LivingGoods
Delivering Data-Driven Health Care, Door to Door.

15 YEARS

QUARTERLY REPORT

Q1 | January - March 2023

Results in Q1 2023

10,699
CHWs SUPPORTED

5,914,780
PEOPLE SERVED

637,228
SICK CHILDREN UNDER 5 TREATED/REFERRED

113,795
SICK CHILDREN UNDER 1 TREATED/REFERRED

32,560
NEW PREGNANCIES REGISTERED

43,389
TOTAL COUPLE YEARS OF PROTECTION

Cover: *CHW Peace enters data in the app after assessing a baby in Mpigi, Uganda.*

Implementation Support

KISUMU: PROGRESS AS CHWs SLIGHTLY IMPROVE PERFORMANCE

Community Health Worker (CHW) performance is below target but slowly improving in our scaled implementation support site, driven by continuous coaching and mentorship of CHWs, refresher training, revamped data-driven supervision and improvements in the supply chain. We are optimistic about Q2 improvements after the rollout of an impact optimization plan, although we realize these may yet take some time.

At the county's request, we tripled the number of DESC-supported (digitally enabled, equipped, supervised and compensated) CHWs last year. Rapidly training such large cohorts meant the quality of CHW support was not up to our standard, so it is now taking us longer to ensure quality delivery. This is a lesson learned for our new implementation support site of Vihiga. **We have now completed scaling to all CHWs in the county, except for 465 who are part of an evaluation study and scheduled for onboarding in Q3.** Meanwhile, we continue to be enthusiastic about the excellent ownership exhibited by the county governor and his team.

Our efforts to improve the erratic commodity supply included engaging health facilities to appreciate the value of CHWs and share commodities with them; there is now much more collaboration, and CHWs are better equipped. We also formulated commodity management standard operating procedures and supported quantification processes.

We further worked to address quality of care gaps by training community health assistants (CHAs)—or government supervisors—before CHWs and by improving the quality of training.

There was a slight upward trend in the rate of on-time postnatal care visits and in sick child treatments, although these remained below target. We aim to fix the challenges in our workflows that cause a quality-of-care gap in family planning by the end of this year. ■

CHW Omollo Joyce offers maternal health care education.

ISIOLO: PERFORMANCE STAGNATES AMIDST DROUGHT AND GOVERNMENT FINANCING CHALLENGES

Isiolo faced a number of obstacles in Q1, including a continued drought, insecurity and a challenging political environment, marred by budget cuts. The drought is one of the longest and most severe on record and has led to a hunger crisis. We are working closely with the county government on its response efforts, especially around malnutrition.

Meanwhile, post-elections, the new administration has shown low political will toward community health outside of relief programming. **Living Goods is working diligently to rebuild the government's commitment to DESC-enabled community health.** We realized that we needed to adopt a stronger and more proactive approach, especially in light of the change of government. Efforts include investing time with the new county government team, bringing in support from the national government and facilitating learning visits to demonstrate the benefits of DESC.

CHW performance was also impacted by a shift away from digital reporting during the quarter. In March, the government asked about a third of the CHWs to start manually reporting to accommodate another partner's relief efforts. Paper-based systems affect CHWs' delivery of health services and the accuracy of their data. Fortunately, these CHWs are reverting to digital tools by May, and we are supporting the county in managing competing priorities on CHWs' time by various partners.

Another third of CHWs switched to manual reporting during the quarter due to dysfunctional phones. Although digital tools are the county government's responsibility under our co-financing contract, we are assessing if we can fund replacement phones for these CHWs, given how disproportionately impacted the county is by the national government's recent budget cuts and delayed disbursements.

CHW Magadalen reviews the nutrition status of a child.

We are optimistic we will be able to rebuild the county government's confidence in DESC-enabled community health, hoping to resume full digital reporting and service delivery by Q3. **While we believe this is a unique and unprecedented set of issues coming together in Isiolo, we are capturing lessons for our work in other counties, especially when there are government transitions.** ■

Living Goods is working diligently to rebuild the government's commitment to DESC-enabled community health.

KENYA'S **VIHIGA** COUNTY SIGNS CO-FINANCING AGREEMENT WITH LIVING GOODS

Living Goods has **signed a five-year co-financing agreement with the County Government of Vihiga, marking its third such partnership** in Kenya after Isiolo and Kisumu. We are using lessons learned from Isiolo and Kisumu regarding cohort size, timing of training of CHWs and supervisors, the significance of supportive policies and frameworks and the importance of political support to guide our approach.

