



# QUARTERLY REPORT

Q1 | Jan. – March 2024



**LivingGoods**

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



9,074

CHWs SUPPORTED



4,378,450

PEOPLE SERVED



436,523

SICK CHILDREN UNDER 5  
TREATED/REFERRED



65,928

SICK CHILDREN UNDER 1  
TREATED/REFERRED



28,447

NEW PREGNANCIES  
REGISTERED



64,598

TOTAL COUPLE YEARS  
OF PROTECTION

**Cover:** Isiolo County: CHW Madina updates her client's records using the government eCHIS app.

## New Year Blessing: Félicité and Asise Welcome Their Firstborn

In the village of Tangzougou, Ziniaré Health District, 19-year-old Félicité and her husband, Asise, joyfully welcomed their first child on January 4, 2024. Living in such a remote area presents challenges when accessing healthcare. Fortunately, Burkina Faso's Ministry of Health and Public Hygiene, along with partners like Living Goods, are working together to improve access to health services at the community level through digitized and well-supported community health workers (CHWs) like Zoundi.

When we last saw Félicité in late November 2023, [she was heavily pregnant](#). Now, holding her bundle of joy in her arms with her husband by her side, she recounts:

*"Until my fifth month of pregnancy, I had not had access to antenatal care. CHW Zoundi met me during a village gathering and advised me to visit the health facility. I followed his advice and later, he visited me at home. It was through him that I learned about sleeping under a mosquito net, maintaining hygiene, taking the prescribed supplements, and visiting the health facility when I felt unwell. I did not know all of this before meeting Zoundi. He also advised me on what to take to the health facility for my delivery. Fortunately, I had no complications. Zoundi came to see me after the birth. He taught me about childcare, the importance of exclusive breastfeeding, signs of complications to watch for, and the significance of vaccination.*

*Since birth, our child has been healthy. He is now 4 months old and has not fallen ill. I know it's a blessing, but I also know it's thanks to CHW Zoundi's advice,*

*which I follow diligently. If I hadn't received this advice, it would have been complicated for us, especially since this is our first child.*

*I am honored that CHW Zoundi still comes to check on us at home. I am proud to have benefited from all his support, and I am very happy. Thanks to him, I know how to take care of myself and my boy."* ■



Félicité and her husband Asise chat with CHW Zoundi and a Living Goods CHW supervisor.

# Burkina Faso Validates a New Strategy to Advance Community Health

In Burkina Faso, a third [of the 24 million population](#) reside in urban areas, and this has increased due to displacement caused by insecurity in some parts of the country. Many of them face barriers to accessing health services. In some communities, security concerns have led to the closure of health centers, further disrupting service delivery.

[Evidence shows](#) that CHWs can save millions of lives far faster and at a lower cost than facility-based care. However, in Burkina Faso, CHWs have long not been permitted to treat childhood illnesses like malaria, pneumonia, and diarrhea in communities within 5 kilometers of a health facility, even where health centers are overburdened.

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*We thank Living Goods, along with other partners, for the significant contribution to the strategy development process, sharing their expertise and commitment to quality healthcare for all.*

*Dr. Issa Ouédraogo  
Secretary-General of the Ministry of Health.*

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The good news is, this is about to change! The newly validated 2024-2028 National Community Health Strategy permits us to support CHWs to deliver life-saving services to everyone, regardless of their proximity to a health center. **This will not only facilitate faster clinical responses but also reduce caregivers' time and transportation costs, making healthcare more accessible and efficient for all.**

Living Goods, through the BIRCH project, funded by the Global Fund via Africa Frontline First and Last Mile Health, worked hand-in-hand with the government on the development of the strategy, including managing consultants, providing technical and financial support for workshops, and convening key stakeholders.

