



**LivingGoods**

Delivering Data-Driven Health Care, Door to Door.



YEARS



# QUARTERLY REPORT

Q3 | July – Sept. 2023



## Results in Q3 2023



10,424

CHWs SUPPORTED



5,784,700

PEOPLE SERVED



741,491

SICK CHILDREN UNDER 5  
TREATED/REFERRED



120,045

SICK CHILDREN UNDER 1  
TREATED/REFERRED



34,821

NEW PREGNANCIES REGISTERED



51,239

TOTAL COUPLE YEARS OF  
PROTECTION

**Cover:** A section of CHWs with President Ruto during the unveiling of CHW Kits, which were distributed to all the 47 counties of Kenya.

(Courtesy of the Ministry of Health, Kenya.)

## CHOOSING SAFER BIRTHS WITH CHW SUPPORT: GRACE'S JOURNEY

Grace had a home delivery for her first child, who missed out on crucial vaccinations after birth. When Grace relocated to Ahero, in Kisumu County, she met a community health worker (CHW) who taught her about the benefits of prenatal visits and the advantages of health facility delivery.

**CHWs conduct check-ups and examinations, offer nutritional counseling to ensure proper growth and development of the unborn baby and give advice to expectant mothers.**

When she became pregnant with her second child, Grace heeded the CHW's advice and registered at a health facility for support.

"During the monthly prenatal clinic sessions, we were given supplements, including iron folic acids which are helpful in boosting the amount of blood in expectant mothers," she says.

Grace realized she wasn't well aware of the support that health professionals could provide, especially in case of an emergency. She was also pleased to learn that her baby could be immediately immunized and receive a schedule for follow-up vaccines.

"My baby was big. He weighed 4.2 kilograms, so I had a perineal tear and had to be stitched after delivery. That would not have been possible in my home setting," remembers Grace.

Before leaving the hospital, new mothers are taught how to breastfeed and sensitized on the importance of exclusive breastfeeding as well as weaning a baby.

Grace is full of praise for her CHW who supported her from the moment she arrived in this community, ensured her first child received the missed vaccines and was by her side through her second pregnancy.

**One aspect that made the CHW's work easier was a smartphone loaded with an app that not only supports her in decision-making but also sends her task reminders. This means she is able to support her clients in a timely manner.**

"We review the data with each CHW to ensure they know the number of expectant mothers due to deliver, for instance, in a week, within the assigned households. This helps them to conduct timely follow-ups," explains Community Health Assistant Fanaka Azizi. ■



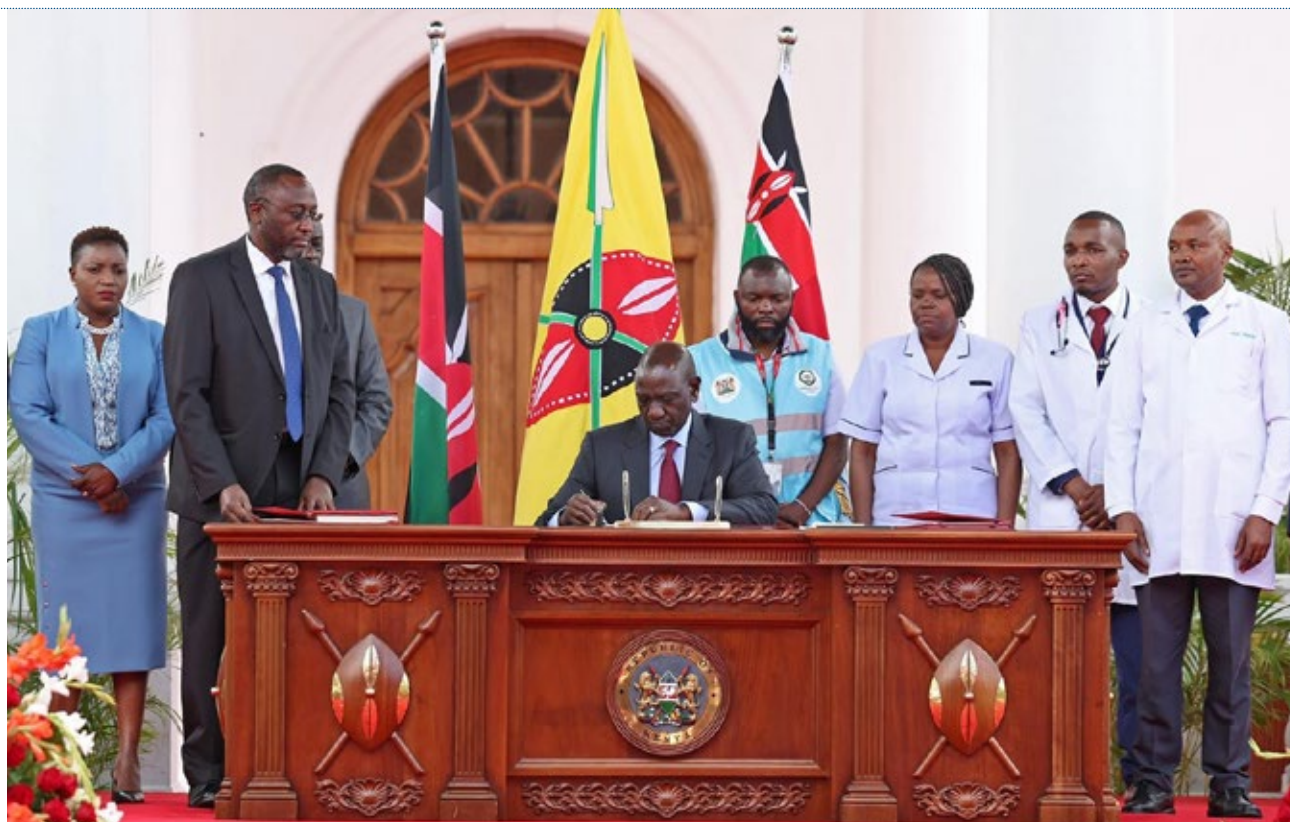
Grace at her home, breastfeeding her baby.

