



QUARTERLY REPORT

Q3 | July - September 2022



LETTER FROM THE CEO

I'm proud of the work our team delivered this quarter, despite the challenging environments they're working in. With the current Ebola outbreak that started in September in Uganda ([page 3](#)), we quickly put in place measures to support the government's response by leveraging lessons from COVID. Not only have we printed materials to support sensitizing and protecting communities, but we have also moved to remote working in the highest-risk districts.

- In our Learning Sites, the community health workers (CHWs) we support continued to deliver excellent performance in Q3, despite challenges in Uganda following an upgrade of our tech platform ([page 4](#)), and in Busia, Kenya from disruptions in the lead-up to the August elections ([page 5](#)).
- Election season and environmental challenges impacted some results in our Implementation Support sites in Kenya. In Isiolo County ([page 8](#)), severe drought has put many people's lives at risk, with hunger hitting a nearly 40-year record-high which is a precursor for malnutrition among the most vulnerable.

- Although CHWs are behind on several targets in Kisumu due to campaigning disruptions, we're excited to see new CHWs getting up to speed after the successful eCHIS pilot and continued improvement on numerous metrics.
- I was energized to see community health in the spotlight at the 77th United Nations General Assembly (UNGA), and am excited about the launch of the much-needed Africa Frontline First Catalytic Fund (AFF-CF), which will ensure that the discussions at UNGA translate into action ([page 10](#)).

Thank you for your continued support towards building sustainable and durable health systems that deliver health for all.

Liz Jarman

Our Results in Q3 2022



12,014

CHWs SUPPORTED



6,769,776

PEOPLE SERVED



191,574

SICK CHILDREN UNDER 1 TREATED/POSITIVE DIAGNOSES



935,172

SICK CHILDREN UNDER 5 TREATED/OR POSITIVE DIAGNOSES



58,107

NEW PREGNANCIES REGISTERED



94%

% CHILDREN 9-23 MONTHS FULLY IMMUNIZED



56,538

TOTAL COUPLE YEARS PROTECTION

Cover: Isiolo County CHW Jenerika conducts an antenatal visit to her client Atelji to check and educate her about nutrition.

RESPONDING TO THE EBOLA OUTBREAK IN UGANDA

CHWs are once again on the front lines of a deadly health threat in Uganda, following an Ebola outbreak first reported on September 20, 2022 in the central district of Mubende. The current outbreak is from the Sudan ebolavirus strain, for which there are no approved vaccines or treatments. Given the highly contagious and deadly nature of Ebola, rapid case identification, contact tracing, and comprehensive infection prevention and control measures will be essential.

At Living Goods, we are leveraging learnings from COVID to support the government's response to Ebola. This includes work to sensitize communities in disease prevention and symptom identification and supporting CHWs to continue safely providing essential health services at the community level. This is critical since health system strains from an outbreak can lead to even greater morbidity and mortality from otherwise preventable and treatable diseases. As a member of the national task force responsible for planning and guiding the response, we are providing technical advice on how best to include CHWs in activities, and are quantifying their needs for additional personal protective equipment (PPE).

Reports have already observed a [reduction in the number of patients turning up for services at some health facilities](#) where patients with Ebola are isolated and treated. We quickly to put in place the following measures, including:

- **Capacity building trainings** for our field-based staff and CHWs on Ebola symptoms and prevention measures, starting in high-risk districts. Training has been rolled out to all 4,200+ Living Goods-supported CHWs in Uganda, and we are aligning with BRAC to ensure a similar approach is taken. Some



Ugandan CHWs participate in a risk communication training on Ebola during a peer group meeting at a CHW's home.

- CHWs in Kampala have received extra training in risk communications from the Kampala Capital City Authority, to boost sensitization at the community level.
- **Sending SMS alerts** to Living Goods-supported CHWs every 48 hours to remind them of Ebola symptoms and prevention measures.
- **Distribution of additional PPE**, such as hand washing soap and additional quantities of gloves, aprons, and masks in high-risk locations.
- **Printing and distributing 110,000+ pieces of educational materials** in high-risk districts to support community mobilization efforts.

- **Moving to remote trainings and remote working** in the highest-risk districts. Peer group meetings have also been paused.

Depending on how the situation evolves, we will adjust our protocols for CHWs to ensure they continue to provide services safely.

