LivingGoods

QUARTERLY REPORT

Q1 | January - March 2021

No One is Safe from COVID-19 Until We're All Safe

While some countries have enough doses to vaccinate their populations three times over against COVID-19, **many lower-income countries struggle to access enough to serve their most at-risk groups.** As the World Health Organization's (WHO) director-general recently opined, vaccine inequity is pervasive, and the rising global vaccination numbers in wealthier countries have been met by an equally powerful surge of COVID cases in those with fewer means.

Kenya recently went through another surge of COVID cases, which led to another lockdown in some counties, as the government worked to ramp up vaccination efforts. In both Uganda and Kenya, vaccine hesitancy is high—fueled by misinformation about some of the available vaccine brands, long distances to health facilities, and vaccine stockouts.

Kenya received its first batch of 1.12 million vaccine doses in early March and prioritized vaccinating frontline health workers, including CHWs, essential workers, uniformed forces, and individuals above age 58. Although there was a notable increase in people getting immunized after the president and other high-level public officials received their doses publicly, only 880,000 people had been vaccinated by the end of April. Uganda received 964,000 vaccine doses in March, but just over 333,000 people were vaccinated by the end of April. It will be a long journey for both countries, as challenges securing vaccines mean only 20-30% of their general populations will get their doses by the end of 2022.

We continue to support governments to develop and cascade appropriate vaccination guidelines and educational materials to sensitize communities.

Above: Joseph Owade, a Kenyan CHW Living Goods supports in Busia county, gets vaccinated against COVID.

Our Results in Q1 2021

12,007
ACTIVE CHWs

74,857
NEW PREGNANCIES REGISTERED

8,943,155
PEOPLE SERVED

1,170,555
SICK CHILDREN UNDER 5 ASSESSED

214,372
SICK CHILDREN UNDER 1 ASSESSED

In Kenya, we're advocating for the recognition and categorization of CHWs as essential health workers, to ensure they also receive personal protective equipment (PPE), passes to freely move, and are prioritized for vaccination. Consequently, **more than half of the 3,300 Kenyan CHWs Living Goods supports were vaccinated by the end of April.** In Uganda, CHWs have not yet been prioritized by the government for vaccination, though we are engaging in advocacy to ensure they are in the next phase. That said, nearly 100 Living Goods-supported CHWs who are over age 50 or have underlying health conditions have been vaccinated. **A recent survey conducted among the Ugandan CHWs we support showed that 94% of them are willing to take the vaccine**, and we are using these results to influence the government. Living Goods' support strategy is to drive CHW vaccine access and uptake; support governments to access vaccine supplies and utilize community health structures to reach the last mile; and put in place the digital tools, communications, and processes CHWs need to successfully mobilize communities to get vaccinated.

On the regional level, Living Goods supported the Africa Centers for Disease Control (Africa CDC) to develop guidelines on Safe Vaccination Administration in the Context of COVID-19 in Africa. Further, we have been supporting governments on the continent to finalize an expression of interest for the COVID vaccine pre-order program open for all 55 member states through the Africa Medical Supplies Platform. We lobbied for CHWs to be categorized as frontline health workers to access the vaccine in Phase 1. As a result, through the African Union, an additional 10.8 million doses are expected in Kenya, 9.1 million in Uganda, 8.7 million in Zambia, and 2.6 million in Rwanda. Through the Africa CDC, Living Goods will also continue supporting other countries that express interest in additional vaccines in the next phase of ordering.

Cover: A child in Mitanya, Uganda, looks lovingly at her CHW Maria.

Ugandan CHWs Maintain Strong Momentum, Despite COVID

CHWs continued their critical role ensuring continuity of care during the pandemic. Despite disruptions related to Uganda's elections, they continued their strong performance in Q1 thanks to ongoing strong client demand, free medicines, and program adjustments such as our revised compensation structure, remote supervision and adjusted digital health workflows.

