



2019

Year-End  
Report



## Letter from the CEO

**2019 was a year of tremendous learnings and achievements for Living Goods—none of which would have been possible without our dedicated staff, government partners and, most importantly, the community health workers (CHWs) who heroically deliver critical care and support to their neighbors.**

We are excited about the tremendous dedication and support governments in our current operations and around the world have been showing in **prioritizing effective community health as a key driver for achieving Universal Health Coverage (UHC)**. This resulted in the creation of the World Health Organization’s globally accepted health policy and system support [guidelines for CHWs](#), and passage of the [Political Declaration on UHC](#) at the United Nations General Assembly (UNGA) ([page 12](#)).

*Cover: In Mpigi, Uganda, CHW Juliet Nassuna shares a moment with her supervisor from Living Goods.*

This massive momentum enabled us to partner with progressive government leaders in Isiolo County, Kenya to **create a co-financed approach to strengthening community health that we believe will become a model** for equipping government to support and lead their health systems sustainably long-term ([page 8](#)). Similarly, we’ve seen phenomenal government engagement in Sierra Leone, Rwanda, Burkina Faso and Ethiopia—potential new countries that are all interested in improving the performance of their CHW networks through digitalization ([page 9](#)).

Perhaps our biggest win this past year was the **significant improvement we saw in our health indicators in Uganda** ([page 3](#)). We wanted to better incentivize CHWs to find and treat more children who were sick and provide timelier postnatal support to mothers and newborns, while improving how their supervisors

supported them. Inventive and adaptive, our teams developed a robust impact optimization plan and experimented with new approaches to improving how we support communities. This has resulted in an impressive step-change in performance and the markedly improved results we are now starting to see.

By introducing family planning (FP) ([page 6](#)) and immunization services ([page 5](#)), **CHWs are demonstrating an even greater level of impact in their communities and showing how data can be used to save lives**, put families first, and inform decision-making.

We pushed ourselves by bringing the ability to configure various CHW mHealth platforms in-house ([page 14](#)). It was no easy task—but this has resulted in the **design of a new version of the Smart Health app that includes FP and immunization workflows**.

We are also making progress with a new version of our supervisor app that will link more smoothly to the CHW app—enabling us to become a nimbler partner to government and a contributor to open-source technology.

As we move into 2020, we will continue to cost-effectively support the delivery of high-impact community health wherever we operate and no matter the mode of operation, but **we are particularly excited to scale opportunities that enable us to deliver impact through others**.

It is the greatest honor of my life to lead an organization playing such a catalytic role in impacting and transforming lives. Thank you for joining us on this critical journey.

  
**Liz Jarman**  
Chief Executive Officer

# Our Results in 2019



**10,628**  
ACTIVE CHWs



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



**165,026**  
NEW PREGNANCIES  
REGISTERED



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



**7,848,699**  
PEOPLE SERVED



## 2019 RESULTS Uganda Sees Marked Improvements in Performance

As discussed in our 2018 year-end (YE) report, preliminary findings from our second Randomized Controlled Trial (RCT) in Uganda indicated underwhelming results, particularly with regard to the magnitude of under-five (U5) mortality reduction. At the same time, **we noticed promising directional results for improved neonatal mortality that we felt we could maximize further.** We do studies like RCTs to learn and ensure we are having the impact we intend. Consequently, in 2019, we jumped into action and deliberately focused on strengthening performance in Uganda through a robust impact optimization plan designed to thoughtfully drive performance across our operations.

As a result, we experienced a step-change in our ability to assess and treat sick children in Uganda in 2019. **By YE, CHWs performed an average of 33 sick child assessments and 18 treatments or referrals a month: a nearly two-fold increase from 2018 across both metrics.** Moreover, we successfully addressed an issue from early 2019 where some CHWs were erroneously assessing healthy children. Through clarified guidance to CHWs, increased levels of household coverage and improved in-stock medicine levels for CHWs, **the proportion of assessed children who were treated or referred increased from 35% in Q2 to 60% by YE**, which is more in-line with what we would expect. Another important factor was the addition of both FP and immunization services, which boosted MNCH results through increased coverage ([page 6](#)). Taken holistically, this is an important step forward for Living Goods and has generated a trove of best practices and learnings that will reverberate beyond Uganda.

**We accomplished this improved performance while continuing to rapidly scale, meeting our target of 4,203 CHWs early—a 30% increase from 2018.** In partnership with government, we continued to improve CHW recruitment processes, and recently began including branch staff in onboarding efforts, so that CHWs have consistent management and support from the very start.

Providing on-time postnatal care (PNC) has been a focus throughout 2019. We made excellent progress in the past year, **with the average on-time PNC rate rising from 49% in 2018 to 67% in 2019.** However, progress has now plateaued and remains below our 75% target. One challenge is that about 20% of all registered pregnancies do not have a documented outcome (e.g. no documented birth, the woman moved, CHWs couldn't get in touch). Second, there remain too many cases where CHWs register a pregnancy and fail to conduct timely follow-up visits until the expected delivery date, which reduces the likelihood of the mother making contact if she has complications or an early delivery. **In 2020, we will focus on being more rigorous in training around pregnancy registrations** and guiding CHWs to enhance support to the women whose pregnancies they have registered.

