploying it to nearly 200 upskilled and digitally enabled CHWs** we're already supporting in two Kisumu sub-counties. Modeled off the Smart Health app, the government's enhanced digital health solution now encompasses new operational features such as commodity tracking, community-based surveillance, and data visualization and validation. Existing features like household enrollment, service delivery, messaging, dashboards and automated integration into the Kenya Health Information System have also been enhanced to improve data quality and performance management.

In preparation for the eCHIS pilot, **Living Goods provided support for MoH-led stakeholder sensitization and capacity building engagements** at both national and county levels. We supported a national forum in July to disseminate the community health digitization strategy to key stakeholders. We also led alignment meetings to design system requirements

and conducted user acceptance testing of the eCHIS prototype at national and county levels.

To kick off the pilot in Kisumu, MoH held engagements with Kisumu County leadership and Living Goods-supported MoH trainers to cascade eCHIS training to county teams, who in turn trained CHWs and their supervisors engaged in the pilot. **These sessions ensured that both CHWs and their supervisors are well versed with using the enhanced tools for service delivery** and managing CHW performance, and that the field teams have the capacity to provide field operations support on the technology.

The pilot is expected to end in Q1 2022, and learnings will be used to inform the next phase of scale-up. Implementing partners are also in consultation with MoH to explore scale-up in other counties for enriched insights on successful eCHIS implementation, and we're identifying the best way to support these other partners. **Kenya's MoH ambitiously plans to scale up eCHIS to all 47 counties and ensure it has 95,000 digitally enabled CHWs by 2025.**

Strong Progress Advancing Community Health Digitization in Burkina Faso

We continue making strong progress supporting Burkina Faso's MoH to develop a context-specific digital health solution that will improve performance for the country's 18,000 CHWs and will ultimately link to the country's broader facility-level health information system.

Importantly, **this past quarter we supported the onboarding of our partner Dimagi**, developer of the CommCare mobile data collection platform that the eCHIS will be built upon, to review the entire design process to date for the tool, and advance scoping efforts for the new platform. Concurrently, we're busy working on the design of a Burkina Faso learning site, which we hope to launch by the middle of next year.

We've also been heavily focused on supporting the design and

development of the eCHIS tool with Dimagi that will be piloted in early 2022; supporting project alignment between the MoH, partners and donors; and supporting the development of the CHW e-Registry.

In Q3, **we supported eCHIS user acceptance tests with nearly three dozen CHWs** and will also be supporting the MoH later this year to engage in human-centered design (HCD) immersion activities with CHWs. These HCD approaches were developed to ensure the eCHIS tool has real-world applicability and utility. We also produced a [French version of Living Goods' Performance Management Guidebook](#), to support government and other partners in Burkina Faso to effectively manage and optimize their CHW workforces.



CHWs Close the Immunization Coverage Gap

In Bwaise, Uganda, CHW Jennifer helps ensure children receive all of their scheduled vaccines on-time. (Image taken pre-COVID).

In partnership with Gavi, the Vaccine Alliance, and the MoHs in Uganda and Kenya, Living Goods has spent the past three years supporting CHWs to close the childhood immunization gap and increase demand, especially in hard-to-reach communities. **The urgency of this work has only risen with the onset of COVID, as prior pandemics and epidemics have had a detrimental impact on immunization uptake**, and given the promise these learnings will have on driving COVID and malaria vaccine uptake.

Since we launched the experiment in 2018, **Living Goods has trained and digitally empowered more than 6,500 CHWs to educate families about childhood vaccines**, use their digital tools to track under-immunized children, and make referrals and follow-up visits to ensure all inoculations happen on-schedule. Consequently, there was a shift in health seeking behavior and increased access

to vaccines. This resulted in a significant increase in coverage in the areas where we work, with **full immunization coverage improving between baseline and endline evaluations by 36% in Uganda** (from 50% to 68%) **and 69% in Kenya** (from 44% to 74%). Zero dose children aged 6 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%), meaning that vaccinations have served as an entry point into the health system for children who were previously excluded.

