



**LivingGoods**

Delivering Data-Driven Health Care, Door to Door.



YEARS



# QUARTERLY REPORT

Q2 | April - June 2023

## Results in Q2 2023



10,520

CHWs SUPPORTED



5,854,820

PEOPLE SERVED



826,042

SICK CHILDREN UNDER 5  
TREATED/REFERRED



137,896

SICK CHILDREN UNDER 1  
TREATED/REFERRED



37,582

NEW PREGNANCIES REGISTERED



53,381

TOTAL COUPLE YEARS OF  
PROTECTION

**Cover:** *Living Goods-supported CHW Judith Nantumbwe from Lwabaswa fishing village on Lake Victoria looks at Josephine's newborn baby during a home visit. Living Goods trains and equips CHWs to among other things extend quality newborn care at the last mile.*



## Letter from the CEO

### Celebrating 15 Years of Impact and a New Journey in Burkina Faso

Dear Friends,

**For the last 15 years, Living Goods has been working to cost-effectively improve access to basic healthcare at the last mile.** Although we have learned and evolved over time, our vision remains unchanged: a world where every family can access the healthcare they need to survive and thrive.

In May, we celebrated 15 years in Uganda, where it all started. We held a meeting attended by distinguished government representatives, funding and implementing partners, community health workers (CHWs) and the media. **I was encouraged by the words of the Ministry of Health's (MoH) Permanent Secretary, Dr. Diana Atwiine, who highlighted the government's commitment to compensating CHWs and strengthening community health as a strong foundation to the overall health system.**

Over the years, we have advanced from supporting hundreds of entrepreneurial CHWs in Uganda to becoming a key health system strengthening partner to three country governments - today supporting more than 10,000 CHWs reaching nearly 6 million people. We have witnessed the remarkable impact of professionalized CHWs, as evidenced by two randomized controlled trials, the latest showing a 28-30% reduction in child mortality.

As we've grown, we've expanded the quality and quantity of health services that CHWs provide, tested and implemented new innovations, designed co-financing agreements for community health service delivery and partnered with governments on the journey to digitize and professionalize their CHWs at national scale.

We also expanded into our third country – Burkina Faso, which I visited in June. I was impressed by how the team is building synergies with civil society actors and the government to mobilize resources for community health. **In addition to operating a learning site in Ziniaré, Living Goods is playing a critical role in supporting the development of the national community health strategy (2024-2026), including the creation and costing of an investment plan.**

My time in Burkina Faso reminded me of the lessons we have learned on this journey. The longer Living Goods partners with governments to improve the performance of their community health systems, the more we appreciate that this process takes time. **Without the right political will and visionary leadership by the government, working towards durable and sustainable impact becomes challenging.** Already in Burkina Faso, through the leadership of the MoH, we are seeing strong results even at these early stages.

**I strongly believe in the power of collaboration.** When we come together – as governments, funders, implementing partners, and communities

– and intentionally build meaningful partnerships and alliances instead of competing, we can move further and faster than we would alone. Solving big problems requires bold and innovative solutions, which must be achieved through shared responsibility and collective efforts.

As we move forward with the implementation of our 2022-2026 strategic plan, we remain steadfast in working side by side with governments to improve the performance, impact and reach of CHWs and strengthen the overall system.

I'm grateful to you all who have in one way or the other contributed to the work Living Goods does. I also want to lift up my colleagues who are deeply dedicated to our mission and willing to try new things, fail, learn and strive for lasting impact. Thank you for standing with us and learning alongside us for the last 15 years. ■

**Liz Jarman**  
Chief Executive Officer



*Liz and other Living Goods senior leaders meeting with the Burkina Faso team.*



*Photos from the 15 year celebrations in Uganda.*





# Implementation Support

## KISUMU: CHW PERFORMANCE STEADILY IMPROVING

CHW performance is slowly improving in our largest implementation support site of Kisumu, Kenya, following the launch of an impact optimization plan.

