



LivingGoods

QUARTERLY REPORT

Q2 | April - June 2021





Vaccines for All: It's a Matter of Global Security

With the rise of the Delta variant, many countries are experiencing COVID surges. Kenya is currently in its fourth wave, with daily infections reaching more than 1,300 a day by the beginning of August (a 17.5% positivity rate) and continuing to rise. Uganda hit its second wave in June, with more than 1,000 new COVID cases daily.

Although periodic lockdowns in both countries have helped to temporarily quell disease spread, they are unsustainable without mass vaccinations. **The full disease burden also remains unknown, as testing rates are low**—by mid-July, only 2.07 million tests were administered in Kenya, and 1.4 million in Uganda.

Unfortunately, due to significant disparities in access, Africa is still the least vaccinated continent: **despite**

Watch: This new video from Uganda highlights the ongoing challenges posed by COVID and how CHWs are stepping up to help.

comprising nearly 18% of the world's population, only 1.1% of Africans are fully vaccinated. In many countries, the pandemic has pushed health system capacities to the brink, which both complicates addressing COVID, and treating preventable but deadly diseases like malaria and pneumonia.

While recent data from Kenya shows people are more willing to get vaccinated—with **acceptance rates soaring from 51% to 72% and hesitancy rates dwindling from 48.8% to 25.4%—only 2.2% are vaccinated**, and there are not enough vaccines to meet demand. **Only 1.3% of Ugandans are fully vaccinated** (2.5% have received at least one dose), and vaccines are coming in piecemeal.

Our Results in Q2 2021



12,257
ACTIVE CHWs



1,156,743
SICK CHILDREN
UNDER 5 ASSESSED



76,283
NEW PREGNANCIES
REGISTERED



227,209
SICK CHILDREN
UNDER 1 ASSESSED



9,154,465
PEOPLE SERVED

When time comes, community health workers (CHWs) will be integral to reaching all people. As trusted members of their communities, they will generate demand for vaccines by providing accurate information on vaccine efficacy, adverse effects, and tracking and reporting on vaccinations. But to do that, CHWs themselves need to be protected and vaccinated.

Living Goods is working to support national and subnational governments in Uganda and Kenya to strengthen their health systems, and to protect and support CHWs so they can effectively carry out their roles. **We are reducing barriers to CHWs accessing the vaccine by providing transportation allowances and engaging in education to dispel misconceptions and drive uptake.** Further, we are ensuring that CHWs have personal protective equipment (PPE)—some secured through the Africa Region Global Fund, Africa CDC, and Uganda

Country Coordinating Mechanism—and targeted incentives that compensate them for the additional burden they are taking on.

To support government efforts for widespread vaccine rollout, **we're continuing to update and adjust our digital app workflows to capture COVID-related information** about screening and referrals, home-based isolation, tracking and monitoring uptake of vaccines, and follow-ups on testing and counselling.

The lack of vaccines is protracting the pandemic and is a threat to the health of all people. We call upon the global community and governments to not only invest in securing vaccines but to also ensure equitable distribution, especially for frontline health workers like CHWs and other at-risk groups. If not now, when? Vaccines for all people is a matter of global security.

Cover photo: In Kisumu county Kenya, newly deployed CHW Pamela Adhiambo Onyango and her supervisor make the arduous trek by boat to reach communities at the last mile.



Steady Performance in Kenya, Despite COVID Surge

KENYA DIRECT: Assessments of children under 5 (U5) continued to increase in Q2, reaching 35.6 against the target of 26, while **U5 positive diagnoses per CHW were at their highest levels since inception—21.5** against the target of 14. We attribute this to a record high of active CHWs, with 72% fully stocked with essential medicines, and 97% of CHWs with functional phones and access to the Smart Health app. This improved their reporting and facilitated monitoring referral completion with health facilities, which surpassed the 80% target. Following workflow integration and routine monitoring, **we also recorded an all-time high of 99% of children completing necessary immunizations in June.**

The number of **pregnancies CHWs registered each month, facility deliveries and on-time postnatal care visits (PNC) were all above target**, due to strengthened supportive supervision, an improvement in CHW and facility links,

and health facilities resuming service delivery.