Our partner BRAC spent 2019 focused on ramping their operations back up after a major restructuring that resulted in them replacing most of their supervisors, and many CHWs becoming inactive. Living Goods has continued supporting BRAC through this process—providing technical assistance, sharing best practices to drive greater impact, and ensuring CHWs who had become inactive were reengaged, supervised, motivated and using their digital health apps correctly. **BRAC's progress in 2019 was dramatic. They began the year with fewer than 900 active CHWs, and by Q4 had nearly 3,500 in place.** They have also been able to recruit and train a new cadre of supervisors; as both supervisors and CHWs gain more experience, we expect per-CHW performance to continue to improve throughout the year.

In 2020, Living Goods and BRAC will work to continue strengthening our partnership—**with Living Goods providing more extensive technical support so that BRAC can to build their digital capacity and enhance their performance management system.** Living Goods and BRAC have also committed to sharing more data on CHW performance, so that we can continue to learn from one another and ensure we're setting ambitious targets. Living Goods and BRAC will also continue to support the implementation of the National Community Health Roadmap ([page 11](#)) and conduct joint meetings at the district level to generate greater alignment. While the restructuring process in 2019 was challenging, and a setback for BRAC's KPI performance during the year, we have learned from it and taken the opportunity to set ourselves up for a successful 2020.

*Above: CHW Angella checks in on a pregnant client Khadijja in Masajja, a slum on the outskirts of Kampala.*



## 2019 RESULTS

### Steady Performance in Kenya As We Diversify Modes of Operation

We saw continued improvement in our on-time PNC rate thorough the year. **Against a 75% target, we finished 2019 at 83%—a 36% increase from our 2018 rate of 61%.** These improvements are due to better operations at the branch level, as well as several enhancements to the Smart Health app ([page 14](#)) that have made it easier for CHWs to navigate the families they've registered, with an expanded focus on pregnancies. Consequently, **we are now able to document the outcome of 95% of registered pregnancies.** In 2020, we will focus on maintaining this high level of performance, while also drawing on learnings in Kenya to improve our PNC rates in Uganda.

**Our 2019 performance—in terms of assessments and treatments or referrals—has been relatively level since 2018, although the assessment trend has been positive,** with December being our highest month on record. The biggest challenge with treatment numbers is related to CHWs being discouraged from treating pneumonia at the community level, although this has not been official policy. However, following concerted advocacy efforts, we are optimistic this will be resolved in 2020 ([page 11](#)).

**Above:** CHW Amos performs an assessment on a sick child in Busia, Kenya. **Photo:** Christian Bobst

**In 2019, we made the conscious choice to further scale back the growth of our direct operations in Kenya.** Our direct operations serve as learning labs and as demonstrations of how high-quality community health can function. The growing appetite among Kenyan county governments to work with Living Goods ([page 8](#)) is telling us that our direct operations are succeeding in this role at their current scale, and that growing them further would have a limited return on investment. **Instead, we focused on growing our co-financed and contracted support.** We are supporting all of Isiolo County's more than 700 CHWs. We also continued to learn from supporting government-led programs in Kisii County, where we are providing technical assistance to nearly 425 government-supervised CHWs in one subcounty.

In this Kisii County experience, for much of the year, we saw steady improvement in sick child assessments and treatments

or referrals, and the quality of data also massively increased. On-time PNC was 60% for the year, with our average for Q4 at nearly 70%, showing strong progress.

Operations in Isiolo have also been trending positively. While we are generally below target for the year, **every single core health KPI in Isiolo showed improvement from Q3 to Q4.** Retention of CHWs is high and we should continue to see performance improve as CHWs gain experience. We will continue to work with government to optimize the program, while learning what it takes to deliver impact in a very different geographic context.

Finally, the 360-degree data quality program launched earlier in the year has been a success. **We have reduced our level of unverified data every single month in 2019,** eventually reaching only 8% data in December that was unverified, compared to 26% in Q4 2018.

**Below:** CHWs in Isiolo during a graduation event.





## STRENGTHENING IMPACT Boosting the Number of Children with Full Immunization Status

Our partnership with Gavi, the Vaccine Alliance, and the governments of Uganda and Kenya to equip the CHWs we support in immunization counseling and referral services was another significant area of programmatic growth in 2019. Our work in the past year was two-fold:

- **Testing and scaling immunization counseling and referral activities.**
- **Supporting governments to increase their capacity** around generating demand for vaccines, meeting that demand and using data to support their immunization planning activities.

Results to date have been impressive, with **CHWs converting 69% of defaulters to full immunization status and moving the needle both on lowering default rates and reaching ‘zero-dose’ children**, who never had any vaccines.

*Above: In Masajja, a slum area on the outskirts of Kampala, Uganda, CHW Sarah helps ensure all children get their vaccines on-time.*

In Uganda, following our baseline survey, which found that **only 50% of children had full immunization status**, we collaborated with the government to develop appropriate training materials and curricula for CHWs. In collaboration with the Uganda MOH’s National Expanded Program on Immunization (EPI), we conducted three Training of Trainers (TOT) sessions and ultimately exceeded our training targets. Pilot activities began at the end of Q1, with 217 CHWs in our Masajja and Magale branches. By the end of 2019, following the successful pilot, **we rolled out and exceeded our target of 2,800 CHWs, having trained 2,854 CHWs**. We also participated in the government’s EPI technical working committee and supported the roll-out of their measles-rubella vaccine.

In Kenya, our baseline survey determined that only 52.3% of children had achieved full immunization status. We conducted our pilot activities in Q3 in our Shinyalu branch in Kakamega County. Following the development of the immunization workflow and successful integration into the Smart Health app for both Kenya and Uganda, we worked with the MOH to conduct TOT training sessions in Q2, which trained 85 participants, including Living Goods staff, as well as both county and sub-county immunization focal people. **During the successful pilot, we trained 160 CHWs—and rolled it out to an additional 2,100 CHWs in Q4**. We also participated and supported the MOH’s National Vaccine and Immunization Program technical working group meetings and supported the introduction of a new malaria vaccine in Kakamega and Busia counties.