## KENYA REVAMPS ITS COMMUNITY HEALTH PROGRAM TO ACCELERATE UHC GAINS

In October, President William Ruto and the Government of Kenya **committed to revamp and transform the community health program by supporting county governments to digitize, skill, supply, supervise and pay approximately 100,000 CHWs**—now called Community Health Promoters—across the country.

At the same time, **the president signed four groundbreaking bills into law** (The Primary Healthcare Act, The Digital Health Act, The Social Health Insurance Act and The Facility Improvement Financing Act) aimed at strengthening the nation’s healthcare infrastructure. These new legislations will bolster health financing and healthcare provision, setting the stage for a robust community health ecosystem.

This remarkable achievement is a result of extensive public engagement and dedication of numerous stakeholders. For years, Living Goods and the [CHU4UHC partners](#) supported government efforts in providing evidence,



President Ruto signing the four bills that will have an impact on the community health workforce. (Courtesy of the MoH, Kenya.)



***We have steadfastly toiled to ensure that healthcare touches the lives of every Kenyan. I have affixed my signature to four bills that will open the doors to accessible healthcare for all.***

William Ruto,  
President, Republic of Kenya.



deploying primary and community health strategies and creating foundational documents like the Investment Case for Community Health, the Costed Community Health Policy 2020 - 2030, the Kenya Community Health Strategy and a landscape analysis of digital health requirements.

*Cont'd on pg. 4*





Cont'd from pg. 3

Going forward, every household in Kenya will have access to a professionalized CHW providing preventative and promotive healthcare. **What we've long been advocating for alongside our partners at the [Community Health Impact Coalition](#) is becoming the foundation of the community health program across all of Kenya's 47 counties.**

President Ruto said, "We have steadfastly toiled to ensure that healthcare touches the lives of every Kenyan. I have affixed my signature to four bills that will open the doors to accessible healthcare for all." He added, "We begin with our devoted community health promoters who have selflessly served for years. Now, they are equipped and fairly compensated for their invaluable service to Kenya." ■



## FROM PAPER-BASED TOOLS TO A DIGITAL PLATFORM

To improve the quality of care provided by CHWs, **the Kenyan government launched an upgraded version of the electronic Community Health Information System (eCHIS)**—a comprehensive digital health platform encompassing all healthcare levels. The government-led eCHIS app will ultimately be deployed to all CHWs nationally. It is **modeled after Living Goods' Smart Health App**, and hosted on the Medic-stewarded Community Health Toolkit.