In June, **we trained 347 CHWs and scaled family planning (FP) services to two branches in Busia county**, who will work to expand access to FP at the community level. Couple years of protection (CYP) per trained CHW dropped slightly this quarter, with fewer initial FP visits made to new women of reproductive age—the main driver for CYP. There was also a slight reduction in FP visits per month to 14.2, though this remains above the target of 12. We have since established measures to boost FP performance in Q3 by intensifying capacity building and ensuring continuous coaching and close monitoring of CHWs.

ISOLO: We continue to face challenges operating in Isiolo county, and performance was largely below target in Q2. **Government has yet to pay CHWs incentives this year and there has also**

been a lack of consistent commodities, which are affecting CHW motivation. Consequently, CHWs performed below target on pregnancies, child assessments, and positive diagnoses or treatments.

A highlight of the quarter was immunization, with 73% of children completing necessary immunizations against the target of 65%. Health facility deliveries were also high at 88%. Given the lack of consistent medicines and current inability to treat for pneumonia at the community level, CHWs have been capitalizing on referrals; consequently, **completed facility referrals were very high, at 97%.**

We are hopeful that iCCM indicators will improve with the upcoming ability to treat pneumonia with amoxicillin. Meanwhile, given increasing COVID-19 cases in the county, a top priority is encouraging vaccination.

KISUMU: We've seen a steady upward trend in performance since the program's inception in January, though iCCM indicators are still well below target. Improvements have come from continuous capacity building of

Ministry of Health (MoH) teams and monthly data review meetings, as well as CHWs newly equipped with essential malaria commodities. CHWs are still being coached on providing malaria treatments—a new area for them—so we expect further improvements in the coming months.

Maternal health and immunization indicators have been particularly high and are surpassing targets. Key enablers driving this performance are strong rates of supportive supervision and close collaboration with government stakeholders, as well as consistent dashboard usage by supervisors.

We are optimistic about the increasing leadership and involvement from the county and expect to see improved results in Q3. A key learning from this work is that it takes time to align government teams, but their ownership is critical to driving performance.

As the site of the eCHIS pilot beginning in Q3, Kisumu is the focus of national attention, and recently dealt with a surge in COVID infections.



Top: Josphat, a CHW in Isiolo county, meets with new mom Waitheera to check on the immunization status of her son Ejay. **Bottom:** Mary, an pregnant teen in Isiolo, turns to her CHW Miriam as her go-to healthcare provider and ally to have a healthy pregnancy, and finish her education after delivery.



Ugandan Families Continue to Prefer Community-Based Care

LIVING GOODS-LED OPERATIONS IN

UGANDA: Despite anecdotal reports of CHWs feeling a growing psychological toll from COVID, our performance in Uganda remains stable. **Retention is at an all-time high, with 4,670 active CHWs and an attrition rate of just 2%** in Q2. Performance continues to be sustained by the revised incentive structure, free medicines and PPE support we put in place to respond to COVID, along with timely phone replacements.

Our comparison of Living Goods program data to government DHIS2 data shows that **for U5 treatments, families are increasingly opting for community-based care over health facilities.** U5 positive diagnoses remained significantly above target in Q2 at 33.9, maintaining the high levels we've seen since rolling out our COVID response in May 2020. Issues with the application meant there were

data flow issues affecting reporting on some indicators, including child assessments, treatments, and facility referral completion—though these have mostly been resolved. We hope to resume in-service trainings soon, after noting some instances of potential misdiagnosis of pneumonia or CHWs giving a presumptive malaria diagnosis rather than an mRDT test.

Among pregnant women registered by CHWs, 92% delivered at health facilities against the target of 85%.

While on-time PNC visits were below the 75% target, they increased to 72% in Q2 following workflow improvements and refresher trainings focused on improving the timeliness of follow-ups for expected deliveries.

There was also strong FP and immunization performance in Q2, and unintended pregnancies averted reached a record high in May.

Above: Ugandan CHW Rachael Namwase checks in on a family in her catchment.

Immunization metrics have also improved slightly throughout 2021, showing CHWs are reaching more under-vaccinated children. **The percent of children under age 2 whose immunization statuses had been assessed by a CHW doubled from June 2020 to June 2021,** driven by the integration of immunization and iCCM workflows in the Smart Health app.

BRAC: CHWs once again exceeded most of their targets in Q2, maintaining the positive trend that started at the end of 2020 with a widescale mHealth upgrade. **A highlight of the quarter was the rollout of FP services. A total of 931 CHWs received FP training and conducted 17,154 related visits.** BRAC will continue prioritizing FP scaleup in Q3, including exploring Sayana Press self-injection.