### CHWs converted 69% of defaulters to full immunization

Results to-date show that with Living Goods support government CHWs are moving the needle on default rates and reaching zero-dose children

	Children IZ Status Assessed	Zero dose children	Defaulters	% defaulters of those assessed	Referred & followed up	% referred & followed up	Completed Referrals	% Completed Referrals
Uganda	43,895	2,337	15,999	36%	15,155	95%	12,748	80%
Kenya	23,011	1,343	5,455	24%	4,698	86%	3,663	67%

5% and 6% of children assessed are zero-dose in Uganda and Kenya, respectively.

Overall, 40% of zero-dose children became fully immunized after CHW counseling and referral

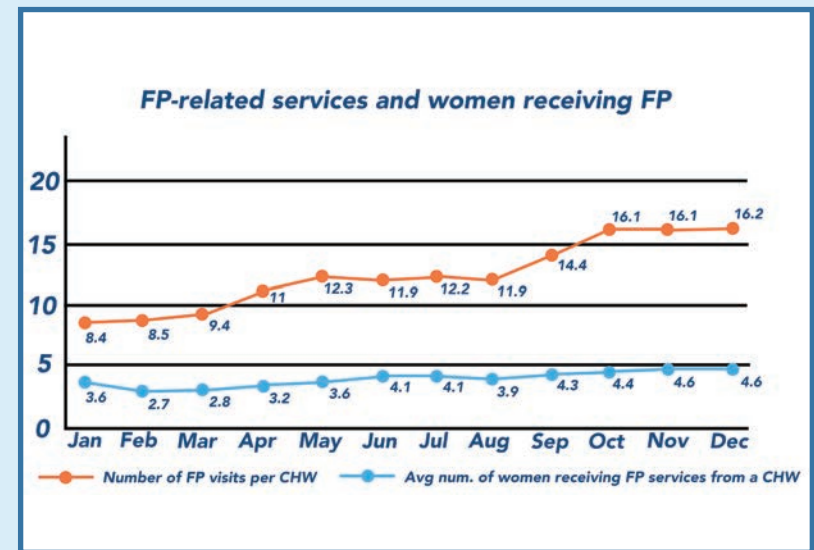


## STRENGTHENING IMPACT Empowering Women to Take Charge of Family Planning

We made significant progress in 2019 extending the reach of voluntary FP services in Uganda at the community level and further increased the acceptance of modern methods among communities. **By the end of the year, we trained 2,263 CHWs in 16 districts, achieving 80% of the annual target.** We were below target due to a deliberate slow-down in scaling once we realized the manufacturer of DMPA-SC—with the brand name of Sayana Press—was experiencing a stock-out. This started in Q3 and **affected CHWs’ ability to provide injectables at the community level, which remain the most popular form of contraceptive among the women we support.** At the same time, despite the stock-out, CHW activity remained high in Q4, with more than half of trained CHWs active.

One important trend we’ve seen during the year is an increase in the number of FP-related visits, which grew from about 8 per CHW in January to 16 in December and correlates with each CHW serving an average of 4.6 women with FP services each month. One important finding is a **positive correlation between the number of visits per CHW and the number of**

*Above: Saraha Natakke, a CHW in Iganga, Uganda, in the middle of educating women about modern FP methods.*



**women each CHW serves per month.** As noted in client Rachael’s story ([page 7](#)), women often need numerous counseling sessions and opportunities to learn about various FP methods before deciding whether to begin using contraceptives and, if so, which type is right for her. **We have also seen a trend where FP-trained CHWs are increasing their MNCH targets**—an unexpected correlation that’s also contributing to KPI improvements in Uganda.

The number of new and initiated users has grown exponentially alongside the growth of CHWs trained in FP services. We saw declining numbers in Q4 around women newly initiated or returning to FP due to the DMPA-SC stock out. However, the stock issue has now been addressed. **There is now at least one year’s worth of the injectable on-hand and in-country,** so we’re confident the steady growth we previously saw will continue.

In 2020, we plan to train and equip all remaining 2,900 Ugandan CHWs in FP and we will also begin supporting BRAC to launch FP services. In Kenya, we have identified Kakamega and Isiolo counties as areas where we will test the use of DMPA-SC at the community level, along with other FP services. We have completed baseline survey work in both counties.



## SUCCESS STORY

### New Possibilities through Family Planning

Rachael, 24, believes things might have turned out differently if she'd had access to FP services earlier. But, she's determined to change her future.

Living in Uganda's Wakisa district, Rachael dropped out of school when she became pregnant five years ago. **She loves her four-year-old, but she also doesn't want another unplanned pregnancy.** "My baby is still young and I don't want to have another one until I'm ready and have the resources to look after her. That is why I am happy to have family planning services close to me. I would never have gotten pregnant had I had access to such services before," she says.

The person who helped empower Rachael with choices around her reproductive health is her neighbor Betty, a CHW supported by Living Goods. But education and behavior change take time, and **it wasn't until Betty's third visit to Rachael's home that she decided to start FP.** Each time, Rachael asked questions and sought clarification about the side effects of using one method of FP versus another. "Some girls in the neighborhood often discouraged me from using family planning. They told me I might

never be able to have children in the future. I want them to learn from me that some of those things are not true," Rachael says, laughing at herself.