**For example, under-5 sick child treatments or referrals rose to 9.3 per CHW per month. This represents a 21% increase compared to the previous quarter, driven in part by increased stock levels and capacity building for CHWs on how to correctly diagnose malaria.** However, this is below the target of 16, meaning there is still room for improvement. The rate of on-time postnatal care visits has also steadily improved over the past year to 63% in Q2 versus 53% at the same time last year as CHWs use their digital tools to get timely reminders.

Overall, we attribute these gradual performance improvements to the combined efforts and focus of the government and Living Goods teams' use of data to drive performance, including daily data monitoring, weekly data review meetings and action planning together with monthly refresher training programs and improved supervision quality. We closely engaged with the government to keep supervision, mentorship and stock levels high which is now at an impressive 72% CHW in stock rate. We expect further improvements in the coming months as we explore additional initiatives to further ramp up performance. ■



Under-5 sick child treatments or referrals rose to **9.3** per CHW per month. This represents a **21%** increase compared to the previous quarter.



CHW Rose takes Leny's body temperature during a household visit.

### facility delivery



CHWs in Kisumu were exceptional at supporting mothers to deliver at health facilities

## ISIOLO: CHALLENGES AMIDST DROUGHT AND POLITICAL TRANSITION

Isiolo continues to experience challenges and CHW performance declined in Q2 following continued obstacles including a severe drought that has disrupted livelihoods, lack of digital reporting and a challenging political environment.

CHWs need to be well supported with the DESC elements to deliver high-quality health care. With only about a third of the CHWs with functional phones in June and the remainder manually reporting, performance and reporting have been affected. Government supervisors are also demotivated due to increased workload from multiple partners, and thus there was limited supervision during the period.

That said, we aligned with the MoH in June on a hybrid approach where CHWs report using both the app and manual tools for other programs. Efforts are also underway to fully restore digital data collection, including supporting phone replacements - we expect impact to be higher in Q3.

Meanwhile, Living Goods is working to restore political goodwill toward DESC-enabled community health following the government transition. We are engaging the new government to address the digital and other barriers to bring performance back to its original trajectory. We are hopeful that we will make progress on digital reporting and service delivery by Q3 and this aligns with the planned national electronic community health information system (eCHIS) rollout.

Amidst the challenges, a silver lining is the notable increase in immunization rates. In Q2, 94% of the children 9-23 months assessed by CHWs were fully immunized, versus 88% in the same period last year. ■



*A community health supervisor shows a mother illustrations about proper nutrition.*



In Q2, **94%** of the children **9-23 months** assessed by CHWs were fully immunized, versus **88%** in the same period last year.



# Learning Sites

## BUSIA: LEARNING SITE MAINTAINS EXCELLENT PERFORMANCE

Our Busia, Kenya, learning site maintained its upward trend over the past year. For example, CHWs on average provided 31 under-5 sick child treatments or referrals per month and registered 1.4 pregnancies - 35% and 24% over their targets, respectively. Treatments and referrals for under-1 children are slightly below target, but quality of care is improving for this important age group due to more focused training around possible serious bacterial infection (PSBI) which is being rolled out.

Performance was buoyed by strong DESC elements, including greater supervision with our effective approach of mentoring underperforming CHWs, as well as high stock levels. Other performance drivers included high levels of active CHWs (97%), data-based tracking of individual indicators and immediate course correction to ensure complete data syncing and reporting.

CHWs are providing more effective family planning services following the launch of our action plan. Couple years of protection (CYP)<sup>1</sup> per CHW per month increased from 3.6 in Q1 to 4.4 in Q2, though this is still below our ambitious new target similar to Uganda. We are working closely with partners to improve stock levels of family planning methods, and to better sensitize women of reproductive age on the advantages of long-term methods and demystify myths around


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



CHWs during a training session in the Busia learning site.

family planning. We are also conducting continuous capacity building programs for staff and CHWs on family planning indicators.

