



LivingGoods

QUARTERLY REPORT

Q1 | January - March 2022



Our Results in Q1 2022

 **10,955**
CHWs SUPPORTED

 **6,236,349**
PEOPLE SERVED

 **193,867**
SICK CHILDREN UNDER 1 TREATED/REFERRED

 **879,242**
SICK CHILDREN UNDER 5 TREATED/REFERRED

 **63,991**
NEW PREGNANCIES REGISTERED

Cover: CHW Halima (left) and Sophia, an assistant Nursing Officer at Bukatube Health Center III in Mayuge district, Uganda tend to a client after administering a contraceptive injection.



Learning Sites

We have a very hands-on role in service delivery in Learning Sites, and we're responsible for performance on all elements of our DESC approach—Digitizing, Equipping, Supervising and Compensating—along with their funding. We're operating Learning Sites to:

- **Deliver impact today** - saving and improving lives through direct service delivery at a gold standard.
- **Improve impact in the future** - by conducting innovations and experiments.
- **Demonstrate what's possible** - by generating evidence to influence policies and best practices.

Kenya: CHWs in Busia Continue Strong Trend of High Performance

CHWs in our Busia County Learning Site continued their strong trend of high performance across all health areas in Q1, meeting or exceeding most targets including U5 sick child treatments, maternal and newborn health, immunization, and family planning indicators. **CHWs achieved a remarkable 97% facility delivery rate and 96% sick child referral completion rate against respective 85% and 75% targets.**

Given the high unmet need for family planning in Busia—with [one in five women](#) unable to access a modern contraceptive method—we were pleased to **scale up comprehensive family planning services throughout the county, training more than 500 CHWs in February.** All Living Goods-supported CHWs in Busia County can now provide women with counselling and referrals to link facilities that provide short and longer-term methods. However, an inadequate supply of family planning commodities at link health facilities that started in January affected Couple Years of Protection (CYP) in Q1. We're



Facilitation of a COVID-19 refresher training for CHWs in Busia.

continuing to advocate and partner with the Ministry of Health (MoH) to ensure the supply chain remains uninterrupted.

Not only have CHWs in Busia proven to be highly successful at driving childhood immunizations—ensuring 95% of children were fully immunized in Q1 against the target of 65%—but they're making equally impressive inroads when it comes to tracking and referring for the COVID vaccine. Following the deployment of COVID workflows last September, **Living Goods-supported CHWs have registered, assessed, and referred more than 90% of adults in their catchment areas for COVID vaccinations.** This bolsters what we already know from evaluating our immunization program in partnership with Gavi, the Vaccine Alliance: CHWs drive vaccination uptake.



CHWs in Busia have registered and referred 90%+ of adults for COVID vaccines.

Uganda: Tech Stability Enables Record Performance for CHWs

Ugandan CHWs in our Learning Site registered their highest performance on record in 2022 Q1.

They exceeded targets on antenatal care (ANC) visits and facility deliveries and **made nearly half a million U5 treatments and referrals in Q1—the highest in a year.** Notably, they also exceeded U1 sick child treatments and referrals, a critical indicator given this demographic's high mortality rates. CHWs also did an outstanding job ensuring full vaccination against early childhood diseases for 93% of children in their catchments, against the target of 65%.

Family planning performance was also strong in Q1, resulting in **about 900 more unintended pregnancies averted than last quarter;** a key driver was refresher trainings provided to 530 CHWs, which we resumed following the government's recent lifting of COVID-19 restrictions. We also scaled new family planning trainings to an additional 336 CHWs. We saw an improvement in family planning follow-up visits, which grew 37% in Q1 thanks to increased focus on driving uptake through this activity. However, there is still room for improvement.

Strong Q1 performance on all metrics was driven in large part by technology improvements, including splitting Smart Health into two instances to reduce the amount of data stored

on the phones. This has led to an improved user experience, higher stability, and better app performance, along with fewer issues around timely data syncing and forced logouts. We also fixed supervisor app logouts in Q1. Given the tremendous volume of data in Uganda, we're working with our partner Medic to roll out a more stable version of the app by Q3 across Uganda and Kenya. Improved medicine distribution and weekly data reviews have also strengthened CHW performance and motivation.

