



**LivingGoods**

Delivering Data-Driven Health Care, Door to Door.

# QUARTERLY REPORT

Q2 | April – June 2024



9,419

CHWs SUPPORTED



4,731,451

PEOPLE SERVED



372,775

SICK CHILDREN UNDER 5  
TREATED/REFERRED



55,299

SICK CHILDREN UNDER 1  
TREATED/REFERRED



25,537

NEW PREGNANCIES  
REGISTERED



82,558

TOTAL COUPLE YEARS  
OF PROTECTION

**Cover:** CHW Betty Namukolaki with her 7-month-old baby as she carries out household visits in Kamugombwa Village, Masaka District, Uganda.

## Shequila Gets a Second Chance at Life, Thanks to Community Health Worker (CHW) Silas

On a sunny morning in Amagoro, a village in Busia County, Kenya, Faith Nanjala sits with her nearly two-year-old daughter Shequila in her grandfather's yard. Shequila has just recovered from severe malnutrition and malaria, which was diagnosed by community health worker (CHW) Silas during a routine screening for childhood diseases.

When CHW Silas found Shequila, she was in a poor state, having lost weight. She also had malaria. The CHW referred her to the nearest health facility where the mother accessed nutritional supplements as Shequila underwent further management.

"I am forever grateful to CHW Silas for the advice, assistance, and guidance he has offered me. My child's health is better because of him," Nanjala says.

CHWs like Silas play a significant role in improving the health of children under five years. They are trained in integrated Community Case Management (iCCM), which gives them the skills to screen, identify, classify, and manage uncomplicated cases of pneumonia, malaria, and diarrhea. Additionally, they perform general health checks, such as nutrition and weight assessments, and teach communities about disease prevention and healthy living.

Engaging mothers and caregivers in health talks significantly improves the health and well-being of their children. This proactive approach has contributed to a steady decline in under-five mortality rates in Kenya. In 2022, one in 25 children died before reaching age five, compared to one in 11 in 1990. Many of these deaths, caused by preventable and easily treatable diseases like malaria, are now managed at the

community level through preventative measures like immunization and by timely and quality care provided by CHWs.

"Were it not for the CHW who has continuously monitored my daughter's developmental milestones during his routine checks, today, we would be speaking a different story," says Faith, reflecting on the crucial role Silas has played in her daughter's journey to recovery.

Busia was Living Goods' first county of operations in Kenya, and we have been working there for the past eight years. We have a learning site in two sub-counties and are now partnering with the county government to co-implement and co-finance their community health program in the other five sub-counties, upskilling CHWs, supporting the training of CHWs on the electronic Community Health Information System (eCHIS), and enabling strong performance management approaches. ■



CHW Silas sensitizes Faith about malnutrition and how to support her sick daughter



# Learning Sites

## Improving Service Delivery is Key to Who We Are

Living Goods' learning sites are centers of excellence where we innovate nimbly, produce evidence, and show impact at a gold standard to ensure greater chances of success for government-led implementation. In learning sites, Living Goods works closely

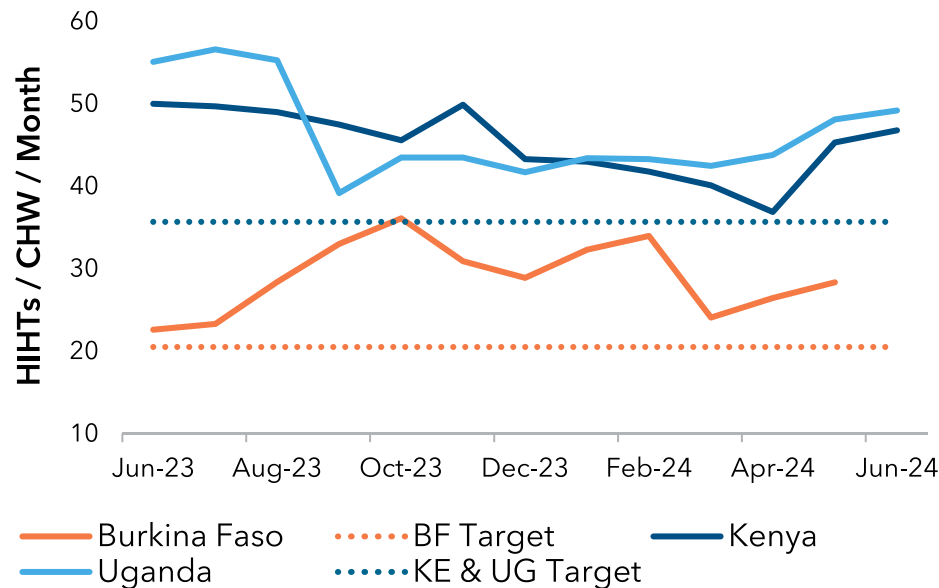
with governments but is responsible for performance on all elements of our DESC approach—Digitizing, Equipping, Supervising, and Compensating—along with their funding, where needed.