CHWs surpassed most indicator targets in Q1. **Treatments or referrals for children under age five (U5) were more than double the target, and CHWs are increasingly targeting children under age one (U1)**—those at greatest risk of U5 mortality. The rate of on-time postnatal (PNC) care visits was a below-target outlier of otherwise above-target numbers for Q1—at 68% against the target of 75%—but this improved by March, with field teams stepping up their focus on ensuring CHWs have women's expected delivery dates in hand to encourage timely follow-ups.

We continue to find that CHWs trained in family planning (FP) and immunization (IZ) services visit far more households than their peers. About 69% of children who CHWs identified as under-immunized were confirmed to have completed their necessary immunizations in Q1. Vaccine stock-outs and transport challenges continue to be the primary impediments.

Demonstrating how dramatically sufficiently trained, supervised, and motivated CHWs can increase FP uptake, 47% of first-time users we support took up a method in Q1, compared to the national contraceptive prevalence rate of 41.8%. To increase FP uptake and put more power in the hands of women, we have been conducting a Sayana Press self-injection experiment. **CHWs have already trained more than 300 women to inject themselves with the contraceptive,** although uptake is low due to client fear of self-injection. We are optimistic that this will improve over time with education and behavior change efforts. When more data is available in Q2, we will decide whether to scale this approach.

BRAC continued its strong upward performance trend in Q1, with CHWs registering record results and surpassing most of their targets. The upswing was triggered by an mHealth upgrade completed last year and replacing all CHWs' phones between October and January, which made it easier to capture health activities. Mentorship of supervisors on targeted coaching and additional IT training for CHWs also helped drive the improvement.

With our support, **BRAC is gearing up to launch FP activities—including Sayana Press**—in Q2, starting with more than 1,000 CHWs in three districts. The rollout was initially scheduled for 2020, but delayed due to COVID. BRAC is also drawing on Living Goods' learnings as they work to launch the Smart Health Supervision App, expand remote supervision, and scale up a peer supervision experiment—in which select high-performing CHWs oversee a group of their peers. They are also focused on boosting on-time PNC visits—one of the few areas below target—by improving early identification of pregnancies and the rate of routine follow-ups.

In our new co-financed experiment in Oyam district, where we're exploring how to expand partnerships with government that influence policy, nearly 200 CHWs who comprise the effort's initial prototyping phase are now providing families with digitally-driven health services. CHW performance was below target in Q1, but had a positive trajectory throughout the quarter. Pregnancies registered, child assessments, and treatments or referrals at least doubled from January to March, though remain well below target. Some of our challenges in Oyam include an imbalance in coverage—with too many CHWs in place for appropriate household coverage—and a compensation structure that is not sustainable in its current format. We always anticipate a slow start operating in new environments, as CHWs need time to acclimate to new ways of working and Living Goods and our partners must make context-specific adjustments before scaling up the test.

"Living Goods has changed my life by teaching me how to use technology and smartphones. I now treat children or refer them to health facilities with the help of a phone. I also use the phone for follow-ups because it sends me reminders. This keeps me informed—which in turn benefits my community."

Emmanuel, a CHW in Oyam, as he demonstrates a child assessment workflow.

Strong Performance in Kenya, Despite Health Worker Strike

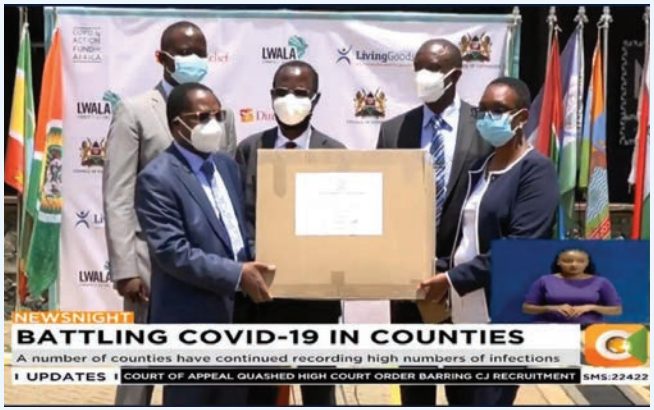
In Q1, our directly managed operations in Kenya had their highest performance ever, with record achievements across several indicators. For example, CHWs provided an average of 21 child treatments or referrals for U5s per month in Q1—50% above the target. Supportive supervision has also been very strong, which in turn has driven a high rate of active CHWs.