As a result of these improvements, we're seeing better-quality supervision by both peers and Living Goods supervisors. Active supervision of CHWs was at 93% against the target of 75% and the CHW attrition rate in Q1 was low, at only 1.8%.



CHW Fatuma tests Gladys's son for malaria using a rapid diagnostic test in a village in Mayuge district, Uganda.



Ugandan CHWs made nearly **half a million U5 treatments and referrals in Q1**

BRAC Uganda: Stable Performance Despite Management Strains

BRAC-supported CHWs largely exceeded all targets, though they saw small performance declines in their Q1 key performance indicators (KPIs) compared to last quarter. Notably, BRAC CHWs had strong performance on ANC visits, facility deliveries and U1 treatments and positive diagnoses. Importantly, there were strong improvements on PNC visits registered, rising from 63% in Q4 2021 to 70% this quarter.

Still, there were management challenges due to BRAC's decision to close many of their field offices and terminate about half of their program assistants due to budgetary constraints. There are currently 404 CHWs participating in BRAC's



peer supervision pilot project; we are hopeful that these CHWs will help augment gaps in supervision where BRAC staff coverage has decreased. In addition, BRAC plans to increase CHW compensation from \$8 to \$15 this year, which is expected to motivate CHWs to stay active and drive improved performance.

Uganda: Independent Evaluation Provides Insights for Strengthening Family Planning

We are proud that we have contributed to increasing the use of modern contraceptives and reducing unmet need as a part of Uganda's national family planning program by training more than 3,000 CHWs. Our program data reveals that between January 2019 and June 2021, **we reached more than 300,000 women with comprehensive counseling, contraceptives, and referrals for family planning**, including nearly 67,000 who had never used contraceptives before. As a result, approximately **15,000 unintended pregnancies were averted**.

A recently conducted independent evaluation by the Socio-Economic Data Center (SEDC) showed that in the intervention area, Living Goods-supported CHWs enabled a **36% reduction in unmet need for family planning** (from 32.2% to 20.6%), more than 10 percentage points higher than the 26% reduction found in the control arm. **Meanwhile, the modern contraceptive prevalence rate (mCPR) increased by 26%** (from 37.7% to 47.5%) in the intervention group. But this was lower than districts in the control arm, which reported a 52% increase (from 30.3% to 46.2%). Approximately 53% of women of reproductive age in both the intervention and control sites reported waiting for at least two

CHW Mary in Mayuge, Uganda assesses a baby to confirm that she got her scheduled vaccines.



After testing Gladys's son for malaria, CHW Fatuma enters data in the Smart Health app on her mobile phone, which serves as a key job aid.

years after their last live birth before attempting to get pregnant.

The evaluation showed room for improvement in meeting unmet need for family planning services. We attribute these findings in part to the presence of several other large-scale actors in control arm districts that promoted increased use of family planning services as a part of the national program, who engaged CHWs and other community ambassadors to drive demand. In addition, the COVID pandemic also disrupted trainings, outreach activities and supportive supervision, as well as CHWs' ability to conduct home visits, which are critical for family planning uptake. Uganda also faced a countrywide stockout of Sayana Press injectable contraceptives for part of the project period, which limited the contraceptives CHWs could offer. That said, we believe we have identified opportunities to improve and are working towards strengthening our family planning impact in the future.



Implementation Support

Living Goods supports government partners that have a strong enabling environment in place to implement and then scale policies and practices with DESC components through implementation support. In these partnerships, Living Goods provides hands-on support to Government to professionalize CHWs and co-finance the costs, with government bearing increased responsibility over time.

Kisumu: Buoyed by Strong Performance, Government Commits to Continue eCHIS Scale-Up

CHWs in Kisumu County realized significantly improved performance in Q1, continuing a positive trend since mid-2021. **CHWs exceeded targets for facility deliveries, ANC visits, children fully vaccinated, and sick child referrals completed**—respectively hitting 96%, 85%, 87%



CHW Jael Atieno assesses Faith Achieng's baby during a routine home visit.

and 96%. However, there is strong room for performance improvements when it comes to U5 and U1 sick child treatments and referrals—they only met about half of both targets—as well as on-time PNC visits, which reached 52% against the target of 75%. In March, we trained an additional 310 CHWs, one of our largest expansions ever in Kenya. Although these CHWs have already started delivering health services, we'll wait to report on their performance until Q2.