**Living Goods worked closely with the government during the conceptualization, development and piloting of the system.** In 2021, we worked with the Kisumu County Government to [pilot the eCHIS tool](#), learning valuable lessons and paving the way for national rollout.

Prior to the introduction of eCHIS, the reliance on manual paper-based data systems resulted in poor data quality, limited accountability, misuse of health data, high healthcare delivery costs and inefficient data use for decision-making. **eCHIS will collect accurate household data and support CHWs to provide high-quality, timely and**



▶ *This film is a product of the Solutions Storytelling Project, supported by the Skoll Foundation.*

**equitable care, as well as ease monitoring and supervision.** eCHIS is not just a data collection tool but an enabler to deliver greater performance and health outcomes.

Since Living Goods started working in Kenya in 2015, we've demonstrated the potential of digitalizing and professionalizing CHWs. We today partner with county governments to support over 4,500 CHWs and strengthen the systems in which they work. We're committed to building on this momentum, providing implementation support in counties with co-financing agreements and expanding our reach to areas in greatest need.

We'll further work with the Ministry of Health (MoH) and Medic to **monitor and mitigate technology-related challenges that may arise owing to the rapid scaling of eCHIS**, and will keep advocating for continued investments in community health. ■



# Learning Sites

## LEVERAGING TELEHEALTH TO IMPROVE ACCESS TO MATERNAL AND NEONATAL CARE

While there has been significant progress in reducing newborn and maternal deaths globally, many mothers and newborns are still lost to preventable or treatable causes—particularly in regions with limited access to quality healthcare. The first 1,000 days of life are a critical window for intervention.

To improve demand, timeliness and access to care for mothers and newborns during this postnatal period, Living Goods partnered with Health X Africa to launch a telehealth experiment in June 2023, in our Busia, Kenya learning site. The innovation combines a hybrid model of support through CHWs and a virtual platform.

In this 11-month exploratory pilot, pregnant women and new mothers can not only initiate CHW support, but also access a 24-hour hotline (staffed by healthcare providers), receive educational messages, report the delivery of a baby and access a danger sign checklist. This builds households' agency to pursue care for potentially high-risk cases. **In two months, we have onboarded 17 CHWs in Busia County and registered close to 100 users on the virtual platform.** This pilot aims to reach 400 women.

**The virtual platform may be improving timely access to vital maternal and neonatal health services and information.**



We are building evidence around which channels of communication are fit-for-purpose for remote communities. **Early indications show the virtual platform may be improving timely access to vital maternal and neonatal health services and information.** In the second phase of this pilot, we will focus on refining the virtual tools to support households' risk assessments and strengthen the design to improve compliance by new mothers to all three postnatal care touchpoints in the six weeks after birth. By 2024 we will evaluate the outcomes, including postnatal care service uptake and cost efficiencies. ■

## BUSIA: CHWs SUSTAIN EXEMPLARY PERFORMANCE

In Q3, CHWs in the Busia learning site continued to meet nearly all their targets, as expected for a learning site where all DESC elements (digital tools, training and medicines, supervision, and timely compensation) are in place. We also maintained strong collaboration with our government partners.

*Cont'd on pg. 6*



*CHW Wilmina Etyang in Teso North Sub-County uses a MUAC tape to check Faith's nutrition status during her pregnancy.*



Cont'd from pg. 5

We have launched an action plan focused on family planning which is below the ambitious targets we set this year. The action plan includes improving coverage, referral rates and services mapping.

Overall, we are enthusiastic about the CHW performance in Busia County. It remains the **gold standard for governments, partners and community health implementers, and shows what is possible when CHWs are well supported.** ■

### facility delivery



**97%**  
of mothers delivered at a health facility vs. target of 85%



CHWs promote facility-based deliveries to reduce complications during childbirth and enhance survival rates of mothers and newborns