Betty takes pleasure in countering myths and misconceptions about FP, with the knowledge she gained from the initial training and monthly in-service refresher trainings. When she encounters challenges or difficulties in answering questions, she refers to the app on her phone or calls her supervisor for help. **FP is in high demand among young women in this village, and many of Betty's clients prefer the DMPA-SC injection**—a hormonal birth control method that prevents pregnancy for three months. This is what Rachael ultimately chose, too.

Asked what motivates her, Betty explained, "Teaching people in my community about their health practices is my greatest joy." She is patient in her approach, always aiming to give as much information as she can to her clients.

**Above:** Betty counsels Rachael and mother about FP options.  
**Below:** Rachael ultimately decided to try DMPA-SC.





## SCALING IMPACT

### Preparing Government to Sustainably Lead Community Health in Kenya

Living Goods spent much of 2019 on an important journey with Kenya's Isiolo County government, learning how to successfully structure and operationalize a collaboratively co-financed and co-managed community health program. Kenyan president His Excellency Uhuru Kenyatta designated Isiolo County as one of the first four counties to participate in the nation's UHC pilot, and progressive governor Dr. Mohamed Kuti was eager to leverage Living Good's technical expertise to showcase the catalytic role community health could play in advancing health for all.

But it took time to sensitize government and citizens alike to what this partnership would mean in practice, figure out how to structure finances per local regulations, iron out which aspects of the program would be managed and paid for by Living Goods or the government, and more. And so, although we initially signed our partnership with Governor Kuti in November 2018, we weren't able to begin training CHWs until May 2019.

720 CHWs are now actively providing support to the 58,000 families living in Isiolo, Garbatulla and Merti sub-counties, and we are deepening the capacity of the county government to take on increasing ownership of the project over time.

Isiolo is a particularly challenging environment due to its nomadic population, poor infrastructure and limited data connectivity, but we are committed to using the learnings we've captured to inform and further streamline how we approach working in new geographies and in different structures with government.

We are in advanced discussions with the Kisumu County Health Management Team about creating a similar UHC co-financing partnership there and are extremely excited as we see this as our future model in Kenya.

*At left: Kisumu County Governor Anyang' Nyong'o and our Deputy Kenya Country Director Ruth Ngechu, center, flanked by government and Living Goods staff, during recent partnership discussions.*

## 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.





## SCALING IMPACT Phasing Our Entry into Several New Countries

Over the past year, we have continued to refine our approach to supporting new countries to strengthen their community health systems. **We are now supporting the national government of Burkina Faso to assess and identify how digital technology can help them deliver improved performance management in their CHW program, and expect to imminently begin a similar effort in Rwanda.** In Burkina Faso, this will take the form of a light-touch, phased implementation approach to assess the viability of the opportunity in the longer-term. Meanwhile, in Rwanda, we anticipate we will be launching the first phase of a longer-term partnership with the Ministry to support them on their journey to digitize their community health program.

When we move to support implementation in a country, Living Goods will work with the government to **identify at least one exemplar district where they can demonstrate how the use of digital health technology and digitally-enabled performance management can significantly increase the quality, accountability and impact of their community health programs.** Living Goods would play a strong implementation support role in these districts and provide technical assistance to government and their implementing partners to leverage the best practices and lessons learned to support national scale up.

*Above: During a weeklong learning visit to our operations in Busia, Kenya, members of the Burkina Faso and Rwanda MOHs pose alongside county government workers and Living Goods staff.*

- **Burkina Faso:** In late August, Living Goods signed an initial 6-month memorandum of understanding (MOU) with the government to support the MOH to operationalize the performance management and digital health components of the recently developed community health strategy, including supporting the identification of an appropriate and cost-effective digital solution for the country's 17,000+ CHWs. This is an exciting opportunity for Living Goods to not only support the MOH, but also to demonstrate impact in a very different context from our current operations in Kenya and Uganda. This work will be supported by a performance management consultant and a digital health consultant, who began in January 2020.
- **Rwanda:** Following a visit by the Rwanda MOH team in October to see Living Goods' Kenya operations, they expressed their desire to have us be their primary digital health technology thought partner and to work with them to design, test and evaluate a digital health solution for national roll-out. **We anticipate signing an MOU in March 2020 and beginning to support the government to cost-effectively digitize their community health workforce** to deliver improved performance management of their CHW program.
- **Ethiopia:** At the initiation and request of the Federal Ministry of Health (FMOH) and CIFF, Living Goods will help PSI Ethiopia to support the FMOH to institute a robust, scalable electronic community health information system that enables performance management—including performance-based incentives—to increase the service quality and efficiency of their Health Extension Program. While **Living Goods will only provide light-touch, national-level support over the course of this two-year project**, this is an exciting opportunity to demonstrate what can be achieved through digitally-enabled performance management in a large (100M+ population) country with a mature community health program.
- **Sierra Leone:** Living Goods still hopes to expand into Sierra Leone. We already have several key staff in place and **have been working to finalize a contract with the government, co-funded by the World Bank and Living Goods, to design and implement a digital health solution.** The program would support at least 800 CHWs over an 18-month period, working in partnership with the government's Integrated Health Project Administration Unit and the Directorate of Primary Health Care. We would be collaborating with the Ministry of Health and Sanitation and other partners to design and implement a digital solution that would track CHW performance, improve quality of care, support the supply chain and incentive payments, and ensure effective supportive supervision structures.