A series of digital improvements helped drive this strong performance. We replaced CHWs' faulty phones and created a new dashboard app that helped simplify their ability to visualize the data they see. Moreover, a campaign to verify client phone numbers enabled us to increase correct contact information from 60% last August to 87% by March. Ensuring CHWs can better communicate with and follow-up with households by phone drives improved access to care on-call and has enabled distanced health assessments during COVID.

Health facility deliveries and completed facility referrals were both above target, despite a health worker strike from December to February that caused facilities to be largely non-operational. Registered pregnancies were below target, but increased in March following a deliberate drive to identify all pregnant women in CHWs' communities.

An average of 93% of under-immunized children got all necessary vaccines in Q1, against the target of 65%. There were also a record number of active CHWs trained in FP by March, leading to the program's highest-ever monthly totals of couple-years protection and unwanted pregnancies averted. This year, we'll scale FP from three test branches in Kisii and Kakamega counties to all six branches in Busia county. This is an exciting testament to CHWs' success in providing FP and an important milestone given the significant unmet need in the country—18.6% among married women—with FP uptake leading to women's improved health and wellbeing and wider socioeconomic benefits.

Above: In Kakamega county, CHW Cleophas Odumbe chats with a mother about her child's health.



Left: Appearing on a **TV broadcast** from Kisumu county, Living Goods and Lwala Community Alliance leaders present a donation of surgical masks and face shields through the **COVID-19 Action Fund for Africa** that will support all CHWs nationwide for 3 months.

In our new co-financed demonstration program in Kisumu County—which is also in the prototyping phase—we recruited, onboarded, and deployed 12 county-based Living Goods staff in Q1 who will be working closely with local health teams to support implementation. In addition to providing refresher trainings for the nearly 400 CHWs trained in 2020, **we onboarded and equipped a new cohort of nearly 200 CHWs in Q1, which enabled them to digitally register 54,555 households.** Performance is currently below target, but is steadily climbing since the launch of health activities in January. A key impediment for CHWs in Q1 was having insufficient essential commodities—as these drive their ability to provide treatments. They will soon receive what they need from the county now that government has agreed that children between 2 months and 1-year-old can be treated for malaria at the community level.

Living Goods is working closely with the county government to ensure CHWs receive their stipends on a timely basis. We are also encouraged by a government drive to improve supervision and provided them with access to dashboard data that is being used to develop workplans and conduct data review meetings.

Our co-financed demonstration program in Isiolo county remained largely below target in Q1, and we are continuing to move forward an impact optimization plan to resolve the top barriers. This has included managing some transitions in county leadership, streamlining the utilization of digital tools to enhance performance management, and redefining the role of Living Goods supervisors as government takes on more ownership of day-to-day supervision efforts. CHWs continue to face challenges with the delayed payment of stipends by government, which affects morale and activity rates, and with accessing commodities from the health facilities, which limits their treatments. The greatest areas for improvement are assessments, treatments or referrals, and the rate of on-time PNC visits. **A performance highlight was facility-related activities, with facility referrals reaching 94% in Q1 against the target of 80%,** and facility deliveries hitting 82% against the target of 85%. In addition, we held capacity building sessions to sensitize government supervisors to better utilize dashboards. This has had notable results, with 75% of government supervisors accessing the dashboard in March, compared to about 35% in January.

Kenya's New 5-Year Plans to Strengthen and Digitize its Community Health System

In mid-March, Kenya's MOH launched the third edition of its Community Health Strategy and the inaugural National Community Health Digitization Strategy—important guiding documents whose development and launch Living Goods was a lead partner in conceptualizing. **The two five-year strategies are part of the Kenyan government's bold plan to advance Universal Health Coverage (UHC) through integrated, participatory, and sustainable community health services.**

Costed out at US $406.5 million, the Community Health Strategy provides a framework to standardize the implementation of community health services and outlines plans to strengthen seven priority areas in community health, including governance structures, human resources, sustainable financing, service delivery, data, supply chain management, and partnerships. **Living Goods' work over the past five years in Kenya has helped demonstrate the value of digitally empowering, equipping, supervising, and compensating CHWs,** and we are pleased to see that our advocacy efforts have helped ensure all these core elements are reflected in the strategy.