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*The Secretary General of the Ministry of Health and Public Hygiene, representatives of departments, and technical and funding partners pose for a photo after the technical validation of the National Community Health Strategy in Ouagadougou.*

Cont'd from pg. 3

**"We thank Living Goods, along with other partners, for the significant contribution to the strategy development process, sharing their expertise and commitment to quality healthcare for all," said Dr. Issa Ouédraogo, the Secretary-General of the Ministry of Health, at the validation workshop.**

Living Goods is thrilled to see high-impact best practices for community health adopted in the new strategy. Based on evidence from Burkina Faso and other countries where we operate, we know that digitally enabled, equipped, supervised, and compensated (DESC) CHWs are

crucial for maximizing impact and saving lives—principles that have been institutionalized in the strategy.

The new strategy also prioritizes digitization by committing to the scaleup of an electronic community health information system (eCHIS). **The eCHIS app will guide CHW service provision in communities, delivering messages for behavior change and patient education, and ensuring accurate diagnoses, treatments or referrals, as well as effective supervision. Data-driven task lists and real-time dashboards will drive better health performance while providing governments with valuable data for planning and budgeting.** Additionally, the

eCHIS will ensure the continuation of care by enabling access to patient records at health facilities.

National community health strategies are essential for guiding country investments and efforts to extend primary healthcare services to the last mile. We commend the government's commitment to strengthening and scaling up sustainable community health solutions and are grateful to be working on this alongside the Minister of Health, Dr. Robert Lucien Kargougou, and other partners to scale up support for community health as a critical strategy to achieving Universal Health Coverage—and especially so for conflict-affected settings. ■

## Burkina Faso: Scaling Completed Throughout Ziniaré District

**Living Goods expanded to nearly 500 CHWs in Ziniaré District in March 2024, doubling the size of our learning site and now covering 100% of the district. In the coming months, we will scale into our second and final learning site, Manga District, with nearly 400 CHWs.**

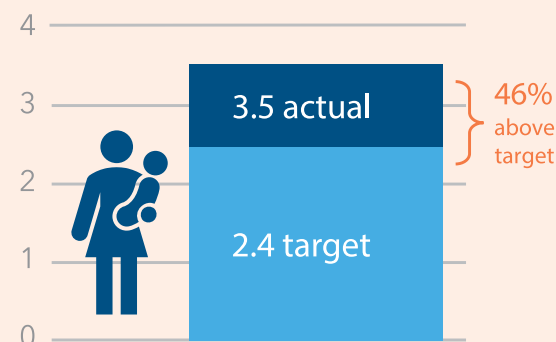
CHWs achieved their targets for most KPIs in Q1, driven by their increased presence in the communities and supervisors aiding them to improve their performance. Pregnancy registrations hit a record at 3.5 per CHW per month against the target of 2.4.

We launched a family planning experiment in February with 84 CHWs. An evaluation of the experiment is slated for June and will guide

our scale-up of family planning training. Some of the challenges we are facing include social stigma, which causes CHWs to be shy to talk about family planning in the communities.

In good news, following the validation of the new National Community Health Strategy that permits experimentation of health services delivery to everyone, regardless of their proximity to a health center, we partnered with the national government to design a study to evaluate CHWs' ability to deliver integrated community case management (iCCM) interventions within 5 kilometers of a health facility. We will conduct this experiment in Ziniaré, starting in Q2. ■

### Pregnancy Registrations



# Living Goods is Proud to Support Governments on their Groundbreaking Digital Health Journeys

Over 15 years ago, Sarah became a CHW in a peri-urban community in Kampala, Uganda. Her role included registering households, delivering health education, and treating and referring sick children, while also providing care for pregnant women and facilitating referrals to health facilities for safe deliveries.

However, keeping medical records was challenging with paper tools. **“We had to write notes during training but would sometimes forget the dosages for the different age groups. Retrieving information from those papers was not easy,”** she said.

In Kenya’s Kisumu County, for instance, frequent shortages of the paper-based tools for their 3,000 CHWs and 119 community health assistants caused problems during data collection. **“By month-end, we would be in cat and mouse games. The supervisors would be looking for reports and the CHWs would not have them,”** explained Maureen Opiyo, Kisumu County’s Community Health Services Coordinator. **“In case of shortages, CHWs would often resort to recording patient data on random papers or books, which would be misplaced or mishandled,”** she added. More so, CHWs would often forget their tasks.