**BURKINA FASO:** In May 2024, Living Goods expanded into Manga District with 400 CHWs. This is our second and final learning site in Burkina Faso while we assess if the enabling environment is strong enough to scale through the implementation support approach.

In Ziniaré District, CHWs are achieving most KPI targets due to our performance management approach, which includes good availability of medications, monthly reviews of CHW performance and supervision, and timely CHW payments. Challenges in Q2 included bugs in the mHealth app and reduced supervision rates due to the onboarding of additional CHWs. We are working to determine the optimal supervisor-to-CHW ratio moving forward.

*Cont'd on pg. 4*

### Learning Sites Remain a Gold Standard



*Living Goods summarizes all CHWs' health interventions into a single indicator called high-impact health touches (HIHTs) to see performance at a glance.*



*In May 2024, Living Goods expanded into Manga District with 400 CHWs. This is our second and final learning site in Burkina Faso.*





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**KENYA:** Our learning site in two sub-counties in Busia County is performing well. **We maintain the learning site to continue innovating with agility as we expand implementation support in the county.** Some of the ongoing innovations include testing enhanced Community Event-Based Surveillance, implemented through a One Health Approach that allows collaboration of health cadres to support response to potential public health threats. Although competing priorities like mass net distribution slightly affected CHW output during the quarter, CHWs still achieved most of their targets. A highlight of Q2 was immunization rates, with 99% of children aged 9-23 months being fully immunized.

**UGANDA:** CHW performance remains stable in our Uganda learning sites. We attribute this to proactive performance management tactics, such as focusing on household coverage; the continued implementation of the family planning acceleration plan which includes providing buffer stocks to CHWs; and data reviews through peer group meetings.

In June, as planned, we transitioned all 219 CHWs in Mpigi District to eCHIS, where they will continue to be supported by the district and another partner. This has reduced the number of Living Goods-supported CHWs to approximately 2,500 CHWs in 8 districts. Despite this, **CHWs in our learning sites continue to have extensive reach, visiting over 200,000 households in June alone.** ■



CHW Everline bids farewell to her client Claudia after conducting household registration in Nambale, Busia County.



CHW Shadia tests a baby's temperature in Masaka District, Uganda.



# Burkina Faso: A CHW is Transforming Communities, One Household at a Time

Tiemtoré Illiassa has served as a Community Health Worker (CHW) in Sougou village, Manga District, for nearly thirty years, dedicating his life to enhancing his community's well-being. This year marked a significant change for Tiemtoré, as Living Goods launched its second learning site in Burkina Faso, following Ziniaré.

Tiemtoré is one of the 400 CHWs in Manga who received training from Living Goods. These CHWs—called *Agents de Santé à base Communautaire (ASBCs)* in Burkina Faso—can manage basic childhood diseases, offer family planning counseling, and support pregnant women.

**“Before, our work was limited to mobilizing women and children for vaccination. But after receiving the training in June, we are empowered to do much more,”** Tiemtoré explains.

In addition to health training, the CHWs were given smartphones loaded with the government eCHIS tool and trained on how to use them for diagnosis, treatment, and referral of clients. **“I had never used a smartphone. Now, I can use the app, and that greatly simplifies patient care,”** he adds.