Through this partnership, **1,460 CHWs and nearly 150 CHAs will be digitally empowered, equipped, supervised and compensated** to enhance the delivery of integrated primary healthcare services for the 630,000 county residents. As Vihiga is a **malaria-endemic region[1] with a high under-five mortality rate of 133 deaths per 1,000 live births (KDHS 2022),** the additional training and support will ensure that CHWs offer timely diagnoses, treatments, referrals and follow-ups for the most common illnesses across the county.

At the signing of the agreement, County Governor Dr Wilber Otichillo noted that improving the working conditions of CHWs is part of his five-year agenda. "Today is a special day for the people of Vihiga as we welcome Living Goods to join hands with us in strengthening our community health system, where we face the biggest disease burden and where our impact will be most felt," remarked the governor. He added: "**I believe this co-funding and co-implementation approach is a sure way of managing our community health system sustainably**."

[1] According to the Kenya Malaria Indicator Survey (KMIS) 2020, malaria prevalence among children under 5 years in the Western region, where Vihiga County is located, was 11.3%, versus the national average of 8.6%.

The County Government will lead on training, procurement of essential commodities, allocation of appropriate human resources—CHWs and CHAs, among others—provision of mobile phones for CHWs plus maintenance and replacement where necessary. Living Goods will support program implementation through the co-development of performance matrixes, impact evaluation and coaching and mentoring county teams. Additionally, we will provide tablets and data bundles to supervisors. **The county will initially invest 58% of the program costs, rising to 71% over time.**

In the second half of the year, we hope to carry out a baseline survey and capacity review assessment. In the meantime, we have already started supporting the county in developing its next five-year County Integrated Development Plan, which ringfences budgets for the planned activities. ■

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>
> – *Dr Wilber Otichillo*

Living Goods Kenya Country Director Thomas Onyango and governor Dr Wilber Otichillo with the signed MoU.

A DAY IN THE LIFE OF A PROFESSIONALIZED COMMUNITY HEALTH WORKER

Amidst the congested surroundings of Dago Thim village in Nyahera, on the outskirts of Kisumu City, Joyce Muyesu sets out on her routine visits to households armed with her health kit bag and a wealth of knowledge. She finds a mother and her baby at their home, and uses the opportunity to educate the mother about sanitation and nutrition before checking the immunization status of the child.

Joyce is among the nearly 3,000 CHWs in Kisumu County. They are well trained to provide health education, collect data, diagnose and treat common illnesses in children under 5 and make referrals to health facilities. Joyce attends to more than 120 households and aims to visit each of them at least once a month. But when a child is sick, or when the app reminds her to visit a pregnant woman or follow up on family planning, she is always on call.

The County Government of Kisumu, with support from Living Goods, provides digital tools to all its CHWs, equips them with medicines and health commodities, carries out regular supervision, coaches them based on performance needs, and pays them a stipend. The **phones are installed with the recently designed and piloted government electronic community health system (eCHIS) app that makes it easy for CHWs to collect critical health data** within their communities.

The app collects **data that helps health managers at the sub-county and county levels to monitor health indicators and respond with appropriate interventions. It also serves as a decision support tool for CHWs.** "The app helps me a lot. It asks if the immunization status of a child is up to date.

CHW Joyce Muyesu speaks to one of her clients on the phone.

When I click yes, it shows me all the vaccines due at that age. I counter-check in the MoH Maternal and Child Handbook to confirm that the child has received the same vaccines," explains Joyce.

In partnership with Gavi, the Vaccine Alliance and the health ministries of Kenya and Uganda, Living Goods trained and digitally empowered CHWs to educate households about childhood vaccines, track under-immunized and zero-dose children and make referrals and follow-up visits to ensure all inoculations happen on schedule. This resulted in a significant increase in coverage in the areas where we work, with **full immunization coverage improving between the baseline and endline evaluations by 36% in Uganda and 69% in Kenya.** The number of children aged 6 weeks to 59 months who had never received any vaccines dropped 56% in Uganda and 70% in Kenya, whilst the percentage of zero-dose children fell from 5.2% to 0.7% in Kenya and 13.2% to 7% in Uganda. ■

DRIVING VACCINE UPTAKE IN **KISUMU**

Childhood immunizations are one of the most successful high-impact and cost-effective public health interventions, yet globally immunization coverage has stalled as a result of the COVID pandemic. In fact, **every $1 spent on vaccine programs yields an estimated $54 return on investment**. However, equity in accessing immunization remains a significant issue in the countries where we work, with a sizeable number of children still not reached by any routine vaccination services.