**To address these challenges, governments—including Kenya, Uganda, and Burkina Faso—are investing in digitizing their community health systems.** Living Goods, partnering with



*Vihiga County: The Coordinator of Community Health Services, Gabriel Masinde trains CHWs on the use of digital tools at Ebusiratsi Health Centre.*

these governments, bridges the gap between community health programs, digital systems, and CHWs, significantly improving the delivery of quality health services at the last mile.

**“With timely data, we are better placed to make informed decisions. We can tell the areas that need our immediate attention, including health outreaches, and identify indigents and**

**the interventions to provide,”** said Ruth Ojuka, the Nyando Sub-County (Kisumu) Community Health Focal person. Since Living Goods began operations in Kisumu, most key performance indicators have improved by 30%.

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**Living Goods has strong in-house digital capabilities, being one of the first organizations to provide smartphones at scale to CHWs on the African continent in 2014.** We collaborated with Medic, the steward of the Community Health Toolkit (CHT), to design the first mobile app on the open-source platform. Living Goods can independently design, develop, and implement digital solutions at scale in low-resource settings working alongside platform providers like Dimagi, Medic, and Ona. **Our vast experience built up over the decade in deploying digital tools at scale and using data to optimize CHW performance, improve quality of care, and strengthen health systems is unique and has proven impact.** Preliminary results from an external randomized controlled trial of our work in Uganda found at least a 28% reduction in under-5 child mortality.

In 2021 when the Kenyan Government embarked on its digitization of community health following the successful pilot in Kisumu which Living Goods partnered with the County to implement, it based on Living Goods' app to design its national eCHIS, which is now being scaled to all 107,000 CHWs nationally. **We worked with Medic on the prototype and together with the CHU4UHC coalition are supporting the MoH to implement their community health strategy.** In Uganda, the MoH selected Living Goods to lead the rollout of eCHIS in select districts in 2023, and we continue to provide technical support as the country scales these efforts.

We also believe that different technology is best suited for different contexts and can identify the right product for a user's needs and support them to develop customized solutions. For example, whilst our app in Uganda and Kenya is built on the CHT platform, we supported Burkina Faso's government in adopting CommCare as their digital platform in partnership with Dimagi.

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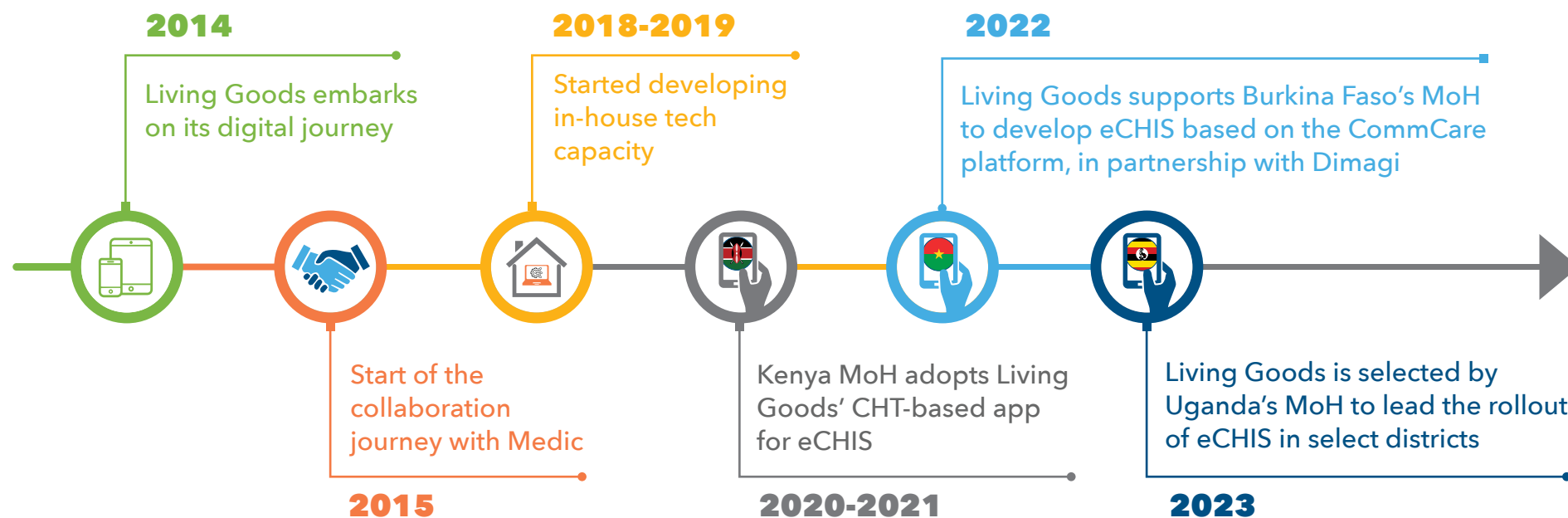
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CHW Sarah inputs her client's information into the phone.