### DESC

**100%** of CHWs have a functional app

**91%** of CHWs fully in-stock with medicines

**94%** of CHWs receiving monthly supervision

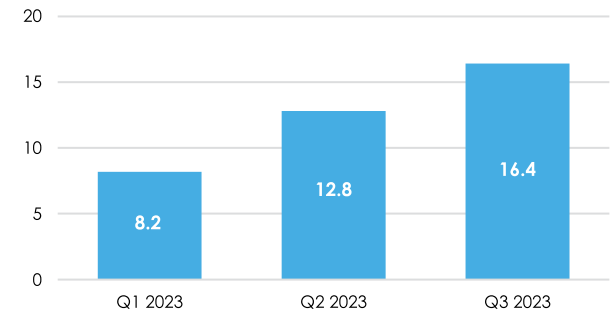
**\$20** monthly income

## BURKINA FASO: UNDER-5 TREATMENTS DOUBLED AS POSITIVE TRAJECTORY CONTINUES

CHWs in our Ziniaré learning site continued to hit progressive targets in Q3. For example, monthly under-5 treatments or referrals per CHW doubled from 8 in Q1 to 16 in Q3. Performance drivers included regular CHW supervision that improved motivation and addressed knowledge gaps, as well as monthly data reviews with the health facilities.

That said, continued challenges with data flow limited full reporting on all indicators and our ability to manage some aspects of performance. We have seconded tech experts to the MoH to address this. We also drafted MoH guidelines for the integration of mHealth into iCCM, which will help integrate digitalization into service delivery standards.

### Under-5 Sick Child Treatments or Referrals



High malaria incidence in Q3 resulted in increased use of medicines, highlighting the need for an early warning system to anticipate commodity shortages. We are successfully strengthening supply chain management at the CHW level and have put mechanisms in place to improve CHW stock by providing buffer stocks to the district.

**In Q4, we hope to expand to the entire district, adding nearly 500 CHWs if the data flow issues are resolved, and are introducing family planning services into the service package.** ■



A supervisor guides a CHW on how to use data to guide his work in the field.



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## MOUSSA TAKES PRIDE IN HIS WORK

CHW NASSA Moussa, known locally as a Community-Based Health Agent in Burkina Faso, is from the village of Tanbogo in the Ziniaré region, about 40 kilometers outside of the capital Ouagadougou. He has been a CHW for the last seven years.

**“I became a CHW to improve the health of my fellow community members. I want to help save lives and bring smiles back to many families here,”** says Moussa. He is proud of his contribution and the impact he has had in his community, with the support of Living Goods. Moussa and other CHWs in the Ziniaré learning site were trained in Integrated Management of Childhood Illness (IMCI) in January, equipping them with the skills needed to provide essential care for pregnant women and managing childhood diseases like malaria, diarrhea and pneumonia.

Moussa enthusiastically reflects on the positive reception from the community. “The population is really happy about our services because some live far from the health facilities. Thanks to us, they can receive care at any time, even at night,” he says. CHWs serve as a bridge, enhancing access to health services, especially in remote communities, where they are often the first point of contact for people’s health needs.



CHW NASSA Moussa prescribes medicine for a child in Ziniaré district.

”

Having previously grappled with paper-based tools, Moussa praises the transformative role that digital technology has played in improving service delivery. “The phone is very useful. It makes our work easier,” he explains. CHWs in Ziniaré received mobile smartphones from Living Goods, equipped with the MoH’s mHealth application.

**“The phone now serves as my compass. It sends me task reminders. I can’t forget any of my responsibilities,”** Moussa emphasizes.

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Relatedly, Moussa underscores the importance of supervision in his daily work. “Without proper supervision, we would struggle to manage our tasks effectively. When issues arise in the field, we rely on our supervisors to help us resolve them.” ■



## UGANDA: CHW PERFORMANCE ON TRACK AS GOVERNMENT ROLLS OUT eCHIS

Overall performance remained on track in our Uganda learning site in Q3. **After significant efforts, We had the best tech stability in several years after significant efforts**, including continuous timely follow-up of non-reporting CHWs and resolution of emerging tech issues. This means that CHWs can reliably use their app, and data can effectively be used to improve service delivery and decision-making.

However, some challenges in September affected this quarter's results. These included a server refresh issue that limited data visibility for two weeks, CHW participation in a national bed net distribution campaign and a transition out of Mukono district.



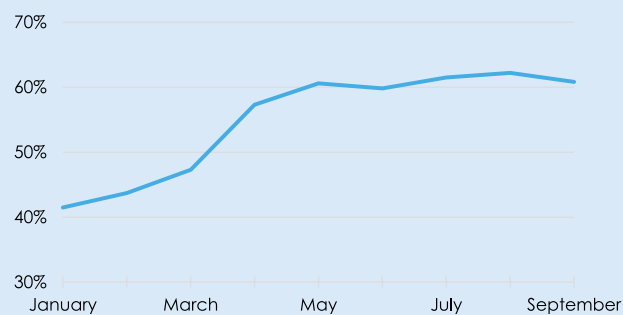
CHW Ronald sensitizes his client Sandra on family planning.