BRAC's completed facility referrals were below target in Q2, but they are expected to increase now that they have stopped providing free medicines and CHWs are increasingly directing clients to facilities for treatment. The percent of on-time PNC visits increased in Q2 but remains below target. BRAC is working to improve its PNC workflow and hopes to incorporate learnings from Living Goods to track dates of conception, improve

early identification of pregnancy, and enhance the rate of routine follow-up more accurately.

OYAM: In an exciting validation of our new co-financed experiment in Oyam district, Living Goods and the district local government **signed an addendum to our partnership that extends the program through the end of 2022.**

There were strong improvements in child assessments and positive diagnoses or treatments in Q2 as well as positive trajectory elsewhere, including on digital KPIs. Increased supervision activities and PPE support continue to drive performance.

Living Goods is focused on ensuring that CHWs are compensated and sufficiently stocked—challenges that have affected performance. In June, CHW stock levels were only 28%. Since this partnership places responsibility for stocking CHWs in the hands of the local government, with support from Malaria Consortium, Living Goods is working to engage partners to bridge the gap, including through the MoH's Pharmacy Division and UNICEF. Low commodities have been a challenge across the country, with COVID-19 supplies prioritized.



Watch: Client Rose shares how her CHW Roseline not only provides her with FP, but also helped sensitize her husband and involve him in the conversation.



Major Shifts in Kenya to Enable Sustainable, Government-Led System Strengthening

Living Goods is doubling-down on driving system-level change that supports government to truly own community health, and it's a core element of the new 5-year strategic plan we're launching in September. **Our work in this realm has enabled us to become one of the Kenyan government's leading partners for strengthening the community health system and enabling environment.** Living Goods is excited to support government as it operationalizes a national program that will extend digital performance management best practices and the DESC approach to all 95,000 CHWs in the country. Consequently, we initiated major changes to our Kenya operations in Q2.

At the end of July, **Living Goods began transitioning back to government the support we had been providing to more than 1,300 CHWs in Kisii, Kiambu, Nakuru and Kakamega counties**, who will ultimately receive similar support through the Kenyan government's national program. We are providing county governments with some resources

through the end of 2021 so that upskilled CHWs in these counties can keep their phones, government supervisors can still access data, and we'll also support governments to lead performance management by facilitating regular data review meetings.

We are now working to drive greater impact by supporting the Kenyan government to sustainably operationalize and finance its own community health systems at scale. **We'll expand implementation support in counties like Kisumu and Isiolo, where government makes the commitment to co-finance the costs to implement the DESC elements.** Busia county will remain a learning site for innovation and showcasing the best of what's possible in community health and is the one Kenyan county where Living Goods will continue funding all elements of DESC if required.

Our high-level plan going forward is to partner with the Kenyan government in the following ways:

- 1. Implementation support for government-led scale up of eCHIS for national impact** by supporting the upcoming eCHIS pilot with at least 3,800 CHWs in Kisumu and Isiolo. As the policy is fully operationalized, we plan to support more than 10,000 additional CHWs across the country to optimize the performance of CHW workforces using DESC components.

- 2. Strengthening service delivery through a learning site that directly provides community health services in Busia County**—a malaria-endemic region where we support more than 850 CHWs (40% of the county's CHWs) and have had a particularly high impact. This will enable us to continuously adapt and innovate.
- 3. Strengthening the enabling environment** by continuing to work as a key partner in providing technical support to government to digitize its eCHIS platform for community health, with a focus on performance management and improving health outcomes. We will also partner with national and county governments to accelerate other aspects of the enabling environment, including foundational policies, practices, costing, and the financing needed to sustain effective community health services at national and subnational levels.

The new operational structure in Kenya necessitated a redesign of our internal structure, which **unfortunately meant that many of our Kenyan staff were impacted—with about 10% of roles changing significantly or ceasing to exist.** We developed and implemented plans to address both the external and internal changes, and to support county governments, CHWs and our staff through the transition.

Our journey in Kenya has been unique and impactful and **we are proud of the value we have provided in upskilling thousands of CHWs to deliver lifesaving care in these counties, and for the role these efforts have played in influencing progressive county and national-level policies and practices.** We're excited about what this means for the country and thrilled about government's continued commitment to leading and making DESC-enabled community health attainable at scale.