**In 2020, we will no longer actively scope for new country opportunities and will instead focus on ensuring high-quality and high-impact delivery in our new countries of operation.**



## SCALING IMPACT RBF Pilot Completed and Ready for Scale

In 2019, we completed our year-long pilot of Uganda’s first results-based financing (RBF) model for community health, in partnership with the Deerfield Foundation. **This RBF mechanism helped demonstrate to the MOH and donors the viability of contracting high-impact, cost-effective community health services that would buy down the risk of investment**—by only paying Living Goods for independently verifiable, measurable results. Following the success of the pilot, we are preparing to substantially scale the RBF in Uganda in 2020.

The pilot ran from June 2018–2019 in two districts and supported a network of more than 320 CHWs serving some 250,000 people. **By and large, the pilot exceeded expectations against the predefined performance-based targets, meaning payments for verified results were 32% higher than expected.** In-facility visits were 143% of target, while U5 sick child assessments were 173% of target. At the same time, there was underperformance in other areas, such as in-facility deliveries, which only hit 55% of target, and PNC visits, which only achieved 59%.

[Our learnings from the pilot](#) will help us adapt how the RBF is designed for scale, so it yields even greater impact. **Thanks to the support of USAID’s Development Innovation Ventures, we will expand the RBF in March 2020 to 1,280 CHWs in four more districts.**

The scale-up will work to address a variety of clinical, operational, software and data veracity issues uncovered in the pilot. New approaches include:

- **Providing CHWs better clarity on what’s expected** of them in their training materials.
- **Setting higher targets** to push for even stronger results.
- **Shifting payment metrics** to better incentivize health outcomes instead of activities.
- **Adding payment metrics** for CHW household visits that incentivize FP and immunization follow-up visits.
- **Building up metrics that measure quality of care**, such as CHW knowledge, client knowledge about basic health issues following a CHW visit and client satisfaction metrics.

## Partnership to Accelerate Innovation, Training and Support for CHWs

This January, Living Goods was delighted to announce the new **Health Worker Training Initiative in partnership with Last Mile Health, Johnson & Johnson, Lilly, Novartis, Pfizer, GSK and the Bill & Melinda Gates Foundation**. Each of the six investors will contribute US \$1.5 million total over the next three years to:

- Increase access to community-based primary health care (PHC) for nearly 1.7 million people,
- Train and deploy 2,500 digitally-enabled CHWs,
- Contribute expertise and personnel to Living Goods’ new Kenya Performance Lab, and
- Support Last Mile Health’s Community Health Academy, an open-source, digital learning platform for CHWs and health systems leaders.

**The Kenya Performance Lab will focus on developing mobile-based tech innovations that improve CHW productivity, strengthen supply chains and identify obstacles to coverage.** It will leverage the knowledge and assets of project partners in areas including data science, behavior change, performance management, analytics and technical health expertise. The plan is for innovations to be introduced in Kenya and then scaled to other countries within the broader initiative.

**“This partnership will play a critical role in helping to scale and empower the world’s most promising health resource—CHWs—so that they can thrive and effectively save lives,”** said Dr. Jane Aceng, Uganda’s Minister of Health.



## SPREADING IMPACT

### Kenya: Progress in CHW Treatment of Pneumonia

While there is growing global and regional evidence to support the effectiveness, safety and feasibility of CHWs treating pneumonia in children under age 5 at the community level, in Kenya most cases are referred to health facilities due to policy gaps. This has made it **harder for communities to access effective antibiotics like amoxicillin, and has had a corresponding drag on our treatment numbers.**

Late in 2019, a panel of experts—including community health champion and Living Goods Kenya technical advisory board member Professor Miriam Were—prepared a report with recommendations to the government. **If adopted, it will become policy at the community-level to treat children who are experiencing non-severe, fast-breathing pneumonia with oral amoxicillin tablets.**

Approval of the panel’s recommendation would also be a breakthrough in safeguarding the health of children under age 5, particularly in areas with limited access to healthcare facilities. **Living Goods, along with other development partners, has been supporting the process and providing the evidence needed to continue strongly advocating at high levels to ensure that the gains made are endorsed and implemented.**

*Above: Living Goods helps ensure access to critical medicines suitable for children U5, including amoxicillin for non-severe pneumonia.*



## Uganda: A New Community Health Roadmap, and a Path for Leveraging Data

**Living Goods supported Uganda’s MOH in 2019 in developing its first-ever Roadmap for UHC**, which will articulate milestones needed to achieve community health as a core component for PHC. This roadmap is a great example of the actions Living Goods would like to see all countries replicate to ensure strong plans and funded programs. It clearly defines the key investment requirements, timeline, approach, mechanisms and conditions necessary to secure high-level political will at the MOH and across sectors to achieve UHC in Uganda.

**We also supported three districts to use the National Community Health Worker Registry, which enabled the registration of 5,992 CHWs**, including both those supported by Living Goods and also those supported by the government directly. In addition, we finalized secondments in the Ministry’s Health Promotion and Community Health Departments.

*Above: At WHA, Dr. Diana Nambatya Nsubuga, Living Goods Uganda Deputy Country Director; CHW Rita Nakakande; Dr. Jane Aceng, Uganda’s Minister of Health; and Crystal Lander, Living Goods Director of Advocacy.*



## SPREADING IMPACT Working to Advance UHC

To effectively achieve our goal of strong PHC systems that extend to the community level, **we must galvanize global and national leadership as well as key stakeholders to go beyond the rhetoric and make long-term investments in community health systems**—especially given our belief this is the most cost-effective and practical way to advance UHC.

