



QUARTERLY REPORT

Q3 | July - September 2020



Ugandan CHWs Maintain Essential Services Despite Tech Challenges

CHWS ARE DOING A REMARKABLE JOB MAINTAINING ESSENTIAL HEALTH SERVICES DURING COVID-19. Under-five assessments (U5) per CHW reached 39.5 in Q3, our best performance on record and above the target of 32. **We plan to transition from no- to low-touch protocols in November**, with CHWs resuming rapid malaria testing (mRDTs) rather than making presumptive diagnoses. U5 positive diagnoses and treatments per CHW were more than double the target of 16, increasing 27% from Q2 to 39.7 in Q3.

Due to some challenges with our adjusted no-touch workflows that briefly prevented registering new mothers, pregnancies per CHW declined from 1.7 in Q2 to 1.5 in Q3. We returned to normal levels in September and are working to catch up with any pregnancies not properly registered during the quarter. On-time post-natal care (PNC) rates similarly had a slight decline due to technical glitches with the follow-up workflow.

An area of standout performance is the number of 3-month active CHWs, which increased from 4,321 in Q2 to 4,400 in Q3. **CHW motivation is very high, with 12-month attrition down from 16.6% in September 2019 to 8.6% in September 2020.** The drivers are strong supervision, CHWs feeling empowered and equipped to make a difference at this time, the new incentives structure, free medicines, and efficiency in phone replacement.

Supervision also experienced a positive trajectory in Q3, with supervisors being intentional about supervising more CHWs using the new phone-based remote supervision approach.

We are encouraged that our performance in family planning (FP) and immunization have been relatively steady in this new context. Although FP visits per CHW declined from 21.3 in Q2 to 16.9 in Q3, they are still above the target of 12. **We expect to maintain this lower level going forward, as we are encouraging CHWs to improve client profiling by only targeting women eligible for FP**, and to focus on quality visits that translate to method uptake. Once we transition to low-touch protocols and can resume proactive household visits to new prospects, we hope to increase referrals and the number of first-time FP users. In Q4, we will continue to test the Sayana Press self-injection pilot.

The percent of **defaulters completing necessary immunizations remained above the target of 60% at 71%**, with full immunization for children aged 9-23 months improving steadily to 73% in Q3. Given a worrisome decline in immunizations since the emergence of COVID-19, CHWs are playing a critical role ensuring that defaulters are identified, followed up with and linked to immunization services.

We were able to achieve these results while keeping CHWs safe. Although

Q3 2020 Results



11,196
ACTIVE CHWs



49,737
NEW PREGNANCIES
REGISTERED



8,563,428
PEOPLE SERVED



891,888
SICK CHILDREN
UNDER 5 ASSESSED



175,177
SICK CHILDREN
UNDER 1 ASSESSED

there were 15 suspected cases of COVID-19 among CHWs in Q3, none were confirmed positive. Meanwhile, CHWs reported and referred 24,727 suspected community cases in Q3—only 21 of which were actually positive.

Several technical challenges that have now been resolved affected our Q3 results. In addition to the workflow issues described above—and a related issue with task reminders—two-thirds of CHWs were suddenly logged out of the Smart Health app in July after our telecom provider abruptly changed our service agreement, which took time to rectify. We attribute these missteps to the heightened pressure to deliver updated digital tools under tight timelines during COVID-19, but they have reinforced the importance of strong testing protocols. **To calculate Q3 KPIs, we used data from the third of CHWs not affected by these issues** as the best proxy for July and August performance.

BRAC SAW IMPROVED CHW ACTIVITY AND HOUSEHOLD VISIT RATES IN Q3, with per CHW pregnancy registrations rising from 1.8 in Q2 to 2.4 in Q3. Both assessments and positive diagnoses and treatments per CHW increased, but still remain below target. These are expected to improve with stronger supervision and tech support, and the restocking of free medicines in early Q4. A total of **473 replacement CHWs were added in September via small group trainings, in adherence with COVID-19 protocols, and 26 Program Assistants were deployed** in early July. A big focus of the quarter was around upgrading the Smart Health app, which forced CHWs to rely on paper-based reporting during August. BRAC plans to complete the upgrade by the end of the year and **is equipping 90% of CHWs with replacement phones by November**, which is expected to significantly resolve outstanding phone functionality issues and further improve CHW performance.