The DESC Approach



Above: Kisumu governor Anyang' Nyong'o and Living Goods Kenya country director Thomas Onyango (center) flanked by other partners participating in the eCHIS implementation workshop in Kisumu county.



Staff Feature: Amina Tirfe Loves Making a Difference

With a background in community nutrition, a distinguished volunteer record, and experience working as a community health supervisor, Living Goods' peer coach **Amina Tirfe is excelling at her new role in supporting Isiolo County's community health supervisors to master data-driven performance management.**

Amina joined Living Goods in 2019 and became a peer coach in 2021 when the Isiolo County government hired enough supervisors to cover the entire county—filling a staff shortage Living Goods was helping the county to surmount. Amina embraced this change and views her new mentor role as a surefire way to equip the county to manage its own community health system long-term.

"When I do my work, I know I'm helping to drive sustainability in my county," says Amina. "I enjoy great working relationships with the county teams. Whether we are in the field visiting

clients or in a boardroom reviewing reports, I'm always excited to see the supervisors incrementally owning the process and using data to make decisions," she shares.

Born and raised in Kenya's arid northern region, Amina began her career in 2014 as a newly graduated nutritionist volunteering to provide nutrition counselling at the largest public hospital in Isiolo.

Determined to be part of the solution in combating the rampant cases of malnutrition among young children in the county, Amina worked with government supervisors and CHWs to educate, track and follow-up patients. She believes her current role as one of six peer coaches in Isiolo is a natural progression to these earlier efforts in promoting accessible community-based health care for families.

Above and right: Amina mentors her colleagues to optimize CHW performance despite Isiolo's challenging terrain. (Pictures taken pre-COVID).

"Amina has walked with us and showed us how to effectively use digital technology and support CHWs to do the same, which is especially important for a vast and semi-arid region like Isiolo, where managing large numbers of CHWs can be difficult," says Mary Mwirigi, a government supervisor in Isiolo.

Through her work, Amina is helping deliver higher quality digitized health services to about 9,000 households by mentoring 7 government supervisors who collectively oversee approximately 140 CHWs. She hopes to do even

more by seeking opportunities to grow her skills and share her knowledge.

"Being a supervisor and peer coach has energized my desire to train people on nutrition and other health issues," she muses. "Plus, I always wanted to be a medic, so who knows? **Maybe I'll go back to school and study to become a clinician and use my community and facility experience to make an even bigger difference."**





Living Goods to Launch 2022-2026 Strategic Plan in September

Following nearly six months of work and consultations with internal and external collaborators, **Living Goods will be launching our new 5-year strategic plan in September.** It focuses on ensuring access to high-quality, digitally-enabled community health care can be scaled in a more sustainable way in more countries, saving more lives, and enabling our government partners to embrace and own the main elements of the DESC approach. We look forward to broadly disseminating the plan soon, but wanted to share some key highlights here:

What's new?

- **We'll focus on supporting the delivery of government-led community health, building more resilient health systems, and achieving more durable, sustainable impact.** The strategy is not just about Living Goods achieving great results; it is also designed to help our government partners get to these same results within their own systems. We will also adopt an explicit focus on supporting governments with pandemic preparedness.
- **We'll build a stronger evidence base to understand impact through government-led delivery models.** We recognize the need to expand our existing evidence base, which currently largely derives from contexts where Living Goods has higher control. We're coupling this with a commitment to thought leadership and collaboration across countries to strengthen results and advance South-South learning.

- **We'll ensure a more codified approach to selecting and entering new countries,** centered on our ability to transition government partners to a place of increased investment and ownership of community health. This includes a strong focus on co-financing, resource mobilization and using return on investment (ROI) tools.
- **We'll expand our use of digital technology and data as tools to strengthen government systems and achieve national impact,** while advancing on our journey to deliver software-agnostic advisory services.
- **We'll launch a more explicit and intentional strategy related to resource mobilization,** focused on unlocking more funding from governments and growing the overall funding for community health.

What's staying the same?

- **A steadfast commitment to impact.** We will continue making decisions based on the results of our impact and will calibrate our strategy accordingly. We will track and hold ourselves accountable to specific impact measures and continue to build an evidence base.
- **A continuation of our journey to build strong government partnerships** and facilitating government-led community health delivery.
- **An emphasis on DESC as the key approach to delivering high-quality community health care,** with a particular focus on digital technology as our key enabler.
- **Our commitment to ensuring care is delivered cost-effectively** remains unchanged, meaning we'll always look at cost per impact when deciding which opportunities to pursue or expand in.
- **An emphasis on solutions that are both operationally and financially sustainable** - including financing arrangements that enable greater government ownership and ensuring that community health platforms remain flexible and adaptable to changing health landscapes.
- **An ongoing commitment to expanding geographically** in places that meet our goals from an impact and feasibility perspective.
- **A continued focus on innovation** and continuous improvement in all that we do.
- **An ongoing commitment to diversity and localization** in our teams and ways of working.

