



LivingGoods

2020

Year-End
Report



Letter from the CEO

2020 was a year like none other. In some ways, I think it could be described as both Living Goods' best and toughest year. We had planned for a year of expansion—starting operations in several new countries, deepening our learnings and refining our approaches for helping others through technical assistance and government advisory services. But, despite our best-laid plans, the unfolding COVID-19 crisis forced us to quickly pivot.

The crisis coalesced the team at Living Goods like never before. From early March, we were laser-focused on the goals of keeping our staff, community health workers (CHWs) and the communities they serve safe; ensuring essential health services were maintained to avoid repeating the grave costs of Ebola in West Africa—where more people died from malaria and health system disruption than Ebola itself; and identifying the best ways to support government partners wherever we worked. We swiftly made various program modifications to achieve these goals (see [page 6](#)), including free essential medicines for communities, simplified compensation structures, and modified digital technology to enable distanced assessments and supervision.

I am so proud we were willing to fail fast and try new things—because the results truly paid off. As expected, we saw declines in the number of families who sought facility-based care for common childhood illnesses due to various constraints related to COVID-19. The CHWs we support were able to fill this health system gap—saving an estimated 17,000 to 19,000 lives in 2020—twice that of 2019.

Above: In Nansana, Uganda, CHW Eleanor provides Immaculate with Sayana Press, an injectible contraceptive that lasts 3 months.



I'm also grateful that a silver lining of this crisis is that it deepened government appreciation for how integral effective community health programs are for delivering primary health care, achieving Universal Health Coverage (UHC), and building resilient health systems that are better prepared for the next inevitable shock. **Community health must not be considered as a salve for those who cannot afford more; rather, it provides a gold standard of personal, affordable and accessible health care close to home**, while enabling facilities to focus on those who need them most. As told first-hand by Kenyan and Ugandan mothers throughout this report, they turn to CHWs first not only because of their close proximity, diagnostics and treatments, but because they offer **personalized care that enables unparalleled trust when it matters most: changing public health behaviors amid an evolving crisis.**

In turn, we've never seen CHWs more motivated or feel more accountable to their communities. **I am beyond grateful to each and every CHW** for their dedication—as they've saved tens of thousands of lives when it mattered most.

2020 also made clear why partnerships and collaboration are so vital, as we've made **significant inroads this year in**

Our Results in 2020



11,130
ACTIVE CHWs



221,932
NEW PREGNANCIES
REGISTERED



8,510,106
PEOPLE SERVED



3,555,281
SICK CHILDREN
UNDER 5 ASSESSED



674,190
SICK CHILDREN
UNDER 1 ASSESSED

enabling the adoption of best practices in community health, supportive policies and legislation, and protecting and effectively equipping CHWs.

We are fortunate that in 2020, things never got to the worst-case scenarios we prepared for when COVID-19 hit. But the pandemic is not over. Cases are increasing in Africa, new strains are emerging, and the continent's vaccination plans are behind other parts of the world. **CHWs will play many critical roles this year as COVID-19 vaccination campaigns roll out, and we are committed to supporting those efforts.** The trust they've engendered in their communities will be essential for ensuring people understand potential side effects and that vaccines reach the last mile.

Finally, let me mention the work we have done on diversity, equity and inclusion (DEI) since last year. **DEI has been a culture priority since 2019, not because anything was broken, but because we knew we could do even better than before.** In the second half of 2020, we carried out an organization-wide diagnostic of enablers and derailleurs of

inclusion and belonging at Living Goods, interviewing 45 key informants across our staff and board, conducting 7 focus group discussions, and surveying all staff. An employee-led action planning process is in progress to translate the rich insights into clear, measurable action plans that the board and my team will start to implement this year.

Thanks again to all the CHWs who tirelessly supported their communities, to our funders who allowed us to shift spending to our COVID-19 response, to partners who worked with us to achieve these results, and to governments for giving us the chance to support you when you needed us most. **Most of all, I am grateful to all of Living Goods' staff**, who worked so hard to ensure our most challenging year was our most impactful one.

My best to all in the coming year,

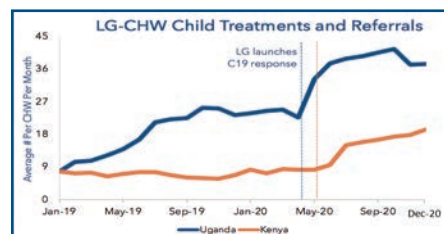
Liz Jarman
Chief Executive Officer



STORY OF IMPACT: CHWs Doubled Lives Saved in 2020

COVID-19 has overwhelmed health systems worldwide, leading to worrisome drops in essential health services for preventable, yet deadly diseases. Many facilities in Kenya and Uganda are overstretched and understocked, and travel restrictions and fears of leaving home have kept some from seeking essential preventative, routine and urgent care. A recent review of government data in Kenya and Uganda revealed **up to 35% declines in the number of people who sought facility-based care and treatments for common childhood diseases** such as malaria, diarrhea and pneumonia due to COVID-19.

In contrast to these national trends, **treatments for these same diseases have nearly doubled in areas where Living Goods directly supports government CHWs**. These CHWs are surpassing expectations on many fronts, supported both by the strong community health platform Living Goods had in place pre-pandemic along with the numerous



programmatic adjustments we made in response to it (see [page 6](#)). Household demand for CHW services increased significantly due to travel-restrictions, fear of facilities and economic hardship brought on by COVID-19, and several of the adjustments we designed were intended to drive more equitable care. CHWs, in turn, were able to fill vital gaps in essential health service delivery and meet the increased demand of neighbor families who felt safer visiting them and motivated by the free services and education CHWs were offering.

