Logic Model

Inputs	Outputs		Outcomes		
	Activities	*Deliverables*	*Short*	*Medium*	*Long*

Inputs

- Project Director
- Project Coordinator
- LMIC Co-Principal Investigator
- Community Health Workers (CHWs)

- Systems/Biomedical Engineer
- Data Manager / Analyst
- Solar-powered, portable community health kiosks

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- Validated screening devices
- Screening consumables and calibration materials

- Secure software, offline data capture, encryption, hosting infrastructure
- Training materials, SOPs, and refresher curricula
- Partnerships with local health facilities for referral follow-up

Activities

R21 Phase (Months 1–24)

1. Design, integrate, and assemble solar-powered mHealth kiosks
2. Deploy kiosks at 1–2 rural Sindh pilot sites
3. Train CHWs on kiosk operation, screening protocols, and data workflows
4. Conduct usability and workflow feasibility testing

5. Perform measurement validation against clinic-based standards
6. Assess community acceptability and consent processes
7. Monitor system uptime, data integrity, and error rates
8. Verify R21→R33 transition milestones

09. Deploy kiosks across ≥6 rural Sindh sites
10. Conduct community-based screening for hypertension, diabetes, and obesity
11. Implement standardized referral pathways and follow-up tracking

12. Monitor reach, fidelity, and referral completion
13. Conduct cost-per-screening and sustainability analysis
14. Develop scale-up and health system integration

Deliverables

≥8 functional community health kiosks deployed (R21 + R33)

≥48 CHWs trained and certified in kiosk operation

Standardized screening and referral SOPs finalized

≥2,500 adults screened for chronic disease risk

≥1 cost and implementation analysis completed

≥1 evidence-based scale-up roadmap produced

Short

≥95% kiosk system uptime demonstrated

≥80% CHWs independently operate kiosks

≤15-minute average screening time per participant

≥90% agreement between kiosk and clinic measurements

≥75% community acceptability rating

Safe implementation with zero serious adverse events

Medium

≥30% increase in screening coverage compared to baseline

≥40% of screened individuals are first-time screeners

Consistent implementation fidelity across ≥6 sites

Long

Improved equitable access to early detection of hypertension, diabetes, and obesity in low-resource settings

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Assumptions
- CHWs retain skills and adhere to standardized protocols
- Local health facilities accept referrals and provide follow-up care
- Solar power and offline functionality mitigate infrastructure constraints
- Community trust in CHW-led screening is maintained

External Factors
- Health system capacity for referral uptake
- Policy environment supporting digital health integration
- Stability of local operating conditions

The Grant Ship