Meanwhile, the costed digitization strategy provides a blueprint for the development and implementation of a standardized national electronic community health information system (eCHIS). This strategy—informed by the 2020 eCHIS Landscape Assessment that Living Goods also partnered with government to develop—is aligned with the government's aspiration to digitize the entire health system and integrate community health data with the broader eHealth ecosystem. This effort will transform service delivery and performance management in Kenya and will also increase systemwide efficiencies in reporting by enabling data-driven decision-making at operational, technical, planning and policy levels.

Above: In Kajaido county at the celebratory launch of Kenya's new Community Health Strategy and eCHIS strategy.

Translating these two complementary strategies into practice will ultimately revolutionize primary health service delivery in Kenya by better leveraging technology and data to enhance performance management of the community health workforce. At full scale, Kenya's eCHIS will ensure that Kenya's 95,000 CHWs across all 47 counties are digitally enabled; equipped with tools, training, health commodities and essential medicines; effectively supervised and mentored; and compensated through financial and non-financial incentives and renumeration. We are enormously proud to partner with the MOH to enable this critical transformation of its health system.

Smart Health Chosen for eCHIS Prototyping Phase

Phase 2 of eCHIS development began in Q1 and focused on designing a functional eCHIS prototype that aligns with government's requirements for testing and progressive nationwide scale-up. Following several co-design and evaluation meetings of five separate apps, **the MOH-led multidisciplinary team selected Living Goods' Smart Health app as the reference tool for implementing the testing and pilot phase of eCHIS.** Living Goods is working with MOH and partners to enhance the app to meet functionality requirements for implementing a standardized, scalable, and interoperable prototype that integrates with DHIS2 and the electronic facility-level module. In this second phase, the teams are also refining and finalizing the eCHIS training framework and training toolkits for CHWs and establishing protocols for the eCHIS pilot.

Once phase 3 kicks off, Kenya's eCHIS will be piloted in select counties, including in our co-financed demonstration program in Kisumu, which will then inform a phased countrywide scale up from 2022.

The estimated cost for eCHIS implementation—including ICT infrastructure, training, and wrap-around services—is US $47.9 million.

We'll also continue supporting eCHIS implementation with technical support on performance management, service delivery, capacity building, M&E and wraparound services. **We look forward to supporting the MOH in fully implementing these two strategies**, as they form the foundation for ensuring a sustainable, well-financed community health system nationwide.

Community Health Work Connects Sarah to Her Childhood Dreams

Soft-spoken and gentle in her ways, 52-year-old **Sarah Nakaggwa from Uganda's Buikwe district had a childhood dream of becoming a nurse.** Unfortunately, she dropped out of high school when she lost her father, who was paying her school fees.

She got married and had six children, three of whom are now nurses. Sarah was happy to live her dreams vicariously through her children, until an unbelievable opportunity came her way in 2017. She was recommended by her community to Living Goods to be a CHW—because of her compassionate heart.

"I was so happy when I was chosen to undergo the training. Though I was not going to be a nurse with a cap, I was finally going to be a health worker! My main motivation is to save lives, especially children's. **I was also excited to be trained in family planning because I believe if I had enough knowledge myself, I would have had fewer children,"** Sarah explains, adding that she has also gotten financial benefits from this role and is now seen as a helpful person in her community.

Before the COVID, Sarah used to conduct door-to-door visits to deliver health services to children and women in her community. Now, most parents bring their children to her home for treatment, especially because they know that she is always stocked with essential medicine for children from Living Goods. "It is easier to follow the COVID protocols this way. But, I take the initiative to make follow-up calls and visits to those who can't come to my home, since I have PPE such as gloves, masks and sanitizer from Living Goods."