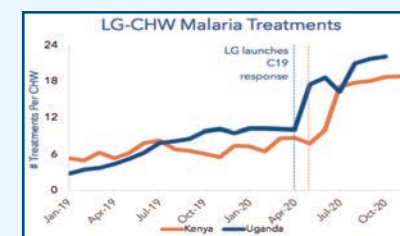
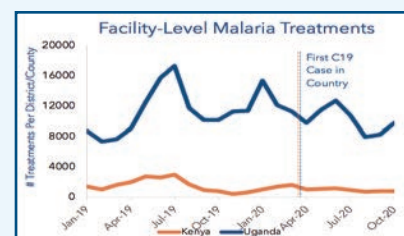
Here's a sampling of the results achieved by CHWs in Living Goods' direct operations in 2020 compared to 2019:

In 2020, Living Goods-supported government CHWs saved an estimated 17,000–19,000 lives, nearly doubling 2019 results.¹

From 2019 to 2020, **the number of treatments and referrals CHWs provided to U5 children per month spiked 84% in Kenya and 90% in Uganda**. As noted above, families increasingly turned to CHWs for health care during the crisis, both given their increased difficulties and fears around visiting facilities and because Living Goods removed some key barriers to care to ensure health service continuity. Key elements of our COVID-19 response included free essential medicines, a revised CHW compensation structure, remote supervision, and adjusted digital health workflows.

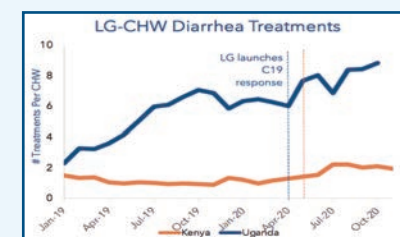
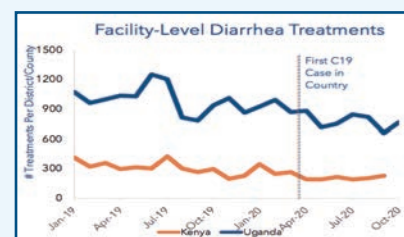
MALARIA: CHW treatments or referrals increased 99% in Kenya's malaria-endemic areas and soared 138% in Uganda.

Malaria is also a pandemic and represented [16%](#) of outpatient visits in Kenya and [34%](#) in Uganda pre-COVID-19. Governments made massive strides in combatting malaria since 2000, but we feared the gains in malaria treatment might be undone by COVID-19, as modeled in [The Lancet](#). Our analysis of DHIS2 data shows that in the areas where we work, **malaria treatments at health facilities dropped 35% in Kenya and 1% in Uganda from 2019 to 2020**. Some overtreatment of malaria was likely captured in Living Goods' Uganda results due to a temporary policy of presumptive diagnosis for part of the year. This may account for about 30% of the increase in malaria cases recorded, but it has been accounted for in our lives saved estimate. We have since transitioned back to confirming the disease via mRDTs, in line with national COVID-19 protocols.



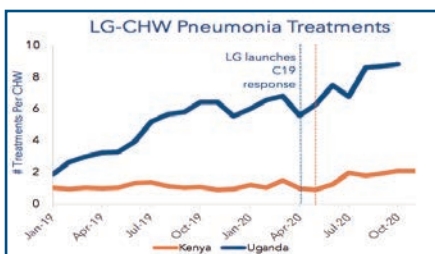
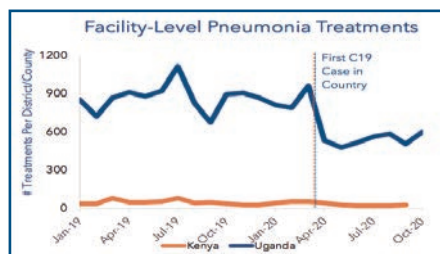
DIARRHEA: CHW treatments or referrals increased 46% in Uganda and 48% in Kenya in 2020

Diarrheal disease is the [second leading cause of deaths of children under age 5 \(U5\) globally](#), but is both highly preventable and treatable. CHWs play an essential role in reinforcing messages about hygiene and sanitation while simultaneously providing families with inexpensive, life-saving treatments like zinc and oral rehydration salts. DHIS2 data of facility care where we operate shows that **diarrhea treatments fell 18% in Uganda and 25% in Kenya from 2019 to 2020**.



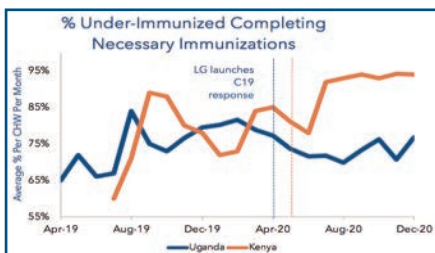
PNEUMONIA: CHW treatments or referrals increased 62% in Uganda and 42% in Kenya.

Pneumonia is the single largest cause of infectious disease death for children worldwide and accounts for [15% of U5 mortality](#). Early detection and treatment of pneumonia is critical to saving lives. Some symptoms also mimic COVID-19, so assessing and treating pneumonia early helps ensure sick children receive the right treatment and reduces health system strain. Researchers [estimated an additional 2.3 million childhood deaths from pneumonia](#) and newborn sepsis would arise due to health system disruptions from COVID-19. *In the areas where we work, our analysis of DHIS2 data found that facility-level pneumonia cases fell 27% in Uganda and 29% in Kenya from 2019 to 2020.* We have long been able to treat pneumonia at the community level with amoxicillin in Uganda. Fortunately, at the end of 2020, the Kenyan government finally approved its use for treatment at the community level—it was previously only allowed in some counties—so we only expect treatment gains to further improve ([see page 11](#)).



IMMUNIZATION: A greater number of children received life-saving vaccinations.