Since trialing the new eCHIS in Kisumu—a pilot that will inform roll-out to all 95,000 CHWs in Kenya—we have seen increased numbers of children correctly assessed and treated. **We are particularly encouraged by the performance of the 400 new CHWs we trained in October and November 2021.** Based on our learnings over the past several months, we adjusted our approach and spent an entire week training County staff on iCCM, using the mHealth app, data-driven performance-management, and work-planning before starting CHW trainings. This helped strengthen the government adaption and buy-in needed for them to directly lead CHW performance management, with newer CHWs adapting faster and performing better than older cohorts. We are pleased that both CHWs and supervisors are already actively using eCHIS to deliver health services, with dashboard data informing monthly performance reviews and program planning.

The pilot has been a success and we'll continue supporting government to roll eCHIS out to all 3,000 CHWs across Kisumu's subcounties, ensuring they are all digitally-enabled to provide accurate care to their clients. We are proud of our partnership with the county government, and their zeal to lead the digitization journey of the community health workforce in Kenya.

Isiolo: Improved Performance in our First Implementation Partnership

CHWs in Isiolo exceeded targets in ANC visits, facility deliveries, children fully immunized, and completed referrals, which were at 81%, 87%, 82% and 96%. They also met other key per CHW indicators, including U5 and U1 sick child treatments and referrals, and were just slightly below target for new pregnancies registered.

A long-awaited highlight is that CHWs were formally trained in treating pneumonia with amoxicillin after revised iCCM guidelines were finally rolled out in March, although it is too soon to evaluate progress. COVID workflows were also deployed for adult vaccinations in the same month, building on learnings from the successful rollout in Busia. Vaccination rates among CHWs and the population are lower in Isiolo than our other areas of operation, due to the nomadic lifestyle of the people, **but we saw a great improvement on under-immunized children completing necessary immunizations,** which rose to 87% in March against the target of 65%, up from 67% last quarter.



In Isiolo Kenya, CHW Francis hold a child he cares for. Credit: Johnson & Johnson Center for Health Worker Innovation.

Technology may be a factor in performance not being even higher, as the recent introduction of new workflows was followed by glitches. Dashboards were also non-functional for at least half of March, which hindered the teams on the ground from driving performance. Further, an extended drought also meant that many households and CHWs were on the move, which made it harder for Living Goods and government teams to reach and support CHWs.

Burkina Faso: Fluid Political Situation to Delay Learning Sites

Following a coup in January, Burkina Faso's political situation remains in some flux, although security is relatively stable. New Minister of Health Robert Karabougou has been appointed and key government staff have been reshuffled, with the potential for more changes to come. Given the fluid environment, we will need to engage in discussions with a new set of leaders to finalize the details of our planned learning site with CHWs in Ziniare and Manga districts. Consequently, we now anticipate delaying launch of the learning site from Q2 to Q4.

Still, our team continues to make steady progress developing the country's new eCHIS in partnership with the Ministry of Health, Dimagi and Terre des Hommes, and our teams have begun User Acceptance Tests (UATs) with CHWs. As we're taking a Human Centered Design approach to the tool, the feedback from the UAT will be used to enhance the current prototype before the final version of the tool is piloted. A new CHW registry that Living Goods helped design was also finalized this quarter in partnership with the Clinton Health Access Initiative.

This quarter, a few members of our team from Burkina Faso visited our implementation partnership with government in Kisumu, Kenya, to draw upon learnings from another context where government is in the driver's seat.

Evaline: Relying on Neighbor Sarah for a Healthy Pregnancy

Seeing 31-year-old Evaline Atino move about her home with ease, you wouldn't believe she's already eight months pregnant. Warm and vibrant, Evaline is married and already has three children. She is quick to mention that every pregnancy behaves differently and requires adequate support. Although she lives just about 1.5km away from a health center, she has relied more on the services of her neighbor CHW Sarah to support her in this pregnancy.