In Kisii county, a CHW conducts a distanced post-natal care visit using the Smart Health app, while his supervisor, at right, observes and provides coaching.

Exceeding Targets and Improving CHW Supervision in Kenya

CHWs IN OUR DIRECT OPERATIONS SAW SOME OF THEIR STRONGEST PERFORMANCE YET IN Q3, exceeding targets in many cases.

Assessments and positive diagnoses and treatments continued the upward trend that started in May, reaching record-breaking numbers each month of the quarter. U5 assessments per CHW increased 31%, from 22.6 in Q2 to 29.6 in Q3, and U5 positive diagnoses and treatments per CHW nearly doubled, from 8.7 in Q2 to 15.8 in Q3.

CHWs have been increasingly active, motivated by the COVID-19 incentive structure and the free medicines that have increased demand for their services. CHWs are not only interacting with more unique households—but increasingly with homes in lower wealth quintiles. Pre-pandemic, we

were already focused on increasing supportive supervision in Kenya. This continued even as we transitioned to fully remote supervision, and **a record 100% of all CHWs were supervised at least once in Q3.** Once the government eased some of its initial COVID-19 restrictions on travel and curfew, health facility **deliveries and referrals confirmed at the facility were respectively strong at 94% and 95%.**

FP activities have been relatively steady in the areas where we are testing this, and although CHWs are not allowed to distribute Sayana Press in Kenya, we saw a slight increase in Q3 in the number of women taking up a modern contraceptive method. National immunization trends have been negatively impacted by COVID-19; in some areas, vaccine stockouts affected our performance.

Nonetheless, the percent of **defaulters completing necessary immunizations in Q3 was high at 93% in Q3**, up from 81% in Q2.

There have been no positive COVID-19 cases confirmed among CHWs or households. CHWs screened 144,285 households for COVID-19 in Q3, with only 213 suspected cases. Though this is relatively low, we are still overcoming technical challenges in this new area and expect our screening processes to improve. We continue to encourage CHWs to ensure all activities that require home visits happen outside and are working to increase the percent of households with a registered phone number, which will be essential if we move to a no-touch approach.

OUR TECHNICAL ASSISTANCE (TA) EXPERIMENT IN BOBASI SUB-COUNTY

saw similarly strong performance and improvements in Q3, but some areas remain below target. Although U5 assessments per CHW increased from 5.9 in Q2 to 7.0 in Q3, and U5 positive diagnoses and treatments rose from 3.6 to 4.4, these remain below the respective targets of 12 and 5. Living Goods' Bobasi team coached MOH supervisors to further engage inactive CHWs, and CHWs are in turn becoming increasingly active. **On-time PNC has also been on a steady rise from 64% in Q2 to 75% in Q3**, thanks to the sharing of expected delivery date data with MOH supervisors. The percent of referrals confirmed at the facility and facility deliveries have both been consistently strong at 96% in Q3.

OUR CO-FINANCED PROGRAM IN ISIOLO COUNTY SAW A DECLINE IN PERFORMANCE IN Q3, primarily attributed to a delay in CHW payments that affected morale. CHWs had not been paid since May due to a stalemate between the Senate and national government on the revenue-sharing formula. This was largely resolved in mid-September, with most CHWs paid, and we are hopeful that performance will now improve. U5 assessments per CHW fell 26% since last quarter, and U5 positive diagnoses/treatments per CHW fell 28%. Household coverage rates and the number of active CHWs also declined. However, the percent of women delivering at a health facility increased, and the number of pregnancies each CHW registered rose 6% since last quarter. After a renewed focus that began last quarter, the percent of **CHWs receiving supportive supervision in the last month also doubled from 36% in Q2 to 71% in Q3.** Following Living Goods' advocacy to build county teams' capacity, the Isiolo county **government recruited 35 new community health assistants to strengthen supervision.** We are encouraged by the joint decision with the county government to create new community units that required additional CHWs, so that we can ensure optimal coverage for the vast county's geographically dispersed communities and will be supporting recruiting and training in the coming weeks. Finally, **we added immunization as a new intervention** and began training CHWs in September.



