

# Looking Ahead in the Time of COVID

*A note from Liz Jarman, CEO, Living Goods*

**We are midway through an extraordinary 4-year, \$50 million challenge grant. Now is the time for us to reflect on the plans we made, what we have learned, and how we will continue to contribute to the cause of great community health on a global scale.**

This is not what I planned to write. In 2017, Living Goods and Last Mile Health were honored with a \$50 million challenge grant from the [Audacious Project](#), a unique partnership between some of the most respected organizations in philanthropy. Fueled by this grant, Living Goods committed to a plan for extremely rapid growth. **The goal was to create unstoppable momentum for digitally-enabled community health world-wide.**

**A key goal of the Audacious Project grant was to accelerate learning around community health best practices. Living Goods and Last Mile Health both focus on supporting community health workers (CHWs), but we have different approaches and work in different countries. This is the strength of our partnership—we can learn from each other because we are similar but different.**

Now, two years in, I meant to lay out what had worked and what hadn't, what we had learned and what we still had to learn; and to describe how we would take the partnership forward in its second half. I also meant to write from the perspective of a relatively new CEO (I moved into the CEO role shortly after our partnership with the Audacious Project was finalized). I was coming at the challenge of fast growth with fresh eyes, and with a focus on translating ambition into operations. I wanted to share my own opinions and learnings from that process.

Then COVID-19 began its spread around the world, and our focus shifted to dealing with the crisis. New questions crowded in: how could we rapidly procure personal protective equipment for thousands of CHWs? How could we best support patients during a time of social distancing? How could we be the best possible partners to governments facing the pandemic?

**Yet, COVID-19 does not shift our core mission—in fact, it highlights the central importance of providing healthcare to mothers and children.** A [recent article](#) in The Lancet modeled the impact of COVID-19-related disruptions to routine reproductive, maternal, newborn, and child health (RMNCH) services. It found that, depending on the severity of the disruption, **Kenya and Uganda could both see more than 2,000 excess under-five deaths per month during the crisis**—preventable deaths related to lack of coverage, not from COVID-19.

At Living Goods, we must continue to support CHWs to provide life-saving health services to the communities they serve. That means being nimble and creative in the face of COVID-19, but also continuing to learn from the past so that we can constantly improve every aspect of our operations.

It is in this spirit then that I wanted to share these thoughts on our progress over the past two years—since we were fortunate to receive support from the Audacious Project—and how it has impacted our thinking for the future. Most of this will concern events pre-COVID 19, but, when it comes to discussing the future, I will be open about how much uncertainty the pandemic has created. **We have learned a lot, but we need to recognize that we will be applying these learnings in a changed world.**

# The Audacious Project

When making our plans two years ago for this partnership, we decided to aim high. We deliberately set ambitious targets to push ourselves to our limits.

Our vision at Living Goods is a world in which every family has access to quality community-based primary care. Lack of access to quality healthcare in communities around the world is a massive problem. One billion people lack access to healthcare; it is estimated that [4 million health care workers are needed in sub-Saharan Africa](#) alone to bridge this gap. The effect on health and mortality are severe: [An estimated 3.6 million people in low- and middle-income countries die every year from lack of access to healthcare](#), and another 5 million die due to poor-quality healthcare.

**Big problems need big solutions, delivered at speed.** Two years ago, the Audacious Project made a major commitment to supporting Living Goods to catalyze our growth toward that vision over the coming four years—from 2018 through 2021. In turn, we committed to pushing ourselves to be bolder and move faster than ever before.

In this spirit, our plan for the four years was deliberately audacious, aimed at catalyzing impactful, sustainable changes that would not have come about otherwise. We chose idealistic targets rather than those we were confident we could reach in order to push ourselves to take risks, embrace unknowns, and stretch our limits. Throughout the process of developing our plan, we were guided by our five core values (see figure 1).

With this in mind, **we aimed to radically increase the number of CHWs we support, to improve the quality of services they provide, and to share our learnings broadly.** The plan was to do so using three different approaches—direct management, operational assistance, and policy assistance (see figure 2). I should be clear here that we never saw these approaches as being mutually exclusive. Our goal was always to be flexible and draw from these different approaches to provide the best possible support to governments.