In September, Living Goods started transitioning to the government the management of 500 CHWs in Mukono district, with about 250 transitioned in Q3. With the support of UNICEF, the government deployed the Open SRP platform in Mukono—a move Living Goods welcomed as this aligns with our planned strategy to go deeper in some of the other districts where we work. *More on this on page 12.*



We are working to ensure that every woman who wants to access modern family planning has it. In September, we initiated an accelerated impact optimization plan focused on improving efficiency of visits, coverage, uptake and commodity access.

### On-Time Postnatal Care Visits



**On-time postnatal care visits increased from 44% in Q1 to 62% in Q3. We rolled out a tracker in July of pregnant women's expected delivery dates for peer leaders to improve tracking.**

**This is important because most maternal and newborn deaths occur within the first 48 hours after birth, so postnatal care in this window is a critical opportunity for improving survival.**

We are working to ensure that every woman who wants to access modern family planning has it. In September, we initiated an accelerated impact optimization plan focused on improving efficiency of visits, coverage, uptake and commodity access. Nearly half (42%) of the family planning referrals CHWs make are not completed—largely because when women go to health facilities, they find their preferred methods out of stock.

We are working to improve referral mechanisms and signed an MOU with a new partner, Reproductive Health Uganda (RHU), to enhance family planning referrals. We are also collaborating with Pathfinder to quantify, project and order family planning commodities, including community-level commodities. In the same quarter, we rolled out revamped family planning workflows, trained CHWs in interpersonal communication approaches and prioritized visits to all women of reproductive age to identify new users. ■





**Client Voice**

**Josephine, 37 Years**

*"I have lived in Lwabaswa fishing village, Kalangala district, for over ten years. My family of five depends on subsistence farming and fishing. We make just enough to cater for our three children. Each time I had to give birth, I left the island for the nearest health facility, which is one hour away on a motor boat. There is no health center in this village. The closest person we have to a doctor is CHW Judith. We have boat taxis that work on a strict schedule and the rest are for hire.*

*When I was six months pregnant with my last child, I developed a sharp pain in my abdomen. I contacted CHW Judith for help since she had been advising me to get antenatal care. She assessed me and quickly referred me to a health facility because she could not handle my case. She saved my baby. Judith is a committed CHW. She braves the sun, rocky terrain, long distances and cold days to care for our children.*

*Before Judith started working in our community, raising a child here was a big risk. Many children died of malaria and diarrhea. Rainwater pools in the unused boats, where mosquitoes breed. Diarrhea is common because we have issues with our water supply. CHW Judith visits us weekly to remind us to sleep under medicated mosquito nets and to boil our drinking water. She ensures our children are fully immunized, offers family planning services and looks out for pregnant women through our women's group meetings. ■*



CHW Judith inputs data into her phone after assessing Josephine's newborn baby during a home visit.

**BRAC: NAVIGATING CHALLENGES AMIDST A TRANSITION**

After shifting to the final stage of our partnership with BRAC this year, we are now reporting on 2,500 CHWs who have full DESC support. This change aligns with our strategic plan and is a result of BRAC's shift in strategy and priorities, as they move towards providing technical assistance to the government, rather than directly managing CHW themselves.

BRAC supported CHWs showed a decline in most indicators in Q3. BRAC attributes this to persistent challenges including old device breakdowns that affected nearly a quarter of the CHWs, low stock levels and app glitches. However, supervision improved due to the integration of GPS in the supervisor gadgets, which has allowed for the tracking of supervisor activities.

We will conclude our financial and technical support partnership with BRAC at the end of this year but will continue to work together to advocate for professionalized CHWs in the country. ■



We will continue to work together to advocate for professionalized CHWs in the country.



# Implementation Support

## KISUMU: THE COUNTY REACHES 100% CHW COVERAGE

Following an impact optimization plan launched last quarter, CHWs in Kisumu largely maintained stable performance in Q3, although it still fell below the target. Notably, **in collaboration with the county government, we completed the training of the final cohort of 465 CHWs, achieving 100% coverage in the county. This brings the total number of supported CHWs to approximately 3,000**, a number comparable to the CHW count in some entire countries. These CHWs will begin actively providing health services in the coming weeks.