## A timeline of our Digital Journey



"Our expertise extends beyond technology; we advocate for CHWs to receive full support, including supervision, training, supplies, and fair pay," says Emilie Chambert, Living Goods' Chief Programme Officer. Living Goods also advocates for CHW inclusion in national policies and budgets and supports governments in the analysis of their digital landscapes, strategy development and costing, and implementation planning and evaluation of programs.

"We are thrilled to see the progress governments in all three countries we work in are making toward digitizing their community health

systems," emphasizes Liz Jarman, Living Goods' CEO. "We will continue to partner with them to co-finance and co-implement digitized and professionalized community health programs that include all DESC elements because we know what a difference this makes in the lives of the CHWs and the communities they serve."

In the case of Sarah, digitization has transformed her work. **"So much changed when we started using the phones. We are always sure of the dosages we give to children, and even the communities we serve appreciate the standardization of care."** ■

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*Emilie Chambert,  
Living Goods' Chief Programme Officer.*

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# KENYA: Heavy Rains and Flash Floods Devastate Communities; Co-Implementation Sites Getting Up to Speed



Since March, heavy rains have caused devastating flash floods and landslides, resulting in over **277** deaths, displacing more than **389,000** people, and **58,000** households (as of mid May). The floods have led to an increase in health risks, including respiratory infections, asthma attacks, and waterborne diseases like cholera. Mosquito-borne illnesses such as malaria are also likely to rise.

In response, Living Goods is ensuring staff safety by implementing measures such as remote work during heavy rainfall and providing gum boots, reflector jackets, and raincoats.

Recovery efforts will require sustained support from multiple government sectors to rebuild and assist affected communities. Living Goods is actively involved in mapping displaced households and plans to train CHWs in safe working habits before deploying them. Additionally, efforts are underway to introduce digital alerts to CHWs and county staff, highlighting areas at risk of heavy rainfall.

**A**t the national level, Living Goods is supporting efforts to scale up eCHIS across the country. In Q1, we convened with partners from CHU4UHC and MoH to discuss joint financing for community health and strategize for upcoming activities.

Meanwhile, at the county level, there are some promising signs where Living Goods directly supports CHWs, despite some challenges including a delay in stipends which is affecting CHW motivation. However, we saw strong improvements in March, owing to higher in-stock rates of commodities and greater coverage of households, a deliberate focus area. We are ramping up the training of additional CHWs in Vihiga and Busia (outside of our learning sites in two sub-counties) and are focusing on household registration and quality service delivery as we continue to capacity build and collaborate with government supervisors to further improve CHW performance.

**KISUMU:** CHW performance was largely stable in Kisumu County, our biggest site in Kenya with nearly 3,000 CHWs. Performance is not yet at target for many indicators, **but we have seen some promising signs with strong improvement in March.**

The use of KPI champions has been a critical strategy. This entails allocating supervisors and peer coaches—high-performing CHWs who are appointed leaders within the community—a

KPI to champion its performance. They work with other champions to hold weekly meetings to review performance on similar KPIs, which enables them to quickly identify CHWs' challenges and devise strategies to support them.