In Kisumu, newly retrained CHW Jane Ouko counsels Petronila Atieno as she nears her due date, to ensure a safe delivery at a health facility.

Second Co-Financed Program in Kenya Solidified

THE COUNTY GOVERNMENT OF KISUMU AND LIVING GOODS HAVE BEGUN IMPLEMENTING A LONG-PLANNED CO-FINANCED PARTNERSHIP THAT WAS TEMPORARILY SUSPENDED IN Q1 DUE TO COVID-19.

The four-year partnership will enhance health service delivery for the county's more than 1.2 million residents by empowering nearly 3,000 CHWs with training, equipment and digital mHealth technology and strengthening the entire community health system.

Kisumu is part of a journey where Living Goods is increasingly moving away from direct operations towards advisory models that truly prepare governments to sustainably manage their health systems through

co-financed or contracted technical assistance partnerships. This is critical, as Kenya's positive trajectory into a low- and-middle-income country means many donors are actively developing exit plans and expect the government to sustainably finance its own health sector needs going forward.

We kicked off implementation in September, with Living Goods equipping, preparing and financing 20 MOH trainers to partner with us to onboard new CHWs. **The first cohort of 200 CHWs completed their training in October** and have begun registering households with the Smart Health app. We plan to train at least 100 additional CHWs by the end of November.

In the intervening months since the official partnership was paused, **Living Goods continued to support the county with its COVID-19 response**—including PPE, handwashing stations and IEC materials—developing the county's community health bill, and supporting discussions to secure the project funds for a special purpose account. This not only helped reignite momentum to implement the project, but also provided an opportunity to amend some elements of the original agreement. In addition to adjusting timelines to account for lost time, **the partnership was rescoped to support all CHWs in the county, instead of an initial 1,000 CHWs in three of seven sub-counties.** The amended agreement has been finalized by both sides and will be officially signed at a widely publicized media event happening in November.

Under the agreement, **Kisumu county will facilitate the development of supportive policies, systems and human resources to manage the program.** This will include leading the development of the county's community health bill, managing the supply of essential medicines CHWs prescribe, and compensating them. Living Goods will complement government efforts by supporting training, equipping CHWs and supervisors with digital tools, and providing technical assistance to support supervisors in data-driven performance management of the workforce.

Through this partnership, the Kisumu county government hopes



A government CHW in Kisumu learns how to use the Smart Health app during a training session.

to transform health outcomes in the **malaria-endemic region, which is marked by high infant and maternal morbidity and mortality rates.** Alongside Isiolo county, Kisumu will be a demonstration site for how best to digitize CHW systems into DHIS2 and will help the county resolve longstanding community health system challenges in the areas of financing, data and reporting, supply chains, and human resource management.

The partnership is Living Goods' second co-financed partnership with a Kenyan UHC pilot county following Isiolo. While Kisumu has better connectivity, infrastructure, human resource capacity, and more functional health system structures than Isiolo, it has a much higher disease burden of malaria, pneumonia and water-borne disease.



In Busia county, Kenya, CHWs attend a socially distanced training on COVID-19 sensitization and continuity of essential primary health services.

Cautious Resumption of Priority In-Person Trainings

LIVING GOODS HALTED ALL TRAININGS AT THE OUTSET OF THE COVID-19 PANDEMIC. Not only had governments banned public gatherings, but we also knew it would be impossible to safely continue our typical multi-day indoor trainings with dozens of CHWs and staff enclosed together for extended periods. **But trainings are essential for recruiting new CHWs, keeping skills fresh, and driving greater impact** by expanding the basket of health services they provide to communities. Knowing that the impacts of the pandemic will remain for some time, **we determined that the benefits of training CHWs outweighed the risks of COVID-19 transmission**—provided we employ robust disease mitigation strategies that also comply with prevailing national COVID-19 prevention guidelines.