However, there were challenges including inconsistent commodity supply. This affected performance, because when CHWs lack essential supplies, they tend to reduce all household visits. We have adopted commodity management standard operating procedures to help address this challenge.

**We continue to support the improvement plan on all DESC (digitally enabled, equipped, supervised and compensated) elements**, such as working with the county to ensure up-to-date stipend payments and phone replacement protocols. We have made good progress but it will take time to make more refinements and ensure consistent delivery. Ongoing actions include weekly target setting for sick child mapping, focusing on CHWs without pregnancy registrations in the last 3 months and ensuring 100% of the CHWs are actively engaged in providing family planning services. ■



CHW Rose engages with her client Veronica during a household visit.

### DESC

-  **96%** of CHWs have a functional app
-  **63%** of CHWs fully in-stock with medicines
-  **77%** of CHWs receiving monthly supervision
-  **\$25** monthly income

### completed referrals



the percent of sick children referred by CHWs who completed visits to health facilities



## ISIOLO: CHWs SHOW RESILIENCE IN A CHALLENGING CONTEXT

By investing time to build back relations with the new county government, we successfully secured official approval from the county government to revert to full digital reporting in Q3, though this is not yet operational. Most CHWs in Isiolo began manually reporting in March due to dysfunctional phones and to support another partner's drought relief efforts. CHW performance remained below target.

Other obstacles included inconsistent commodity supply and delayed stipends to CHWs. **There has been some relief from the drought and resulting hunger crisis, although this still hinders healthcare access for the communities.**

**We have rolled out a comprehensive impact optimization plan to improve performance.** For example, we are working with partners to ensure all children enrolled in nutritional programs are followed up by CHWs to target defaulters. Additionally, we are influencing county leadership to evenly distribute community health assistants (government supervisors) across the county on top of leveraging partners to fill supply gaps for health tools like thermometers. ■



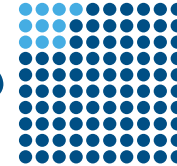
*We are working with partners to ensure all children enrolled in nutritional programs are followed up by CHWs to target defaulters.*



### completed referrals



the percent of sick children referred by CHWs who completed visits to health facilities



**90%** pregnant women completed 4+ antenatal care visits



CHW Miriam Mbithe receives and packs commodities in her medicines bag.



# Enabling Environment

## UGANDAN MoH SELECTS LIVING GOODS TO LEAD eCHIS ROLLOUT

The Ugandan MoH selected Living Goods to lead the rollout of the electronic Community Health Information System (eCHIS) in six districts of Oyam, Lira, Amuru, Koboko, Maracha and Nebbi. This decision aligns with the government's commitment to bolster community health and enhance healthcare delivery through digital technology. It builds on the pilot done by Living Goods and partners, led by the MoH's Division of Health Information, as part of the Intelligent Community Health System (iCoHS) project funded by UNICEF and Rockefeller Foundation.

Earlier this year, the government laid the groundwork for implementing community-level services by **adopting its first Community Health Strategy and Health Information and Digital Health Strategy**. The government is now digitizing CHWs—known as Village Health Teams in Uganda—and scaling up eCHIS with funding from Global Fund, Rockefeller Foundation and UNICEF. This initiative aims to equip at least 2,450 CHWs in selected districts to implement various community health interventions.

By 2025, the government's ambitious plan is to expand eCHIS to at least 30% of CHWs in 50 districts. **This will promote standardization of care at the community level.** To accomplish this, the MoH has chosen two platforms: Medic's Community Health Toolkit and ONA's OpenSRP. The government intends to aggregate data from these two platforms into a unified national-level system and dashboard.



*Training session at Kijomoro Health Centre Two in Maracha District: A CHW demonstrates for fellow CHWs how the eCHIS app works.*

Training of trainers at national and district levels started in October. CHW training also started and will last until December. Living Goods is subcontracting some deliverables to Medic and BRAC.