To close the gap and leave no one behind, Living Goods supports CHWs to **increase demand for immunization services by using data-based decision making** (more on page 10) **to target zero dose** (defined as children who do not receive a single dose of diphtheria tetanus and pertussis-containing vaccine) **and under-immunized children**, especially in hard-to-reach communities.

In this short video, we share CHW Joyce's story and how she supports her community to access immunization services. ■

The number of children aged **6** weeks to **59** months who had never received any vaccines dropped **56%** in Uganda and **70%** in Kenya, whilst the percentage of zero-dose children fell from **5.2%** to **0.7%** in Kenya and **13.2%** to **7%** in Uganda.

Learning Sites

NEW RESEARCH: CHWs REDUCE RISK OF CHILD MORTALITY FOLLOWING ADVERSE WEATHER EVENTS

Climate change is intensifying extreme weather events, like droughts, which can have severe health and economic impacts—especially in low-income settings where people rely on rain-fed agriculture. Children in these populations are especially vulnerable because undernutrition is linked to nearly 50% of all child deaths worldwide.

Evidence gaps exist on how we can build climate resilience in low-income settings and effectively mitigate the most severe consequences of climate change for children. In this pre-print, Weather Shocks, Child Mortality, and Adaptation: Experimental Evidence from Uganda, researchers analyzed data from Living Goods' first randomized controlled trial to examine if improved access to community healthcare reduced the risk of under-5 mortality during weather adverse events. They found that **in the areas where Living Goods-supported CHWs operate, there was a 46% reduction in under-five mortality compared to control areas following rainfall deficit seasons.**

We are very encouraged by these results and what they signal: that an effective CHW workforce significantly reduced the number of children who might have died due to drought, and that investing in improved community healthcare helps build climate resilience in low-income areas. We are now reviewing our programs with a climate lens to assess potential evolutions, new approaches and innovations to mitigate and adapt to climate change. ■

Living Goods supported CHW Shamidan Nakisuyi conducting a home visit to assess baby Hamaru for malaria.

BUSIA CONTINUES TO RECORD EXCELLENT RESULTS

Our Busia, Kenya, learning site continued its upward performance trend in Q1. This was driven in part by replacing malfunctioning phones for about 10% of the CHWs, capacity building sessions and refresher trainings.

On-time postnatal care visits remained high at 86% against our target of 75%. This indicates that the CHWs we support are effectively checking in with new mothers and their babies within 48 hours of birth—which is when maternal and child deaths are most likely to occur. In Kenya, out of every 1,000 live births, 21 newborns die within the first 28 days of life. CHWs who visit in this window are able to assess the health of both the mother and the newborn and identify any potential danger signs or illnesses early. Additionally, **CHWs provided an average of 28 sick child treatments or referrals per month, exceeding our target by 18%.**

On-time postnatal care visits in the critical 48-hour window after birth, against our target of **75%**

28

Average sick child treatments or referrals per month, provided by CHWs, exceeding our target by **18%**.

Nearly 1,800 unintended pregnancies were averted with high per-CHW performance on couple years of protection[2] of 3.6 in Q1 2023 versus 2.3 in the same quarter last year. However, we have not yet met the ambitious new targets we set for 2023, and have put in place a plan to improve results (page 8).

Overall, we are excited by CHW performance in Busia County, and it remains the gold standard in Kenya and for governments, partners and community health implementers more broadly. ■

[2] This metric estimates the protection from pregnancy provided by contraceptive methods during a 1-year period; for example, it would take 4 doses of a 3-month injectable to provide 1 CYP.

UGANDA: RAMPING UP PERFORMANCE AND ACCESS TO FAMILY PLANNING

Performance in our Uganda learning sites began to recover in March after a 6-month lull mainly due to technical challenges caused by app instability. We expect results to improve further in Q2 following the rollout of an impact optimization plan, which included better management of poor-performing sites and non-reporting CHWs.

Although an upgrade of our core tech platform last year initially affected CHWs' productivity, their reporting improved in March after we rolled out app fixes and became more intentional about following up with all inactive CHWs for phone diagnosis and support.

Supervision rates significantly increased following fixes to the Supervisor App and optimization of our peer supervision approach, which included shifting from a pre-pay to post-pay system for peer leaders—high-performing CHWs who are nominated to coach their peers. **This led to a jump in the percentage of peers supervised by their peer leaders from 42% in January to 70% in March.**

Commodity availability and referral completion remain a challenge to family planning delivery in Uganda, with the government historically supplying the commodities. But we have made headway in ensuring a more consistent supply and have launched an action plan to further improve CHWs' family planning performance with a focus on ensuring long-term methods are part of the package (page 8). ■

After checking and assessing Immaculate's baby, CHW Kuluthum shares health information and treatment for the child.