**Availability of essential commodities improved in March, following our continued advocacy efforts. This has had a ripple effect on KPI performance and started to lead to increased treatment of sick children.** In addition, the continued implementation of the family planning acceleration plan is also driving improvements, with increasing family planning registrations and timely follow-up visits. This is partly attributed to refresher training for CHWs, regular performance reviews, and reproductive health open days held at high-volume health facilities. ■

## Facility referrals

### referral completion

**94%** of sick children referred by CHWs completed visits to health facilities



when a sick child shows danger signs, CHWs refer them to the health facility - and follow up within 24 hours to ensure they get needed care.



**VIHIGA:** In Q1, Living Goods trained an additional 324 CHWs in Vihiga County, our third implementation support site in Kenya. This brings the total to more than 1,000 CHWs actively providing health services in their communities.

Since launching our partnership with the Vihiga County Government, our top priorities have been household registration for the newly trained CHWs—aiming for CHWs to reach a minimum of 100 households each to ensure full coverage—and quality service delivery for the earlier trained CHWs. This was a learning from Kisumu where we identified this had not been done adequately. **Another learning from Kisumu has been to focus on joint work planning and sensitization of government staff on how to optimize performance including holding sessions at health facilities on how CHWs will get stock replenished and referrals made.**

We set progressive targets, as we know it can take several months for new programs to reach target levels of performance as CHWs become accustomed to their new ways of working with digital tools and expanded service delivery areas. **Most KPIs in Vihiga are on a positive trajectory. We are also encouraged by the strong commitment of the county government to community health.**

Pregnancy registrations are already above target—each CHW is registering 2.2 pregnancies per month; however, this is because CHWs were registering all pregnancies within their communities for the first time. Now that household registration has been done, we expect an increased focus on sick child assessments and treatments, as well as continued support to pregnant women. ■



*Vihiga: CHW Luke attends to two-year-old Christabel, using a MUAC tape to measure his upper arm circumference to ensure he is not malnourished.*

**ISIOLO:** As of Q1 2024, all 760 CHWs in Isiolo County were digitised, through the national eCHIS rollout. The reception of eCHIS has been very positive, and since it is government-led, we are seeing greater ownership, commitment, and accountability.

However, performance was unstable in Q1, given the focus on eCHIS which included orientation, phone setup, app installation, kit distribution, and household registration. CHW motivation has also been negatively affected by a 10-month delay in stipends, which has had a ripple effect on service delivery. We continue to escalate the importance of timely compensation with the county. Because CHWs' data is now

hosted at the national data center, we had challenges accessing the CHWs' data for March. Data visibility is critical for enhanced service delivery and performance management. We are working with the county to establish a standard template for the information we need. ■



**As of Q1 2024, all 760 CHWs in Isiolo County were digitised, through the national eCHIS rollout.**



*Isiolo: CHW Stella sensitizes her client Everlyn about the importance of proper feeding and nutrition during pregnancy.*

## BUSIA: CHWs ARE INSTRUMENTAL IN MANAGING MALARIA CASES AT THE HOUSEHOLD LEVEL

Situated in western Kenya at the border with Uganda, Busia County is a malaria-endemic area with a prevalence of 39%, way above the national rate of 19%. Its proximity to Lake Victoria and other water bodies creates humid temperatures and wet weather, ideal for mosquito breeding and waterborne diseases. With a population of nearly 900,000 people, the county boasts several health facilities and 2,190 CHWs who bring services to people's doorsteps.

Busia County is one of our longest-standing areas of operations in Kenya. **We now operate both a learning site and partner with the county government to co-implement and co-finance their community health program.** A new cohort of about 300 CHWs is now active in two implementation support sub-counties—Malaba and Busia—in addition to about 800 CHWs in our learning sites.

Over the years of Living Goods' support in Busia, there has been a gradual improvement in the county's health indicators. **"Statistics show an improvement in facility deliveries from 23% in 2014 to 70% in 2022,"** says Luvai, Busia County's Health Focal person.