Figure 2

Community health care requires the right policies and strong implementation—with many activities sitting somewhere in-between. Living Goods works flexibly across the continuum from policy to implementation through 3 overlapping, re-enforcing modalities.

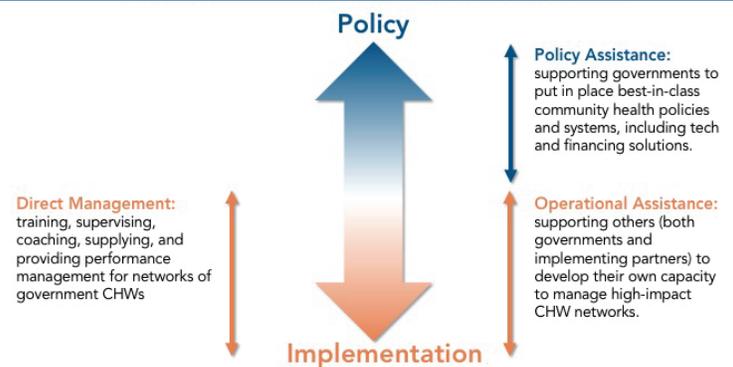


Figure 1

## Our Values



### Put Families First

We work door-to-door, one family at a time, to improve health from the ground up. We believe in human dignity and the transformative power of strong, healthy communities.



### Make No Small Plans

Since we address problems that affect billions of people, we prioritize and reprioritize relentlessly and only pursue solutions that deliver global impact.



### Drive Toward Sustainability

Achieving impact at scale requires sustainability. We support governments to strengthen community health programs and transform the way community health is financed.



### Be Inventive & Adaptive

We implement ideas with the potential for game-changing impact that can be tested quickly and inexpensively. We are creative problem-solvers who react nimbly to challenges and opportunities.



### Master the Art of Collaboration

Our mission is ambitious, and we can't do it alone. We work with equally ambitious and innovative partners, including governments, to save as many lives as possible.

**Our headline goal for the partnership was to grow to support 34,000 CHWs by project end** across these approaches—with growth occurring both in Uganda and Kenya, and in new countries that we planned to expand to. This was from a base of 7,580 CHWs, so a compound annual growth rate of 46% per year.

Our theory of change was that our directly managed CHW networks would initially fill a gap in healthcare access, as well as serve both as learning labs and as demonstrations of what high-quality community care can look like. Governments would see this impact and it would spur them to greater and more effective adoption of community health best practices.

Meanwhile, through operational and policy assistance we would increase government and implementing capacity to do the hard work of implementing these best practices, scaling and improving them over time. The result would be governments with high buy-in and capacity for community health, creating “exemplar countries” that operate high-quality CHW networks, which would then drive further uptake globally—a virtuous cycle that would be quickened and amplified by working in tandem with Last Mile Health (and the broader [community health NGO](#) universe).

**Underlying all of this work would be a focus on digital technology. Our experience has persuaded us that digital technology should be the foundation for any scalable community health program. This means equipping CHWs, supervisors, and governments with digital tools—smartphones, customized apps, and linkages to health databases. By enabling real-time data collection and feedback, these tools allow community health programs to be transparent, accountable and efficient.**

To translate this theory into a quantified CHW target we relied on a set of key assumptions:

- **We would need to directly operate much larger CHW networks than in the past** in order to demonstrate that our model could work at a sufficient scale to be attractive to governments.
- **Governments would in turn have strong interest in adopting community health best practices**, but would want a transitional period where Living Goods was providing substantial support, up to and including managing government CHW networks. While the goal would be to have governments fully pay for their programs, we knew that might take time and that we should be able to support finding resources and bringing in funding partners.
- **The time-frame to implement government partnerships could be relatively short**—i.e. 1-2 years from expression of interest to implementation.

For example, the reason we projected very aggressive growth of our direct management approach (~450% growth in CHWs over 4 years) is because we saw this growth as a cornerstone to global adoption of community health best practices. We were working backwards from our ultimate goal to create a set of key performance indicators (KPIs) that would be a good barometer of our success in achieving that goal.