Since the outbreak was first reported in Mubende district, cases have now spread to six more districts, including Kampala. With the support of partners, the government has ramped up efforts to increase contact tracing, which stands at 92%. Compared to the Zaire ebolavirus, the Sudan ebolavirus is less fatal, with the current outbreak case-fatality rate at 39% among confirmed cases. This is the [7th Ebola outbreak in the country](#), and the 2nd largest. The last outbreak was in 2019. ■



Learning Sites

UGANDAN CHWs CONTINUE EXCEEDING TARGETS

The CHWs we support in our learning site at scale continued their excellent performance into Q3. **Except for on-time postnatal care (PNC) and family planning targets, CHWs exceeded all other metrics.** Standout achievements were in treatments for children under age five (U5)—at 39.7 per CHW against the target of 24—and 96% of children fully immunized against the target of 65%.

Results fell slightly in September, however, due to an upgrade to a newer version of the Community Health Toolkit (CHT), which our Smart Health app was developed upon, for almost half the CHWs we support. Unfortunately, **CHWs reported issues with syncing and the app failing to open, which led to notable declines in timely reporting.** While the update was designed to fix existing problems and add new features, some challenges are inevitable since the CHT was not designed to handle our massive amount of operational data in Uganda. We are working closely with CHT creator Medic to resolve these issues and are testing the feasibility of migrating to an even newer version to improve platform stability for CHWs. Another challenge was frequent heavy rains starting in August, which made transport more difficult due to poor road conditions and many CHWs in rural areas having to devote time to planting crops.

We focused heavily on improving data quality in Q3, with a data quality optimization plan we developed enabling CHWs to be more careful when entering data. As a result, unverified data fell from 21% in Q1 to 14% in Q3 but it is still not yet on target of <10%. We also made a concerted effort to reduce CHW knowledge



Ugandan CHW Mary examines a baby in Mayuge, Uganda.

gaps with quarterly in-service and monthly refresher trainings heavily focused on addressing pneumonia diagnosis knowledge gaps in using iCCM workflows.

We completed scaling family planning to all CHWs we support, by training an additional 255 CHWs and holding refresher trainings for the rest of the network. Unfortunately, commodity shortages—especially of the popular contraceptive injectable Sayana Press—remain a challenge. We are continuing to engage with district governments and supply chain counterparts to secure more commodities and

strengthen referral mechanisms for those who need longer-term methods.

We did a deep dive on low PNC numbers and found bottlenecks such as clients relocating after delivery and CHWs not reporting late visits—performed after 48 hours—due in part to phone issues. On top of driving phone number registration for tracking clients, we hope to design innovations around these issues starting next year. We expect that workflow fixes planned in Q4 will also drive performance for both indicators. ■

BRAC, UGANDA

BRAC continued to focus on sustaining strong CHW performance in Q3 after challenging operational changes in early 2022. Performance drivers were once again increases in both supervision touchpoints and CHW incentives—two of the core elements of Living Goods’ DESC approach.

After a delay in Q2, BRAC held refresher trainings at health facilities for most CHWs it supports, which were focused on reinforcing their health knowledge and addressing performance gaps supervisors observe during fieldwork. **These were the first refresher trainings for BRAC-supported CHWs on family planning** since 931 were initially trained last year. The trainings, access to commodities and digitization of FP workflows led to notable improvements since last quarter in couple years of protection (CYP) and unintended pregnancies averted. Half of CHWs’ family planning visits were to new households as opposed to follow-ups with existing clients, meaning they’re reaching more women with previously unmet family planning needs. That said, **BRAC has postponed its plans to scale family planning further** this year due to budget constraints, meaning that cumulative KPIs are significantly behind target.