Whilst Living Goods advised that all DESC elements (digital tools, training and medicines, supervision and compensation) are included during the eCHIS rollout, there are still no costed plans for this to be sustained. There are also some gaps in the public supply chain system, and long-term funding is not guaranteed. The MoH is however already reviewing the Medicines

Policy and Living Goods and other partners have provided input to ensure, for the first time, that the community health supply chain is included. This presents an opportunity for collaboration between the government and partners to ensure funding and sustainability of both eCHIS implementation and other DESC components.

Living Goods remains dedicated to partnering with the government, carrying out innovations and providing evidence for policy adjustments to enhance community-level services delivery. ■



## COMMUNITY HEALTH TAKES CENTER STAGE AT GLOBAL EVENTS

In September, world leaders convened in New York for the 78<sup>th</sup> United Nations General Assembly which featured three health-related high-level meetings. Throughout the week, participants acknowledged CHWs' pivotal role in expanding access to primary healthcare, and discussed ways to "walk the talk."

For instance, **leaders committed to accrediting and paying CHWs, providing training and career progression opportunities and integrating them in the health system.** They also emphasized the significance of digital tools in making primary

health systems more effective and efficient. At an event organized by the Community Health Impact Coalition, Living Goods lent our support to the global call for professionalizing CHWs. **"We must work together to make professionalized community health workers the norm by changing international guidelines, increasing global funding and winning national policy changes,"** said Liz Jarman, Living Goods' CEO.

At a Living Goods co-hosted side event, Burkina Faso's Minister of Health, Dr. Robert Lucien Jean-Claude Kargougou shared his country's commitment to making professionalized CHWs the norm. He talked about the recent recruitment of 15,000 CHWs who have undergone training and received equipment, supervision and financial incentives to facilitate the delivery of essential primary care services to communities.

In July, at the Women Deliver Conference, Living Goods was honored to celebrate CHW Prossy Muyingo as a recipient of the 2023 Heroine of Health award. Supported by Living Goods, Prossy has been dedicated to serving communities in Mityana, Uganda, since 2019. In addition to expanding access to reproductive, maternal and child health services, Prossy is a fervent advocate for the recognition and equitable compensation of CHWs. "It's time for governments, the private sector, funders and political leaders to invest in #ProCHWs. We need to be salaried, skilled, supervised and supplied with commodities and digital tools."

Living Goods also facilitated the participation of our partners from Kisumu County, Kenya. **Dr. Mathew Owili, Kisumu's Deputy Governor, highlighted how the county's community health workforce has tripled since 2022 through a partnership with Living Goods.** Kisumu County is committed to providing training, digital tools, health commodities, supervision and compensation to all CHWs. With 86% of the CHWs comprising women, these investments in community health not only extend primary healthcare services to women and girls but also enhance women's employment in the healthcare sector. ■



Panelists, including Burkina Faso's Minister of Health (4<sup>th</sup> from right) and Living Goods' CEO (1<sup>st</sup> on the left) pose for a photo at a side event on the sidelines of #UNGA78.



**We must work together to make professionalized community health workers the norm by changing international guidelines, increasing global funding and winning national policy changes.**

Liz Jarman,  
Living Goods' CEO





# Strengthening Organizational Capabilities

## LIVING GOODS' CONTINUOUS INVESTMENT IN LEADERS

In July, Living Goods held an in-person leadership retreat. For the first time, this meeting included the newly established Global Leadership Council (GLC), which consists of 19 directors or function heads, alongside our 8-person Global Executive Team (GET).

**Living Goods is keen on creating a strong culture of psychological safety.** At the retreat, the leaders discussed what they can do to strengthen this culture, allowing everyone to feel they can contribute in their unique ways and to ingrain this in our organizational fabric.

Living Goods' leadership has been proactive in **nurturing more leaders by investing in the professional development of employees.** In July, the first cohort of six employees who underwent a 10-month Emerging Senior Leadership Development Program training—developed in partnership with the Gordon Institute of Business Science (GIBS) in South Africa—successfully graduated.

"I was excited to attend the graduation event for the first six leaders who participated in our pilot year. **When I became CEO over 5 years ago, I felt a personal responsibility to cultivate more leaders within Living Goods, especially from the African continent. We have made some good progress, but there's more work to be done.** We are now exploring ways to expand this training program and collaborate with like-minded organizations next year," noted Liz Jarman, Living Goods' CEO. She added, "I am very proud of the graduates and what they have achieved. I'm excited to continue the discussions with GIBS to see how we develop this program further." ■



The Living Goods Global Leadership Council and Global Executive Team at the retreat.