BRAC UGANDA SHIFTS STRATEGIC DIRECTION

Living Goods began transitioning to a new stage of partnership with BRAC Uganda in Q1 in alignment with BRAC's new strategy. We have mutually agreed to begin phasing out direct financial support to BRAC. This shift comes as BRAC moves to a health system strengthening model, which will include substantially reducing its level of direct implementation.

As a result of its strategy shift, BRAC has reduced the number of CHWs who are fully DESC-supported from about 4,000 last year to 2,500. The remaining 1,500 CHWs are still being supported but in a lighter touch way with digitization and light supervision only, and there is a plan to transition them to the public sector with the rollout of eCHIS in the coming years. We have therefore agreed to report only on the 2,500 CHWs with full DESC support. BRAC has several other community-based programs outside of community health and is continuing to support their communities in different ways.

Performance was low on most health KPIs in Q1 due in part to supervision and supply chain challenges. BRAC significantly reduced their number of supervisors and moved primarily to remote supervision, which it is working to improve through new guidelines and a weekly work planning tool that Living Goods supported. Sick child referral follow-ups were also poor; to address this, a refresher training and other action plans have been planned.

We continue to work together to influence increased government and partner funding for CHWs, and BRAC is positioning itself with Living Goods to support the government's introduction of eCHIS. ■

BURKINA FASO: PROMISING RESULTS FROM THE ZINIARÉ LEARNING SITE

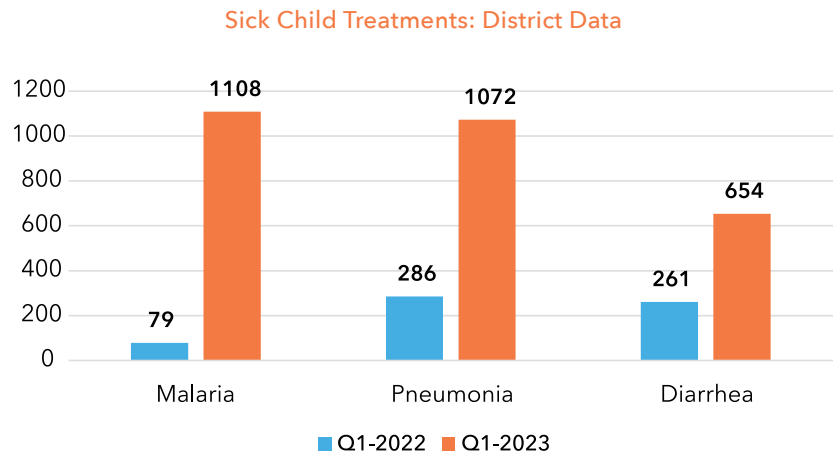
We have had a strong start in our Ziniaré learning site after launching operations at the end of 2022 with more than 200 government CHWs trained. CHWs are hitting their progressive targets and continuing to improve with drivers including regular supervision, frequent engagements with CHWs and good collaboration with the district and Ministry of Health (MoH).

Notably, the district has attributed a jump in sick children reached to Living Goods' support. **National data showed that in Ziniaré, malaria assessments and treatments increased 14 times, pneumonia treatments over 3 times, and diarrhea treatments over 2 times** between the first quarter of last year and the first quarter of 2023, with Living Goods-supported CHWs operating in 4 out of 7 municipalities in the district starting January 2023. This shows that DESC supported, performance-driven CHWs are already finding and connecting sick children to care, filling an urgent need.

However, not all indicators were reported on in Q1 due in particular to issues with data flow and syncing of the newly launched CHWs' digital tools; available data currently comes from manual reporting, which likely understates results. We have been working closely with the MoH and other partners including Dimagi to fix this issue, but there have been delays in part due to the recent changes in personnel at the Health Information Department.

CHWs also had inadequate availability of essential medicines, though we are seeing improvements after initiating buffer stock and training health facility and district staff on supply chain practices and managing stocks with a focus on CHW needs. We are now conducting monthly performance review meetings at health facilities to address knowledge gaps and encourage transfer of skills. ■

CHWs are connecting more children to care in Ziniaré



INVESTING IN CHWs TO DRIVE FAMILY PLANNING OUTCOMES

Family planning is crucial to improving health outcomes by increasing birth spacing, delaying first birth and reducing high-risk births—but many women lack access to these services. **In Uganda, 3 in 10 married women between the ages of 15 and 49 have an unmet need for family planning (UDHS 2016), while in Kenya, the number is 1 in 7 (KDHS 2022).** CHWs are proven to increase the use of contraception—especially where unmet need is high, access is low and geographic and social barriers exist.