The endline survey also reinforced the impactful role CHWs play in sharing information in their communities. In both countries, more than 80% of caregivers reported receiving information on immunization; **CHWs were their primary information source, respectively accounting for 56.3% of touchpoints in Kenya and 41.2% in Uganda**. The

Coverage	Kenya		Uganda	
Full immunization coverage	69%	↑ 43.9% at baseline 74% at endline	36%	↑ 50% at baseline 67.9% at endline
Zero dose (6 weeks-59 months)	87%	↓ 5.2% at baseline 0.7% at endline	47%	↓ 13.2% at baseline 7% at endline
Unvaccinated (6 weeks-59 months)	70%	↓ 0.2% at baseline 0.06% at endline	56%	↓ 5.9% at baseline 2.6% at endline
Penta 3 Coverage (12-23 months)	8%	↑ 87.1% at baseline 93.9% at endline	20%	↑ 69.9% at baseline 84% at endline
MR 1 Coverage (12-23 months)	34%	↑ 52.3% at baseline 70.1% at endline	4%	↑ 79.9% at baseline 82.8% at endline

survey also found that CHWs prioritized immunization follow-ups and education in their household visits, which increased the equity of immunization coverage, bolstered CHW knowledge and skills, and influenced the practices and attitudes of CHWs and caregivers. Key reasons for defaulting included fears of side effects, time constraints for caregivers, other family problems, distance, and transport to health facilities.

Initially, many CHWs did not assess children for immunization during iCCM sick child assessments. **A key lesson learned was that CHWs benefited from trainings that integrated immunization and child illnesses from the outset** and ensuring that all the relevant

workflows were in place on our Smart Health app and spoke to one another. This integration has enabled strong performance in Kenya, where more than 90% of all children under age 2 (U2) have a known immunization status, compared to 65% in Q1 2020. In Uganda, integration of training and app workflows started in Q1 2021, when only 31% of children U2 had a known immunization status. This rose to 74% by September.

While the endline survey shows that community-based immunization promotion contributed to boosting uptake in the areas where we work, other health system challenges remain, including frequent facility-level stockouts and failure to offer immunization services as routinely planned.



Isiolo CHW Champions Women and Girls' Empowerment in Her Community

Miriam Mbithe is a woman on a mission. Every day, the 50-year-old single mother of five braves the rugged terrain of her neighborhood in Isiolo, Kenya and treks for kilometers on end, shuffling between her work as a CHW, a matron at a girls' secondary school, a women's groups coordinator, and an entrepreneur. These roles, she says, bring together **the causes she is most passionate about: the health, education and economic empowerment of girls and women.**

"When I started volunteering as a CHW, I saw that women and girls needed better support to reverse high maternal and child death rates and to escape generational cycles of dependency and poverty," says Miriam. **"Enhancing women's access to information, healthcare, education and capacity to meaningfully participate in economic activities not only changes their lives but transforms entire families."**

Two years ago, Miriam and all the nearly 700 CHWs in Isiolo started receiving more comprehensive support through a co-funded partnership between the Isiolo County government and Living Goods. Apart from receiving regular in-service training and enhanced supervision, Miriam is now also equipped with medicines and a mobile phone loaded with the Smart Health app, which has enhanced her ability to serve her clients.

19-year-old Susan feels lucky to have Miriam as her go-to healthcare provider and ally, and has received health education, personalized care, and emotional support through her pregnancy—as well as encouragement to resume her studies and pursue her dream of becoming a teacher. Similarly, 18-year-old Freida credits Miriam for providing her with support that allowed her speedy return to school three months after delivering her son, John.

"Miriam has been a constant pillar of support enabling me to balance school and new motherhood," says Freida.

Miriam has supported almost a dozen girls like Susan and Freida to have healthy pregnancies and find placement in local schools to finish their education—including rescuing some from early marriages or undergoing female genital mutilation. Miriam also mentors and encourages women of all ages to join local economic groups. "Miriam has not

just helped me navigate motherhood, she's also steered me towards both my formal and financial education," offers Susan.

"We are no longer losing as many women and children due to preventable causes," Miriam reports. Men are also increasingly joining the bandwagon in supporting women to have better health, plan their families, and attain better economic standing. Now, that's a win!





Kenya's Busia County Enacts and Launches Community Health Services Legislation

Busia's new community health legislation promises to compensate Dorothy Oduor and all 2,000 CHWs in the county.

Living Goods is celebrating the passage of the *Busia County Community Health Services Act, 2021*, which was enacted in August but publicly promoted in October. Once the new law is operationalized, **the county's more than 2,000 CHWs will begin to receive regular stipends, well stocked toolkits, health insurance and certification**, among other health system strengthening initiatives.

Busia is the 9th of Kenya's 47 counties to enact and launch community health legislation. **Since 2018, Living Goods and other partners have walked this journey with government to ensure community health funding is sustainably entrenched in law.** We are now supporting full implementation of the law to formalize DESC-enabled support for the county's community health workforce.