Within Living Goods-supported CHWs' catchment areas, the number of **children completing necessary immunizations increased 11% in Kenya and 3% in Uganda from 2019 to 2020**; fully immunized children aged 9-23 months respectively increased 2% and 9%. We expected these numbers to decline during the crisis, but increases in immunization rates indicate that **CHWs are successfully advocating for parents to take their children to health facilities for vaccinations**. It also marks a significant achievement in driving down the incidence of future deadly and debilitating infectious diseases among children. Sustaining this momentum toward universal immunization is essential: Modeling commissioned by GAVI and published in [The Lancet Global Health](#) has shown that around 86 child lives would be saved in Kenya and Uganda for every potential one lost by continuing routine vaccinations during the pandemic.



¹External researchers from the London School of Hygiene & Tropical Medicine estimated lives saved based on the differences in intervention coverage detailed below, DHIS2 reported data, Living Goods routine monitoring data, the [Lives Saved Tool](#), and impact estimates from other scientific literature. The estimate is given as a plausible range from research-based modelling, including uncertainty in the reporting consistency of government-managed DHIS2 data during the pandemic. The estimates are only for Living Goods' directly managed programs in Uganda and Kenya. For comparison purposes, we estimate 8,000-10,000 lives saved in 2019.

FAMILY PLANNING: Couple years protection (CYP) per CHW increased 39% in Uganda, averting 15,070 unwanted pregnancies in 2020.

Since family planning counseling is sensitive and often conducted within the home—which is restricted during COVID-19—we had not anticipated such strong results in Uganda. In Kenya, where we are still testing our protocols in a couple of sub-counties, we saw an 11% decrease in CYP, as during COVID-19 the government restricted CHWs from providing the popular three-month contraceptive injectable Sayana Press.

MATERNAL AND NEWBORN HEALTH: 94% of Kenyan women and 90% of Ugandan women supported by a CHW gave birth at a health facility.

Given the increased reluctance among clients to visit facilities, we believe that CHWs are making inroads in ensuring women still deliver their babies safely. Compared to the high rates of facility deliveries registered by CHWs, *the national average for health facility deliveries is 61% in Kenya and 73% in Uganda*. Pregnancy registrations and the rate of on-time postnatal care visits also remained on-target in both countries in 2020, despite some fluctuations.

20-year-old Bridget Nasasira and her husband were evicted from their home because they lost their jobs and couldn't afford rent during the pandemic.

"I was pregnant at the time, and CHW Sarah supported me all the way. She was there for me in every way and ensured that I went to the health facility for delivery. He's 9-months-old now and she treats him every time he has malaria or diarrhea and does not charge me for the medicine. I really rely on her because we don't have money to buy such medicine from clinics. I'm confident about my CHW Sarah's services because she carries out tests before giving treatment."



"I don't know how I or my child would have survived this season without her services. Sarah cares a lot and even invests her own airtime to call and check on how my son is doing. She records all this information in the phone that helps her to keep track of the medical history."



Learnings from Other Program Areas Reinforce DESC Approaches

Our tests providing technical assistance (TA) to governments and their implementing partners showed increases in their performance in the second half of the year, although they were largely below target. Although Living Goods has less direct control over program implementation when working through partnerships, there is increased sustainability and government ownership. We are continually learning the best approaches for supporting and cascading to others our experience around Digitally enabling, Equipping, Supervising and Compensated CHWs—what Living Goods calls the DESC principles (see [page 10](#)).

Supervision was a highlight across all of these efforts. Our TA experiment in Kisii county's Bobasi subcounty—a continued learning opportunity for us—reported the highest supervision rates across all areas of operation in Kenya in May. Although Bobasi's performance was largely below target in 2020, there were

steady improvements throughout the year. In our co-financing branch in Isiolo county, the percent of CHWs receiving active monthly supervision increased from 64% in H1 to 81% in H2 after the county government recruited and trained new supervisors. An occasional challenge in both areas, meanwhile, was securing consistent commodities from the public supply chain.

In Uganda, our partner BRAC's supervision rates also improved towards the end of the year, though it aims to strengthen this further in 2021 with the launch of the Supervisor App, recruitment of more supervision staff, and the scale-up of a peer supervision pilot. Tech challenges for BRAC highlighted the importance of the digital component of CHWs' work: BRAC saw strong improvement at the end of the year after most CHWs' phones were replaced in October, resolving an issue with reporting activities that had plagued much of 2020's performance. Other

Above: In Bobasi, Living Goods' John Kevin Tweni supports government CHEW Divina Nyayemi, center, in digital performance management of CHWs like Motoku, at right.

performance drivers were an mHealth upgrade completed in August and monthly incentives for active CHWs that began mid-year.

Difficulties in our Isiolo co-financing program were compounded by COVID-19, given the county's poor physical and data infrastructure. The pandemic also dominated the government's health bandwidth and worsened a disagreement within government over revenue-sharing.

As a result, county health funding was withheld for most of 2020, delaying CHWs and supervisors' payments and lowering CHW performance. However, the impasse was resolved in November and we saw KPIs improve slightly in December. **One milestone was the launch of immunization counseling and referral services** despite the disruptions caused by COVID-19. We expect that



Watch a CHW household visit in Kenya [here](#).

with the payment situation resolved and through continued training and more timely incentives, performance will continually improve. We are also **excited to support Isiolo in 2021 as the first Kenyan county to pilot CHW-distributed amoxicillin** for fast-breathing pneumonia.

Consolata Khaleji, 37, from Shinyalu, Kenya, gave birth to premature twins, now 14-months-old, right before the pandemic.

"Our CHW has been my greatest blessing. She has walked with us from the beginning. Visiting me during my pregnancy and even after delivery in the hospital. My children would not be where they are now without her support. Having twins means that usually when one falls ill the other one usually falls sick as well.

Given the long distance to the nearest health facility and related costs, this would have been so difficult



for me to constantly go to and from hospital during a pandemic every time I am dealing with a common, but potentially serious issue like fever, running nose, rashes or malaria. She makes it easy for me so that I only go to the hospital when necessary."