"Sarah started attending to me when I was just two months pregnant. She has taught me about danger signs during pregnancy, how to avoid malaria, and what foods to eat to ensure a balanced diet," Evaline narrates. "More recently, she has been talking to me about my birth plan. She has advised on what I need to have before I go to the health center for delivery."

Because they only live a few houses from each other, Sarah frequently checks in on Evaline and knows her expected date of delivery. Sarah is proud to show off the phone and mHealth app she now uses as a decision support tool and job aid, instead of the old paper-based tools. Sarah gets reminders on her phone about when to follow-up with her clients, to ensure mothers like Evaline do not miss their antenatal care visits, and that they are linked to health facilities for safe delivery.

"I appreciate Sarah very much, and the community loves her because she sacrifices a lot and loves to see people living disease-free lives. She has a heart for people. When she comes to my home and I'm not around, she waits. She has helped me a lot!"



Community immersion visit in Burkina Faso to collect views to inform creation of a digital tool for CHWs.

“ Sarah started attending to me when I was just two months pregnant. She has taught me about danger signs during pregnancy, how to avoid malaria, and what foods to eat to ensure a balanced diet. ”

- Evaline Atino





Enabling Environment

Living Goods is strengthening the enabling environment in the countries where we work by helping governments develop the policies, implementation guidelines, management, and financial frameworks that allow CHWs to reach their full potential.



Kenya: Strengthening Commitment to Primary Health Care

Living Goods is celebrating the Kenyan government's commitment to strengthening the [scale-up of universal health coverage](#) (UHC) by launching a set of policies and guidelines in February that will support counties to improve primary health care (PHC) service delivery. In Kenya, PHC is considered to cover approximately 80% of an individual's lifetime health needs.

Living Goods supported the government to develop and launch several key guideline documents in Q1 that will create avenues for direct community engagement in health improvement, facilitate multi-sectoral involvement, and effectively tailor communications on preventive and promotive health. These include: PHC Network (PCN) Guidelines, Community Health Volunteers Training and Certification Guidelines, the Community Score Card for Social Accountability for PHC, and the Community Health Roadmap. The PCN guidelines are expected to enhance the enabling environment for engaging communities and giving them a voice in determining the healthcare services they receive and linking them to facilities.

It will cost Kenya approximately US \$14.5 billion over five years to fully establish and operationalize 320 PCNs countrywide. Based on Kenya's [One Health Model](#), the MoH estimates that **investing in PCNs over a five-year period will yield a 14x return on investment** in terms of increased economic productivity, deaths averted, and treatment costs saved. Since some of the biggest challenges plaguing community health include poor commodity quantification at link facilities

and poor linkages to referral facilities, the PCNs are a great opportunity to improve the overall operational efficiency of the PHC system by providing care in the community as well as in facilities.

Kenya's MoH estimates PCNs will yield a **14x return on investment over five years.**



Anthony Gitau, Director, Johnson & Johnson Global Community Impact for Sub-Saharan Africa; Dr. Simon Kibias, Ag. Head Directorate of Health Standards, Quality Assurance and Regulation, Kenya Ministry of Health; Dr. Andrew Mulwa, Ag. Director, Medical Services, Preventive and Promotive Health Services, Kenya Ministry of Health; Carolyne Njuguna, Country Director, PATH Kenya; and Thomas Onyango, Country Director, Living Goods Kenya hold copies of the newly launched PHC policies and guidelines.

Uganda: Initial Stages of Journey to Digitize Community Health

Living Goods is supporting the Government of Uganda and other partners to strengthen the enabling environment by testing innovative approaches to digitizing community health. The goal is to help advance government's use of data for decision-making and kick-start the process for digital tool alignment between the private and public sectors.