Overall, we are enthusiastic about CHW performance in Busia County. It remains the gold standard in Kenya and for governments, partners and community health implementers and beyond, and shows what is possible when all DESC elements are optimal. ■



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### under-5 sick child treatments per CHW per month



### pregnancy registrations per CHW per month



## GLADYS NASIRUMBI, A MATERNAL HEALTH CHAMPION IN BUSIA, KENYA

CHW Gladys Nasirumbi considers herself a primary healthcare champion. “What I enjoy most about my job is working together with communities to raise a healthy generation,” she says. She believes most maternal and child health complications can be prevented at the community level, and that inspires her.

Gladys lost her husband, leaving her with three children - one barely two years old. When she saw an opportunity, she decided to become a CHW to teach the members of her community to practice healthy habits. “I was lucky enough to be among

the first CHWs to be recruited and trained by Living Goods to offer community health services in Busia County,” says the 44-year-old.

With the support of the Busia County government and Living Goods, Gladys conducts health education and offers services in Nahomaki village. In particular, she is a keen advocate for family planning. “I educate women on the various family planning products, how they work and any associated side effects to ensure they make an informed choice. In some instances, I accompany clients to get free family planning services in public health facilities,” Gladys says.

With the support of Living Goods, community-level family planning services are currently offered in six out of seven sub-counties in Busia.

Thanks to efforts by different actors, including CHWs, about 55% of the women in Busia between the ages of 15 and 49 years have embraced modern contraceptives (2022 Kenya Demographic Health Survey/KDHS). “Initially the uptake was at 25%, but now we are seeing an increase in the number of eligible women taking up family planning products,” remarks Emmanuel Luvai, Busia County’s Community Health Services focal person.

This success has not been without challenges and social barriers; many people shun contraceptives because of myths and misconceptions. Yet CHWs like Gladys have been able to overcome these obstacles by leveraging the community’s trust in them and their personal skills. “My job requires me to be informative, patient and friendly. It is my role to share the right information with my clients to ensure they make informed choices,” says Gladys. ■



CHW Gladys chats with Joyce Oduor during a home visit, before she assesses her children for malaria.



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- 2022 Kenya Demographic Health Survey/KDHS.

## BURKINA FASO: SUPPORTING NATIONAL EFFORTS AND IMPROVING RESULTS IN THE ZINIARÉ LEARNING SITE

In April, the Burkinabè government recruited 15,000 new community-based health workers to expand community health services in urban areas due to the migration of people from regions with major security challenges. This validates the importance of community-based health services during times of humanitarian and security crises. They are an addition to the 18,000 existing community-based health workforce. The government trained and equipped them to start work in July.

Living Goods will support the development of the costing plan for this important project to serve as a resource mobilization tool. Additionally, we

are in talks with the Ministry of Health and Public Hygiene to concretize plans on how to support the supervision of these CHWs in the coming months. Other partners are supporting the other DESC components, such as compensation.

Meanwhile, operations in our Ziniaré learning site continued to strengthen in Q2 since launching in late 2022. For example, sick child treatments or referrals increased 55% from Q1 to 13 against the progressive target of 15, and pregnancy registrations increased 42% to 2.8 against the progressive target of 2.4. Drivers include regular supervision and monthly data reviews with the health facilities. DESC elements such as in-stock

levels have improved after initiating buffer stock, training health workers in supply management and providing regular monitoring of the available stocks at the CHW level. The creation of a dashboard has helped improve data access for supervisors, and a memorandum of collaboration with the MoH was updated to provide for quarterly payment of CHWs.

That said, issues with data flow and syncing of CHWs' digital tools mean that not all data is yet being reported. CHWs are currently manually reporting, which likely understates results. We are working with the MoH and digital partners to address this, but there have been delays in part due to the recent government personnel shifts. We will be seconding staff to support the government digital teams in the in the next quarter. ■



A CHW sensitizes community members about keeping good health and how to prevent childhood diseases.

from Q1 to Q2:



sick child treatments or referrals per CHW

↑ 55%



pregnancy registrations per CHW

↑ 42%



## UGANDA: TECH IMPROVEMENTS AND DATA USE DRIVING CHW IMPACT

Performance in our Uganda learning sites continued its positive trajectory into Q2. Under-5 sick child treatments per CHW increased 38% from Q1 to 43 exceeding the target of 24 and pregnancy registrations increased 22% to 1.5 against the target of 1.3. CHWs were more active and effective, driven by tech improvements, a stable supply of medicines, improved supervision and intentional data use through regular reviews that resulted in priority follow-ups to low-performing areas or CHWs. The branches that were affected last year by the issues around the upgrade of the core tech platform continued to show signs of recovery. The tech stability can be attributed to the intentional follow-up of all reported app malfunctions and better understanding of how to resolve some of these reported issues.