How We Responded to COVID-19 and What We Learned

We realized early on that CHWs would be increasingly vital to communities due to the strain COVID-19 placed on health systems. So, we needed to find creative solutions that enabled CHWs to work safely and continue delivering essential health services. Within Living Goods, we also needed to address our own safety concerns and learn to work in new ways—almost all remotely—and at a distance from frontline supervisors and support staff.

We quickly adjusted all our workflows to be no-touch or low-touch, which bought us time to procure PPE and understand supply constraints. Given the severe economic hardship lockdowns were placing on families in Kenya and Uganda, we promptly made the strategic decision to **move to free medicines** to remove that barrier. Needing to ensure CHWs were highly motivated and willing to take on extra tasks, **we simplified and slightly increased their compensation structures** so they knew what income they would be earning.

We also ensured all supervisors and CHWs had protocols in place to **enable remote supervision** and provided them with airtime and data to facilitate working remotely whenever possible. **We found creative solutions in the new ways to safely train CHWs on these new protocols**, using WhatsApp and SMS, while also trialing some other e-learning approaches. In addition to providing CHWs with essential PPE and providing CHWs and households with information, education and communication (IEC) materials and SMS-based information, **we donated substantial amounts of PPE, handwashing stations and triage tents to governments.** In the first half of 2021, we will continue to implement these adaptations while evaluating which, if any, will evolve into our core programming as best practices.








Some highlights of what we did and learned:

Above: In Kenya's Kiambu County, a CHW works to sensitize a client to COVID-19 at the start of the pandemic.

	What We Did	Key Learnings
Adjusting Digital Health Workflows	We adjusted digital health workflows on both CHW and Supervisor apps to incorporate COVID-19 protocols. These included no/low-touch guidelines for the safe delivery of health services during the pandemic.	Digital technology is a critical driver for successful remote health care delivery and quickly rolling out program adjustments. Digital tools are also essential in empowering frontline health workers, supervisors and governments with the information and data they need to deliver high-quality services remotely. Managing multiple changes to mobile app workflows has been accompanied by some challenges and has reinforced the importance of strong design and testing protocols before rolling out changes.
Coordinating with Government	We supported governments to think about their protocols and to come up with guidelines that enabled CHWs to continue delivering high quality essential health services.	We sometimes worked faster than government protocols were being established , so we had to balance supporting governments to think through their guidance while wanting to adjust rapidly. This was particularly challenging at times in Kenya, given the complexity of its devolved health system and the need to align with each county on new protocols. This resulted in creating more than one new workflow for the app, which meant many of our program adjustments in Kenya were not rolled out until early June.
Free Medicines	Living Goods covered the costs of distributing free essential medicines to reduce preventable deaths in light of the economic hardship communities are experiencing due to the pandemic.	Families have found free medicines particularly helpful given economic challenges, travel restrictions, and facilities that were not operational or experiencing stock-outs. We had not anticipated such a high increase in treatment numbers and are now unpacking the root cause of this and the ROI for some of the additions we were able to make.

	What We Did	Key Learnings
Revised CHW Compensation structure	We slightly increased and vastly simplified the CHW incentive structure to account for the increased risk and work that CHWs were taking on.	This has been a key driver of CHW motivation, as CHWs are earning more on a consistent basis.
Remote Supervision	We provided supervisors with airtime and data bundles to facilitate regular phone check-ins with CHWs in the absence of physical visits.	We found that remote capabilities have increased the frequency of CHW supervision. Supervisors report feeling more efficient and better able to dig into performance management issues remotely. They now have multiple touchpoints with CHWs each month—versus monthly in-person visits before the pandemic.
Tech Innovations	We deployed SMS text messages as a simple, cost-effective way of quickly reaching clients. This was completed through one-way SMS blasts, two-way interactive messaging, and AI-assisted self-assessment messaging known as CIHA. Our SMS solution delivered life-saving prevention information and COVID-19 self-assessments to 13,886 unique users and elicited a 92% response engagement in users for COVID-19 screening, and 100% of users on COVID-19 prevention knowledge. CIHA self-assessment was completed by approximately 70% of users reached, identifying about 10% with likely symptoms of COVID-19 and linking them to follow-up testing and quarantine.	We used RapidPro as the message transport system for CIHA. While it was a more complex system, it had limited errors. Meanwhile, the SMS platforms provided a fast and cost-efficient means of performing self-assessment triages and general health campaigns. Challenges included platform limitations for those without mobile phones, as well as issues with workflow scalability and ease of data use.

COVID-19 PPE, WASH and IEC Support to CHWs and Government Donations

	Uganda	Kenya
 Messages Sent	1,585,883	1,439,599
Masks donated 	893,634	2,790,103
 Hand-washing facilities	4,481	450
Bars of soap 	46,745	45,914
 Sanitizer	7,897 liters	2,673 units
IEC materials distributed 	630,000+	758,650
 Government secondments	14+	11

Eve Nalwoga from Nakaseeta village in Uganda finds CHW services even more valuable than most, given the fact that she struggles to walk.

“Maria has been there for me since the birth of my child. Like with my other children, I was not able to breastfeed Catrinah, but Maria supported me with all the information I needed and also stocked me with soya porridge for the baby to grow into a healthy child. I’m disabled, and she goes the extra mile to support me and my child. I use CHW services because they are reliable and are always stocked with quality medicines.



“Why would I—a disabled person—inconvenience myself to go to health facilities when there are readily available services for my children in my community?”



Why We're Shifting to Advisory Services in Kenya

Since the World Bank designated Kenya a lower-middle-income country in 2014, donors looked to increase their ROI in countries with greater economic need. While great wealth inequality remains, this development means that the Kenyan government must now find innovative ways to sustainably finance its health sector long-term, with less reliance on dwindling donor resources.

Because of this, Living Goods feels this is the right time to shift toward national advisory services in Kenya. Long-term, we intend to focus on a few demonstration counties that have co-financing in place to drive sustainable, government-led ownership—rather than scaling the networks of government CHWs we directly manage. This will enable government to lead the financing, digitization, commodity supply, supervision and compensation of its CHWs networks independently long-term.