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CHW Peace offering family planning counseling to a young woman in Mpigi, Uganda.

Cont'd from pg 8

Living Goods supports CHWs to offer comprehensive family planning services to women of reproductive age. CHWs provide counselling; facilitate access to a broad range of short-term contraceptive methods including pills, condoms and some injectables; and refer for longer-term and permanent methods.

We concluded an external evaluation at the end of 2021 to dig into what was working and what we could do better. Results found that Living Goods-supported CHWs in Uganda enabled a 36% reduction in unmet need for family planning, compared to the 26% reduction in the control arm. Further, the study found a 26% increase of the modern contraceptive prevalence rate in the intervention areas, but the districts in the control arm reported a two-fold increase (52%).

Beyond the external challenges due to COVID-19 pandemic, the evaluation helped us identify specific gaps in CHW capacity and knowledge, coverage and reach and commodity access, which affected uptake of family planning services. To improve results, we will be launching an action plan in Q2 with a focus on the below:

Increasing efficiency of CHW visits: The quality of counseling of a CHW during a client visit greatly influences outcomes. We are focusing on building the capabilities of CHWs to effectively provide family planning information, handle objections and provide suitable options to users.

CHWs provide counselling; facilitate access to a broad range of short-term contraceptive methods including pills, condoms and some injectables; and refer for longer-term and permanent methods.

In Uganda, 3 in 10 married women between the ages of 15 and 49 have an unmet need for family planning (UDHS 2016), while in Kenya, the number is 1 in 7 (KDHS 2022).

Strengthening referrals: In Q1, we started engaging with MSI Reproductive Choices, a leading provider of family planning services across Uganda, to strengthen referral linkages for those seeking long-term and permanent methods. MSI is now sharing their outreach schedules within communities and at static sites. This reduces missed opportunities where referred clients cannot get services at facilities. We are also working with family planning focal persons in the districts to coordinate referrals of clients at health facilities to reduce the number of those bouncing because they can't access services.

Improving family planning coverage: We conducted a market analysis to understand the potential market, our current coverage and the gaps. This helped us to improve our targeting– from 16 to 21 unique women of reproductive age (WRA) per CHW per month.

Expanding commodity availability: The Uganda MoH recently changed the family planning commodity distribution guidelines; unlike in the past where there were various distribution channels, now commodities must be accessed through only the districts or a central warehouse. We are working with family planning focal persons to ensure commodity requests from CHWs are included in the overall district requisitions to the central warehouse. We hope this will help to stabilize CHW stock levels. ■

EXPANDING ACCESS TO FAMILY PLANNING: MEET CHW KULUTHUM

For the past decade, 26-year-old **Immaculate has relied on CHWs for guidance on family planning and child spacing**. Although she had concerns about using contraceptives due to myths and misconceptions prevalent in her community, she found reassurance through the advice and counselling provided by CHW Kuluthum.

"I was in a stable relationship, but my partner and I wanted to spend some time before having a baby. However, I didn't know how to go about it because I had many fears about using contraceptives. My peers always said contraceptives cause infertility or other complications," narrates Immaculate.

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CHW Kuluthum counsels a mother about child spacing

Cont'd from pg 9

Immaculate, like many other women in her community, faces challenges accessing health facilities for family planning advice and methods as the nearest facility is over 3 kilometers away, and the cost of transport, approximately $3, is unaffordable.

Despite dropping out of school after being orphaned, 47-year-old Kuluthum is finally living her dream of improving healthcare access. After being recruited as a government CHW 15 years ago, she later received training and support from Living Goods and has since made a significant impact in her community.

Living Goods provides Kuluthum and other CHWs with digital tools, medicines, commodities, supervision and monthly incentives to ensure they are effective in their roles. CHWs offer counselling and short-term family planning advice and methods, identify danger signs during pregnancy and provide support before and after birth, and detect, treat and refer for childhood diseases and immunization services.

Immaculate credits Kuluthum with helping her to have two well-spaced children and a happy family. "The CHW helps us to treat and manage our children's illnesses, educates us on proper nutrition for the little ones and so much more," Immaculate says. **"I can confidently say that she is our guardian angel."**

As such, Kuluthum's services are vital to her community because she is within reach and supports families like Immaculate's to make informed choices about their health and well-being. "**My presence gives hope even to those with the least means to access healthcare**. I'm thankful to Living Goods for making this possible," CHW Kuluthum concludes. ■

LEVERAGING PREDICTIVE ANALYTICS TO IMPROVE IMMUNIZATION RATES

We solidified our innovation strategy during the first quarter of the year by kickstarting several innovations in our pipeline. Notably, **Living Goods secured Agency Fund support to join the Precision Health Partnership**—a collective of Living Goods, Reach Digital, and D-Tree working to **use predictive analytics to address health challenges,** with the potential to improve healthcare access and outcomes more cost-effectively. We are developing an algorithm that Living Goods and governments can leverage to identify children and households at higher risk of defaulting on routine childhood immunization schedules.