Overall, performance in Q1 has been strong, though some KPIs declined slightly due to competing priorities including malaria prevention efforts due to flooding. We are engaging in continuous capacity building of CHWs on work planning, collaboration with MoH supervisors and counterparts, and targeted performance improvement plans through data deep dives and revamping of workflows.

"The CHWs currently manage half of the malaria cases at the household level. We have also seen a drastic drop in the workload at health facilities. Nowadays, we no longer have long queues there," says Luvai, adding that with Living Goods' support, "The CHWs are equipped to detect disease outbreaks and report back using their digital tools early enough for quick management."

**Many of the CHWs' achievements have been possible because they collect and use data to guide their daily tasks. Supervisors are supported with dashboards to tailor their support to individual CHWs' needs. Government staff can also use the aggregated data to make health programming decisions.**



*Busia County: During a household visit, CHW Joseph Barasa teaches a mother about the importance of proper nutrition during pregnancy.*

**"**  
**The CHWs currently manage half of the malaria cases at the household level. We have also seen a drastic drop in the workload at health facilities. Nowadays, we no longer have long queues there.**  
**"**

*Luvai,  
Busia County's health focal person.*

"Through training, we have been able to upskill CHWs, most of whom are from humble backgrounds, to diagnose and treat several childhood diseases," Luvai adds, attributing this to the eight-year partnership between Living Goods and Busia County.

In Q1 we kicked off eCHIS sensitization for CHWs and government supervisors in two sub-counties and aligned on the program objectives, KPI targets, and health system assessments with the county-level leadership.

**Out of the 2,190 CHWs in the county, more than 96% have already been digitized and enrolled on the national eCHIS platform.** The few remaining CHWs will be digitized and trained in the coming months, with technical support from Living Goods.

## UGANDA: SUSTAINED PERFORMANCE DESPITE PROGRAMMATIC SHIFTS

Our learning sites in Uganda sustained their performance in Q1 despite our recent programmatic shifts. These shifts aimed at consolidating operations by going deeper in fewer districts instead of being thinly spread across many. **Most notably, family planning maintained a steady upward trend. For example, each CHW provided 3.8 couple years of protection per month in Q1—more than double the same period last year and 27% above the target.**

To mitigate risks and maintain health impact in communities during the transition period, we implemented several strategies. These included optimizing incentives to encourage household coverage, sending weekly messages to CHWs and peer leaders, and bridging the supervision gap caused by staff exits.

By March 2024, we successfully transitioned about 1,000 CHWs in nine districts to local governments. We anticipate transitioning more

districts by year's end as other partners come on board to scale the government-led eCHIS. To ensure a smooth transition, we engaged district and local leaders, providing support for CHWs to remain a part of the community health resource pool. CHWs who exited retained their work tools such as job aids and phones to support continued service provision.

Additionally, **we implemented a robust change management process led by our Uganda leadership team and supported by an external consultant. This process included various feedback channels and ensured timely, fair, and transparent communication with staff.** Of the 69 staff members who transitioned out of Living Goods, each received support including career and finance counseling, psychosocial support, and redundancy packages meeting full legal requirements. ■



A CHW in Masaka District inputs a child's information in the phone during a household visit.

### COUPLE YEARS PROTECTION (CYP)



A family planning impact optimization plan has driven steady improvements in our Uganda learning sites over the past year

## “IN TIMES LIKE THESE, CHW SHADIA’S CARE MEANS EVERYTHING” - JANE, A PREGNANT WOMAN IN UGANDA

In the village of Bamunanika, Masaka District in central Uganda, 25-year-old Jane eagerly awaits the arrival of her third child. “I feel prepared to welcome my baby,” she shares confidently.

**Childbirth can be daunting, especially without proper antenatal care. The odds are worse in remote areas, where access to health services is hindered by poor roads, high transport costs, and knowledge gaps. Care by skilled health professionals before, during, and after childbirth can save the lives of both mother and newborn.**

This is why Jane is keen on making antenatal visits to Kamulegu Health Center IV, no matter the challenges. Walking there takes an hour, but the journey could be halved on a motorcycle. Despite the challenges, Jane perseveres through the inconvenience. “It’s safer to receive help at the health center in case of an emergency than if I were at home,” she notes, mindful of her past cesarean sections.