Second Co-Financed Partnership in Kisumu Underway

Our new co-financed partnership in Kisumu County, Kenya is a key part of this journey. Delayed since Q1 because of COVID-19, a program agreement was finally inked in November to provide targeted support to 3,000 government CHWs, supporting all 1.2 million residents in Kisumu county. After Isiolo, Kisumu marks both our second co-financed project in one of [Kenya's UHC pilot counties](#).

Kisumu has great need, as a malaria-endemic region with high rates of pneumonia and water-borne disease. But, compared to Isiolo, Kisumu has better connectivity, infrastructure, human resource capacity, as well as a more functional health system.

Above: Living Goods Kenya Country Director Thomas Onyango at the Kisumu project launch.

The four-year partnership was jointly designed with government to address longstanding challenges in Kisumu County related to financing, data and reporting, commodity supply chains, and human resource management.

By the end of Q4, we partnered with the county government to train and onboard 400 CHWs. They have already digitally registered the households they serve and are providing them with improved data-driven community health services.

An initial county-based team of 12 Living Goods staff will begin working with the county on the technical and operational aspects of the partnership in early February, and we will continue onboarding additional CHWs throughout of 2021.

Advancing Kenya's First Fully Digitized Community Health Information System

As part of this journey towards national advisory services, throughout 2020 Living Goods supported the Kenyan Ministry of Health (MOH) and county governments in strengthening data management, a key health systems pillar whose value and demand grew exponentially due to COVID-19. While we partnered with MOH to enhance its monitoring and evaluation (M&E) system and incorporate digitization in the national community health strategy, **the bulk of our efforts supported MOH's aspirations for digitizing Kenya's entire community health system.**

For the last decade, MOH planned to institutionalize a unified digital health platform that encompasses all levels of the health system. **Access to reliable, community-level data will help transform health care for Kenyans by enabling government to monitor the quality of community health service delivery** by its workforce, effectively budget for and operationalize equitable community health programs, as well as strengthen preparedness and response to future health crises. We believe Kenya will be an exemplar for effective health system digitization globally.

As government began planning how to digitize everything at the facility-level in the second half of 2020, **MOH's Division of Community Health seized the opportunity and successfully advocated—with the support of Living Goods and other partners—to fast-track the inclusion of the community-level component.** This led to the creation of a multisector, MOH-led technical working group drawn from National MOH departments, the Council of Governors, donors, and community health implementing partners like Living Goods to support analysis and strategy development to create a robust electronic community health information system (eCHIS).

A comprehensive analysis of the digitization landscape at the community level is complete—and with the National Community Health Digitization Strategy and costing implementation plan almost finalized—**the multi-disciplinary team is now designing an eCHIS prototype** to meet government's functionality requirements for testing.

Living Goods is lending its expertise in performance management, service delivery, capacity building, M&E and wraparound services. We are also providing technical implementation support and have received catalytic funding from Johnson & Johnson, the Foreign Commonwealth & Development Office and others for this work. At national scale, the **eCHIS platform will leverage more than 95,000 digitally-enabled CHWs for household-level data collection, service delivery and health reporting in all 47 of Kenya's counties.**



Launch of First Co-Financed Partnership in Uganda

In collaboration with Ugandan MOH, Oyam District and Malaria Consortium, Living Goods launched our first public-private technical assistance partnership in Uganda in July 2020. Through this collaboration, **Living Goods will support mHealth technology training for at least 500 government CHWs and 21 supervisors.** The partnership will help standardize the quality of care for patients in Oyam District and provide government and supervisors with critical, real-time community-level data to enable quick decision-making and improve health outcomes. Owing to COVID-19-related challenges, we started with a smaller cohort of CHWs to enable us to assess how to best onboard others in this evolving environment.

In this co-financed program, the MOH provides an oversight role and technical guidance to the district to utilize its World Bank/Global Financing Facility-funded Uganda Reproductive Maternal and Child Health Improvements Project (URMCHIP) funding to compensate CHWs with a performance-based monthly incentive. This is calculated and paid out through a quarterly Results-Based Financing (RBF) allocation– which only pays for results that can be independently verified via district government structures. **This is the first time that URMCHIP RBF funding is being used to support CHWs.** If successful, it could become a model throughout Uganda and other countries. Learnings to-date include:

- **District and health facilities need more support to plan better for the RBF funds** they receive to drive performance and generate resources to support community health work.
- **Continuous mentorship and capacity-building of district-based supervisors will better position them to support CHWs** now and in the future. This will ensure the sustainability of the program.

- **It is important for all stakeholders to agree on the performance indicators and compensation plan** and to transparently communicate the same to CHWs during trainings.
- **Constitute a support structure team** that will effectively drive the project implementation at all levels.
- **Robust engagement with partners and government is critical** for collective leadership, implementation and shared success.

Before the end of 2020, we conducted in-person training for trainers of trainers and 200 CHWs. We provided them with smartphones loaded with the Smart Health app to help them standardize and improve their diagnosis and treatment protocols in the field. Along the way, we experienced a number of challenges related to conducting in-person trainings, such as delays in receiving COVID-19 test results of participants and longer training periods–due to the small class sizes. To mitigate these issues, we added more lead time between testing and training, put in place service-level agreements with accredited labs, and increased the number of trainers on reserve in case someone tested positive prior to the start of activities. **Safety remains our top priority and we will stop any trainings where there are suspected or positive COVID-19 cases.**

In 2021, we will focus on training more CHWs and continue supporting those already trained to deliver health services in their respective communities. Additionally, we will continue to advocate for the inclusion of a community health budget line in the district health budget.

Immaculate Basho boro from Nansana, Uganda shared her relief upon using CHW services for the first time.