Other DESC elements have also grown stronger, with monthly CHW supervision at 97% in Q2

versus 83% last quarter. About 91% of the CHWs under peer supervision (where CHWs are additionally mentored by high-performing peers) were supervised in June versus 71% in March. Meanwhile, 69% of CHWs were syncing their data weekly in June versus 54% in March, which improves the availability of data to guide supervision follow-ups.

Meanwhile, family planning remains an area for improvement. We set ourselves much higher targets this year, recognizing the great unmet need. We developed an impact optimization plan but have not yet seen the results we hoped for. We are now looking at how we can step this up further, including prioritizing tasks to enhance referral follow-ups. Family planning workflow updates on the application are yet to be pushed out, but once completed in August, we expect this to drive improvements. ■



CHW Judith from Buvuma Island on Lake Victoria checks the temperature of Sandra's daughter, who had previously been treated for malaria.

## BRAC: DECLINE IN PERFORMANCE AMIDST TRANSITIONS

After transitioning to a new stage of partnership with BRAC earlier this year, we are now only reporting on 2,500 CHWs who have full DESC support due to BRAC's change in strategy and funding availability. BRAC is transitioning the remaining 1,500 of their CHWs (who do not have DESC support) to government as eCHIS rolls out.

Unfortunately, CHW performance continued to decline in Q2 with low reporting rates. The main challenges include stockouts of commodities, which affects services like sick child treatments; tech glitches that affected antenatal care tasks; and ineffective supervision, with a large supervisor to CHW ratio of 1:150 that prevents regular touch-points.

This is despite recoveries in some DESC components, such as phone replacements and a return to in-person supervision in Q2 which we hoped would improve performance. BRAC implements a supervision model where well-performing CHWs – called super CHWs – are paired with poor-performing CHWs for support. Plans are underway to ensure all CHWs are physically supervised at least once a month. Additionally, tracking coordinates and GPS will be utilized as a verification tool for in-person supervision.

Meanwhile, digital reporting for family planning has started; this data was previously collected manually but family planning workflows have been incorporated into the CHW app as of the end of May; by June 76% of CHWs were digitally reporting. ■

### DESC



96% of CHWs have a functional app



94% of CHWs fully in-stock with medicines



97% of CHWs receiving monthly supervision



\$19 monthly income

## RESULTS-BASED FINANCING: TESTING AN INNOVATIVE OUTCOME-FOCUSED APPROACH

In March 2023, Living Goods completed a 2.5-year Results Based Financing (RBF) project in Uganda in partnership with Instiglio, Innovations for Poverty Action and Global Development Incubator. Living Goods' obsession with performance prompted us to test this as a mechanism for scaling cost-effective impactful community health.

**Building on a [successful 2018 pilot](#), this RBF model was refined in an attempt to further influence metric-specific performance, embed quality and test scaling the approach to 1,165 CHWs in six districts.** Funding was based on the verification of quality care provided by CHWs. The data collected by CHWs through Living Goods' Smart Health app was independently verified on a bi-weekly basis to assess performance payments earned from USAID DIV and Deerfield Foundation.

This project, launched six months into the COVID-19 pandemic, helped optimize Living Goods' performance during a time of extreme uncertainty. **Insights gleaned from the RBF's robust data verification process helped inform our ongoing adaptation to the COVID-19 environment, ensuring CHWs could safely and effectively provide critical care to their communities.** For example, early in the project, a high error rate was observed on completed sick child referrals. Upon follow-up, it was discovered that this was because a component of the COVID-adjusted CHW protocol in the Smart Health app had not been updated. This was immediately flagged for action.