The smartphone app allows Tiemtoré to closely monitor newborns and provide advice to mothers. **“This technology also helps us to assess the severity of children's illnesses and make quick and effective medical decisions.”**

Before Living Goods' intervention, CHWs in Manga used notebooks to record patient data. Digital tools have simplified their work. **“Having digital tools has made patient care easier, more accurate, and more efficient. These new skills benefit not only myself but also my community. I am proud to positively contribute to my community's health,”** he says.

The two learning sites in Ziniaré and Manga are centers of excellence where we innovate and produce evidence to demonstrate impact at a

gold standard as we assess whether the enabling environment allows us to start planning scaling through government-led implementation.

Some of the ongoing innovations include the introduction of family planning services and soon a study with the national government to assess CHWs' ability to deliver integrated community case management (iCCM) interventions within five kilometers of a health facility, which is not the current policy. ■



CHW Tiemtoré engages with a mother during her child's pneumonia treatment.



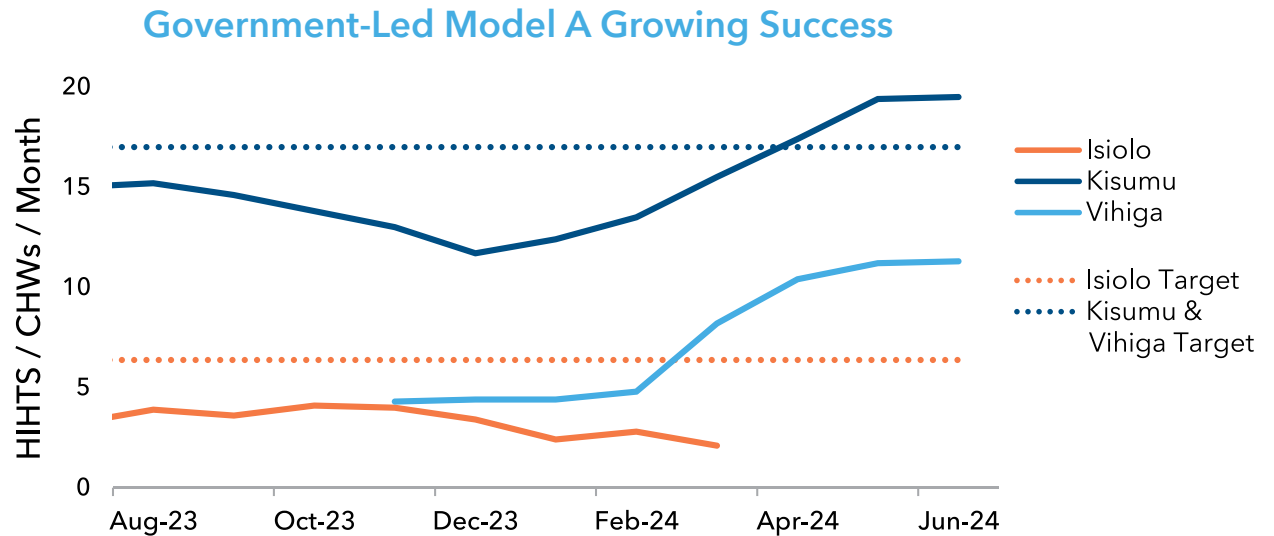
# Implementation Support

## Our Innovative Approach is Delivering Results

Living Goods' strategic plan is centered on health systems strengthening. We provide implementation support to government partners that have a strong enabling environment in place and who are committed to co-financing their community health programs. **This government ownership enables sustainability, and co-financing creates accountability. By partnering closely, we can quickly share knowledge and expertise, such as using digital tools to optimize performance.**

After two years of learning, failing fast and improving, we are proud to say this new government-led approach is working. Our Kisumu program in Kenya is performing well and showing continuous improvement, now hitting many of the targets set. We scaled throughout Vihiga and the CHWs are performing as well as expected at this stage. Our newest site in Busia is up and running. We have also identified a fifth county where we will be scaling this co-financed and co-implemented model.