This exciting milestone **exemplifies our growing focus on codifying system-level change into policies** that can outlive incumbent governments. Before transitioning out of Kisii, Kiambu, Kakamega and Nakuru counties in July, we were supporting the development of their community health bills. These were all at different stages, but **we successfully supported the enactment of the Kisii Community Health Services (CHS) Act in Q1 2021.**

Isiolo and Kisumu counties' Community Health Services bills are still works in progress, as is the national bill, but we continue working on guidelines for other counties to follow, including those we do not actively support. Living Goods and other partners are collaborating to support government in ensuring a strong enabling environment that will augment government commitment and institutionalize integrated, digitized community health systems across the country.

"CHWs, who are well known 'doctors' at the grassroots, have trust of the community. Their stipend had been a challenge before the enactment of the Act. The county has already allocated US \$368,000, with plans to top up the amount to cater for their stipends for 12 months."

-Busia County Deputy Governor, Moses Mulomi



Advancing DEI and CARE² Norms

In the second half of 2020, we embarked on a journey to strengthen our culture by making Diversity, Equity, and Inclusion (DEI) a core part of Living Goods' belief system. **We believe that fostering workplace diversity in a fair and inclusive way not only resonates with our organizational values, but will also be a key ingredient in our employee value proposition.**

We approached this work through **a bottom-up approach and sought to hear from all staff what we were doing well at organizationally, and what we needed to do differently or better** to make Living Goods a great workplace where each of our staff belong, thrive, and realize their full potential. Several surveys, interviews and focus groups with the active participation of all staff and Board leadership resulted in rich and insightful data. We've now translated these findings into clear action plans that we'll be implementing over the coming months and years.

We appointed a team of DEI Champions from across all countries, functions and levels who are serving as change agents, working closely with senior management to implement and track progress against our agreed-upon action plans.

Recently, we formally launched our organizational [DEI Statement of Commitment](#) and rolled out a new set of **DEI Norms for staff to model their behaviors upon: Collaborate, Accept, Respect, Empathize and Empower (CARE² or care-squared).** We've also developed a dashboard that we'll use to periodically track our progress as we continue this vital journey. All our country offices as well as global support functions are in the process of finalizing their respective DEI goals, which are linked to the global targets.

Rolling out Unconscious Bias training to all staff is a key priority for next year, and we look forward to sharing updates about our progress on the DEI front along the way. This will be a journey, but one we believe is essential for institutionalizing the mindset we seek.



Staff Feature: Eddie Zzimbe, as Versatile as They Come

He fits in every space he occupies.

One moment he is casually entertaining his audience about his love for God, humanity, and politics like a TV talk show pundit, and the next takes on a serious gaze as he discusses numbers and key performance indicators. If something isn't adding up, and he will get to the bottom of it before the sun sets.

Edward Zzimbe—commonly called Eddie—is Living Goods Uganda's Deputy Country Director and heads the Program Delivery team, which is responsible for the day-to-day implementation of programs in the field.

For more than two decades, Eddie has led groundbreaking work in reproductive and maternal health in East Africa. He was at the forefront of

normalizing condom use in Uganda when it was stigmatized and looked at as a tool of promiscuity. Additionally, he presided over Uganda's biggest social and behavior change campaign, The Sexual Network, which won many local and international awards. "I have a solid track record of delivering exceptional results through my unique leadership style that drives teams to success. I have been able to turn unproductive, discouraged teams into star performers in a record time," he says, emphasizing that he has seen a similar transformation in the performance levels of the Living Goods Uganda team since he joined the organization in early 2019.

Eddie is also an official champion for our new five-year strategic plan and [emceed the internal launch event for](#)

[all staff](#). He says rallying others around it comes naturally, emphasizing that this is not business as usual. "The cutting-edge approach to our work; using technology to improve the quality of healthcare delivery makes us business leaders, transforming community health.

The whole notion of us continually reinventing ourselves, and finding more efficient ways of saving lives, keeps me alive and awake."

In the coming months, team Uganda will be working out the details of "how" to successfully implement the strategy, given the government's competing priorities. It will require a willingness to fail, learn, and unlearn. Eddie says, "I want the legacy of my leadership here to be reflected in the government's adoption and investment in a digitally-enabled, equipped, supervised and compensated approach to deliver community health in Uganda."



For a man who also doubles as an author, motivational speaker, and mentor for young people, this is not too high a mountain to climb, or an unreasonable desire.

Welcoming CDHO Kanishka Katara!