Sarah is an advocate for women's health and has been providing antenatal and postnatal care, plus family planning counseling and methods during this difficult time. "I thank Living Goods for ensuring that we can still offer affordable FP options during the pandemic, because the demand is still there," she says.

Getting Uninterrupted Pregnancy Care during the Pandemic

At the height of the COVID pandemic in early 2020, Hellen Taaka, an expectant mom of two in Busia, Kenya, worried for the wellbeing of her unborn baby.

Hellen turned to the one person she knew she could always count on when it came to her health concerns: her CHW, Cleophas Odumbe.

"Cleophas encouraged me to go for my prenatal visits and to always follow the doctor's instructions. He taught me the danger signs in pregnancy and said I should go to the hospital immediately if I experienced any of them," she shares. "To allay my fears, he educated me on how to protect myself and my family from COVID and even gave me a mask for each clinic visit."

In October 2020, Hellen welcomed her third child, Jordan, a healthy full-term baby boy delivered at her preferred hospital. She is grateful that despite having a high-risk pregnancy, she received an integrated package of support from her CHW that enabled her to prepare a birth plan, attend

more than eight prenatal clinic visits, and prepare to take up family planning services that met her needs.

"Having a trained healthcare provider walk the bumpy pregnancy journey with me made all the difference," says a smiling Hellen. "The best thing about the services we receive from CHWs is that they are close to us. Cleophas is very accessible, responsive and doesn't just come when you call for help, but also keeps coming to follow up, and monitor the health of all three of my children."

Burkina Faso Advances on Road to Digitized Health System

Following an evaluation of Burkina Faso's digital health and performance management landscape that Living Goods conducted in 2020 and recommendations we made, the MOH has selected CommCare as the digital health platform for the country's CHWs—known locally as *agents de santé à base Communautaire* (ASBC)—and their supervisors.

Living Goods, along with other key implementing partners including UNICEF, Terre des Hommes and Dimagi, **will be supporting the MOH over the coming months with the design of the digital tool to ensure that it incorporates global best practices** and has the right functionality to deliver high-quality performance management for the community health program in Burkina Faso.

In late March, Living Goods, Health Policy Plus, and Digital Square co-financed a **workshop that brought together the MOH, implementing partners and donors to align on the vision and roadmap for digitizing community health in Burkina Faso.** The workshop was attended by the Minister of Health and the Secretary General for Health, and both USAID and the Gates Foundation made additional commitments to support digitization during the workshop. Living Goods is now supporting the MOH to finalize the budget for digitization, identify any gaps, and mobilize resources as required.

We have also hired a Country Lead to oversee Living Goods' operations in Burkina Faso: Dr. Patrick Singa. He is a Rwandan medical doctor with more than 10 years' hands-on medical experience in the public and private sectors, as well as extensive experience working for international organizations and the United Nations. Dr. Singa has held several senior positions within the Rwandan Ministry of Health and, most recently, was the Chief Medical Officer for Babylon Health Rwanda, a subsidiary of Babylon Health, which he established and managed for nearly five years.

Above: We supported a high-level workshop for the Burkina Faso MOH, key partners and funders to advance the nation's journey towards a digitized community health system.

Supporting Performance Management in Ethiopia

In March, we finalized an exciting partnership to support the Ethiopian government's drive to massively scale the digitization of its community health workforce, known locally as Health Extension Workers (HEWs). In collaboration with JSI Research & Training Institute (JSI), the lead partner, and Dimagi, **Living Goods will help strengthen and accelerate performance management as the Ethiopian Federal Ministry of Health (FMOH) scales its eCHIS beyond the 1,500 HEWS it currently supports.** Working under the leadership of the Ethiopian FMOH and JSI, Living Goods' role will be to assess existing performance management processes and systems within its community health system, and propose and test an improved performance management system, while Dimagi will focus on developing data insight tools and technology. Robust performance management ensures the optimization of community-level service delivery and supervision, which will result in more equitable access to health services at the last mile and improve health outcomes for Ethiopia's 110 million people. **We anticipate working with about 500 HEWs and 50 supervisors to test and document approaches in three learning sites by 2023.**

Influencing Community Health at Key Forums

- **Dr. Diana Nsubuga, Living Goods' Regional Deputy Director for Policy and Advocacy, was selected as a civil society representative to the ACT-A Health Systems Connector**—a global collaboration led by the Bill & Melinda Gates Foundation, Gavi, Global Fund, WHO, the World Bank, and other partners to accelerate development, production, and equitable access to COVID tests, treatments, and vaccines. Through this global collaboration, Living Goods will be able to influence COVID-related health systems strengthening efforts.

