

Across sub-Saharan Africa and other low and middle-income countries, millions of children die each year from treatable conditions like pneumonia, diarrhea and malaria due to poor access to basic health care. Since 2007, Living Goods has been working with governments and partners to strengthen health systems and provide community health workers (CHWs) with the right resources to fill the health care gap and save and improve millions of lives.



*Living Goods works side-by-side with committed governments and partners to surmount the biggest impediments for CHWs: Reliance on paper-based systems | accessing treatments | minimal training and supervision | working without compensation*



**Digitally-Enabled** | Living Goods puts a smartphone and a robust mHealth application in the hands of every CHW we support, which transforms their work. We use

technology to not only help CHWs ensure a standardized quality of care for every patient, but to enable health supervisors to effectively manage workforces, spot disease trends, and engage in predictive analytics to deliver care to those most in need. We are technology agnostic, and design, implement, and scale digital solutions on various platforms to ensure high-quality, community-level care.



**Equipped** | To save lives, CHWs must have access to basic medicines to treat the most common killer diseases—from ACTs for malaria to antibiotics for

pneumonia—as well as family planning commodities like contraceptives. In most of our direct operations, Living Goods manages our own supply chain that keeps essential medicines and family planning commodities in stock 100% of the time. But we also support governments to manage their own supply chains and directly provide CHWs with free public sector medicines when possible, as we do through our partnership with the government of Isiolo County, Kenya.



**Supervised** | To ensure effective supervision for the CHWs we support, we set clear targets for key performance indicators such as pregnancies registered, and sick children assessed and treated. Supervisors, including Living Goods managers and government health supervisors, have access to real-time data, performance dashboards, and checklists. They also conduct regular in-person supervision of community-level services. This enables supervisors to identify

potential service anomalies, spot disease outbreaks, recognize high-performing CHWs who can mentor other staff, and prioritize which CHWs need the most support. We also conduct periodic client satisfaction surveys to ensure effective, high-quality care.



**Compensated** | A CHW's job can be arduous and time-consuming. We believe every CHW must be effectively compensated to motivate and empower them in the long term. We set clear monthly targets for every CHW

using carefully selected health metrics and compensate them for results, providing a financial incentive tied to health impact. Their compensation is primarily based on meeting these health targets; in some places, we help CHWs earn more by selling high-impact health products such as healthy fortified foods and solar lights.

## 2019 Impact



**10,628**  
ACTIVE CHWs



**165,026**  
NEW PREGNANCIES  
REGISTERED



**2,253,480**  
SICK CHILDREN  
UNDER 5 ASSESSED



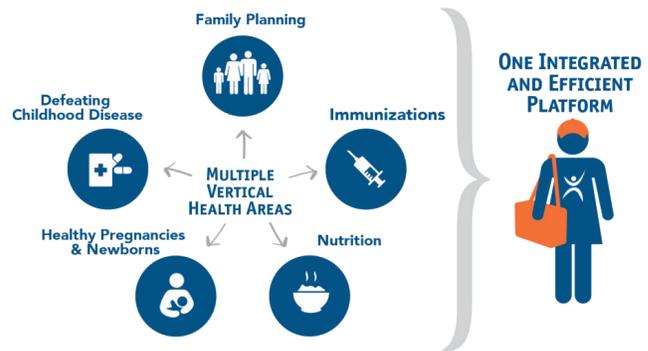
**7,848,699**  
PEOPLE SERVED



**358,137**  
SICK CHILDREN  
UNDER 1 ASSESSED

## Our Integrated Platform

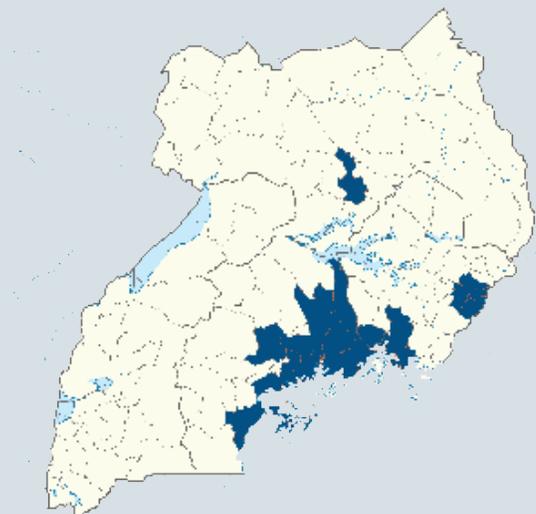
At Living Goods, we help partners build an integrated platform to address the high-impact health needs identified at the community level. This saves governments and funders a tremendous amount of money and gives families one person they can call for all their basic health needs. Rather than focus on just a single disease, the CHWs we support register every pregnant woman, conduct pre- and post-natal visits, treat sick children, provide family planning counseling, and track immunizations. This scope will expand and evolve as communities' needs do.



## Where We Work | Uganda

At least 76 percent of Uganda's population lives in rural areas and has very poor access to quality health care, with only one doctor for every 25,000 people.

Since 2007, Living Goods has worked closely with Uganda's Ministry of Health (MOH) and district-level local governments to strengthen the health system by recruiting, training, and supporting a network of CHWs to deliver essential, high-quality services. Additionally, Living Goods has provided technical and financial assistance to the MOH and District Health Teams and partners like BRAC. At the end of 2019, we supported 4,200+ digitally empowered CHWs in 19 districts, while our partner BRAC supported nearly 3,500 CHWs in 75 districts.



## Where We Work | Kenya

In Kenya, there's just one doctor for every 5,000 people. As a result, families often lack access to essential health services.

Since 2015, Living Goods has worked closely with Kenya's MOH and county-level governments to strengthen the health system by recruiting, training, and supporting a network of CHWs. Beyond our direct operations, Living Goods staff are deeply engaged in supporting the government's success in community health. We have staff seconded to the MOH at national and county levels, we regularly review and provide input on technical and policy documents, and advise on the strategic needs for the future. At the end of 2018, we supported 2,600+ digitally empowered CHWs in 6 counties.