“Both of my children fell ill this year. The youngest was particularly sick. I had been to several health facilities, but he wasn’t getting better. Then someone advised me to try the services of the CHW in my area. I was so shocked at her level of professionalism. She showed a lot of care for the child when she was assessing him. I’m not saying this just to praise her, but our CHW works so hard and efficiently.



“When you have a sick child, she calls to check how the child is doing. That’s unprecedented. If all health workers at the facilities cared like these CHWs do, many more lives would be saved.”



Above: Our team and partners in Burkina Faso.

New Country Expansion: A Year of Learning and Adaptation

Given the tremendous global need for effective community health services and increasing government interest across the continent, Living Goods is actively exploring new countries where we can drive significant impact through DESC approaches. When the COVID-19 crisis hit, we felt we could make the biggest impact by doubling down on our support to two West African countries where we already had staff on-the-ground:

- Sierra Leone:** Before the pandemic, we planned to finalize a partnership with multiple partners to demonstrate the impact of digitally-enabling community health efforts in an exemplar district in Sierra Leone. Our goal was to generate evidence that would inform scaling up these approaches beyond the exemplar through government and other partners. Once COVID-19 hit, our team shifted to support the Ministry of Health and Sanitation, Directorate of Science, Technology and Innovation, and Dimagi to develop COVID-19 and CHW dashboards and set up a dynamic, WhatsApp-based two-way communication channel to provide accurate information about disease spread and prevention. We also supported the government's CHW Hub to adopt and set targets for its national CHW program and made recommendations that led to the adoption of an enhanced policy on performance management best practices. **While we believe we helped deliver significant impact in Sierra Leone at a critical time, we are pausing future investments and will not have any permanent staff based there in 2021.**
- Burkina Faso:** With U5 and neonatal mortality rates that are markedly higher than those in Kenya and Uganda—and a government committed to strengthening and digitally-enabling its 18,000 CHWs—Living Goods already had a team in Burkina Faso supporting the MOH in assessing digital tools for community health and CHW performance management effectiveness. When the pandemic hit, **we initially focused on supporting the development of the**

country's CHW Response Plan for COVID-19; developing and maintaining DHIS2-based digital health tools that support contact tracing, border entry tracking and disease call centers alerts; and linking DHIS2 and UNICEF's mHealth tools.

Beyond these COVID-19 response initiatives, at the request of the MOH our team was also able to conduct its initial assessment and develop recommendations for 1) a digital tool to be used by CHWs and their supervisors, and 2) performance management approaches and processes that will leverage this digital tool for improved community health service delivery to all. **We also supported the MOH to develop a budget for the design, implementation and testing of this digital tool and improved performance management approaches/processes,** which will be funded in part through the MOH 2021-23 Global Fund/Rockefeller matching fund.

Being inventive and adaptive is one of Living Goods' [core values](#) and pivoting to support the urgent COVID-19 response in both Burkina Faso and Sierra Leone enabled our teams to deliver meaningful impact in a time of crisis, while using the opportunity to better understand government needs and priorities for longer-term partnerships.

In 2021, we will be focusing on partnership opportunities with governments to design effective CHW digitalization tools that integrate best practices in performance management—**with the goal that governments will operationalize demonstration sites by the end of 2021.** In

addition to Burkina Faso—where we will definitely continue our support to the MOH—we are moving forward with some promising opportunities in Ethiopia. **We have just signed an MOU with JSI to partner for the next two years to support Ethiopia's Federal Ministry of Health** to design and test a digitally-enabled performance management system for the government's Health Extension Program.

We will also be taking a fresh look at opportunities to partner with other governments that are committed to digitally enabled community health systems and have made strong operational commitments, **with the aim of recommending a third country for new country expansion by year-end. For each engagement, we will develop a detailed theory of change** and clear performance metrics that will define what "success" looks like and determine whether we see the potential for long-term impact and investment.

DRIVING IMPACT THROUGH PARTNERSHIP

We believe that these elements make the biggest difference in driving community health impact. When working with new government partners in existing countries or exploring new countries, we seek to ensure that the following elements are in place or that a community health roadmap exists to establish:



Digital Tools: Providing digital decision-support tools improves workflow accuracy, reporting and monitoring for better performance management.



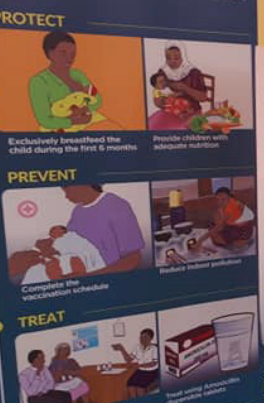
Equip CHWs: Regular training and a consistent supply of essential commodities strengthen CHWs' capacity to provide a broader method mix.



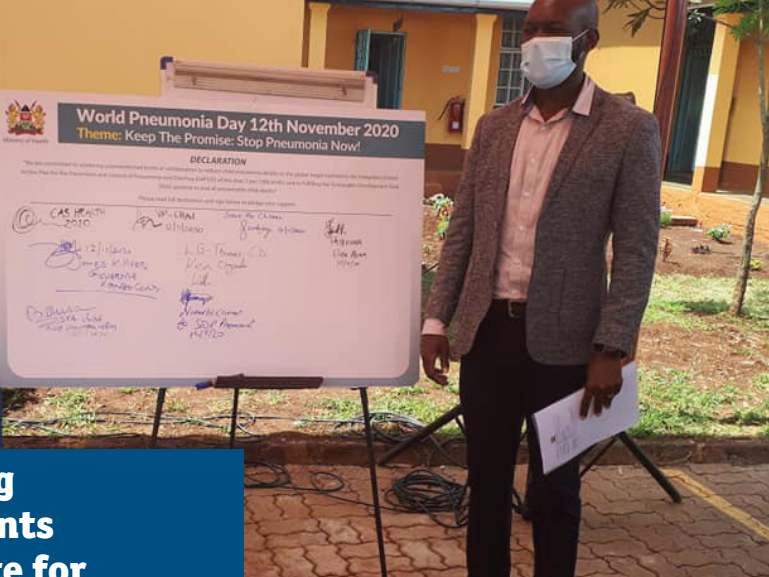
Supervision: High-quality supervision is important to reinforce the knowledge and skills of CHWs.