- We became a member of the Infection, Prevention, and Control technical working group at the Africa CDC, a role we will use to continue supporting governments in policy formulation and operationalizing COVID policies on the continent.

- Working in collaboration with the Community Health Impact Coalition and other partners, we contributed to the WHO/UNICEF guidance document on the role of CHWs in COVID-19 vaccine distribution. It is intended to support national governments to develop their national deployment plans for COVID vaccines by outlining the roles, needs and opportunities for CHWs.

Learnings from the Community Health Innovation Network

After more than three years testing innovative solutions for digital health, **our Bill & Melinda Gates Foundation-funded Community Health Innovation Network wrapped up in Q1.** Established in September 2017, the Innovation Network supported the development and testing of six cutting-edge human-centered digital solutions that leveraged Living Goods' experience designing, testing, and launching new digital tools at the last mile. Working with Medic Mobile as our primary partner in the first phase, we tested:

- Closed Loop Referrals–We tested how to digitize the community health referral system and ensure a feedback loop was established between community-level and facility-level care.
- Community-Based HIV Self-Testing and Counseling–We tested the feasibility of conducting HIV tests at home.
- Predictive Analytics –We explored the possibility of building an algorithm that could help predict at-risk households, including newborns and children at-risk of developing danger signs and/or expectant mothers least likely to deliver at a health facility.

Under Phase 2 of the program, the Innovation Network team brought on board additional partners with a more aggressive approach to enhancing health care at the community level, including ThinkMD and Praekelt. Our studies included:

Above: Following a dissemination meeting with the county MOH, the Living Goods team hands over the remaining tests used for the Innovation Network's HIV self-testing and counseling intitiative in Kisii county, Kenya.

- Data Ecosystem Support Initiative (DESI)–This initiative set out to develop an analytical data repository, explore community-based disease surveillance, and build dashboards for maternal and child health and COVID that would support insight generation and decision-making.
- Client Initiated Health Assessment (CIHA)–We explored how to increase health-seeking behaviors at the community level by introducing an SMS and WhatsApp-based self-assessment tool.
- Virtual Design Lab (vLab)–We helped develop a set of virtual tools based on human-centered design methods to ensure clients remains at the core of the design process, despite the limitations of COVID presented to field access and direct face-to-face engagement.

In our final collaborative workshop with key project partners, we surfaced a set of strategic insights and lessons, which included:

Things that worked	• Rapid pivot to COVID response initiatives - CIHA, vLab, DESI - demonstrated our ability to re-tool, identify new client needs, and adapt to a changed operating environment. • COVID focus responded to core program needs to ensure essential community health service delivery.
Things that didn't work	• The emphasis of project management over product management resulted in over-dependence on waterfall management at the expense of product-oriented agile methods. • Design approaches were largely limited to UA/UX testing, with limited ideation and journey mapping conducted (until vLab).
Lessons learned	• Complexity of data analytics life cycle exceeded capacity of project to solve. • Early stage / disruptive technologies prove to be highly challenging if driven as project, rather than product.

Evolving our Organizational Design

Living Goods is in the process of developing a new multi-year strategic plan that will prepare us to drive significant impact over the next several years. Consequently, we've been evaluating key pivots we need to make in our organizational structure to be responsive to our evolving business model in existing and new countries. We have also looked at how our global functions currently operate and benchmarked them against other high-performing organizations. Based on our belief that it will both drive efficiencies and innovation, **we are embarking on a journey to create a Shared Service Model of staffing that standardizes and harmonizes work processes, systems, and client experience across various locations.** We are at the start of this journey at Living Goods, and it has already resulted in some changes across our global functions and created some new roles as we operationalize new structures and ways of working.