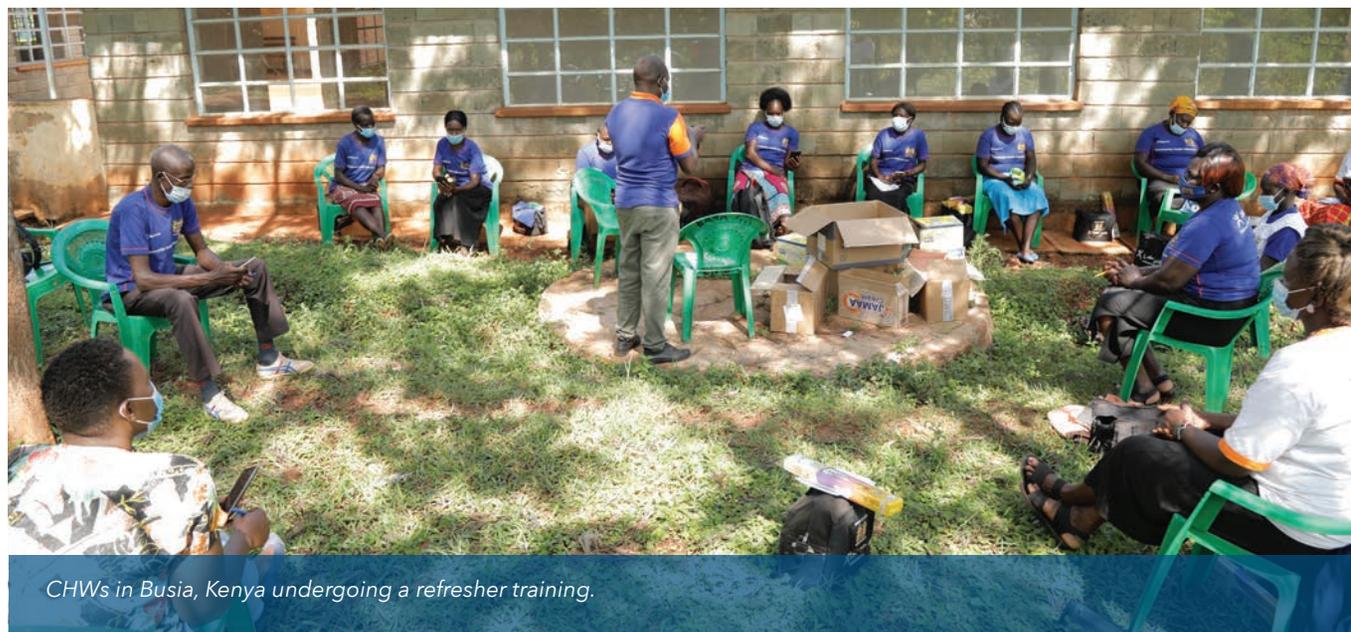
BRAC is working to repair or replace malfunctioning phones, which affected 15% of CHWs in Q3. This impacts their ability to record health activities and use app features including diagnostic workflows and task reminders. BRAC is also working with our tech partner Medic to intensify antenatal visit reminders for CHWs on their apps, and requiring them to record a reason for incomplete referrals to health facilities. ■

BUSIA: STRONG PERFORMANCE ALONGSIDE ENCOURAGING RESULTS IN NEW IMPACT AREA

CHWs in Busia continued their strong performance in Q3 and once again surpassed most per-CHW targets, despite disruptions caused by campaigning in the run up to the August general elections. **We continue to see incrementally strong increases on already strong performance in family planning and immunization this year.** We respectively attribute this to an enhanced supply of family planning commodities in most health facilities—which enabled CHW referrals and follow-ups—and CHWs’ sustained campaigns to create awareness and drive demand for vaccinations.

Although U1 sick child treatments and referrals remain below target, they improved slightly in Q3 due to improved supervision, with weekly progress monitoring and reporting by our program delivery team. Due to challenges relating to phone replacements, there was a reduction in the number of CHWs reporting, which caused some overall totals to be below target.

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CHWs in Busia, Kenya undergoing a refresher training.

CONT'D from Pg 5

Meanwhile, **we are excited by preliminary results from an experiment to actively identify and rapidly refer cases of possible serious bacterial infection (PSBI) among newborns**, a new health intervention area we are exploring. With funding from The Bill & Melinda Gates Foundation, and in partnership with Lwala Community Alliance and Population Council, Living Goods conducted implementation research from November 2020 to August 2022 that increased CHWs' ability to screen sick infants with danger signs and enable case identification and timely referrals. PSBI (sepsis) is a top cause of illness and death among newborns, and neonatal mortality still makes up half of U5 child deaths, so improving health interventions focused on newborns portends a strong opportunity for increased impact. The endline preliminary results reveal that in areas where CHWs are checking for PSBI, the average number of sick infants treated increased from baseline to endline. We will share full results shortly and will explore scaling the intervention in Kenya next year. These findings will also guide the Ministry of Health in implementing and scaling PSBI guidelines across the country.

Other highlights include our successful COVID vaccination drive, which has also led to increased uptake in CHWs' communities. As of September, 58% of all adults were fully vaccinated against COVID, up from 49% in Q2, and much higher than the Busia County average of 37%. ■



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Living Goods staff and government officials at the administrative ceremony for our new Learning Site in Burkina Faso.