Compensation: The income generated from service delivery and sale of health-related products motivates CHWs to serve their communities.



Supporting Governments to Advocate for Community Health



As Living Goods ramped up the targeted technical support we've provided to Kenyan and Uganda governments over the past several years, we were fortunately well-positioned to provide surge capacity as they responded to COVID-19. Although we were working in the context of COVID-19, our focus was primarily on supporting government to prioritize delivery of essential health services irrespective of the challenges the pandemic caused. From seconding staff to the MOH to supporting the development of key guidelines and strategies and contributing PPE and water, sanitation and hygiene (WASH) facilities to the COVID National Taskforce, our focus remained on advocating for increased investment in community health—as a lever to ensure health care for all.

Uganda Highlights

- We supported the development of numerous policies and guidelines, including the [Community Engagement Strategy](#) that guides the national response on COVID-19 and other health interventions in the communities.
- We commend the government for committing to start paying at least one CHW per village an allowance of close to US \$30 per month for COVID-19-related community-health work and providing them with essential medicines and other key supplies. This shows government's commitment to leveraging CHWs as a resource for delivering primary health care. When implemented, this will also provide data and lessons that can be leveraged to advocate for CHW remuneration nationwide.

"The COVID-19 pandemic has shown us that sustenance of effective community-based care is more important than ever before. Community health—and community health workers—have played a critical and tremendous role in ensuring delivery of basic health services in response to the pandemic."

Hon. Dr. Jane Ruth Aceng,
Minister of Health, Uganda

Kenya Highlights

- We worked with like-minded partners to **support MOH to develop policy documents for CHWs, households and practitioners** that enable concerted action in national and local responses, while pivoting our engagement to adapt to emerging government priorities and directives.
- We worked through coalitions like [HENNET](#) and [CH4UHC](#) to engage governments to recognize CHWs and include community health in COVID-19 legislative frameworks, budgets, reporting and PPE quantification and sourcing.
- A policy breakthrough came from the long-awaited government approval for CHW-led treatment of U5 children using amoxicillin dispersible tablets. This important development promises to save thousands of children's lives, as pneumonia remains the leading cause of childhood morbidity and mortality and claims a child's life every hour in Kenya. Living Goods and other development partners have spent years advocating for community-based management of pneumonia and will work with MOH going forward to develop an implementation framework that will pave way for a 6-month pilot in select counties, including Isiolo.

ABOVE LEFT: Living Goods supported the Kenyan government's advocacy efforts on World Pneumonia Day

Joan Otieno from Nambale, Kenya says her husband, the only breadwinner, lost his job as a teacher in Nairobi due to COVID-19, and so free medicines have helped.

"My first move whenever a child falls sick is to call the CHW. She is our go-to because she is easily accessible, she comes to us and, to our great delight, she has recently been giving us free medicines when our children are sick. During COVID-19, she taught us how to care for and protect our families. We now sit outside when she comes, we wash hands, observe social distance and wear masks."



"She has even involved me by letting me check things like my child's temperature and so I feel more empowered and knowledgeable, but also protected."

Global Advocacy

Living Goods' advocacy work at the country, regional, and global levels in 2020 prioritized the adoption of best practices in community health, supportive policies and legislation, and protecting and effectively equipping CHWs. We contributed to the BMJ-published paper, [Prioritizing the role of Community Health Workers in the COVID-19 Response](#), which called for targeted actions to protect healthcare workers, interrupt the virus, maintain existing healthcare services, and shield the most vulnerable during the pandemic. Additionally, in 2020, **we supported global stakeholders to develop guidance on the role of CHWs in COVID-19 vaccination campaigns**, which is set to be finalized in early 2021. This year, CHWs will have many roles to play at each stage of the COVID-19 vaccine rollout, particularly for communities at the last mile, and will be key to overcoming barriers, including community trust in vaccines, insufficient and inequitably distributed health workforces and infrastructure, and gender inequality.

Partnerships have been central to the success of our advocacy efforts. As a member of the [COVID-19 Action Fund for Africa](#), we've joined more than 30 organizations in equipping CHWs with PPE across the continent. **To date, more than 57M PPE have been committed and delivered, making it possible for CHWs to continue safely providing essential health services** to their communities while protecting themselves. We have also partnered with the [One by One: Target COVID-19 Campaign](#), a collaboration with the Africa CDC, African Union, The Access Challenge, and the Jakaya Mrisho Kikwete Foundation to support the [Africa CDC's Joint Continental Strategy](#) in response to COVID-19.



In December, our staff came together to speak to our collective commitment and belief in UHC for all. Watch [here](#).

CHW voices are essential to ensuring COVID-19 strategies are responsive to the needs of frontline health workers and the communities they serve. **In 2020, Living Goods ensured the inclusion of CHWs at high-level policy forums to advocate for increased political and funding support, and additional PPE**, in order to effectively and safely respond to COVID. We will continue to amplify CHW voices through our participation in the [Community Health Impact Coalition's CHW Advocates program](#) to ensure CHWs have a seat at the decision-making table.

Working to achieve UHC remains a priority. As a steering committee member of the [Communities at the Heart of UHC Campaign](#), Living Goods continued to elevate the role of community health in delivering affordable, accessible and high-quality health services to all people. With more than 175 members globally, we tracked country-level progress toward UHC commitments to hold governments to account and celebrate successes. Living Goods also made contributions to the World Health Organization's first [Handbook on Social Participation for UHC](#) to provide guidance to policy-makers on how to effectively and meaningfully engage with populations, civil society, and communities for policy- and decision-making.