Isiolo continues to be challenging due to low disease burden and a significantly less strong enabling environment. CHWs' remuneration by the county government has been in arrears for 12 months now, although funding by the national government is up to date for 660 out of the total 760 CHWs. We no longer have access to data since it is now pushed directly to the National Data Center following the county's transition to



Living Goods summarizes all CHWs' health interventions into a single indicator called high-impact health touches (HIHTs) to see performance at a glance.

eCHIS. We are assessing the ongoing level of support we will provide.

**KISUMU:** CHW performance has steadily improved in Kisumu County. We are excited to see these advancements in our largest implementation support site, with nearly 2,400 CHWs actively providing community health services across the county. Since launching operations in early 2021, we have been learning how to strengthen a digitized community health program in close partnership with the county

government. This quarter has been the CHWs' highest performance. The replenishment of essential commodities from the national to county governments enabled CHWs to diagnose and treat more sick children during Q2. Kisumu remains a model for other implementation support sites.

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**VIHIGA:** Work in Vihiga County commenced with more than 1,000 CHWs now trained and digitized on the national eCHIS. We are excited to see exemplary leadership by the county governor.

**CHWs have completed household registration, making Vihiga the second nationally with 100% households registered on the national eCHIS dashboard.** We also conducted refresher trainings on topics like probing techniques for CHWs to accurately assess malaria, pneumonia, or diarrhea in children under 5 years old.

Although some eCHIS workflow gaps prevented real-time data visibility for performance management, several issues were resolved by May, allowing for improved analysis of several KPIs.

A high percentage of health facility deliveries in Vihiga can be attributed to the government-led and funded Ottichilo Care, which incentivizes women with a stipend upon giving birth at a health facility. We expect this initiative to also improve performance on other KPIs, such as pregnancy registration and antenatal care visits.

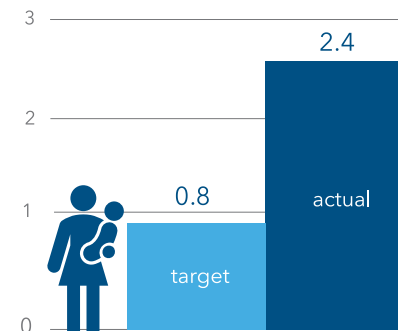
**BUSIA:** We launched our newest implementation support site in five sub-counties of Busia County. **We continue to run a learning site in the two remaining sub-counties, where we innovate and are responsible for all the DESC elements along with their financing.** We are now working to fully equip CHWs in the implementation support site where we are co-financing the community health program



CHW Violet attends to a pregnant Esterina at her home in Vihiga County.

with the county government. The transition has come with learnings from doing two models in the same county, but it has been received with goodwill from the county leadership. CHWs are currently carrying out household registration on the government eCHIS. This will help track households' health data over time and facilitate reminders in the CHWs' app to conduct visits once they start providing health services in Q3. ■