LAUNCH OF BURKINA FASO LEARNING SITE PROGRESSING

On September 6, we held an administrative ceremony in anticipation of launching our new Learning Site later this year in Ziniare, Burkina Faso. More than 100 officials were present, and it was heavily covered by both public and private [media](#).

The official ceremony took place under the authority of the Governor of Plateau Central, who was represented by the region's Secretary-General Amidou Sore. Also present were

delegations from different MoH directorates, including the Regional Director of Health of the Central Plateau and the Chief Medical Officer of the District, representatives from other implementing partners, regional and district authorities, civil society representatives, customary and religious authorities, communal authorities, heads of health facilities and CHW representatives.

We anticipate that the Learning Site will go live in November, but we remain adaptable given the fluid political environment. Following a coup in January, a second one took place in September, although the situation on the ground currently remains stable. ■



Implementation Support

STRONG PROGRESS DIGITIZING COMMUNITY HEALTH IN KISUMU

With Living Goods' support, Kisumu County now has a total of 2,182 DESC-enabled CHWs actively providing comprehensive health services in their communities—a nearly 3-fold increase from the end of last year. **This means that CHWs are registering new households in their phones for the first time**, reaching more sick children with lifesaving treatments, and more women with pregnancy support and family planning services. We are also excited about the government's continued commitment to eCHIS scaleup.

With more than 900 CHWs trained last quarter, there was a slight drop in overall performance in Q3; this typically happens when new cohorts are introduced, since it takes time for CHWs to grow accustomed to their duties and to reach targets. There were also minor disruptions due to the political campaigns in which some government supervisors known as community health assistants (CHAs) and CHWs were actively involved.

Since Kisumu is a co-financed implementation support site, the county government manages critical DESC elements including supervision and supplies, and we work closely with them to build their capacity to run their community health program. For example, we have about 30 staff coaching supervisors and managers on how to use data to drive performance, and to ensure the digital solutions are effective.

Additionally, we worked with the county to include new CHWs in commodity forecasting to ensure they are equipped with sufficient stocks of essential medicines, involved health

KISUMU KPI HIGHLIGHT



Deliveries at a health facility

facility leads in commodity management, and created technical working groups for community commodity management. CHW treatment levels remain below target, affected in part by the low stock levels—though CHWs are making an increasing number of referrals to health facilities in lieu of having medicines on hand.

On-time PNC visits are also below target; a deep dive revealed this is because some are lost to follow-up, meaning they received visits from CHWs but were not reported in the system, while others occur more than 48 hours after birth. **We are applying learnings from Busia to improve this**, including timely sharing of expected delivery date lists with supervisors to help follow up on facility deliveries and PNC, focused refresher trainings, and a continued push for client phone registrations.

CHAs supported by Living Goods successfully conducted continuous refresher trainings for all CHWs, which is important for building relationships with CHWs and addressing performance gaps, especially for newly trained cohorts. The county government also hired more CHAs, which is expected to improve supervision rates and also CHW performance. ■



Kisumu CHW Jael Atieno uses her phone to assess Faith's child for pneumonia.



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MIXED RESULTS AMIDST SEVERE DROUGHT IN ISIOLO

A severe drought due to the failure of four consecutive rainy seasons has put many people's lives at risk. Isiolo—one of our co-financed implementation support sites—is one of the hardest-hit counties. **Hunger has reached a nearly 40-year record high**, and we are concerned about the potential for malnutrition among the most vulnerable. Therefore, the need for affordable and accessible CHW services is more important than ever, as a prolonged drought limits resources in the population. With support from partners, the county government is undertaking mass screening of U5 children and lactating mothers to determine their nutritional statuses. Those found to be malnourished are initiated on treatment and linked to health facilities. We continue to work closely with the county government to enhance

ISIOLO KPI HIGHLIGHT



4+ antenatal care visits



The percentage of CHWs fully vaccinated against COVID in Isiolo county is now **57%**.

delivery of life-saving community interventions by building the capacity of CHWs to ensure data is captured around those identified as at-risk in mass screenings and following up with those referred for facility-based care.

CHWs in Isiolo posted mixed results in Q3, amidst challenges included supply chain issues and conflicting priorities for CHWs and supervisors who were engaged in political campaigns. CHWs in Merti sub-county were not supplied with medicines in July, which subsequently affected their August stock levels and ability to treat sick children; however, **medicines were successfully distributed across all sub-counties starting in late August**. CHWs also had some amoxicillin in stock and continued to treat pneumonia cases as per the community-level treatment guidelines approved by MoH earlier last year.