In 2020, we launched a new series of podcast-style Fireside Chats with key leaders across Living Goods to better connect staff and our community of partners to our work and the people that drive it. We encourage you to listen to them all and share with others.



Sarah Melaba
Global HSS
Senior Advisor

[Play](#)



Diana Nambatya
Regional Deputy
Director, Policy and
Advocacy

[Play](#)



Dr. Kezia K'Oduol
Kenya Director of Health

[Play](#)



Christine Namayanja
Uganda
Country Director

[Play](#)

For Mary Nakintu, 29, in Mitanya, Uganda, access to a CHW has been particularly helpful for avoiding too many visits to health facilities, which she's more fearful of due to COVID-19. She also gets the injectable Sayana Press family planning method from her CHW Harriet.

"My youngest Annet has had poor health the last few months. My CHW Harriet has been treating her without charge since the start of the COVID-19 pandemic. When her diarrhea was persistent at one point, Harriet gave us a referral to a health facility, and now Annet's okay. But Harriet has been regularly following up throughout."



"I had a bit of fear about going to health facilities, in case I mixed with people who have COVID-19. That's why I was happy that we had a CHW nearby who could treat the children from home."



2020 Key Performance Indicators

LG Uganda - Direct Operations				BRAC Uganda			LG Kenya - Direct Operations			LG Kenya - TA (Bobasi)			LG Kenya - Gov't Co-financing (Isiolo)		
	2020 Target	2020 Actual	2019	2020 Target	2020 Actual	2019	2020 Target	2020 Actual	2019	2020 Target	2020 Actual	2019	2020 Target	2020 Actual	2019
Impact Metrics - Monthly¹															
Pregnancies Registered	2	2.0	2.4	2	2.5	N/A	1	1.0	1	1	0.9	1.1	1	0.6	1
Under-5 Assessments	32	37.5	33.2	32	30.0	N/A	24/8	31.4/18	20.5/14.2	12	7.3	14.9	4	2.9	2.3
Under-1 Assessments	6	7.7	7.0	6	5.1	N/A	4/2	5.1/3.8	3.7/3.5	3	1.6	3.2	1	0.5	0.8
Under-5 Treatments and Positive Diagnoses	16	33.5	17.6	16	13.2	N/A	12/4	17/5.7	8.9/3.1	5	4.2	6.9	2	1.6	1.1
Under-1 Treatments and Positive Diagnoses	3	6.6	3.6	3	2.4	N/A	2/1	1.9/1.1	1.4/0.9	1	0.8	0.5	1	0.3	0.2
Referral Completion: % referrals confirmed at facility	80%	93%	N/A	80%	73%	N/A	80%	94%	92%	80%	96%	94%	80%	97%	96%
On-Time Postnatal Care Visit	75%	72%	67%	75%	63%	49%	75%	85%	83%	75%	69%	59%	75%	44%	43%
Facility Delivery: % facility delivery	85%	90%	92%	85%	99%	N/A	85%	94%	94%	85%	97%	98%	65%	86%	75%
IZ: % defaulters completing necessary immunizations ²	60%	75%	73%	N/A	N/A	N/A	60%	86%	78%	60%	80%	87%	60%	N/A	N/A
In Stock: % of 'High Impact' Items in Stock (branch) ³	98%	90%	72%	98%	85%	N/A	98%	99%	100%	N/A	N/A	N/A	N/A	N/A	N/A
Impact Metrics - Total															
Active CHWs (3-month active)	3,834	4,367	4,217	3,500	4,082	3,493	1,734	1,647	1,833	390	379	424	660	655	408
Population Served	3,067,200	3,493,600	3,373,600	2,800,000	3,265,600	2,794,400	1,387,200	1,317,600	1,466,400	195,000	189,500	212,000	245,667	243,806	151,867
Total Pregnancies Registered	89,712	95,566	94,271	64,231	100,645	47,260	18,381	18,298	19,728	3,647	3,664	1,708	5,804	3,759	1,355
Total Under-1 Assessments	288,041	373,983	277,723	167,990	200,849	N/A	70,420	90,216	73,511	8,879	5,990	4,879	5,859	3,152	1,037
Total Under-1 Treatments and Positive Diagnoses	160,517	323,457	143,632	79,374	97,832	N/A	26,056	37,183	23,927	3,195	2,233	2,416	5,188	1,881	637
Total Under-5 Assessments	1,449,660	1,822,834	1,317,565	990,919	1,168,915	548,117	362,895	517,652	360,476	36,390	27,542	22,709	26,236	18,338	4,666
Total Under-5 Treatments and Positive Diagnoses	743,009	1,636,045	714,291	432,699	535,248	N/A	157,368	248,946	141,956	15,613	15,382	10,516	13,707	10,498	2,498
Total Unwanted Pregnancies Averted ⁴	13,058	13,116	N/A	N/A	N/A	N/A	3,323	1,954	468	N/A	N/A	N/A	N/A	N/A	N/A
Cost-Effectiveness Metrics															
Income per CHW	\$20.00	\$20.00	\$10.20	\$20.00	\$9.79	N/A	\$20.00	\$19.49	\$8.25	\$20.00	\$9.80	\$5.73	\$30.00	\$26.13	N/A
Net Cost per Capita (YE annualized)	\$3.32	\$2.72	\$1.20	\$1.19	\$1.03	N/A	\$6.04	\$6.02	\$3.33	\$0.85	\$0.87	N/A	\$1.64	\$1.99	N/A

NOTES

¹Living Goods Kenya's direct operations have two assessment and diagnosis targets: malaria endemic/malaria non-endemic.

²BRAC and Isiolo did not report on immunization services in 2020.

³CHWs in Bobasi and Isiolo acquire their commodities directly from government health facilities.

⁴BRAC, Bobasi, and Isiolo did not provide family planning services in 2020.