Moreover, when we went to turn these into targets, we knew that we wanted to aim big. Given the support we had just received from the Audacious Project, we wanted to set ourselves a truly ambitious challenge. **We intentionally set targets we knew we had perhaps a 70% chance of achieving**, because we believe extraordinary progress requires taking risks and being willing to fail.

# What We Learned

**Our key learnings were that demand from government was strong and diverse; that we needed to grow as an organization to meet that demand; and that there were strong opportunities for impact outside our core focus on MNCH.**

Rather than be comprehensive here—we learned A LOT—I'd like to highlight three areas where we were really surprised over the past two years:

- **Governments wanted to move faster on community health, and to be more creative** and diverse in their approaches, than we had expected. But...
- **Partnering in general was a more complex and slower-moving process than we anticipated.** We had to really slow down and take the time to understand the needs of each individual partner, to be adaptive. We also had to learn to be open to unexpected opportunities.
- **There were more opportunities to have an impact than we had expected outside of our core health focus on MNCH,** and the payoffs from some of these opportunities were very big.

Below I'll discuss each of these in more detail, and then I will end this section by speaking to how these surprises changed our KPI outlook.

## **Strong government interest in partnerships**

Two years ago, we expected government interest in partnering with Living Goods.

At the same time, we were cautious and thought that we would need to do a lot of work demonstrating the impact of community health best practices before demand really began to build. **What we underestimated was how proactive and creative governments would want to be in strengthening their community health programs.** For example, last year in Kenya we partnered with the Isiolo county government to create a co-financed local community health program—the first of its kind. This is something

we're very proud of, but it was driven by visionary leadership within the county government.

This has also played out at the global level—interest in community health has reached something of a critical mass, driven by governments themselves; by strong results from a number of great partner organizations (many of them members of the [Community Health Impact Coalition](#), as are we); and by important field-building efforts such as the [WHO's new guidelines](#) for CHW networks.

**But there's an important caveat. While we've had lots of opportunities to partner, those opportunities have been diverse**—different partners with different needs facing different obstacles. This might sound like an obvious point, but it's something we weren't entirely prepared for. Our initial ideas for partnering centered around replicating our approach. The idea was that we'd work with partners to set up new instances of the successful CHW networks that we already support.

We now recognize that we were, to be honest, presumptuous. **We were too confident that our answer was the right answer for every situation.** Over the past year, we have worked hard to create an approach where we are working hand in hand with potential government partners to understand their needs, and to offer the appropriate type and level of help to add value for them. And so, this leads me to...

## Partnering: It's complicated

Getting to a place where we have enough flexibility and capacity to work successfully with a diverse array of partners has been, as they say, a journey. The first thing we had to do was **get out of the mindset that we would only take on opportunities where our complete model would fit in perfectly.** That wasn't realistic. The second thing we needed to do was accept that "doing" and "supporting" are two different skillsets, and that **we would need a big internal shift to get really good at supporting others.** A big part of this is that when you are doing you can rely more on your own experience and organizational instincts. When it comes time to support others you need to do the work of clarifying and articulating what works for you: Your formula.

With this in mind we have been focused on building out our systems to better evaluate opportunities for support, and to better execute on those opportunities once we enter into a partnership.

### *Evaluating opportunities*

To help us decide where to add the most value, we developed a "maturity model." **This model is a way for us to work with a partner to see where they are on the path to developing a best in class community health system.** Once we understand this, we can start to figure out what kind of support Living Goods can provide. For example, one partner may already have all of the elements in place but wants a thought partner to really nail down their CHW compensation model. That's very different from a partner who is still working to create and formalize their CHW network. While there will also be potential partners who aren't at stage where it makes sense for us to work together, there's a lot of value in knowing that rather than trying to force a relationship where the benefit just isn't there right now.

### *Executing on opportunities*

We've also done a lot of self-reflection, looking at what we have learned through our years of managing CHW networks and identifying what has made us successful—and then codifying

these learnings so that we can do a better job passing them on. **Our takeaway has been that our core strength is in performance management of CHWs,** and that to do this right CHW networks need to put four elements in place. We call this the "DESC" model: A community health program is equipped to succeed its CHWs are Digitally-enabled, properly Equipped, well-Supervised, and fairly Compensated.