We continue to have a productive working relationship with the county government. For example, Living Goods branch teams have facilitated monthly data review meetings with county staff to ensure close follow-up on all home deliveries and missed on-time PNC visits, which are critical to occur within 48 hours of birth because of the increased risk of death immediately after birth.

Though below target, family planning KPIs have improved thanks to the team's continuous coaching of CHWs on family planning as well as targeted follow-ups with women of reproductive age who are yet to receive these services. We will encourage CHWs to continue sensitizing their communities about family planning and about the importance of registering pregnancies with their CHWs for the long-term benefits of both mother and child. Another successful push was a COVID vaccination drive, with frequent data sharing on community members' vaccination status. The percentage of CHWs fully vaccinated in Isiolo county is now 57%. ■



Community health assistant Judith Kairuthi distributes medicines to CHWs in Isiolo County.

MEET PAULINE, THE 'VILLAGE DOCTOR'

Her community calls her “Daktari wa Mashinani” (village doctor), and she lives up to the billing. With her medicine bag strapped on her shoulders and job aids underneath her arms, Pauline Lominae traverses her community—an arid area characterized by rocky soil—moving from house to house caring for sick children and pregnant mothers.

Pauline, age 30, was among the first CHWs who volunteered to be trained and attached to Isiolo Kenya’s Daaba Health Facility back in 2015 when it was opened, and she currently serves 24 households. Although the weather is harsh and the homes in this arid area sparsely situated from one another, Pauline has not wavered in her resolve, and her passion to serve is as strong as ever.

“I face many challenges when carrying out my duties. The distance from one client to another is quite huge. It is always hot, dry, and dusty—yet I

have to trek on foot to reach my clients. I cannot afford the luxury of a motorbike. But either way, **I carry on because my people depend on me,**” she says.

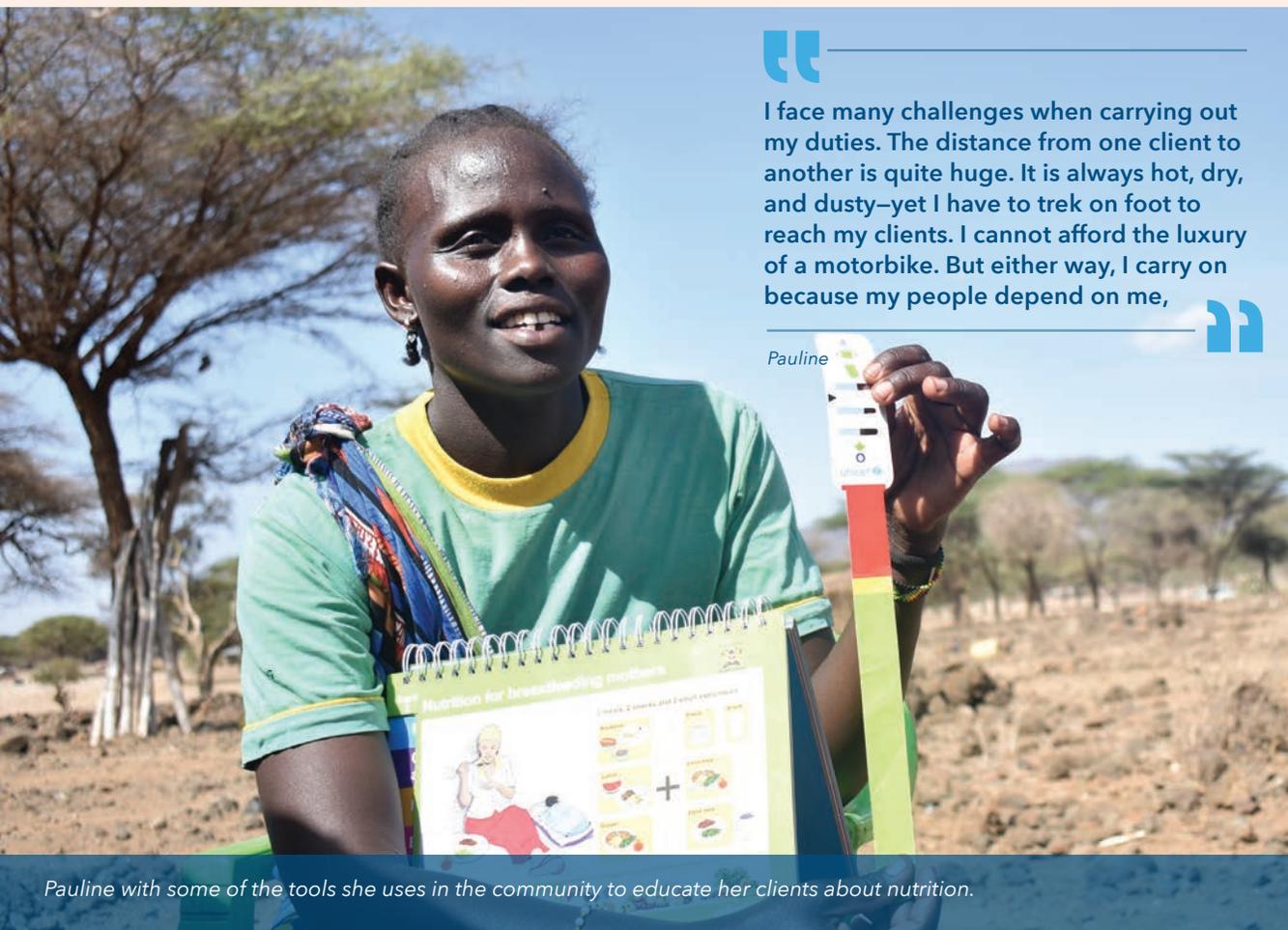
Pauline is the link between her community and access to lifesaving health services, which she brings to their doorsteps. As with other CHWs, she receives monthly refresher trainings, which are facilitated by the government’s county health team in partnership with Living Goods.