Above: In Kisumu, CHW Pamela Adhiambo Onyango is coached on digital tools by her government supervisor. Living Goods' new 5-year strategy is more intentionally focused on advancing government leadership.



Expanded Partnership in Burkina Faso to Improve Health Outcomes by Digitizing Community Health

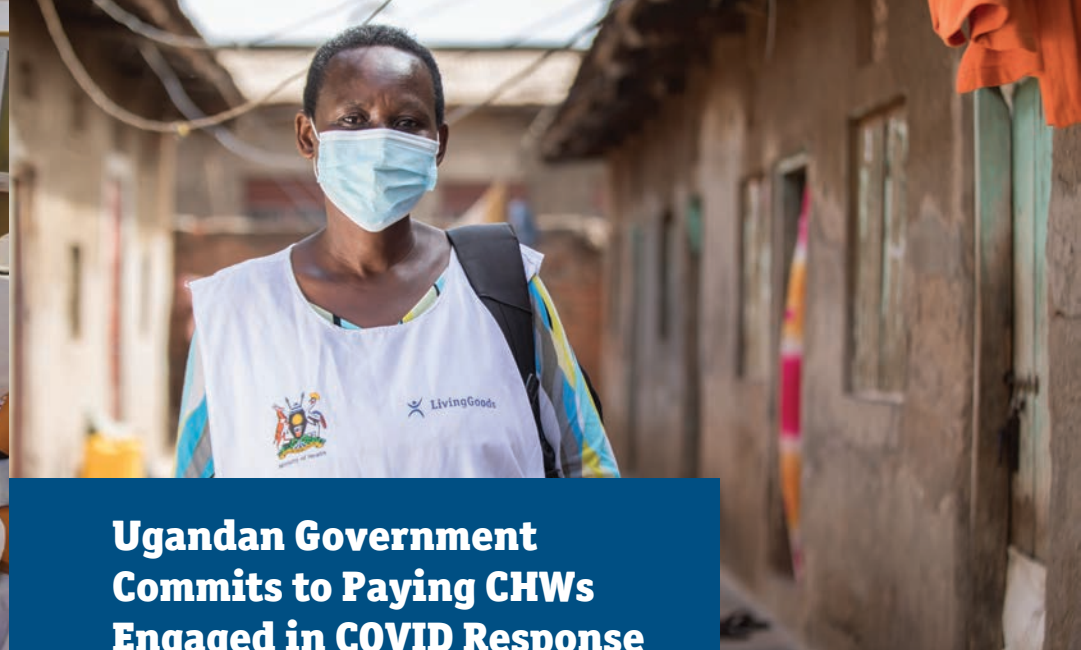
In July, we inked an exciting three-year partnership with the Government of Burkina Faso that will **improve maternal and child health service delivery by developing an integrated and digitally-enabled community health care system.**

Burkina Faso has among the highest rates of U5 mortality in West Africa at over 81%, and 70% of these are preventable deaths occurring in community settings. Living Goods will support the government to reverse this trend by using new digital tools to improve CHW performance and ensure continuity of care at all levels of the health system.

Complementing the government's commitment to provide the country's 18,000 community-based health workers—known locally as *Agents de santé à base Communautaire* (ASBCs)—with training, health commodities and monthly stipends, **Living Goods will support the MoH to develop new digital tools and approaches that enable them to use data to make better decision around community health**, including developing financial and technical roadmaps for digitization, and the development of training content to optimize the performance of ASBCs.

As part of this effort, **Living Goods has also begun a partnership with Swiss aid organization Terre des hommes Lausanne (Tdh), to support the MoH to build the continuum of care between community and clinical levels** and to leverage Tdh's long experience deploying digital health tools at scale at the facility level in Burkina Faso. For more than a decade, Tdh has been working to improve quality of care at the facility level in Burkina Faso and developed a digital tool at scale (used in 85% of health facilities) to help health workers make accurate diagnoses.