Put this all together, and it means that **partnering has required more focus, growth, and customization than we'd anticipated.** Partnerships that we had planned on taking 1-2 years to implement will be closer to a 3-5 year timescale. On the other hand, we're now more confident in the value we can bring. We believe that the partnerships that come out of this process will be durable and impactful.

## New opportunities

In some cases, things have in fact been easier to do, or gone even better than we had planned. This sounds wonderful, and it is, but it's also true that **when you find success in unexpected places, it sometimes means shifting resources.** To give one example, we've found extremely strong synergies between our original focus on MNCH, and our two new areas of family planning and immunization counseling and referrals. In the past two years we began expanding into both new areas with pilot programs, and found that not only were we getting strong results – we were also seeing CHWs improve on their MNCH performance when they added family planning and immunization to their portfolio. That has led us to accelerate our work in both areas.

# Where We Are Now

**We have made a conscious decision to be more deliberate in our scaling, to take the time to make sure we forge lasting partnerships, and to focus on areas such as advocacy where progress may be more qualitative than quantitative**

Given the above, how did these trends and learnings and adjustments translate into achievements over the past two years?

Midway through the Audacious Project, **we added support for 2,700 CHWs, increasing our scale by 36% over two years.** This brought us to 7,500 CHWs supported in Uganda (including CHWs supported by our close partner, BRAC Uganda, whom we contribute funding to for this purpose) and 3,090 supported in Kenya, which are collectively providing community health coverage for more than 8 million people. This was about 7,000 fewer CHWs than we had originally targeted for the end of 2019; i.e. we were at 42% of our scale target.

**Coming in at this lower level of scaling was a conscious decision.** Based on our experience in the first year of the partnership, we began discussions with our funders and partners in early 2019, focused on three points:

- Because we were getting strong government buy-in at our current level of directly managed operations, **we decided to deprioritize expansion of this approach** (sounds counterintuitive, but the point of our directly managed operations is to spur government adoption. Expanding these operations past the point at which governments see the value and want to adopt is inefficient);
- **Expanding our operational and policy assistance was going to take longer than expected;**
- We were seeing **greater-than-expected return on investment from non-scaling activities** (such as adding immunization to our CHW portfolio), and were planning to prioritize some of these over scaling.

Because our funders and partners are great at what they do, they recognized that it was counterproductive to focus on short-term scale targets at the expense of broader impact. And

honestly on a personal level that is something that I am passionate about—that we measure ourselves by the change we make in the world, not whether we hit this or that monthly target. This isn't to say that monthly targets aren't important! But they need to be guides to keep us on the right path. When they are no longer doing that, we need new guides. Thus, shortly after I became CEO we made the choice to change our scale targets, we communicated the decision to our stakeholders and got their input and buy-in.

Looking at our current scale versus the scale targets we set two years ago is a great lesson for us in target setting. Another key lesson is that we needed to set more qualitative targets to help us measure our achievement in terms of our end goal: catalyzing the global adoption of great community health programs. When I look at our progress towards that end goal, I do feel that it has been strong. Our **theory of change** is built around five different kinds of activities: doing, managing, advising, sharing, and advocating. Looking back, I see us already very strong at doing and managing; we've gotten better in these areas, but we were building on strengths. What I think is really telling is to look back at our capacity to be an advisor, a sharer, an advocate—these were still new areas for us and we couldn't even know if they were areas where we would succeed, or for that matter exactly how to measure success.

Today, we are more confident and seasoned. We have a much deeper engagement in global policy and practice. At the local level we've become better, more responsive partners to the governments we serve; we are recognized as a leading authority in community health and contribute to shaping national policies and implementation. Finally, with efforts such as our Isiolo co-financing partnership, we have begun to prove that we can play a key role in bringing to life our vision of great government-owned community care.

# Looking Ahead

**As we look ahead, our key focus areas will be engaging effectively with governments, running impactful experiments, continuing to build our internal tech capacity, and acting as thought leaders for the field of community health.**

It's hard to look too far ahead right now in the uncertainty of the current crisis, but I am confident that the lessons learned in the past two years will not only continue to be relevant—they will be more relevant than ever. **COVID-19 has highlighted for governments the crucial role played by primary health systems**, and has made clear that the effectiveness of these systems begins at the community level. With this in mind, I'd highlight four areas that will be a focus for us moving forward.