Pauline enjoys educating other women about the importance of exclusive breast-feeding and the dangers associated with home births.

“Every time she visits, she checks on my young son’s health. Pauline has educated me more about the benefits of exclusive breast-feeding and proper nutrition and has taught me how to monitor my children’s nutritional status,” says Modesta, one of the mothers Pauline supports.

Modesta adds: “Despite the drought and hunger situation facing us, I strive to balance our food for the benefit of my family. But I also wouldn’t want to disappoint Pauline.” **Undernutrition and malnutrition are some of the biggest challenges in Isiolo**, with 16.7% of the children malnourished, according to a [2020 survey](#). CHWs like Pauline play a key role in supporting their communities to optimize their limited resources to avert stunting among children.

But, in the end, Pauline knows her passion alone can only go so far if the government does not acknowledge the key role that she and other CHWs play in ensuring communities everywhere can access health services. **“For the work we do, government should pay our stipends more consistently,”** she asks. For now, Pauline is happy that the community she serves values her work and listens to her advice. ■



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Pauline

Pauline with some of the tools she uses in the community to educate her clients about nutrition.



Enabling Environment

BURKINA FASO HEALTH OFFICIALS MAKE 2ND LEARNING VISIT TO KENYA

With the government of Burkina Faso in the process of digitizing and professionalizing all CHWs in the country, officials from the country's Ministry of Health recently traveled to Kenya to gain insights from counterparts already underway on a similar journey.

The team from Burkina Faso visited Living Goods' operations in Kenya's Busia and Kisumu counties, to better understand how CHWs are digitized, equipped, supervised, and compensated (DESC) and the different approaches Living Goods takes in providing support in the country.

Busia is the location of Living Goods' Kenya Learning Site—an area where we collaborate with government CHWs to deliver community health services and DESC components at a gold

standard—and to serve as a testbed for innovation and experimentation. The team of visitors was **better able to visualize how the digital tools facilitate quality care** and understand how government is making use of the data to inform health system planning and disease monitoring. This is the second visit of this nature that Living Goods has facilitated.

Meanwhile, Living Goods has been working with Dimagi to support the Burkinabe government to develop a community health information system (eCHIS) based on the CommCare platform that will be piloted in the learning site and eventually rolled out to all ~18,000 CHWs in the country, and link with facility-level systems. We just completed a similar effort supporting the Kenyan government to develop an eCHIS on the CHT platform. We will explore the possibility of providing co-implementation support in Burkina Faso beyond Ziniare only after the learning site is fully operational and sufficient context-specific lessons from operating there have been gleaned. ■



Our Kenya Country Director Thomas Onyango participated in a roundtable discussion at one of the side events we co-hosted at UNGA.

UNGA SHINES A SPOTLIGHT ON COMMUNITY HEALTH

Community health was at the forefront during the 77th United Nations General Assembly (UNGA) in September, which also coincided with the Seventh Global Fund Replenishment.