We developed protocols to guide any in-person training, **prioritizing modules that require less contact time but offer maximum impact.** All participants are required to wear masks, trainers undergo mandatory testing every 14 days, there are daily supervisor and trainee self-assessments, and all classes start with COVID-19 screening and training. We also use thermoguns to take temperatures on-site, randomly test 10% of CHWs for COVID-19, limit class sizes, and select venues that both have space for social distancing and provide participants with adequate sanitation facilities.

In Uganda, we prioritized training in our new exemplar district of **Oyam**; conducting follow-ups for all CHWs introduced to base training, immunization and FP at the beginning

of 2020; for those upgrading from V2 to V3 of the Smart Health app; and any CHWs who had yet to be trained on immunization protocols.

We are also supporting in-person training of government supervisors and CHWs in our new co-financed partnership in Kisumu county, Kenya. But elsewhere in Kenya, we have largely shifted to virtual training of community health supervisors for FP, immunization, home-based isolation and care, COVID-19 prevention and workflows, who then cascade it in-person to CHWs at the community level.

We have experienced a number of challenges since resuming in-person trainings, such as delays in receiving COVID-19 test results, the need to cancel or reschedule classes when a trainer tests positive, and longer training periods—as a result of the small class sizes. To mitigate these issues, we added more lead time between testing and training, put in place service-level agreements with accredited labs, and are working to have additional trainers on reserve in case someone tests positive prior to the start of activities. **Safety remains our top priority and we will stop any trainings where there are suspected or positive COVID-19 cases.**

Amplifying CHW Voices:



Prossie Muyingo
Uganda

Speaking via **video** at **On the Frontlines: Empowering Global Health Workers in the Era of Covid-19**, a DevEx signature event.

"I call upon those in leadership positions to provide sufficient and appropriate PPE for all frontline health workers, including community health workers, so that we can continue to support the fight against COVID-19."



Members of an eCHIS technical working group met to harmonize the outputs from subcommittees on service delivery and supply chains, quality assurance and M&E, technology, policy, and leadership and capacity building.

Catalytic Funding to Advance Monumental eCHIS Initiative

WE CONTINUE TO SUPPORT THE KENYA MOH'S DIVISION OF COMMUNITY HEALTH in a lifetime opportunity to select, develop, test and implement its electronic community health information system (eCHIS), described in detail in our [Q2 report](#). The current focus for government and its technical, implementing and funding partners has been to **develop a costed digitization strategy** for Kenya, which is being led by two consultants seconded to MOH by Living Goods. Following months of remote collaboration to finalize, collate and harmonize the strategy outputs, the technical working groups had their first in-person workshops in September to begin finalizing their approaches.

Following some essential funding from Johnson & Johnson earlier in the project, Living Goods is pleased

to have secured grant funding from the UK's Foreign, Commonwealth & Development Office (FCDO, formerly DFID) to support the Government of Kenya in their eCHIS work. In October, **we were selected from over 550 applications as one of nine finalists for the COVIDaction Resilient Health Systems Awards**, which sought innovations supporting sustainable essential health services during the COVID-19 pandemic and beyond. In addition to some modest financial support, **Living Goods will benefit from technical assistance and peer learning opportunities in support of the eCHIS initiative**. This award follows a previous grant we received from FCDO's Digital Access Program that supported the use of digital technology in community-level pandemic response essential health service delivery in seven Kenyan counties we are supporting.



Living Goods Kenya's Ken Ogendo makes remarks about the importance of reducing the childhood disease burden at a World Pneumonia Day event in November in Kiambu county.