To advance this goal, **Living Goods worked as a founding member of the [Communities at the Heart of UHC Campaign throughout 2019](#)**. The campaign includes more than 70 organizational members, and **reached more than 30,000 leaders, advocates, implementers and key global stakeholders** through strategic events and knowledge-sharing newsletters. The coordinated messages across Africa, Latin America and Asia were simple and focused on getting community input on country UHC strategies, including community-based PHC in UHC plans and investing domestic resources in community health.

Campaign members leveraged key moments in 2019 to engage in collaborative advocacy, organize locally and elevate the voices of CHWs to decisionmakers. Key inflection points were the World Health Assembly (WHA) in May and the UN High-Level meeting on UHC in September, where heads of state committed to plans for delivering UHC for all.

*Above: Living Goods' Advocacy Director Crystal Lander congratulates Ugandan Minister of Health Jane Akumu for receiving the Heroines of Health Award at the WHA.*

### Influencing the Community Health Resolution at the WHA:

- **We celebrated the adoption of [CHW guidelines](#) and the “[CHWs Delivering Primary Health Care: Opportunities and Challenges](#)” resolution**, which recognized the significant role CHWs play in achieving UHC, and how digital tools link communities to the primary health system.
- **We supported Rita Nakakande, a CHW from Uganda, to share the impact of her work and call on stakeholders to extend community health programs that deliver care for all.** This was one of several events we organized to demonstrate the effectiveness and importance of CHWs in achieving UHC and as a key element of the larger health system.

### Celebrating Passage of the [Political Declaration on UHC at UNGA](#):

- **We worked to elevate community health in the UHC agenda** and influence governments to create funded strategies that drive impact through several advocacy events.
- At the High-Level Meeting on UHC, UN Member-State delegations were given the chance to deliver remarks on UHC and their plans for implementation in-country. Of the countries that spoke, **31 across six continents included and referred to community health and/or PHC in their remarks, recognizing their importance to UHC.** This included all the campaign target countries.

*Above: Living Goods' Georgine Mbeki discusses the return on investment for community health with Kenya's then-Health Cabinet Secretary Siciy Kariuki and the Health Director General Dr. Wekesa Masasab.*



## SUCCESS STORY

### Amplifying Grassroots Voices in Global Platforms

To many residents of Suneka, a rural area within Kenya's Kisii County, Roseline Moenga is more than just a friendly neighbor. The 39-year-old mother of three has long been her community's go-to person when there is a health concern. But now, she's also their champion for community health.

**Roseline was first recruited to serve as a government CHW more than 11 years ago.** She received initial training to assess and refer her neighbors for basic health issues. Then, more than two years ago, Roseline started receiving more comprehensive support from Living Goods, joining a network of about 120 other CHWs the organization supports in Suneka. She's now equipped with medicines and a mobile phone loaded with the Smart Health app, and also receives regular in-service training, supervision and compensation by meeting performance-based targets.

**Roseline was first thrust into the international spotlight when she starred in a widely publicized documentary** showcasing the community health movement and the role it can play in enabling UHC. In the nearly [six-minute video produced by Freethink](#)—which garnered more than 670,000 YouTube views in just one month—Roseline is seen visiting families and providing services that help to prevent and treat illnesses, while community health leaders spoke about the importance of delivering essential health services to people's doorsteps. The film also had its first live screenings during sessions at UNGA in September 2019.

"I'm proud to be a CHW and to serve my community," said Roseline during a recent phone interview, adding, **"This documentary helps me bring my village to the world and the world to my village.** It is also bigger than me and I'm excited to be part of this powerful narrative."

During a session at [ICPD25: The Nairobi Summit](#), **Roseline spoke about the transformative power of digital health solutions in a panel discussion**, where she was seated alongside a health minister, an ambassador and leaders of international development organizations. She says the experience was a game-changer for her in realizing the kind of impact she could achieve as a voice who could help mainstream audiences better understand how to support and advance CHWs. **"I want to make the 'big people' understand what it is like to be a CHW and**

**appreciate what the people on the ground experience every day**—so that they have an accurate picture of what is needed when making decisions that affect thousands of lives," she said.

Back home, Roseline is quickly becoming a sensation and an inspiration, as she continues supporting her neighbors' health needs with even greater conviction and passion. She says the empowerment and exposure she gained was both humbling and life-changing. **Roseline now sees her personal contributions as part of a larger movement for community health and feels edified to be a real advocate.** Roseline exclaimed, "I feel so blessed and privileged. I feel like what I do matters and now have the chance to travel, speak and meet so many amazing people outside of my locale who are just as passionate about community health."



**Top left:** Roseline counsels women in Suneka, Kenya about family planning options. **Above:** Sitting alongside other stakeholders, Roseline (far left) watches herself on film before sharing her experiences at ICPD25.



## SUPPORTING IMPACT Strategically Elevating In-House Technical Expertise

Technology-enabled performance management is front and center of our operations, strategy and growth plans, given the catalytic role it plays in facilitating the scale of effective community health programs. We spent much of 2019 in deep discussions with government partners in our current countries and from Burkina Faso, Ethiopia, Rwanda and Sierra Leone ([see page 2](#)) about how to meaningfully co-create and deploy large-scale digital health CHW platforms.

Since these governments and their implementing partners have diverse requirements, working contexts and operational environments, **we've strategically grown our in-house technology team and expertise to configure different digital health platforms**, including Medic Mobile's community health toolkit, which was our original platform, as well as Open SRP and Commcare. Living Goods believes this increased internal capacity will enable us to become a more versatile partner to government.