## Government Engagement

We need to build strong foundations with multiple governments, especially those whose community health infrastructure remains undeveloped. Not all of these relationships will move forward to a full-fledged partnership, and that's ok. We can help in a lot of different ways; and sometimes the most needed help could be an advisory or advocacy role. By being patient and setting realistic targets we will make sure that we calibrate our support to the needs of our partners.

Some of this work will be done in countries where we already work. Much of it however will be in new countries. Therefore, we will need to build our capacity to enter new countries, including improved due-diligence and developing staged approaches that allow us to make smart bets and build our capacity in target countries in a logical, sustainable way.

## Controlled Experimentation

We need to develop an approach to experiments that ensures that we learn fast. A challenge of growing as organization is that our size can make us slow, and we have to fight against that. Thus we must:

- **Choose to test interventions that have the potential to make the biggest impact** and that don't rely on our own specific circumstances and capacities.
- **Collect and analyze data on experiment results in**

**a way that is convincing to other organizations.**

- **Use advocacy to make sure that others learn from our results.** It's not enough to complete an experiment. Our work isn't done until the experiment's results become widely known and accepted.

To make this happen we will focus on building our internal systems, partnering with others, and ensuring that we integrate our learning process with our advocacy efforts.

## Internal tech capacity

One thing that has really come alive for us is how central digital tech is for the delivery of community health. We are seeing very high demand from governments to support digitizing their community health programs. Living Goods is one of the most experienced organizations at integrating mobile tech and CHW networks, especially when it comes to on- the-ground operations. We were lucky to have had a great partner early on in Medic Mobile, who helped us develop our Smart Health platform. More recently, we brought all of our app development and other tech functions in- house. We have also worked to become platform agnostic and open-source - recognizing that each partner will have their own needs and preferences for the tech they work with. And we need to keep pushing ourselves to in this area: we are already seeing the key role digital health plays in allowing community health networks to function during the pandemic, and expect demand in this area to continue to grow.

## Thought leadership

This is another area where we have already seen a lot of progress, but need to make sure that progress doesn't slow. Aside from tech, we have expertise from years of experience in CHW compensation, supervision, and performance management. These are hard issues we've spent years working on, and we will remain focused on translating that experience into support for our partners and the broader field.

# How We Will Measure Success

**We will measure our success by looking for the change we want to see happen in the world.**

When it comes to measuring our success, at this moment much is going to rely on how we respond to COVID-19. You can find the [details of our response here](#), but in essence **we are doubling down on our core health services to ensure that these remain available during the crisis, while offering our assistance wherever possible to governments in formulating/implementing their COVID-19 response.** This is the defining issue of our work right now, and takes up the majority of my focus as CEO.

However, what I want to offer here is a general vision of how we can contribute to better community health. Some of this will be less relevant right now. But it is all important in the long run, and we can't lose sight of these goals. Note that in the list below I am talking about the change we want to see happen in the world. We will measure our success as Living Goods in terms of how we contribute to bringing these changes to pass.

- **There is increased, rigorous evidence for the impact of technical assistance on community health program performance.** Living Goods and others are increasing their investment in assistance programs, just as governments are showing more demand for this kind of partnership.
- **Governments are incorporating best practices into their community health programs and financing mechanisms.**
- **Organizations overseeing community health programs are thinking hard about per-CHW impact, balancing health impacts with the desire to cover as many patients as possible for the long-term at a realistic cost.**
- **There is consensus on the great benefits of using mobile technology and data-driven decision-making to support community health programs, and increasing adoption of these by governments and other partners.**

**Let me end by again thanking the governments where we work, all of our supporters and partners, and all of the CHWs that we are so lucky to work with. Nimbleness is one of our core values. That means that when things change on the ground, we strive to change quickly and appropriately. But nimbleness is a privilege. It takes supporters who trust Living Goods to be guided by our mission. We are humbled by that trust, and will do everything we can to make sure it continues to be justified.**