This UNGA marked a paradigm shift in the attention governments, donors, and partners are paying to health systems strengthening and the community health workforce, which has been a major focus of the collaborative advocacy efforts Living Goods and our partners have been leading over the last five years.

Importantly, **the Africa Frontline First Catalytic Fund (AFF) was launched ahead of the global forum** to ensure that the discussions at UNGA translate into action. AFF aims to mobilize significant funds to close the \$4 billion annual financing gap for community health in Africa. Significant commitments have already been made by the Global Fund, Johnson & Johnson Foundation, and the Skoll Foundation. As part of the Clinton Global Initiative during UNGA, **Living Goods was formally announced as an AFF advocacy partner.** AFF is undertaking critical action to scale financing, employ digital tools, increase the availability of essential life-saving commodities, and integrate CHWs within the health system. Living Goods is aligned with their ambitious goals and looks forward to working together to ensure the momentum for community health continues. ■



Burkina Faso MoH team and Living Goods staff meeting with counterparts and CHWs during a learning visit to Kisumu.



Strengthening Organizational Capabilities

We're pleased to introduce you to some of our newest staff and board members.

MEET BRIGITTE SYAN, A WOMEN AND GIRLS' RIGHTS CHAMPION

Lively, quick-footed, and multilingual are just a few of the words that come to mind when colleagues think of Brigitte Syan, who joined Living Goods in June 2022 as our Advocacy and Partnership Manager in Burkina Faso. She's charged with leading our partnership building portfolio with government and civil society stakeholders, and she's playing a vital role supporting the MoH to bring to life the country's first community level digital health system.

Brigitte is excited about working with Living Goods because of our proven impact over the years and our strategic direction—collaborating with governments to deliver life-saving health services at the community level. **"This collaborative approach with the MoH in Burkina Faso guarantees the sustainability of our approaches,"** she says.

When asked what she enjoys the most about her work, Brigitte says: "When I wake up every day, I'm eager to go out there and have interactions with health authorities about how to improve the community health system in Burkina Faso. That fires me up."

Brigitte is one of the 20+ staff who were hired into roles in our Burkina Faso office this year. She has had the opportunity to meet with the rest of the team in the office but is also grateful for the flexible working environment at Living Goods, where she can work from home some days.

A lawyer by training, **Brigitte is also an advocate of women and girls' access to sexual and reproductive health**, and has more than 12 years of work experience in several international NGOs. In her career, she is most proud of contributing to improving protections for the rights of women and girls in Africa, particularly in Burkina Faso. Outside of work, Brigitte dedicates time to support activities that advance women's rights. Looking to the future, Brigitte says: "I hope that my advocacy work will help create a conducive environment for the digitization of community health and institutionalization of the DESC approach in the health system in Burkina Faso." ■



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Brigitte Syan



STAFF AND BOARD PROFILES



Dr. Solomon Zewdu

Member, Living Goods Board of Directors

We're thrilled to welcome Dr. Solomon Zewdu as the newest member of the Living Goods Board of Directors! He serves as a Senior Executive Resident at the Mastercard Foundation, shaping continental strategy, planning, and programming. Previously, he was The Bill and Melinda Gates Foundation's Africa Deputy Director, and was responsible for shaping continental health, nutrition, disease eradication, and development investments. He also served as the Foundation's COVID coordinator for the African continent, to inform the shaping of critical interventions. ■



Caroline Kahora-Githii

Kenya Deputy Country Director

Caroline Kahora-Githii is our new Kenya Deputy Country Director. She brings more than 15 years' experience in designing, implementing, and monitoring strategic initiatives to targeted audiences with the aim of driving impact and improved outcomes. She has worked across different sectors with global and regionally renowned organizations and brands, including; Novartis, Nation Media Group, Nestlé, Sanofi & GSK. Caroline has an MBA in Marketing and a Bachelor of Science in Biochemistry from the University of Nairobi and Jomo Kenyatta University, respectively. She is also a Certified Public Accountant. ■



Carol Auma

Chief People & Culture Officer

Carol Auma is our new Chief People & Culture Officer, and she's providing strategic thought-leadership to the Global Executive Team and the People and Culture team on creating a workplace that celebrates Diversity, Equity and Inclusion, and where teams are inspired to realize their full potential through enabling learning and growth pathways. She joined us from Plan International, where she had a large change leadership role supporting countries in the Middle East, and Eastern and Southern Africa regions. Prior to that, she worked extensively in the private sector including at Unga Holdings, Shell, Standard Chartered Bank and BAT in various regional talent management and HR business partner roles. ■