**A major milestone for Living Goods in 2019 was moving to a point where we could independently configure and host the Smart Health system**, driving increased system stability and responsiveness. We made V3 of Smart Health more modular, intuitive and motivating for CHWs; interoperable with other platforms; and easily adoptable by partners. We completed V3 in September and already rolled it out to more than 10 branches in Kenya and six in Uganda. The remaining CHW phones across our operations will be upgraded by the end of Q1 2020.

**This enabled us to independently configure the complex workflow for our Gavi-funded immunization efforts in Kenya and Uganda** ([page 5](#)). Our tech team continues to improve the original immunization risk profiles they developed to better prioritize and focus CHWs' time on households at the highest risk of defaulting. The tech team has also added a predictive algorithm to track immunization defaulters and vaccination histories.



## Integrating Community Data into DHIS2

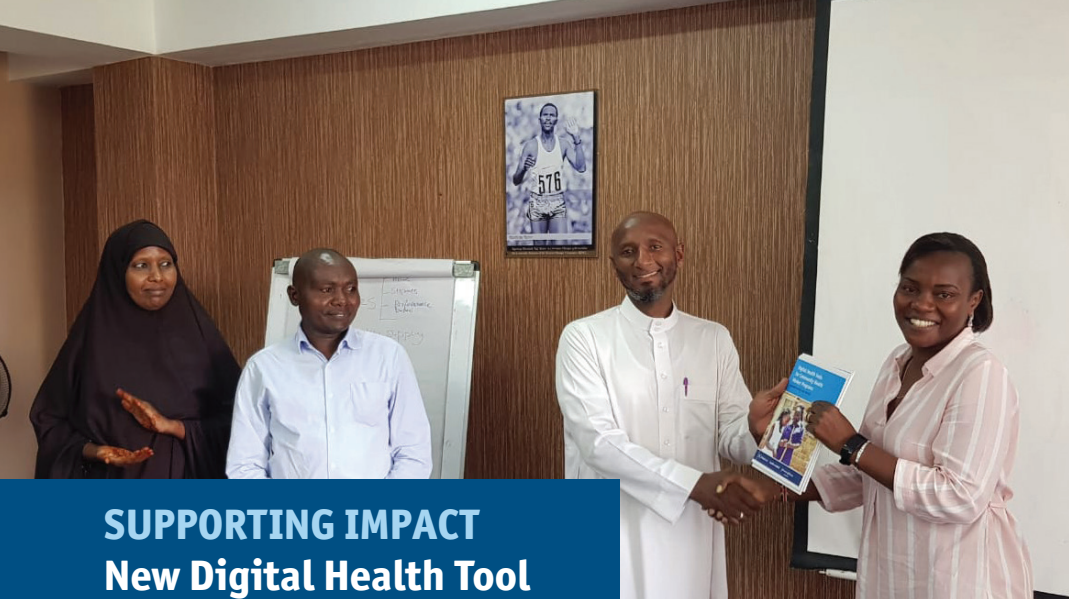
We are working to advance and extend our ability to advise and support government, including through the innovative integration of community-level data into government systems and thinking.

**We became the first organization to undertake health data integration in partnership with the government of Isiolo County, Kenya**, pushing August data in September. This is a key step in enabling the government's effective independent analysis of community-level health indicators, which is essential for budgeting and operationalizing broader government-led efforts. At the national level, the Kenyan MOH noted its need for good data for informed decision-making around UHC initiatives, and we're in discussions

about how to support them in these efforts. We are encouraged that there's national-level appreciation about the need for data and e-tools that facilitate informed decision-making.

In Uganda, **we recently started directly entering data into DHIS2 in order to empower the MOH with the necessary information to advocate for increased community health funding through the President's budget**. Previously, we've been reporting data to health facilities so that they could report into DHIS2—but only about 50% of the data was making it into the DHIS2 system. Moving forward, we'll be looking to enable DHIS integration with the Ugandan government, as we're doing in Kenya, through a direct data push.

*Above: Living Goods staff lead a training session on data transfer for government in Isiolo, Kenya.*

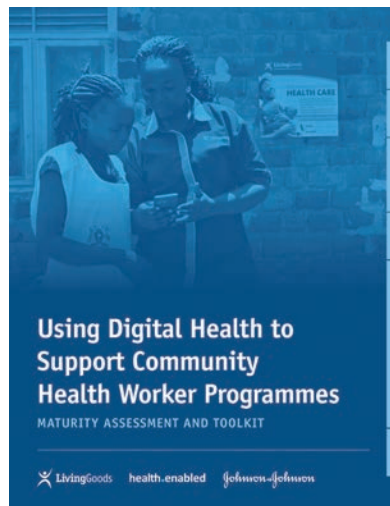


## SUPPORTING IMPACT

### New Digital Health Tool Supports CHW Programs: Maturity Model and Toolkit

Living Goods collaborated with [HealthEnabled](#), Ministries of Health and other stakeholders to co-design a **digital health maturity model to help governments and other community health implementers grow effective community-level digital health programs**. Funded by the Johnson & Johnson Foundation, the [Maturity Model Toolkit](#) provides users with a 5-stage continuum scale to evaluate community health programs; policies, funding and technical infrastructure; and existing health technologies.

**The tool is intended to inform strategy development, investment cases and a structured pathway to implementing a scalable sustainable digital health program for community health.** We launched it at the [2019 Annual Global Digital Health Forum](#). For expanded access, the maturity model is globally accessible [through our website](#) to serve as online digital resource for adaptation and use by other country governments.