Despite these benefits, implementing this complex RBF model in a community health context posed significant challenges. This is because CHWs operate in ever-changing environments with unique external limitations. For instance, poor internet connectivity complicated bi-weekly data syncing. The frequency of the verification cycle also caused some interviews with community members to occur nearly a month after the CHW's visit, which made recalling specific details difficult when being questioned in the verification process. Further, because this RBF model required quality metrics to include quantity qualification, many visits that had in fact taken place remained unverified.

Although this model contributed to improving several components of Living Goods' organizational operations and demonstrated good performance among CHWs in the project area, overall, it showed no impact on the reach and quality of care they provided compared

to the CHWs in the non-project areas. Potential reasons for this include the influence of COVID-19, the fact that Living Goods-supported CHWs are already high performers and that many of the performance improvements identified in this project were implemented across all Living Goods districts, thereby affecting more than just the RBF branches.

These learnings ultimately show that complex RBF approaches may prove impactful in contexts like health facilities, where most environmental variables for providing care are known and constant. **In community health contexts, meanwhile, RBF can be impactful and cost-effective but needs to be simplified to fit the environment in which it is applied to avoid discounting payment based on external, uncontrollable factors. ■**

To learn more about this RBF project and our learnings, you can access the final report [here](#).



In one of the RBF project sites: A CHW sensitizes a woman about how to keep a healthy pregnancy.



# Enabling Environment

## KENYA'S MINISTRY OF HEALTH ACCELERATES PLANS TO DIGITIZE ALL CHWs

We are delighted by the Kenyan government's commitment and plans to accelerate the digitization of all CHWs nationally, with a planned presidential launch in October. In June, the MoH kickstarted plans to enroll all CHWs on the electronic community health information system (eCHIS) with a two-day refresher training program for master trainers. We were excited that many of these trainers were from Kisumu where Living Goods supported the eCHIS pilot. The trainers will then cascade the eCHIS training program in their respective counties. **The MoH plans to equip 100,000 CHWs and community health assistants - government supervisors - with smartphones in a phased approach, starting with 25,000 phones in seven counties. CHWs will also receive an expanded supply kit and enhanced compensation, with the county government contributing KSH 2,500 monthly and the national government matching the funds.** This recognition that all DESC elements are necessary to deliver impactful services at the community level is exciting and we look forward to the rollout and how it will be sustained.

While this development is undoubtedly an important and positive step, we acknowledge that rapid scale of eCHIS may pose potential challenges in platform readiness, data management, connectivity and more. We will continue to partner with the MoH and Medic (the platform provider) to monitor and mitigate challenges as they may arise, and advocate for continued investment and focus on other DESC elements to further drive CHW performance and impact.



*Ruth Ojuka, the Sub-County Community Health Services Focal Person for Nyando Sub-County with community health assistant Fanaka Azizi Nero during a data analysis session focused on evaluating the activities of the CHWs.*

As a strategic and technical partner to Kenya's national and sub-national governments, we are proud to have played a pivotal role in laying the foundation for this work, through sharing lessons and evidence generated from our programmatic work in Kenya and Uganda. **Living Goods supported critical elements that paved the way for the digitization of the community health workforce plans, including analysis of the digital landscape, strategy development and costing and implementation planning.**

We will also continue to provide thought partnership in further shaping the enabling environment and securing long-term financing for the planned activities. A national Primary Health Care Bill is already in development to streamline the implementation of community health services in Kenya. Living Goods will continue to support the scaleup of eCHIS and other elements of DESC to ensure effective community-based service delivery in Isiolo, Kisumu, and Vihiga counties where we have existing co-financing agreements. We have plans to support additional counties next year.