The 2022 [Uganda Demographic and Health Survey \(UDHS\)](#) puts the pregnancy-related mortality ratio at 228 deaths per 100,000 live births. According to [WHO](#), women from low-income countries are 33 times more likely to die from maternal deaths due to inequalities in access to quality health services compared to women in high-income countries.

Living Goods trains and supports CHWs to bridge this gap. CHWs are trusted frontline health personnel with basic health training and knowledge who provide primary care to their neighbors and help alleviate pressure on

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*The CHW teaches me what foods to eat, and how to look after my children and keep my environment clean... On top of that, she encourages me to observe my antenatal schedules*

*Jane. Bamunanika, Masaka District*

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resource-constrained health facilities. For many in rural areas, CHWs are their link to the formal health system.

And this is the case for Jane. Her husband frequently travels for work, leaving her at home with two little ones and a pregnancy that’s almost at full term. **She is grateful to know that she has reliable support from someone nearby: CHW**

*Cont’d on pg. 13*



*Uganda: CHW Shadia educates her client Jane about proper feeding during pregnancy.*

Cont'd from pg. 12

**Shadia. "It is such a relief to have CHW Shadia's number! In case of an emergency, I know I can call her for help,"** she admits.

Shadia is one of the 230 CHWs supported by Living Goods in Masaka District. She serves about 150 households. Shadia started supporting Jane when the latter was expecting her second child and has continued to do so throughout the pregnancy for her third child.

**"The CHW teaches me what foods to eat, and how to look after my children and keep my environment clean," Jane explains. "On top of that, she encourages me to observe my antenatal schedules"** she adds.

The health workers at the health center were impressed with Jane's consistency and commitment to attending every antenatal visit. They gave her a free mama kit to use during her delivery. Jane has become a role model and inspiration to other pregnant women.

The CHWs' efforts in mobilizing women to deliver in health facilities are reflected in the national statistics which show that in the last five years, 91% of women aged 15-49 years gave birth in a health facility, attended by a skilled provider, compared to 76% in 2011.

As she awaits her newborn, **Jane knows that she can rely on CHW Shadia. "In times like these, her care means everything."** ■

## Organizational Update: Transition in Living Goods' Leadership

As Living Goods' momentum has been building over the last several years, our CEO, Liz Jarman, began discussing with our board the right time to pass the baton after more than 10 years of extraordinary service. With the momentum of our strategy, our strong financial health, and the outstanding support of our partners and teams, Liz believes that now is the right time to pass the torch to a new leader.

After a rigorous recruitment process, we are thrilled to announce that the board has unanimously selected Emilie Chambert—currently serving as the Chief Program Officer and deputy to the CEO—to assume the role of Living Goods' next CEO, effective January 1, 2025. Emilie has played a pivotal role in achieving key strategic milestones for Living Goods. With over 20 years of experience in public and private sectors, including more than 10 years in public health and seven years living and working in Uganda, Emilie is a proven leader in scaling impactful initiatives and engaging with governments across Africa.

Since 2021, Emilie has driven organizational excellence and expansion, ensuring evidence-based impact, cost efficiency, and government adoption. Most recently, she led our exciting expansion into Burkina



*Emilie Chambert, Living Goods' incoming CEO.*

Faso, where the early results are exemplary. Her bilingual proficiency in English and French further enhances her ability to work effectively in both anglophone and francophone countries.

**We are grateful for Liz's inspiring leadership throughout her time with Living Goods. We deeply admire and value her accomplishments, and fully support her decision to move on at the end of this year. As we continue to enjoy her leadership for the remainder of the year, we are confident that Emilie will build on that strong foundation to continue driving Living Goods' mission forward.** ■