*Above: Living Goods staff in Isiolo, Kenya share copies of the maturity model with government.*



## Bolstering the Leadership of the Living Goods Team

We continued to strengthen our talent in 2019, bringing on board several new African leaders in Q4 with significant experience working directly with and for government. Some of the new talent who joined us include:



**Hasifa Naluyiga**

**Hasifa Naluyiga joined Living Goods Uganda as our new Deputy Director for Community Health Partnerships.** She will lead engagements with the MOH and provide technical assistance to drive a high-impact community health agenda and policies and efforts at the national level. Hasifa has 15 years of experience providing technical assistance to the MOH and advocacy for community-based programs on gender and reproductive health, including most recently at PATH. She has an MA in Women and Gender Studies from Makerere University.



**Dr. David Ochieng Oluoch**

**Dr. David Ochieng Oluoch joined us as our new Director of Community Health Systems Strengthening, Kenya.** Dr. Oluoch's experience encompasses 13 years in managerial roles in National and County Government Departments of Health. Most recently, he served as Kakamega County's Director of Health Services, where he was the overall technical lead for the entire county's health services. He has significant experience in health systems strengthening and program management. He holds a BS in Medicine and Surgery from the University of Nairobi, an MS in Applied Epidemiology from Jomo Kenyatta University of Science and Technology and is completing an MPH in Monitoring and Evaluation from Kenyatta University.

# Living Goods 2019 KEY METRICS

	Living Goods-Uganda Direct Operations			Living Goods-Kenya <sup>1</sup> Direct Operations			Living Goods-Kenya Technical Assistance <sup>2</sup>		Living Goods Cofinancing TA (Isiolo)	
	2019 Target	2019 Actual	2018	2019 Target	2019 Actual	2018	2019 Target	2019 Actual	2019 Target	2019 Actual
<b>Impact Metrics - Monthly</b>										
Pregnancies Registered/CHW	3	2.4	2.3	2	1.0	1.2	1.1	1.1	2	1.0
U5 Assessments/CHW	18	33.2	17.3	18/12	20.5/12.1	16.4	16.9	14.9	4	2.3
U1 Assessments/CHW	4	7.0	3.7	4/3	3.7/3.2	3.6	4.0	3.2	1	0.8
U5 Treatments and + Diagnoses/CHW	14	17.6	7.7	14/9	8.9/3.1	7.7	8.2	6.9	2	1.1
U1 Treatments and + Diagnoses/CHW	2	3.6	1.6	2/1	1.4/0.8	1.4	2.2	0.5	1	0.2
% On-Time Referral Follow-Up	80%	85%	79%	80%	80%	82%	96%	94%	80%	50%
% On-Time Postnatal Care Visit	75%	67%	49%	75%	83%	61%	70%	59%	75%	43%
% 'High-Impact' Items in Stock <sup>3</sup>	100%	72%	96%	100%	100%	100%	N/A	N/A	N/A	N/A
<b>Impact Metrics - Total<sup>4</sup></b>										
Active CHWs	4,203	4,217	3,244	2,890	1,786	1,890	430	424	720	708
Population Served	3,362,400	3,373,600	2,595,200	2,312,000	1,428,800	1,512,000	196,800	133,600	N/A	118,299
Total Pregnancies Registered	105,088	94,271	69,946	45,288	19,728	21,582	4,902	1,708	N/A	2,059
Total U1 Assessments	140,118	277,723	109,991	81,437	73,770	63,046	7,353	4,879	N/A	1,765
Total U1 Treatments and + Diagnoses	70,059	143,632	28,614	36,149	24,014	24,125	3,677	2,416	N/A	463
Total U5 Assessments	630,530	1,317,565	510,446	352,757	360,360	289,011	29,412	22,709	N/A	4,729
Total U5 Treatments and + Diagnoses	490,412	714,291	231,264	271,320	142,241	134,144	14,706	10,516	N/A	2,240
<b>Cost-Effectiveness Metrics</b>										
Sales/CHW per month (USD) <sup>5</sup>	\$30	\$15.50	\$22.32	\$30	\$15	\$18.36	N/A	N/A	N/A	N/A
Net Cost per Capita Served (annualized) <sup>6</sup>	\$2.24	\$1.20	\$1.88	\$3.16	\$3.33	\$3.69	N/A	N/A	N/A	N/A

# Living Goods-BRAC 2019 KEY METRICS

	BRAC-Uganda		
	2019 Target	2019 Actual	2018
<b>Impact Metrics - Monthly</b>			
Total Pregnancies Registered	116,280	47,260	86,479
Total Under-5 Assessments	697,680	548,117	668,966
Active CHWs	3,500	3,493	3,800
Population Served	3,040,000	2,794,400	3,040,000
% On-Time Postnatal Care Visit	75%	49%	N/A

## NOTES

<sup>1</sup> Living Goods-Kenya has two assessment and diagnosis targets: malaria endemic/malaria non-endemic.

<sup>2</sup> Currently the technical assistance CHWs in Kenya work only in malaria non-endemic areas, thus all assessment and treatment targets listed are for malaria non-endemic.

<sup>3</sup> As we are working with the government supply in our TA model, we do not track stock outages for TA CHWs, but we hope to introduce technology in 2020 to do this.

<sup>4</sup> Since we are still testing approaches to technical assistance, we have not set total targets yet for impact metrics.

<sup>5</sup> TA CHWs do not sell commodities.

<sup>6</sup> Please note for Living Goods' direct operations these are the FY2019 budgeted net costs per capita and not the actuals, which may be materially different; we will share actuals in March 2020. We are also still working on capturing cost-per-capita data for our TA program and expect to include this in our next report.