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In partnership with Living Goods, Kisumu County trailblazed the implementation of eCHIS, with nearly all CHWs using digital tools. Lessons from Kisumu were used to inform government plans to scale eCHIS nationally. “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,” says Ruth Ojuka, the Nyando Sub-County Community Health focal person. “Digitization has proven to be efficient, reliable and cost-effective,” she adds. ■

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## LIVING GOODS MOBILIZES PARTNERS TO ADVOCATE FOR CHWs IN HIGH-LEVEL MEETINGS

In May, at the World Health Assembly (WHA), Living Goods co-hosted a multi-stakeholder event including Burkina Faso's Minister of Health, Gavi, the Global Fund and the World Health Organization. Together, we sought out opportunities to amplify the crucial role of the health workforce including CHWs, ensuring that they take center stage in the upcoming high-level meetings in September. Advocacy remains critical to influence policy that will facilitate increased support for strong community health systems in the countries where we work. ■



*Living Goods co-hosted an event at the WHA where Honourable Minister Dr. Kargougou of Burkina Faso spoke of his country's commitment to scaling up support for CHW programs as a critical strategy to achieve Universal Health Coverage.*



*Living Goods Chief Program Officer, Emilie Chambert, at the WHA.*

## UGANDA LAUNCHES A HEALTH INFORMATION AND DIGITAL HEALTH STRATEGIC PLAN

Living Goods is supporting the government's efforts to roll out an electronic community health information system (eCHIS). This comes after the MoH launched and disseminated the Health Information and Digital Health Strategic Plan 2020/21 - 2024/25 in May. Living Goods strongly believes that digitization drives the performance of CHWs and is a key enabler for effective health service delivery but only when combined with the other DESC elements. ■



*Kanishka Katara (fourth from left), Living Goods' Chief Digital Health Officer, joins others for a panel discussion during the launch of the Health Information and Digital Health Strategic Plan.*



# Strengthening Organizational Capabilities

## WELCOMING NEW STAFF



**Gitahi Ng'ang'a**

Director of Software Engineering

We are excited to welcome **Gitahi** to Living Goods as the Director, Software Engineering. He will lead the Global Software Engineering team to deliver on the overarching technology strategy for Living Goods while also working closely with operational managers and high-level staff in our countries of operation. Gitahi has a wealth of experience in digital health within the public health sector, having risen from a junior programmer at KEMRI/CDC to leading the software engineering team at the International Training and Education Center for Health. He has also consulted widely as a digital health expert for various organizations including the United Nations Foundation, World Bank, HIVOS, IntraHealth, the HealthStore Foundation, IntelliSOFT Consulting, Living Goods, among others.

In addition to his work in public health, Gitahi is the founder of Hoji and Thamini, two successful SaaS products that specialize in data collection and motor vehicle valuation. These platforms have been instrumental in more than 400 data collection projects across 7 African countries, and the valuation of over 12,000 vehicles cumulatively valued at over 17B Kenya Shillings.

He holds a BSc. degree in Statistics from the University of Nairobi and enjoys cycling, reading and occasionally playing chess during his free time. ■



**Erick Yegon**

Director, Evidence & Insights

**Dr. Erick Yegon** is a distinguished data scientist with a Ph.D. in epidemiology and 16 years of experience in monitoring, evaluation and research. He joined Living Goods in February as the Director for Performance, Evidence & Insights, where he is instrumental in driving impact, fostering improvement and cultivating compelling evidence to shape policies related to community health systems and practices.

Dr. Yegon's invaluable contributions over the years to data science and research have directly influenced the formulation and implementation of healthcare practices and policies. His numerous policy briefs, research reports and peer-reviewed publications have guided critical policy decisions, substantially improving health outcomes across Sub-Saharan Africa. His extensive research experience includes identifying evidence-based strategies for community health systems and sexual and reproductive health programs, among others. His robust technical background is complemented by a deep understanding of data science tools, including Python, R and SQL, which he utilizes to dissect intricate datasets and generate meaningful insights. ■



**Euloge Ishimwe**

Director, Communications

**Euloge** is a strategic communications expert with over 20 years of experience in humanitarian aid, advocacy, thought leadership, communications and media relations. He joined Living Goods in May 2023 as the Global Director of Communications. In this role, he is responsible for planning and executing Living Goods' global communications strategy.