**When I became CEO over 5 years ago, I felt a personal responsibility to cultivate more leaders within Living Goods, especially from the African continent. We have made some good progress, but there's more work to be done.**

Liz Jarman, Living Goods' CEO



Q3 2023 KPIs	Learning Sites						Implementation Support				Partnerships	
	Kenya: Busia County		Uganda		Burkina Faso <sup>4</sup>		Kenya: Kisumu County		Kenya: Isiolo County <sup>5</sup>		Uganda: BRAC	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
<b>Monthly Per-CHW Impact Metrics</b>												
New Pregnancies Registered	1.1	1.4	1.3	1.4	2.4	2.8	1.1	0.5	0.6	0.2	1.3	1.3
% of 4+ ANC visits	75%	90%	75%	85%	75%	N/A	75%	87%	75%	90%	75%	40%
% Facility Delivery	85%	97%	85%	91%	85%	N/A	85%	98%	85%	85%	85%	97%
% On-Time Postnatal Care Visit	75%	86%	75%	62%	75%	N/A	75%	72%	75%	44%	75%	67%
Couple Years Protection	5.9	4.0	5.4	2.3	5.7	N/A	5.4	3.9	2	1.1	5.4	0.4
% Children 9-23 Months Fully Immunized <sup>1</sup>	85%	99%	85%	97%	85%	N/A	85%	94%	85%	93%	N/A	N/A
Under-5 Treatments or Referrals	23	31	24	39	15	16	16	9	3.2	2.0	24	19
Under-1 Treatments or Referrals	5	4.6	5	5.8	5	N/A	3	1.2	0.4	0.2	5	4.3
% Sick Child Facility Referrals Completed	80%	97%	80%	77%	80%	N/A	80%	92%	80%	97%	80%	54%
<b>DESC/Performance Management Metrics</b>												
% CHWs in Stock of Essential Commodities <sup>2</sup>	67%	91%	67%	93%	67%	88%	55%	63%	55%	N/A	67%	54%
% CHWs w/ Supervision in Last 1 Month	80%	94%	80%	95%	80%	95%	60%	77%	60%	N/A	80%	87%
CHW Income <sup>3</sup>	\$20.00	\$19.88	\$20.00	\$18.34	\$20.00	N/A	\$20.00	\$25.00	\$20.00	\$25.70	\$20.00	\$6.10
<b>Impact Total Metrics</b>												
Active CHWs (3-Month Active)	850	785	4,275	4,086	500	221	2,535	2,382	780	450	2,500	2,500
Population Served	425,000	392,500	2,565,000	2,451,600	300,000	132,600	1,267,500	1,191,000	202,800	117,000	1,500,000	1,500,000
Total New Pregnancies Registered	2,805	3,247	16,673	16,125	2,700	1,880	8,366	3,971	1,404	235	9,750	9,363
Total Under-5 Treatments or Referrals	58,140	72,147	313,956	466,013	8,235	6,298	121,376	62,484	7,488	2,284	183,600	132,265
Total Under-1 Treatments or Referrals	11,628	10,662	65,664	69,945	3,690	N/A	24,640	8,810	1,016	233	38,400	30,395
Total Couple Years Protection	15,045	8,258	69,255	24,290	N/A	N/A	41,067	18,124	4,680	273	14,094	294
Total Unintended Pregnancies Averted	3,636	1,996	16,739	5,871	N/A	N/A	9,926	4,381	1,131	66	3,407	85
Net Cost per Capita (Annualized)	\$4.53	\$3.74	\$3.23	\$2.59	\$9.13	\$8.47	\$1.40	\$0.78	\$1.40	\$2.56	\$0.76	\$0.79

**NOTES:**

<sup>1</sup> BRAC CHWs do not provide immunization services.

<sup>2</sup> CHWs in implementation support sites acquire their commodities directly from partners or government health facilities.

<sup>3</sup> We have adjusted the exchange rate to \$1 USD = 100 KSH but CHW income has not changed. 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.

<sup>4</sup> Not all indicators are currently reported on due to issues with CHWs' new digital tools; we are working with the MoH and partners to address this.

<sup>5</sup> We were not able to report on some supervision and stock due to manual reporting for most supervisors in Q3.