Q1 2024 KPIs	Learning Sites						Implementation Support					
	Kenya: Busia County <sup>1</sup>		Uganda		Burkina Faso <sup>2</sup>		Kenya: Kisumu County		Kenya: Isiolo County <sup>3</sup>		Kenya: Vihiga County <sup>4</sup>	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
<b>Monthly Per-CHW Impact Metrics</b>												
New Pregnancies Registered	1.1	1.1	1.3	1.2	2.4	3.5	0.8	0.6	0.6	0.2	0.8	2.2
% of 4+ ANC visits	75%	92%	75%	86%	75%	N/A	75%	89%	75%	86%	75%	N/A
% Facility Delivery	85%	97%	85%	91%	85%	N/A	85%	98%	85%	78%	85%	98%
% On-Time Postnatal Care Visit	75%	83%	75%	57%	75%	N/A	75%	76%	75%	22%	75%	N/A
Couple Years Protection	4	2.8	3	3.8	3.0	N/A	4	4.0	1.7	0.3	4	0.0
% Children 9-23 Months Fully Immunized <sup>1</sup>	90%	99%	90%	98%	90%	N/A	90%	94%	90%	90%	90%	84%
Under-5 Treatments or Referrals	23	28	24	31	25	19.0	10	7	3.0	1.1	10	1.1
Under-1 Treatments or Referrals	5	4.3	5	4.7	5	N/A	2	1.1	0.4	0.1	2	0.2
% Sick Child Facility Referrals Completed	80%	97%	80%	77%	80%	N/A	80%	94%	80%	98%	80%	60%
<b>DESC/Performance Management Metrics</b>												
% CHWs in Stock of Essential Commodities	75%	92%	75%	93%	75%	96%	60%	41%	60%	N/A	60%	7%
% CHWs w/ Supervision in Last 1 Month	80%	95%	80%	89%	80%	96%	60%	74%	60%	N/A	60%	68%
CHW Income <sup>5</sup>	\$20.00	\$15.30	\$20.00	\$17.90	\$20.00	\$33.00	\$20.00	\$22.60	\$20.00	TBD	\$20.00	\$22.60
<b>Impact Total Metrics</b>												
Active CHWs (3-Month Active)	635	1,055	2,475	3,407	478	467	3,000	2,880	780	225	980	1,040
Population Served	285,750	474,750	1,485,000	2,044,200	286,800	280,200	1,140,000	1,094,400	202,800	58,500	401,800	426,400
Total New Pregnancies Registered	2,096	2,522	9,653	11,651	2,581	3,085	6,911	5,089	1,404	59	1,764	6,041
Total Under-5 Treatments or Referrals	43,815	63,725	181,764	301,581	13,444	8,746	86,385	58,878	7,488	454	22,050	3,139
Total Under-1 Treatments or Referrals	9,754	9,790	38,016	46,505	2,689	N/A	17,277	9,104	1,016	48	5,880	481
Total Couple Years Protection	7,620	4,874	22,275	35,926	643	N/A	34,554	23,772	3,978	20	8,820	6
Total Unintended Pregnancies Averted	1,842	393	5,384	8,683	116	N/A	8,352	5,746	961	5	2,132	2
Net Cost per Capita (Annualized)	\$3.52	\$4.61	\$3.07	\$3.42	\$9.13	\$7.77	\$0.90	\$1.17	\$1.41	\$2.05	\$1.18	\$1.89

**NOTES:**

<sup>1</sup> We will start reporting separately on Busia implementation support in Q2; in the meantime, they have been incorporated into the active CHWs and population served totals.

<sup>2</sup> Not all indicators in Burkina Faso are currently reported on due to issues with CHWs' new digital tools; we are working with the MoH and partners to address this.

<sup>3</sup> Isiolo totals are low because CHWs were manually reporting and then transitioned to eCHIS in March at which point we could not access their data from the national data center. We hope to have this resolved by Q2.

<sup>4</sup> In Vihiga, workflow gaps have affected reporting on some KPIs in Q1.

<sup>5</sup> 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.



Uganda: A light-hearted moment between a mother and her child.

In all we do, we seek to live out our core values:



Put Families First



Make No Small Plans



Drive Towards Sustainability



Be Inventive and Adaptive



Master the Art of Collaboration

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You can find more on our values on our [website](#), where we invite you to learn more about Living Goods, our partners, and the communities we serve. ■

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