Above: In March, MoH, Living Goods and other key health partners met to align around MoH's vision and approach for digitizing the country's community health system.



Ugandan Government Commits to Paying CHWs Engaged in COVID Response

Living Goods is thrilled that the Government of Uganda has allocated a budget to pay CHWs for the first time—showcasing its commitment to operationalizing its new Community Engagement Strategy for the COVID pandemic. Released in July, the quarterly payments of UGX 300,000 (\$84) target at least one CHW per village and cover three months' work. **This is a major milestone worthy of celebration, since CHWs have long been considered volunteers and are usually not paid by government.**

In his address about the COVID pandemic, Ugandan President Yoweri Museveni recognized CHWs as a key group supporting communities to access information and health services at the household level. He later directed they be activated to support village committees in charge of the COVID response, since they also contribute to improving primary health care through routine home visits. Working collaboratively with health centers, CHWs also support prevention, early detection, and surveillance of diseases at the community level.

It is unclear if these payments will continue beyond September, but Living Goods is continuing to support our government partners to bring this goal to fruition, given the vital role CHWs play in maintaining a resilient and effective community health system.

Living Goods supported the development of [Uganda's Community Engagement Strategy](#), which was launched in 2020 as part its national strategy to respond to the pandemic, with the overall goal of empowering communities to fight COVID and its negative social, economic, and health consequences in all localities. The strategy stresses the importance of community involvement and ownership of the pandemic response.

Above: Ugandan CHWs like Sarah working on the COVID response will finally get paid by government.



Walking a Mile in CHW Scovia's Shoes

30-year-old Scovia is soft-spoken and rather shy. With a medicine bag in one hand and an illustration aide in another, she walks with determination and a sense of urgency. Scovia is a CHW in eastern Uganda's Sironko district serving 127 households. Many people fondly call her *musawo* (health worker) before adding her clan's name, as a sign of respect. Scovia lives atop of a steep hill—part of the district lies in Mount Elgon National Park. Due to the steepness of the terrain and the access challenges it poses, it is sometimes difficult to extend health services to some households. It gets worse in the rainy season, but this has not demoralized Scovia. No wonder the village chairperson speaks highly of her and what she does.

"There are rampant cases of malaria lately, so we are grateful to have CHWs like Scovia to treat our children," Grandma Rose remarks. She adds: "Recently, when my grandchildren—the twins—were sick, I took them to her, and she tested and found that they had malaria. **She treated them to recovery and did not charge me any money for the medicine. Her services are good, and she cares.**"

Grandma Rose is not the only one who sings Scovia's praises. Half a kilometer down the hill, a mother tells us that since the onset of the COVID pandemic, she has become more reliant on her because of proximity—unlike the distant public health facilities, which are often out-of-stock of essential medicines. This is partly what inspired Scovia into this work.

"I decided to become a CHW to help the people in my community because I realized that they are deprived. We do not have a proper road, which makes it hard if someone has to be rushed to the hospital in the night," narrates Scovia.

The nearest health facility is just about three kilometers away, but because of the terrain, access is difficult. That is why for many parents, having a CHW within reach—a neighbor—is not just important, but lifesaving. The restrictive measures to curb the spread of COVID exacerbated the situation and created unintended consequences. Some patients are afraid to go to health facilities for fear of contracting COVID, while others simply have no means of transport.

CHWs like Scovia are bridging the gap by providing basic services at the community level and creating linkages to health facilities. "CHWs have been trained on basic care and are helping to provide treatments for U5s for diseases like diarrhea, malaria and pneumonia. We are grateful to our partner Living Goods who trained them using a phone and an app that helps to derive a diagnosis and conclusion on the medicine to give a child below five," explains Charles Muduku, the Sironko District Health Educator.

A mother of five herself, Scovia has used the knowledge gained from doing this work not only to help others, but her family as well. "Using skills from the trainings we receive, I'm now able to treat my own children. We don't have to spend a lot of money buying medicine when they fall ill."



Watch: Listen to Scovia and one of her clients talk about the value of community health care.