Kenya Finally Approves Amoxicillin Treatment

IN A BIG WIN FOR COMMUNITY HEALTH AND SAVING LIVES, the Pharmacy and Poisons Board—Kenya's regulatory authority for medicines—has formally approved CHWs distributing amoxicillin tablets to treat U5 children with pneumonia at the household level. Pneumonia is the leading cause of childhood morbidity and mortality and accounts for more than 15% of U5 deaths—estimated to kill a child every hour in Kenya. **Living Goods and other development partners have spent years advocating for community-based treatment with amoxicillin**; in 2019, a panel of experts first issued a policy recommendation enabling CHWs to dispense amoxicillin to treat children with fast-breathing pneumonia without danger signs.

Prior to the Pharmacy and Poison Boards authorization, Living Goods

had exceptional approval by local authorities to distribute Amoxicillin in some counties, but the lack of national guidance created strain and uncertainty for CHWs.

The MOH is creating an implementation framework and will conduct a 6-month pilot in select counties. **Living Goods is hopeful to roll out amoxicillin treatment in all Kenyan counties next year, particularly in Isiolo**. Given Isiolo's county's high pneumonia prevalence rate of 10.7%—well above the national average of 8.5%—and the infrastructural challenges that complicate reaching health facilities, we believe community based-treatment with Amoxicillin will be a breakthrough in safeguarding the health of children under 5 and will also improve our treatment numbers in Kenya operations.



Ugandan CHW Shamidan performs a rapid malaria test on client Hasifa's son.

There Would Be a Big Gap Without These CHWs in Our Communities

HASIFA LIVES IN A VILLAGE NEAR THE SHORES OF LAKE VICTORIA IN BUIKWE, one of the border districts that have been most affected by COVID-19 in Uganda. The nearest health center is quite far from her home. There are clinics within a walkable distance, but their services are costly and therefore exclusionary. When her children fall sick, Hasifa calls upon Shamidan, a Living Goods-supported CHW who lives a few houses away. "I usually come to this CHW because she treats my children, whether I have money at hand or not. Before she started giving us free medicines, her prices were fair compared to the clinics," Hasifa says.

Before the pandemic, Shamidan was already a trusted CHW in the community. But her role has become even more crucial now, as she

continues to diligently support the health needs of children and women and educate her community about COVID-19. "She listens to our needs. There would be a big gap without these CHWs in our communities. This CHW used to check on me almost daily when I was pregnant and ensured that I accessed the necessary antenatal care. Without her, the situation would have been dire because I had a complication and she accompanied me to the hospital, on time. We need her," Hasifa affirms.

Shamidan is one of two CHWs in her village and serves more than 200 households. **She has been instrumental in maintaining the delivery of essential RMNCH services in a community with many mobile households** that are engaged in fishing activities. Since April 2020, she, like

other CHWs supported by Living Goods, **has received free essential medicines to treat sick children for common illnesses** such as malaria, diarrhea and pneumonia. They also receive PPE, for example gloves, masks and sanitizers, to ensure their safety. CHWs were advised to limit door-to-door services during the lockdown to reduce the risk of spreading COVID-19, but Shamidan's clients continued to seek her services at her home because it is more convenient and less costly. Furthermore, **Shamidan is linked to the government health facility in her sub-county**, and often supports them to conduct outreach activities such as educating the masses and mobilizing children for routine immunization.



"What I like most about my job is that the clients I treat believe in me. That motivates me. I also get incentives every month, without fail," Shamidan says, adding that she is proud of her work and looks forward to the day COVID will end so she can fully resume door-to-door services. Her biggest concern for now is that when Living Good stops distributing free medicines, her clients might not be able to afford buying them as they did before.



Shamidan is counseled by her supervisor in between household visits.



Living Goods' Uganda Country Director Christine Namayanja (in grey suit) attends an event to release the government's new COVID-19 Community Engagement Strategy that we supported.