Muzafar Kaemdin

Global Director of Performance, Evidence, and Insights

Muzafar Kaemdin is our new Global Director of Performance, Evidence, and Insights. He joined Living Goods from Gatsby Africa, where he served as the organization's Head of Monitoring and Results Measurement. Prior to that, he was the Technical Director and Program Development Lead of a successful innovation challenge fund managed by the Palladium Group - Human Development Innovation Fund (HDIF). Muzafar holds an MSc. in Economics and Finance for Development from the University of Bradford (UK), a BSc. in Computer Science from Pune University (India), and an MBA from the Eastern and Southern African Management Institute (ESAMI). ■

Q3 2022 KPIs

	Learning Sites				Implementation Support				Partnerships	
	Kenya: Busia County		Uganda		Kenya: Kisumu County ⁴		Kenya: Isiolo County		Uganda: BRAC	
	Q3 Target	Q3 Actual	Q3 Target	Q3 Actual	Q3 Target	Q3 Actual	Q3 Target	Q3 Actual	Q3 Target	Q3 Actual
Monthly Per-CHW Impact Metrics										
New Pregnancies Registered	1	1.0	1	1.5	1	1.1	0.5	0.4	1	2.4
% of 4+ ANC visits	75%	88%	75%	82%	75%	85%	75%	86%	75%	72%
% Facility Delivery	85%	96%	85%	92%	85%	97%	85%	83%	85%	94%
% On-Time Postnatal Care Visit	75%	82%	75%	62%	75%	50%	75%	58%	75%	68%
Couple Years Protection	2.5	3.6	2.5	2.9	2.5	3.7	1.3	0.9	2.5	3.0
% Children 9-23 Months Fully Immunized ¹	65%	98%	65%	96%	65%	88%	65%	87%	N/A	N/A
Under-5 Treatments and Positive Diagnoses	23	28.4	24	39.7	16	6.2	3.2	3.0	24	29
Under-1 Treatments and Positive Diagnoses	5	3.6	5	6.8	3	0.9	0.4	0.4	5	8.0
% Sick Child Facility Referrals Completed	75%	96%	75%	78%	75%	96%	75%	94%	75%	52%
DESC/Performance Management Metrics										
% CHWs in Stock of Essential Commodities ²	60%	88%	60%	97%	60%	64%	60%	41%	60%	63%
% CHWs w/ Supervision in Last 1 Month	75%	96%	75%	86%	55%	60%	55%	65%	75%	79%
CHW Income ³	\$20.00	\$18.00	\$20.00	\$17.48	\$20.00	\$20.62	\$20.00	\$21.20	\$15.00	\$11.84
Impact Total Metrics										
Active CHWs (3-Month Active)	850	786	4,205	4,454	2,600	2,182	780	554	4,000	4,038
Population Served	425,000	393,000	2,523,000	2,672,400	1,300,000	1,091,000	268,000	190,576	2,400,000	2,422,800
Total New Pregnancies Registered	2,861	2,409	16,942	20,017	8,752	7,012	1,170	508	16,116	28,161
Total U5 Treatments and Positive Diagnoses	58,140	65,900	308,815	481,735	124,488	33,740	7,488	4,489	293,760	349,308
Total U1 Treatments and Positive Diagnoses	11,628	8,368	64,589	82,297	25,272	5,457	1,016	608	61,440	94,844
Total Couple Years Protection	5,520	7,927	29,603	24,003	11,250	17,096	2,925	598	24,300	6,914
Total Unintended Pregnancies Averted	1,334	1,899	7,155	5,802	2,719	4,133	707	144	5,873	1,671
Net Cost per Capita (Annualized)	\$3.78	\$3.45	\$3.48	\$3.23	\$0.81	\$1.13	\$1.12	\$2.05	\$0.72	\$0.72

NOTES:

¹ BRAC CHWs do not yet provide immunization support.

² CHWs in implementation support sites acquire their commodities directly from partners or government health facilities.

³ Income in implementation support sites are projected totals as these have not yet been distributed to CHWs; they receive full pay after the end of the quarter.

⁴ Original cumulative targets for Kisumu included a third implementation support county which we decided not to scale into this year, thus these targets are not representative of our current goals for Kisumu.