Prior to joining Living Goods, Euloge served for nearly seven years at the International Federation of Red Cross and Red Crescent Societies (IFRC) as the Head of Communications for Africa. During his time at IFRC, Euloge developed a theory known as the "Idai Principles," which consists of seven rules for successful emergency communications. Euloge has also served as a Global Communications Advisor for SOS Children's Villages International, a lecturer of journalism and a manager of a TV station. He is a multilingual communicator, with an MA in International Relations from the United States International University-Africa, a BA in Communications and Sociology and a Diploma in Electronic Journalism. While a student, he was passionate about poetry, and his collection was eventually published as a book titled "Declassified Verses" in 2012. ■

Q2 2023 KPIs	Learning Sites						Implementation Support				Partnerships	
	Kenya: Busia County		Uganda		Burkina Faso <sup>4</sup>		Kenya: Kisumu County		Kenya: Isiolo County		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	1.5	2.4	2.8	1.1	0.5	0.6	0.1	1.3	1.6
% of 4+ ANC visits	75%	89%	75%	82%	75%	N/A	75%	87%	75%	85%	75%	40%
% Facility Delivery	85%	96%	85%	91%	85%	N/A	85%	97%	85%	83%	85%	98%
% On-Time Postnatal Care Visit	75%	87%	75%	59%	75%	N/A	75%	63%	75%	38%	75%	65%
Couple Years Protection	5.9	4.4	5.4	2.2	5.7	N/A	5.4	4.3	2	1.0	5.4	0.9
% Children 9-23 Months Fully Immunized <sup>1</sup>	85%	99%	85%	96%	85%	N/A	85%	93%	85%	94%	N/A	N/A
Under-5 Treatments or Referrals	23	31	24	43	15	13	16	9	3.2	2.3	24	22
Under-1 Treatments or Referrals	5	4.5	5	6.6	5	N/A	3	1.3	0.4	0.3	5	5.2
% Sick Child Facility Referrals Completed	80%	96%	80%	74%	80%	N/A	80%	89%	80%	97%	80%	54%
<b>DESC/Performance Management Metrics</b>												
% CHWs in Stock of Essential Commodities <sup>2</sup>	67%	88%	67%	94%	67%	95%	55%	72%	55%	1%	67%	55%
% CHWs w/ Supervision in Last 1 Month	80%	96%	80%	97%	80%	91%	60%	79%	60%	4%	80%	81%
CHW Income <sup>3</sup>	\$20.00	\$20.80	\$20.00	\$19.19	\$20.00	N/A	\$20.00	\$17.57	\$20.00	\$18.06	\$20.00	\$8.60
<b>Impact Total Metrics</b>												
Active CHWs (3-Month Active)	850	761	4,275	4,216	250	221	2,535	2,410	780	412	2,500	2,500
Population Served	425,000	380,500	2,565,000	2,529,600	150,000	132,600	1,267,500	1,205,000	202,800	107,120	1,500,000	1,500,000
Total New Pregnancies Registered	2,805	3,030	16,673	18,266	1,350	1,856	8,366	3,264	1,404	129	9,750	11,037
Total Under-5 Treatments or Referrals	58,140	69,382	313,956	532,060	4,050	4,753	121,376	65,280	7,488	2,099	183,600	152,468
Total Under-1 Treatments or Referrals	11,628	10,118	65,664	81,881	1,800	N/A	24,640	8,840	1,016	252	38,400	36,805
Total Couple Years Protection	15,045	8,906	69,255	23,192	N/A	N/A	41,067	19,527	4,680	254	14,094	1,502
Total Unintended Pregnancies Averted	3,636	2,152	16,739	5,605	N/A	N/A	9,926	4,720	1,131	61	3,407	433
Net Cost per Capita (Annualized)	\$4.53	\$4.21	\$3.23	\$2.91	\$9.13	\$8.47	\$1.40	\$0.88	\$1.40	\$2.89	\$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> 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 in Burkina Faso due to issues with CHWs' new digital tools; we are working with the MoH and partners to address this.