Uganda Launches COVID-19 Community Engagement Strategy

ALTHOUGH *THE LANCET* RANKED UGANDA AS ONE OF THE BEST PERFORMERS IN MANAGING COVID-19 IN AFRICA, the country's outbreak has nonetheless reached Phase IV, with widespread community transmission in many districts. Living Goods has continued to support MOH to prioritize work around community engagement.

We were acknowledged by Prime Minister Ruhakana Rugunda at the launch of the Community Engagement Strategy for COVID-19 Response in Uganda for providing essential technical support. The objective of this strategy is to ensure that all people in Uganda are aware,

empowered and participating actively in the prevention and control of COVID-19, as both a duty and a right. The strategy recommends using existing structures, resources, and relying on intersectoral collaboration to fight COVID-19 at the community level.

Additionally, **government has committed to start paying at least one CHW per village an allowance of close to \$30 per month** for COVID-related community-health work. This shows government's commitment to utilizing CHWs as a resource for delivering primary health care, especially during this pandemic.

Virtual UNGA Amplifies Need to Support Health Workers

THE UNITED NATIONS GENERAL ASSEMBLY (UNGA) PROVIDES AN OPPORTUNITY FOR WORLD LEADERS, DONORS AND STAKEHOLDERS TO COME TOGETHER IN SOLIDARITY AROUND GLOBAL ACTION. Held virtually this year, UNGA still provided an important platform for a global discussion on critical issues including COVID-19. In the midst of this pandemic, it is crucial to continue to build support and investment for the health workforce including CHWs.

Living Goods co-hosted two policy events to call for increased investment and prioritization on frontline health workers and learnings from the pandemic to expand universal access to essential services once the immediate health crisis is over.



[The Health System after the COVID Pandemic: Policies and Investments Needed to Support Frontline Health Workers](#) included Living Goods' Uganda Deputy Country Director **Dr. Diana Nambatya Nsubuga**, in a nuanced discussion on how to strengthen the health system while also protecting frontline health workers, women, and children.



[COVID-19: Why Communities Should be the Focus to Reduce the Impact in Africa](#), centered on how we can integrate community engagement into health systems strengthening and featured **Ruth Ngechu**, Living Goods' Kenya Deputy Country Director of Community Health Partnerships.

These conversations must continue to engage decision-makers and stakeholders beyond global forums like UNGA. The world is facing a shortage of 18 million health workers by 2030, mostly in low- and middle-income countries. That number is expected to be impacted by COVID-19, as by September of this year, **one in seven reported cases of COVID-19 were among health workers** and at least 7,000 health workers had died. The need for action on policies and investments to support health workers urgent and decision makers must act.

Board Updates

WE RECENTLY BID A FOND FAREWELL TO BOARD MEMBERS PAT NAIDOO, EXECUTIVE DIRECTOR OF ELMA PHILANTHROPIES EAST AFRICA AND ANA SCHRANK, SVP OF INTERNAL AUDIT AT MCKESSON. We want to thank them for their incredible service and support. We are also pleased to welcome:



Anita Cattrell
Chief Innovation
Officer
Evolent Health

As Chief Innovation Officer of Evolent Health, Dr. Cattrell oversees clinical program design powered by machine learning and artificial intelligence, resulting in improved quality and a reduction in total medical expense by over 40% for the highest acuity patients. She holds a PhD in Clinical Epidemiology from Harvard University and has spent more than a decade building risk models and evaluating the impact of clinical initiatives. Dr. Cattrell previously served as the Director of Monitoring and Evaluation for Partners in Health in Rwanda, where she helped to provide a preferential option for the poor in health care through community health workers. She has a BS in Biomedical Engineering from Northwestern University and a MS in Biomedical Engineering from Harvard University.