As part of this process, **we have made some structural adjustments to our Global Executive Team** to ensure that we align the team's capabilities to support our emerging strategic needs and achieve our desired impact. Effective May 1, the positions of Regional Director of New Country Expansion and Chief Impact Officer ceased to exist, but we created a new Chief Program Officer (CPO) role.

We have appointed Emilie Chambert to serve as our new CPO. Emilie joined Living Goods in 2014 and has held the roles of Uganda Operations Director, Uganda Deputy Country Director, Uganda Country Director and, most recently, Regional Director of New Country Expansion. In this new role, Emilie will create and review Living Goods' theory of change and optimize high impact service delivery through strategic program design and innovation, monitoring, research, evaluation, and learning. As Chief Program Officer, she will also oversee incubator stages of new country operations so that they deliver desired results and we effectively measure our work at each stage.

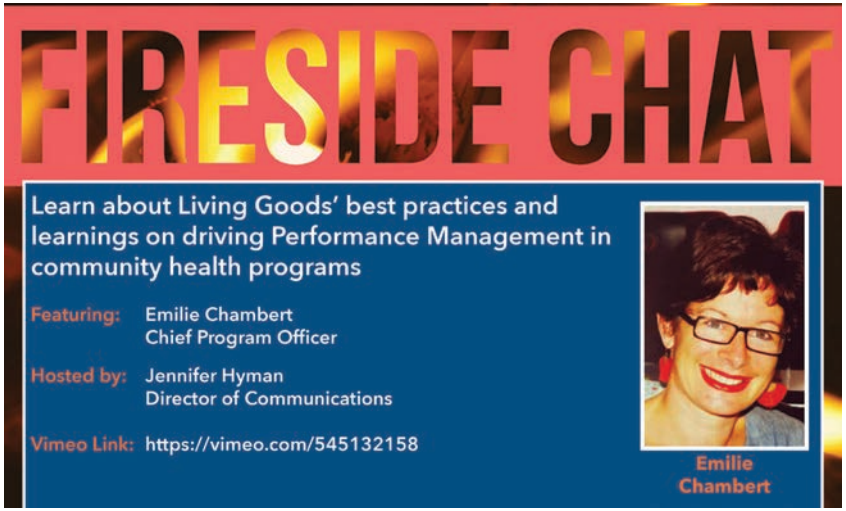
Andrew Karlyn, who has been ably serving as our Chief Impact Officer, stepped down from his role at the end of April to pursue opportunities outside of the organization. He is staying on in an advisory capacity through July to support a discrete piece of consultancy work. We thank him for his many contributions.

Motivating our Talent

One of our Big Wins for 2021 and beyond is the building of great, competent, and engaged teams that thrive and grow at Living Goods. **We recently held our first-annual Career Week, in which hundreds of staff from across all our locations actively participated.** We launched our Talent Management Framework and created opportunities for staff to share their career experiences and hear from both internal and external experts on how to brand and position themselves for successful careers at Living Goods. We have started conducting talent reviews, which will lead to succession planning for key positions and career plans for our talent.

We're Passionate about Performance Management

We recently held a Fireside Chat about performance management for strengthening CHW programs with our Chief Program Officer, Emilie Chambert. Watch here.