Phase 1 of the project focused on data collation and processing, model design and building an internal validation using program data from Kenya and Uganda. Findings suggest **we have developed a predictive algorithm yielding accurate and relatively precise results.** Religion, gender, wealth quintile, and maternity history were identified as predictors of defaulting on vaccines. The initial testing of the algorithm predicts both defaulters and non-defaulters with an error rate range of 11-12% and **predicts true defaulters with a precision rate of 70% to 80%**.

The Precision Health Partnership is currently seeking co-funding to unlock further investment by the Agency Fund to proceed to the second phase. This will include field testing of the algorithms as well as evaluating interventions targeted at high-risk client segments that have been identified using advanced predictive analyses. In the meantime, we are further refining the model to add more variables, such as nutrition, and are conducting a scoping exercise to identify more use cases for predictive analytics **to improve CHWs' efficiency and develop our data science capacity.** ■

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Enabling Environment

UGANDAN MINISTRY OF HEALTH LAUNCHES THE NATIONAL COMMUNITY HEALTH STRATEGY

In February, **Uganda's government through the MoH launched its first ever National Community Health Strategy**. The strategy shows the government's commitment to making changes at a system-wide level and emphasizes the **role of community health in driving access to preventive and promotive primary health services. It is an important step towards achieving universal health coverage.**

At the ceremony in Kampala, our Country Director Christine Namayanja gave remarks on behalf of the implementing partners and civil society organizations. The ceremony was attended by the Minister of Health, members of parliament, other senior government officials from neighboring countries and representatives of the funding community and norm-setting institutions. In his recorded remarks, the World Health Organization's **Dr. Tedros emphasized the importance of community health, particularly in disease surveillance, prevention and response.**

Living Goods participated in the development of the strategy and remains committed to supporting the government in implementing it at the community level. The strategy articulates how digitally enabled CHWs who are paid and equipped with training, medicines and supportive supervision are effective in promoting good health and preventing diseases in communities.

Operationalizing the strategy would guarantee that the country's more than 150,000 CHWs start to receive regular trainings, supervision, stipends and digital tools for decision support—among other health system strengthening initiatives. But the government still has the uphill task of coordinating partner efforts and allocating the necessary budget to bring the strategy to life.

Living Goods-supported CHWs guide Dr Henry Mwebesa, the Director General of Health Services at MoH in the villages of Bwaise where the Community Health Week was launched.

Living Goods will continue to **support the government to mobilize resources to implement the strategy and collaborate with like-minded organizations to further strengthen Uganda's enabling environment.** ■

ADVOCATING FOR STRENGTHENED COMMUNITY HEALTH PROGRAMS

The global health community's advocacy efforts have led to significant policy and funding advancements for community health programs in the past year. We are encouraged by this momentum and dialogues that bring together governments, donors, partners and health workers to ensure that these gains will be operationalized.

This quarter, **Living Goods participated in two high-level convenings as part of our advocacy efforts to influence and strengthen the enabling environment for community health**. The Africa Health International Conference (AHAIC) and the Community Health Worker Symposium were key inflection points to galvanize strengthened policy and funding for DESC-supported CHWs. At AHAIC,

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CHW Prossy at AHAIC during a session on Bridging Africa's Shortage of Health Workers. (Photo Credit: Josepha Mafubo)

Cont'd from pg 11

Prossy Muyingo, a Living-Goods supported CHW from Uganda, advocated for the needs and rights of CHWs on the main stage of the conference.

"We need to be heard!" Prossy said: "CHWs need to be given such platforms to share their knowledge and experience. Governments need to own community health programs. We need skills, commodities, compensation and digital tools to do our work effectively."