2021 Q2 Key Performance Indicators	Direct Operations				Partnerships and Co-Financed Demonstration Sites								Technical Assistance	
	Uganda Direct ¹		Kenya Direct ²		Uganda: BRAC		Uganda:Oyam		Kenya: Kisumu		Kenya: Isiolo		Kenya TA: Bobasi	
	Q2 Target	Q2 Actual	Q2 Target	Q2 Actual	Q2 Target	Q2 Actual	Q2 Target	Q2 Actual	Q2 Target	Q2 Actual	Q2 Target	Q2 Actual	Q2 Target	Q2 Actual
MONTHLY IMPACT AND PROGRAM QUALITY METRICS METRICS														
Pregnancies Registered	2	1.9	1	1.0	2	3.4	1	0.7	1	1.5	1	0.6	1	1.0
Under-5 Assessments	32	33.8	26/24/12	44/39/21	32	41.8	23	16.0	18	3.6	4	2.1	12	9.9
Under-1 Assessments	6	6.9	5/4/3	6/6/4	6	8.6	5	3.6	3	0.5	1	0.3	3	2.2
Under-5 Treatments and Positive Diagnoses	18	33.9	14/12/5	31/21/7	18	22.6	13	16.1	10	2.4	2	1.2	5	4.5
Under-1 Treatments and Positive Diagnoses	4	6.7	2/2/1	3/3/1	4	5.3	3	3.4	1	0.3	1	0.1	1	0.9
% Facility Referrals Completed	80%	82%	80%	99%	80%	61%	80%	92%	80%	96%	80%	97%	80%	97%
% On-Time Postnatal Care Visit	75%	72%	75%	87%	75%	64%	75%	67%	75%	36%	75%	50%	75%	80%
% Facility Delivery	85%	92%	85%	95%	85%	96%	85%	88%	85%	95%	85%	88%	85%	98%
% Underimmunized Completing Necessary IZs ³	65%	72%	65%	95%	65%	N/A	65%	N/A	65%	81%	65%	73%	65%	76%
% of High-Impact Items in Stock (Branch) ⁴	98%	63%	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%	96%	90%	99%	90%	99%	90%	90%	90%	97%	90%	76%	90%	73%
IMPACT TOTALS AND COST EFFECTIVENESS METRICS														
Active CHWs (3-Month Active)	4,498	4,670	1,757	1,686	3,500	4,104	200	192	400	583	648	679	400	343
Population Served	3,598,400	3,736,000	1,405,200	1,348,800	2,800,000	3,283,200	100,000	96,000	200,000	291,500	217,080	227,465	200,000	171,500
Total Pregnancies Registered	22,815	25,224	4,450	4,813	17,850	41,371	510	401	1,020	2,514	1,652	955	1,014	1,005
Total U5 Assessments	365,038	440,453	93,556	177,605	285,600	509,919	12,750	9,149	18,360	6,259	6,610	3,500	12,174	9,858
Total U1 Assessments	68,445	90,003	18,404	25,964	53,550	105,638	2,550	2,044	3,060	914	1,652	453	5,072	2,193
Total U5 Treatments and Positive Diagnoses	205,334	441,719	47,384	105,316	160,650	277,303	6,630	9,206	10,200	4,114	3,305	2,010	3,043	4,489
Total U1 Treatments and Positive Diagnoses	45,630	87,384	7,455	12,255	35,700	65,627	1,530	1,948	1,020	492	1,652	196	1014	851
Total Unwanted Pregnancies Averted ⁵	3,811	4,744	489	743	641	2,350	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Income per CHW per Month ⁶	\$20.00	\$21.00	\$20.00	\$19.82	\$20.00	\$7.30	\$20.00	\$0.94	\$20.00	\$22.90	\$30.00	\$23.54	\$20.00	\$12.50
Net Cost per Capita	\$2.82	\$2.22	\$2.75	\$4.22	\$0.84	\$0.72	\$0.96	\$0.20	\$6.32	\$1.81	\$3.66	\$5.57	\$1.74	\$2.15

NOTES

¹Uganda iCCM and coverage KPIs reflect some underreporting in June due to data flow issues; totals will be retrospectively updated in Q3.

²iCCM 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)

³BRAC and Oyam did not report on IZ services in Q2.

⁴CHWs in Oyam, Kisumu, Isiolo, and Bobasi get their commodities directly from partners or government health facilities.

⁵Isiolo will start providing FP services later this year; there are currently no plans to provide FP services in Oyam, Kisumu, or Bobasi in 2021.

⁶Q2 income for Kisumu, Isiolo, and Oyam are projected totals as these have not yet been distributed to CHWs; they will receive full pay after the end of the quarter. Oyam pay is quite low; we're working with government and partners to raise this over time