2021 Q1 Key Performance Indicators	Direct Operations				Partnerships and Co-Financed Demonstration Sites								Technical Assistance	
	Uganda Direct		Kenya Direct[1]		Uganda: BRAC		Uganda:Oyam		Kenya: Kisumu		Kenya: Isiolo		Kenya TA: Bobasi	
	Q1 Target	Q1 Actual	Q1 Target	Q1 Actual	Q1 Target	Q1 Actual	Q1 Target	Q1 Actual	Q1 Target	Q1 Actual	Q1 Target	Q1 Actual	Q1 Target	Q1 Actual
MONTHLY IMPACT AND PROGRAM QUALITY METRICS METRICS														
Pregnancies Registered	2	1.9	1	0.8	2	3.5	1	0.8	1	1.8	1	0.7	1	1.0
Under-5 Assessments	32	39.0	26/24/12	42/39/21	32	40.5	23	7.5	18	1.4	4	2.1	12	9.7
Under-1 Assessments	6	7.8	5/4/3	6/7/4	6	7.1	5	1.6	3	0.3	1	0.3	3	1.9
Under-5 Treatments and Positive Diagnoses	18	37.7	14/12/5	29/21/8	18	24.5	13	9.0	10	0.6	2	1.2	5	5.4
Under-1 Treatments and Positive Diagnoses	4	7.3	2/2/1	3/3/1	4	5.2	3	1.8	1	0.1	1	0.2	1	0.9
% Facility Referrals Completed	80%	89%	80%	98%	80%	62%	80%	89%	80%	96%	80%	94%	80%	95%
% On-Time Postnatal Care Visit	75%	68%	75%	84%	75%	58%	75%	43%	75%	23%	75%	43%	75%	74%
% Facility Delivery	85%	92%	85%	91%	85%	94%	85%	92%	85%	95%	85%	82%	85%	96%
% Underimmunized Completing Necessary IZs[2]	65%	69%	65%	93%	65%	N/A	65%	N/A	65%	66%	65%	58%	65%	77%
% of High-Impact Items in Stock (Branch)[3]	98%	43%	98%	100%	98%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
% CHWs w/ Supervision in Last 3 Months	90%	95%	90%	100%	90%	99%	90%	38%	90%	83%	90%	78%	90%	77%
IMPACT TOTALS AND COST EFFECTIVENESS METRICS														
Active CHWs (3-Month Active)	4,425	4,404	1,722	1,694	3,500	4,082	200	189	400	576	648	693	394	369
Population Served	3,539,600	3,523,200	1,377,400	1,355,200	2,800,000	3,265,600	100,000	94,500	200,000	288,000	217,080	232,155	196,750	184,500
Total Pregnancies Registered	22,440	24,260	4,361	3,979	17,850	41,921	510	433	1,020	2,210	1,652	1,084	998	970
Total U5 Assessments	359,040	489,243	91,716	172,421	285,600	489,918	12,750	4,068	18,360	2,031	6,610	3,242	11,975	9,632
Total U1 Assessments	67,320	97,851	18,060	26,874	53,550	86,053	2,550	895	3,060	386	1,652	419	4,990	1,893
Total U5 Treatments and Positive Diagnoses	201,960	473,010	46,474	102,869	160,650	296,510	6,630	4,884	10,200	909	3,305	1,897	2,994	5,516
Total U1 Treatments and Positive Diagnoses	44,880	92,013	7,304	12,819	35,700	63,115	1,530	1,002	1,020	195	1,652	206	998	817
Total Unwanted Pregnancies Averted[4]	3,407	3,953	489	718	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Income per CHW per Month[5]	$20.00	$21.43	$20.00	$23.25	$20.00	$3.41	$20.00	$0.94	$20.00	$23.44	$30.00	$24.10	$20.00	$13.75
Net Cost per Capita	$2.20	$2.25	$2.65	$4.79	$0.84	$0.71	$1.00	$0.39	$5.97	$1.83	$3.46	$1.86	$1.67	$1.50

NOTES

[1]iCCM targets for Kenya Direct are broken out by Busia county branches (malaria endemic) / Kakamega county branches (malaria endemic) / and Kiambu, Nakuru, Kisii branches (non- and low-endemic).
[2]BRAC and Oyam did not report on IZ services in Q1.
[3] CHWs in Oyam, Kisumu, Isiolo, and Bobasi get their commodities directly from partners or government health facilities. Uganda changed its definition for branch stock in Q1 to align with the MOH; this indicator will improve in Q2.
[4]BRAC and Isiolo will start providing FP services later this year; there are currently no plans to provide FP services in Oyam, Kisumu, or Bobasi in 2021.
[5]Q1 income for Kisumu and Isiolo are projected totals as these have not yet been distributed to CHWs; they will receive full pay after the end of the quarter. Oyam CHWs did not receive full compensation in Q1 from partners but this will be resolved in Q2.