Under the leadership of the Ministry of Health (MoH), Living Goods is leading a consortium of partners comprised of BRAC, Medic, and DataKind that have developed one of the tools—built upon the Community Health Toolkit—that MoH is trialing with CHWs. **In January 2022, a total of 253 government CHWs were trained across Ntungamo and Lamwo districts to use the app, which incorporates all health services in the public sector.** The consortium also built the capacity of the district teams to manage and troubleshoot the system, including on visualization and use of community-level data.

This effort is part of the country's Intelligent Community Health Systems (iCoHS) project, which is funded by the Rockefeller Foundation through UNICEF and focused on building the capacity of staff in the MoH's Division of Health Information to use electronic Community Health Information Systems (eCHIS). The tool has now been transferred to government, which is hosting it locally. Plans are underway to continue building government's capacity to maintain and manage it.

We are excited that the Ugandan government is taking these initial steps to digitize community health, one essential element of the DESC approach. We will continue our efforts to support strengthening the enabling environment, including **finalizing the National Health Information and Digital Health Strategy and the National Community Health Strategy.** These policies will be essential in effective nationwide scale up of the tool MoH ultimately selects; sufficient funding will also be required to make it a reality.



Gerg Kuzmark of Rockefeller Foundation with representatives from UNICEF and the LG-led consortium and the Ntungamo District Senior Health Educator after a focus group discussion with CHWs who shared their experiences using the eCHIS tool.



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Strengthening Organizational Capabilities

Staff Feature: Molly Christiansen, a Leader at Driving Impact

As our longest-serving employee, Molly Christiansen has seen and done it all during her more than 13-year tenure: from strategy and program design, to partnerships, advocacy, research, and business development. But, most importantly she's led the development and iteration of the impact strategy, metrics, and measurement systems that Living Goods relies on to ensure we continually deliver and deepen measurable impact through our programs. Molly has left an indelible impact on our work and ability to save and improve lives at scale.

Although Molly briefly flirted with getting a medical degree, her passions quickly pushed her towards public health. In fact, it was her work with community health workers in Southern Mexico during college that fueled her early interest in community health. After studying community health as an undergraduate and working with several organizations in the US and internationally, she ultimately secured a joint MPH/MBA degree in public health and business that has informed her career trajectory since.

Molly is not only deeply connected to Living Goods' roots, but also its evolution. She says, "I was initially intrigued by the challenge of building a financially sustainable community health model to solve the challenge of funding at large scale, but that turned out to be much more difficult than we initially thought." In those early days, she worked closely with Living Goods Founder and Board Chair Chuck Slaughter, supporting the early-stage partnership with BRAC, and launching the first iteration of the entrepreneurial program model in Bwaise and Nsangi communities in Uganda, both of which remain active, high performing parts of our Learning Site today.

She worked with the early team in Uganda to develop CHW training materials, including flip books and the messaging and tools used to support CHWs, and ultimately played a pivotal role collaborating with the research team engaged in both our [proof-of-concept Randomized Controlled Trial](#) (RCT) and a second soon-to-be published RCT that shows the equally life-saving impact of the program at a significantly larger scale.

When thinking of Living Goods' evolution, she's most excited about the impact that's been achieved and the transformational impact to come in the [2022-2026 strategic plan](#). "Now we're really sinking into our mission by strengthening government-led community health and ensuring that the impact is durable over time."

When asked about what makes her proud of her time with Living Goods, Molly is quick to answer, "The impact community health workers have delivered in their communities among mothers, children, and families. As a mother of three, I know how much that matters. And our incredible team-I have learned so much from this Living Goods family and found much joy and satisfaction in doing this work together."



I love Living Goods, and I am so grateful for the many opportunities I've had here. But I'm also excited about what the next chapter will bring.



- Molly Christiansen



Molly with a group of CHWs back in the day, in Uganda.

While Molly is staying on in the coming months as an advisor, she has decided it's time for her role to be done by a team more proximate to the work and is beginning to explore what's next professionally after Living Goods. She's exploring a range of possibilities but is clear she wants to remain focused on catalyzing impact at scale. "I love Living Goods, and I am so grateful for the many opportunities I've had here. But I'm also excited about what the next chapter will bring."

We're not saying goodbye to Molly yet but are incredibly grateful for her leadership and commitment over these years. We simply would not be where we are today without her leadership and contributions.