Jim Bromley
Nonprofit
Strategic Advisor

Most recently, Jim Bromley was the CFO of the Bill and Melinda Gates Foundation, overseeing finance and accounting, financial planning and analysis, strategic planning, risk management, program related investments, and several special initiatives. Jim has held several positions at the foundation, including the director of operations and the program CFO for the Global Development division. Jim joined the foundation in 2008 as its deputy director, Financial Planning and Management for Global Development division. Prior to the foundation, Jim consulted for several CEOs and CFOs on strategy and financial planning and management. In addition to serving on the Board of Living Goods, Jim is also the Treasurer of YWCA of King and Snohomish Counties and Seattle Jazz Ed. Jim holds a BA in Economics from Middlebury College.

Amplifying CHW Voices:



Picture of Rita assessing a child before COVID-19.

Rita Nakakande Uganda

Speaking via [video](#)
at Leveraging Digital
Technologies for
COVID-19, a Community
Health Academy Event

“With the pandemic, I’m doing the same work as our communities are still getting sick. We use digital tools, smart phones, to make sure we can still reach our communities.”



Caroline Ndung'u Kenya

Speaking via [video](#) at
Caring for Communities
during COVID-19, a
Community Health
Academy Event

“The training I have received helps me help my community adapt & change during COVID. When I see a sick child recover, I feel motivated and energized. This is helping me build resilience.”