At the CHW Symposium—hosted by partners Last Mile Health, USAID and UNICEF—**Living Goods shared our experience and evidence alongside our MoH partners to inform practice standards for quality community health systems** and build additional political commitment. Co-leading the conference sessions on digital health, we elevated lessons from countries undertaking bold efforts to use technology and data to improve service delivery and strengthen systems at the community level. Living Goods remains committed to driving knowledge sharing, influencing policy change and translating commitments to action to ensure community health programs remain central to efforts to strengthen health systems. ■

> **We need to be heard!... CHWs need to be given such platforms to share their knowledge and experience. Governments need to own community health programs. We need skills, commodities, compensation and digital tools to do our work effectively.**

– Prossy Muyingo, Living Goods-supported CHW, Uganda

LIVING GOODS SELECTED TO PROVIDE TECHNICAL ASSISTANCE ON GLOBAL FUND PROJECT

Living Goods has been **selected by Burkina Faso's MoH and the Global Fund, in consultation with Last Mile Health, to provide technical assistance to the MoH on the Building Integrated Readiness for Community Health (BIRCH) project for one year.** The BIRCH project aims to strengthen community health programming and pandemic preparedness by enhancing Global Fund investments in CHWs in 11 countries, including Burkina Faso.

Living Goods will **support the government to develop a workplan and activity budget in line with the priorities of the MoH and national community health programs**. Living Goods is also supporting the evaluation of the current National Community Health Strategy which expires at the end of the year. As a member of a small national committee, Living Goods participated in and financed the review and validation of the memorandum of understanding and data collection tools proposed by the consultants to ensure they create an evidence-based strategy.

Additionally, we **participated in the National Community Health Stakeholder Forum**, where we shared our experience delivering community health services in different African countries and emphasized the need for digitization and innovation in experimental sites. We also supported a team of government officials from Ziniaré and two CHWs to take part in the two-day forum.

We are excited to collaborate with the MoH and partners to address the challenges facing the community health sector and to create a strategy for improving health outcomes. ■

Luc Kaboré, our Senior Manager of Programs in Burkina Faso presents Living Goods' work to the Secretary General of the MoH of Burkina Faso, Dr. Estelle Edith DABIREDEMBEL and other officials.

Strengthening Organizational Capabilities

Dougal Freeman

Member, Living Goods Board of Directors

WELCOMING A NEW BOARD MEMBER, DOUGAL FREEMAN

We extend **our heartfelt gratitude to Jim Bromley who served on the Living Goods board for more than two years**. He has been of great support to our leadership concerning financial management and processes, and graciously stayed an extra year to allow us to find a replacement. We are indebted to you, Jim.

We are **delighted to announce that Dougal Freeman, the Chief Financial Officer of HR Wallingford joined Living Goods' governing board in May.** Dougal has more than two decades of global experience spanning the private sector, NGOs and governments, working as a board member and senior executive in Finance and Operations. He has worked extensively across Africa and the Middle East for major international NGOs, food and agribusiness organizations and public health consultancies. Previously, he served as CFO and Board Member at Oxford Policy Management where he led finance strategy and operations, and worked for the Switzerland-based Global Alliance for Improved Nutrition where he implemented best practices and led operational transformations. Dougal is a Fellow of the Chartered Institute of Management Accountants, has an MSc in Agricultural Development Economics and most recently an MBA from Manchester Business School. ■

Jules Souleymane Gaye

Country Lead, Burkina Faso

BURKINA FASO HAS A NEW COUNTRY LEAD

We are pleased to **welcome Jules Souleymane Gaye to Living Goods as the new Country Lead for Burkina Faso** following the transition of Patrick Singa. Jules brings more than 15 years' experience and knowledge to the role. He joins us from NITIDAE Burkina Faso where he held the role of Country Representative over the last eight years, growing significantly the operations in the country. He has expertise in designing, developing and leading community development projects and brings a wealth of experience in leadership, stakeholder management, program development and operations, as well as an understanding of critical bilateral donors such as EU, USAID, USDA and AFD. Jules holds a Master II Degree in Accounting and Financial Management from the International School of Engineering (Boston MA, USA). He joined Living Goods in May.

We extend our gratitude to Patrick Singa for his contributions to Living Goods over the last 2 years. He supported the setup of the organization in Burkina Faso as a functional entity, built a strong and dedicated team and led the setup of the learning site in Ziniaré. ■

LIVING GOODS LAUNCHES NEW LEADERSHIP COUNCIL TO IMPROVE TRANSPARENCY AND DECISION-MAKING

Over the last two years, we've been working to improve our internal effectiveness and decision-making based on feedback from staff. This involved redefining and strengthening leadership and management teams; improving decision-making speed and transparency; and introducing technical working groups (TWGs), steering committees and a new decision-making framework, RAPID, created by our friends at Bridgespan.