Miriam Were: Congratulations on her Nobel Peace Prize Nomination!

Living Goods is thrilled to celebrate the recent Nobel Peace Prize nomination of Dr. Miriam Were, the Chairperson of Living Goods Kenya's Advisory Board. "Dr. Were has likened curative initiatives to mopping the floor under a leaking tap; consequently, her focus has been on community health approaches. These efforts facilitate the uptake of health initiatives among the most vulnerable people, including today's vaccination efforts against COVID-19," the [American Friends Service Committee said in its nominating letter](#).

Dr. Were is an accomplished and decorated public health champion with numerous awards to her name, including the 2007 Queen Elizabeth II Gold Medal for Outstanding Contributions to International Public Health and Supporting the Health Needs of Disadvantaged People. She also won the first Hideyo Noguchi African prize for advancing a community-based approach to health services and served as the Kenya Goodwill Ambassador for community health.

"I believe in the community approach as the modality for promoting both peace and health by empowering individuals and communities to lead in solving their problems, including those articulated in the Sustainable Development Goals," Dr. Were said, in part, regarding her nomination.



Dr. Were has likened curative initiatives to mopping the floor under a leaking tap; consequently, her focus has been on community health approaches. These efforts facilitate the uptake of health initiatives among the most vulnerable people, including today's vaccination efforts against COVID-19,



- American Friends Service Committee

Staff and Board Updates

We are delighted to welcome several new leaders to Living Goods who will play an important role in enabling us to achieve our mission.



Dr. Joanne Peter
Member, Living Goods
Board of Directors

Director, Jhpiego
Innovation Hub

Dr. Joanne Peter is the newest member of the Living Goods Board of Directors. She recently joined Jhpiego to serve as Director of their Innovation Hub. Until recently, she held a nearly 5-year tenure with the Johnson & Johnson Center for Health Worker Innovation, where she focused on supporting and championing primary care nurses, midwives, and community health workers—and their connection to communities. She specializes in the use of health technology in low-resource settings. She has spent her career in strategic philanthropy, including time with Google.org, the UN Foundation and DGMT working on a range of health, technology, and innovation programs. Joanne trained in Medicine and International Development at the University of Cape Town and Oxford University respectively.



Edna Chibole
Executive Strategic Advisor
to the CEO

We are thrilled to welcome **Edna Chibole** to Living Goods, where she provides oversight and advises our CEO on the overall organizational strategy from multi-year planning, development, execution, to monitoring and streamlining initiatives that ensure optimal organizational productivity. Previously, Edna has held several Executive roles and had oversight of global programs worth over \$200M funded by several donors and in organizations such as BroadReach, USAID, KPMG, Palladium and Global Communities, Fred Hollows Foundation, amongst others. She is the current Vice Chairperson of the ACCA Kenya Board. She holds a Master of Commerce Degree.



Dr. Christine Ogolla-Ondiba
Director, Program Strategy
and Excellence

We're delighted to welcome **Dr. Christine Ogolla-Ondiba** to Living Goods. She is a Public Health Specialist with more than 16 years' experience as a senior technical expert and leader of diverse health programs across Africa. Christine joined Living Goods from USAID Kenya, where she was the Head of Reproductive, Adolescent Health and Family Planning. Prior to that, she worked for organizations including the Elizabeth Glaser Pediatric Aids Foundation, Kenya Medical Supplies Agency, Baptist Aids Response Agency in Africa, and Kenya's Ministry of Health. Christine holds two Master of Science degrees: one in Public Health and another in Organization Development and Strategic Leadership. She is currently pursuing her PhD in International Development.