Q3 2020 Key Performance Indicators

| Q1 2020 KPIs | LG Uganda - Direct Operations | | | BRAC Uganda | | | LG Kenya - Direct Operations ² | | | LG Kenya - TA (Bobasi) ³ | | | LG Kenya - Gov't Co-financing (Isiolo) ⁴ | | |
|-------------------------------------------------------------------|-------------------------------|-----------------------------|-----------|----------------|----------------|-----------|-------------------------------------------|----------------|-----------|-------------------------------------|----------------|---------|-----------------------------------------------------|----------------|---------|
| | Q3 2020 Target | Q3 2020 Actual ¹ | Q3 2019 | Q3 2020 Target | Q3 2020 Actual | Q3 2019 | Q3 2020 Target | Q3 2020 Actual | Q3 2019 | Q1 2020 Target | Q3 2020 Actual | Q3 2019 | Q3 2020 Target | Q3 2020 Actual | Q3 2019 |
| Impact Metrics - Monthly | | | | | | | | | | | | | | | |
| Pregnancies Registered | 2 | 1.5 | 2.5 | 2 | 2.4 | N/A | 1 | 1 | 1 | 1 | 1.0 | 1.1 | 1 | 0.6 | 1.5 |
| Under-5 Assessments | 32 | 39.5 | 35.1 | 32 | 27.4 | N/A | 24/8 | 36.6/17.0 | 20.6/14.2 | 12 | 7.0 | 16.7 | 4 | 2.4 | 1.6 |
| Under-1 Assessments | 6 | 8.0 | 7.3 | 6 | 5.5 | N/A | 4/2 | 5.8/3.5 | 3.7/3.3 | 3 | 1.4 | 3.6 | 1 | 0.4 | 0.2 |
| Under-5 Treatments and Positive Diagnoses | 16 | 39.7 | 22.0 | 16 | 12.6 | N/A | 12/4 | 21.8/5.6 | 8.9/2.9 | 5 | 4.4 | 8.6 | 2 | 1.4 | 1.2 |
| Under-1 Treatments and Positive Diagnoses | 3 | 7.7 | 4.4 | 3 | 2.3 | N/A | 2/1 | 3.0/1.1 | 1.5/0.65 | 1 | 0.7 | 2.3 | 1 | 0.2 | 0.2 |
| Referral Completion: % referrals confirmed at facility | 80% | 92% | N/A | 80% | 82% | N/A | 80% | 95% | N/A | 80% | 96% | N/A | 80% | 98% | N/A |
| On-Time Postnatal Care Visit | 75% | 67% | 67% | 75% | 69% | 48% | 75% | 85% | 82% | 75% | 75% | 59% | 75% | 42% | 43% |
| Facility Delivery: % facility delivery | 85% | 87% | 93% | 85% | 98% | N/A | 85% | 94% | 94% | 85% | 96% | N/A | 65% | 88% | N/A |
| IZ: % defaulters completing necessary immunizations ⁵ | 60% | 71% | 77% | N/A | N/A | N/A | 60% | 93% | 73% | 60% | 80% | N/A | 60% | N/A | N/A |
| In Stock: % of 'High Impact' Items in Stock (branch) ⁶ | 98% | 94% | 96% | 98% | 80% | N/A | 98% | 100% | 100% | N/A | N/A | N/A | N/A | N/A | N/A |
| Impact Metrics - Total⁷ | | | | | | | | | | | | | | | |
| Active CHWs (3-month active) | 3,992 | 4,400 | 4,026 | 3,500 | 4,070 | 3,531 | 1,734 | 1,696 | 1,832 | 390 | 401 | 176 | 660 | 629 | 338 |
| Population Served | 3,193,600 | 3,516,000 | 3,220,800 | 2,800,000 | 3,256,000 | 2,824,800 | 1,387,200 | 1,356,800 | 1,465,600 | 195,000 | 200,500 | 140,800 | 245,667 | 234,128 | 64,414 |
| Total Pregnancies Registered | 20,947 | 19,091 | 25,725 | 17,850 | 23,925 | 17,180 | 4,422 | 4,861 | 4,933 | 995 | 1,080 | 464 | 1,683 | 780 | 950 |
| Total Under-1 Assessments | 62,842 | 93,529 | 74,489 | 53,550 | 54,531 | N/A | 15,918 | 24,963 | 18,705 | 2,984 | 1,621 | 1,581 | 1,683 | 533 | 966 |
| Total Under-1 Treatments and Positive Diagnoses | 31,421 | 90,140 | 43,697 | 26,775 | 23,010 | N/A | 7,075 | 11,728 | 6,001 | 995 | 598 | 993 | 1,683 | 254 | 138 |
| Total Under-5 Assessments | 335,158 | 462,152 | 356,483 | 285,600 | 269,811 | 174,478 | 81,359 | 148,764 | 96,007 | 11,934 | 7,724 | 7,369 | 6,732 | 3,437 | 799 |
| Total Under-5 Treatments and Positive Diagnoses | 167,579 | 461,928 | 223,808 | 142,800 | 125,805 | N/A | 38,911 | 79,578 | 27,551 | 4,973 | 4,877 | 3,794 | 3,366 | 1,979 | 163 |
| Total Unwanted Pregnancies Averted ⁸ | 6,175 | 2,331 | N/A | N/A | N/A | N/A | 1,285 | 481 | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Cost-Effectiveness Metrics | | | | | | | | | | | | | | | |
| Income per CHW | \$20.00 | \$23.20 | \$11.32 | \$20.00 | \$11.05 | N/A | \$20.00 | \$20.60 | \$9.00 | \$20.00 | \$11.00 | N/A | \$30.00 | \$25.70 | N/A |
| Net Cost per Capita (YE annualized) ⁸ | \$2.69 | \$2.80 | \$1.58 | \$1.19 | \$1.02 | N/A | \$6.04 | \$6.16 | \$4.16 | \$0.81 | \$0.83 | N/A | \$1.64 | \$1.91 | N/A |

NOTES

¹Due to challenges with the Smart Health app in Q3, Uganda's results represent the subset of CHWs whose reporting was unaffected by the technical glitch as a good proxy for overall performance.

²Living Goods Kenya has two assessment and diagnosis targets: malaria endemic and malaria non-endemic.

³The Bobasi and Isiolo CHWs in Kenya work only in malaria non-endemic areas, thus all assessment and treatment targets listed are for malaria non-endemic.

⁴In Isiolo, where LG's goal is to provide coverage to the entire county, we adjusted down the population served based on new census data.

⁵BRAC and Isiolo did not provide IZ services in Q3.

⁶CHWs in Isiolo and Bobasi acquire their commodities directly from government health facilities.

⁷We have adjusted down total impact metric targets due to the reduced ability to replace or train new CHWs during COVID-19.

⁸BRAC, Bobasi, and Isiolo are not currently providing FP services