We are thrilled to welcome Kanishka Katara as Living Goods' new Chief Digital Health Officer (CDHO), a new role within our Global Executive Team. As CDHO, Kanishka will serve as a strategic thought-partner to our CEO on all aspects of digital health, data, and technology, so that we can effectively implement and succeed in our new organizational strategy. **Kanishka will lead the visioning, strategy development and implementation required for co-designing digital solutions that strengthen national community health systems** and improve the performance of CHWs. Kanishka joins us from PATH, where he has been leading their Digital Health portfolio for their South Asia Hub. He has been working at the intersection of new age digital innovations and data-driven decision-making to maximize the



impact of public health programs. Prior to joining PATH, **Kanishka was leading the world's largest digital health intervention in India as Director of Government Programs and Partnerships for Dimagi**, which developed the CommCare mobile platform we'll be rolling out in Burkina Faso. Kanishka holds a Bachelor of Technology degree from Uttar Pradesh Technical University in India.

2021 Q3 Key Performance Indicators	Learning Sites				Implementation Support						Partnerships	
	Kenya: Busia County		Uganda		Kenya: Kisumu County		Kenya: Isiolo County		Uganda: Oyam District		Uganda: BRAC	
	Q3 Target	Q3 Actual	Q3 Target	Q3 Actual	Q3 Target	Q3 Actual	Q3 Target	Q3 Actual	Q3 Target	Q3 Actual	Q3 Target	Q3 Actual
MONTHLY IMPACT AND PROGRAM QUALITY METRICS												
Pregnancies Registered	1	0.9	2	1.7	1	1.3	1	0.5	1	0.4	2	3.8
Under-5 Assessments	26	44.4	32	30.1	18	16.1	4	3.0	23	13.6	32	46.8
Under-1 Assessments	5	5.9	6	6.3	3	2.4	1	0.4	5	2.8	6	10.6
Under-5 Treatments and Positive Diagnoses	14	28.8	18	25.5	10	7.3	2	1.7	13	6.2	18	34.3
Under-1 Treatments and Positive Diagnoses	2	3.1	4	5.1	1	0.9	1	0.2	3	1.2	4	8.6
% Facility Referrals Completed	80%	99%	80%	78%	80%	96%	80%	96%	80%	93%	80%	72%
% On-Time Postnatal Care Visit	75%	88%	75%	68%	75%	50%	75%	52%	75%	59%	75%	67%
% Facility Delivery	85%	95%	85%	91%	85%	96%	85%	82%	85%	93%	85%	96%
% Underimmunized Completing Necessary IZs ¹	65%	93%	65%	63%	65%	75%	65%	58%	65%	N/A	65%	N/A
% of High-Impact Items in Stock (Branch) ²	98%	100%	98%	60%	N/A	N/A	N/A	N/A	N/A	N/A	98%	100%
% CHWs w/ Supervision in Last 3 Months	90%	100%	90%	92%	90%	97%	90%	75%	90%	98%	90%	100%
IMPACT TOTALS AND COST EFFECTIVENESS METRICS												
Active CHWs (3-Month Active)	813	791	4,572	4,561	800	585	724	598	500	193	3,500	4,123
Population Served	650,600	632,800	3,657,200	3,648,800	400,000	292,500	242,540	200,330	250,000	96,500	2,800,000	3,298,400
Total Pregnancies Registered	2,068	2,062	23,190	22,393	2,040	2,242	1,782	890	1,020	228	17,850	44,898
Total U5 Assessments	53,769	104,387	371,035	388,710	36,720	27,651	7,126	4,996	25,500	7,769	285,600	576,613
Total U1 Assessments	10,340	13,925	69,569	81,354	6,120	4,184	1,782	597	5,100	1,577	53,550	130,811
Total U5 Treatments and Positive Diagnoses	28,953	67,927	208,707	329,804	20,400	12,600	3,563	2,907	13,260	3,533	160,650	422,980
Total U1 Treatments and Positive Diagnoses	4,136	7,202	46,379	65,878	2,040	1,614	1,782	311	3,060	703	35,700	106,296
Total Unwanted Pregnancies Averted ³	300	391	4,258	4,492	N/A	N/A	N/A	N/A	N/A	N/A	888	496
Income per CHW per Month ⁴	\$20.00	\$19.87	\$20.00	\$21.67	\$20.00	\$22.34	\$30.00	\$22.97	\$20.00	\$0.94	\$20.00	\$7.77
Net Cost per Capita	\$1.86	\$2.93	\$2.73	\$2.72	\$4.44	\$1.08	\$4.61	\$1.97	\$0.60	\$0.74	\$0.84	\$0.72

NOTES

¹BRAC and Oyam did not report on IZ services in Q3.

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

³We have not yet formally launched FP services in implementation support sites.

⁴Q3 income 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.