Q1 2022 KPIs¹

| | Learning Sites | | | | Implementation Support | | | | Partnerships | |
|---|---------------------|-----------|-----------|-----------|------------------------|-----------|----------------------|-----------|--------------|-----------|
| | Kenya: Busia County | | Uganda | | Kenya: Kisumu County | | Kenya: Isiolo County | | Uganda: BRAC | |
| | Q1 Target | Q1 Actual | Q1 Target | Q1 Actual | Q1 Target | Q1 Actual | Q1 Target | Q1 Actual | Q1 Target | Q1 Actual |
| Monthly Per-CHW Impact Metrics | | | | | | | | | | |
| New Pregnancies Registered | 1 | 1.2 | 1 | 1.7 | 1 | 1.4 | 0.5 | 0.4 | 1 | 3.0 |
| % of 4+ ANC visits | 75% | 86% | 75% | 82% | 75% | 85% | 75% | 81% | 75% | 87% |
| % Facility Delivery | 85% | 97% | 85% | 92% | 85% | 96% | 85% | 87% | 85% | 94% |
| % On-Time Postnatal Care Visit | 75% | 86% | 75% | 64% | 75% | 52% | 75% | 55% | 75% | 70% |
| Couple Years Protection | 2.5 | 2.3 | 2.5 | 3.1 | 2.5 | 4.0 | 1.3 | 0.6 | 2.5 | 1.0 |
| % Children 9-23 Months Fully Immunized ² | 65% | 95% | 65% | 93% | 65% | 87% | 65% | 82% | N/A | N/A |
| Under-5 Treatments and Positive Diagnoses | 23 | 29 | 24 | 36 | 16 | 8.7 | 3.2 | 3.3 | 24 | 27 |
| Under-1 Treatments and Positive Diagnoses | 5 | 3.4 | 5 | 6.7 | 3 | 1.3 | 0.4 | 0.5 | 5 | 8.3 |
| % Sick Child Facility Referrals Completed | 75% | 96% | 75% | 79% | 75% | 96% | 75% | 96% | 75% | 67% |
| DESC/Performance Management Metrics | | | | | | | | | | |
| % CHWs in Stock of Essential Commodities ³ | 60% | 72% | 60% | 87% | 60% | 55% | 60% | 35% | 60% | 62% |
| % CHWs w/ Supervision in Last 1 Month | 75% | 92% | 75% | 93% | 55% | 82% | 55% | 67% | 75% | 77% |
| CHW Income ⁴ | \$20.00 | \$18.85 | \$20.00 | \$20.42 | \$20.00 | \$21.60 | \$20.00 | \$23.00 | \$15.00 | \$8.79 |
| Impact Total Metrics | | | | | | | | | | |
| Active CHWs (3-Month Active) | 850 | 785 | 4,205 | 4,539 | 1,000 | 961 | 780 | 632 | 4,000 | 4,038 |
| Population Served ⁵ | 425,000 | 392,500 | 2,523,000 | 2,723,400 | 500,000 | 480,500 | 268,000 | 217,149 | 2,400,000 | 2,422,800 |
| Total New Pregnancies Registered | 2,861 | 2,866 | 16,942 | 22,629 | 3,366 | 3,647 | 1,170 | 659 | 16,116 | 34,190 |
| Total U5 Treatments and Positive Diagnoses | 58,140 | 68,199 | 308,815 | 472,915 | 47,880 | 23,151 | 7,488 | 5,142 | 293,760 | 309,835 |
| Total U1 Treatments and Positive Diagnoses | 11,628 | 7,988 | 64,589 | 87,815 | 9,720 | 3,400 | 1,016 | 736 | 61,440 | 93,928 |
| Total Couple Years Protection | 2,520 | 2,659 | 23,453 | 23,895 | 6,000 | 9,085 | 855 | 332 | 24,300 | 2,354 |
| Total Unintended Pregnancies Averted | 609 | 645 | 5,668 | 5,775 | 1,450 | 2,792 | 207 | 62 | 5,873 | 569 |
| Net Cost per Capita (Annualized) | \$3.78 | \$3.42 | \$3.48 | \$2.94 | \$0.81 | \$1.63 | \$1.12 | \$2.33 | \$0.72 | \$0.73 |

NOTES:

¹As of 2022 we removed sick child assessments as an external KPI to focus on treatments/referrals, which are an outcome of assessments.

²BRAC CHWs do not yet provide immunization services.

³CHWs in implementation support sites acquire their commodities directly from partners or government health facilities.

⁴Income 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.

⁵As of 2022 we have adjusted down our population served calculation.