In February, **we launched a new Global Leadership Council (GLC), comprising 19 directors or function heads, to complement our 8-person Global Executive Team (GET).** The GLC was formed after a staff-led consultative process. We previously had a Global Management Team, but surveys and focus groups revealed it was too big and its purpose and role were unclear. The new GLC will meet quarterly and engage regularly with the GET on key strategic topics.

We will continue to use steering committees to monitor performance against our organizational goals and facilitate decision-making. As needed, TWGs will be formed and engaged to make recommendations to the steering committees and many GLC members will be part of TWGs. All the GLC and GET will be getting together in July for an in-person leadership retreat but have already met on several occasions to input into new strategic considerations. ■

Q1 2023 KPIs

	Learning Sites						Implementation Support				Partnerships		Q1 Total
	Kenya: Busia County		Uganda[4]		Burkina Faso[5]		Kenya: Kisumu County		Kenya: Isiolo County		Uganda: BRAC		
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	
Monthly Per-CHW Impact Metrics													
New Pregnancies Registered	1.1	1.2	1.3	1.2	2.4	2.0	1.1	0.5	0.6	0.3	1.3	1.8	**1.2**
% of 4+ ANC visits	75%	89%	75%	82%	75%	N/A	75%	86%	75%	78%	75%	47%	**0.7**
% Facility Delivery	85%	98%	85%	91%	85%	N/A	85%	97%	85%	84%	85%	96%	**94%**
% On-Time Postnatal Care Visit	75%	86%	75%	44%	75%	N/A	75%	57%	75%	47%	75%	66%	**55%**
Couple Years Protection	5.9	3.6	5.4	1.5	5.7	N/A	5.4	3.8	2	1.1	5.4	2.3	**2.4**
% Children 9-23 Months Fully Immunized[1]	85%	98%	85%	96%	85%	N/A	85%	90%	85%	92%	N/A	N/A	**94%**
Under-5 Treatments or Referrals	23	28	24	31	15	8	16	8	3.2	3.2	24	24	**22.5**
Under-1 Treatments or Referrals	5	4.0	5	5.0	5	N/A	3	1.2	0.4	0.4	5	6.3	**4.1**
% Sick Child Facility Referrals Completed	80%	96%	80%	73%	80%	N/A	80%	89%	80%	96%	80%	34%	**71%**
DESC/Performance Management Metrics													
% CHWs in Stock of Essential Commodities[2]	67%	90%	67%	95%	67%	25%	55%	66%	55%	22%	67%	35%	**0.7**
% CHWs w/ Supervision in Last 1 Month	80%	95%	80%	83%	80%	69%	60%	70%	60%	42%	80%	62%	**0.7**
CHW Income[3]	$20.00	$14.76	$20.00	$16.93	$20.00	N/A	$20.00	$18.32	$20.00	$18.83	$20.00	$7.07	**14.8**
Impact Total Metrics													
Active CHWs (3-Month Active)	850	779	4,275	4,259	250	221	2,535	2,387	780	553	2,500	2,500	**10,699**
Population Served	425,000	389,500	2,565,000	2,555,400	150,000	132,600	1,267,500	1,193,500	202,800	143,780	1,500,000	1,500,000	**5,914,780**
Total New Pregnancies Registered	2,805	2,747	16,673	14,268	1,350	1,301	8,366	3,368	1,404	385	9,750	10,491	**32,560**
Total Under-5 Treatments or Referrals	58,140	62,196	313,956	366,650	4,050	3,061	121,376	54,355	7,488	4,774	183,600	146,192	**637,228**
Total Under-1 Treatments or Referrals	11,628	8,851	65,664	58,118	1,800	N/A	24,640	8,251	1,016	589	38,400	37,986	**113,795**
Total Couple Years Protection	13,770	7,384	69,255	12,400	N/A	N/A	44,870	18,040	12,636	586	14,094	4,979	**43,389**
Total Unintended Pregnancies Averted	3,328	1,785	16,739	2,997	N/A	N/A	10,845	4,361	3,054	141	3,407	1,203	**10,487**
Net Cost per Capita (Annualized)	$4.53	$4.53	$3.23	$2.91	$9.13	$9.13	$1.40	$0.95	$1.40	$3.10	$0.76	$0.90	**$2.38**

NOTES:

[1] BRAC CHWs do not provide immunization services.

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

[3] Income in implementation support sites are projected totals as these have not yet been distributed to CHWs; they receive full pay after the end of the quarter.

[4] Due to challenges with an app upgrade, Uganda's results represent the majority of CHWs whose reporting was unaffected as a good proxy for overall performance.

[5] Not all indicators were reported on in Q1 due to issues with CHWs' new digital tools; we are working with the MoH and partners to address this.