### Vihiga CHWs excel in providing maternal health care





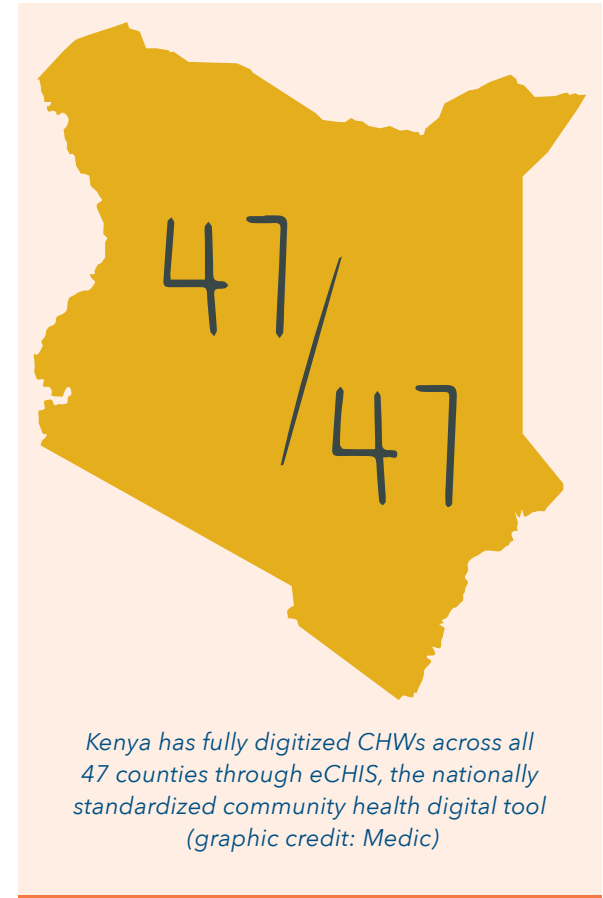
## Enabling Environment

# Digital Tools Have the Potential to Improve Health Service Delivery in Kenya

It is exciting to see digital tools in the hands of CHWs across Kenya! **Even more exciting is the fact that data is now flowing from all 47 counties and can be visualized on the national data center “Afya Nyumbani”—meaning Health at Home—dashboard.** Along with other partners on the [Community Health Units for Universal Health Coverage \(CHU4UHC\)](#) platform, we are pleased to have supported national and county governments in reaching this milestone. Digital

tools and data are key enablers in the delivery of health services to underserved communities.

**The successful pilot of eCHIS in Kisumu County paved the way for digitization nationwide. While we celebrate this milestone, we recognize that much work remains.** At a meeting convened by Living Goods and the Ministry of Health in Nairobi in May, participants from national and county governments, the



Stakeholders at an event organized by Living Goods and MoH to envision the future for digitized community health in Kenya.

Council of Governors, health and technology partners, funders, CHWs, Living Goods’ Board, and the media acknowledged the progress made but also highlighted what still needs to be done. **We rallied stakeholders to continue investing in key pillars of the community health system to ensure sustainability.** These pillars include identifying and mitigating risks, strengthening digital systems for program scale and functionality at the national level, and innovating around supervision to ensure efficiency and accountability.

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Dr. Simon Kibias, the Ministry of Health's Director of Health Standards and Quality Assurance, representing Health Permanent Secretary Mary Muthoni, pointed out the low number of CHWs reporting through the dashboard at that time and the lack of visibility at the county level. **If data from the CHWs does not reach the right people in time, it loses its effectiveness.** Government workers at various levels should have the capacity to regularly monitor incoming health data and tweak their programs to improve performance.

This underscores the importance of our work. Living Goods, along with other partners, is ensuring that the data collected at the community level is in the right hands and utilized at every level to improve service delivery and safeguard the health system. We are also collaborating with Medic and the national government to address data quality issues and enable data visualization at the county level.

We are leveraging our experience from Isiolo and Kisumu to support the government in addressing system workflow issues. **For instance, we are revising the commodity workflow to improve the reporting and tracking of commodities. This will benefit counties by creating a better supply chain with stronger linkages between health facilities and the community level.**

With the appropriate digital tools and effective data usage, there is potential to significantly improve health service delivery and impact. ■



# Training and Supervision: Enhancing the Performance of Kenya's Community Health Workforce

The Government of Kenya has made significant strides in strengthening community health as part of its goal to achieve Universal Health Coverage (UHC). Over the past year, the government demonstrated its commitment by providing mobile phones and kits to 107,000 CHWs—called community health promoters (CHPs) in Kenya—across all 47 counties to enhance their ability to diagnose, monitor, treat, refer, and improve the quality of care given to clients.

However, to maximize the performance of the **community health workforce and deliver the best care possible, CHWs need to be adequately trained and given supportive supervision.** At Living Goods, we have spent over 16 years honing best practices for implementing high-impact community health programs and solving the problem of underperformance. In Kenya, over the last five years, we have learned many lessons from scaling our government-led implementation support approach.

Alongside partners like USAID, we are supporting the government in reviewing the supervisor-to-CHW ratios to ensure effective supportive supervision. The vision is for each CHW to understand what good performance looks like, how they are doing against targets, and to be regularly visited by and coached by their supervisor; for each supervisor to know how their CHWs are doing and where they need support; and for government staff to have easily readable and digestible data and to know

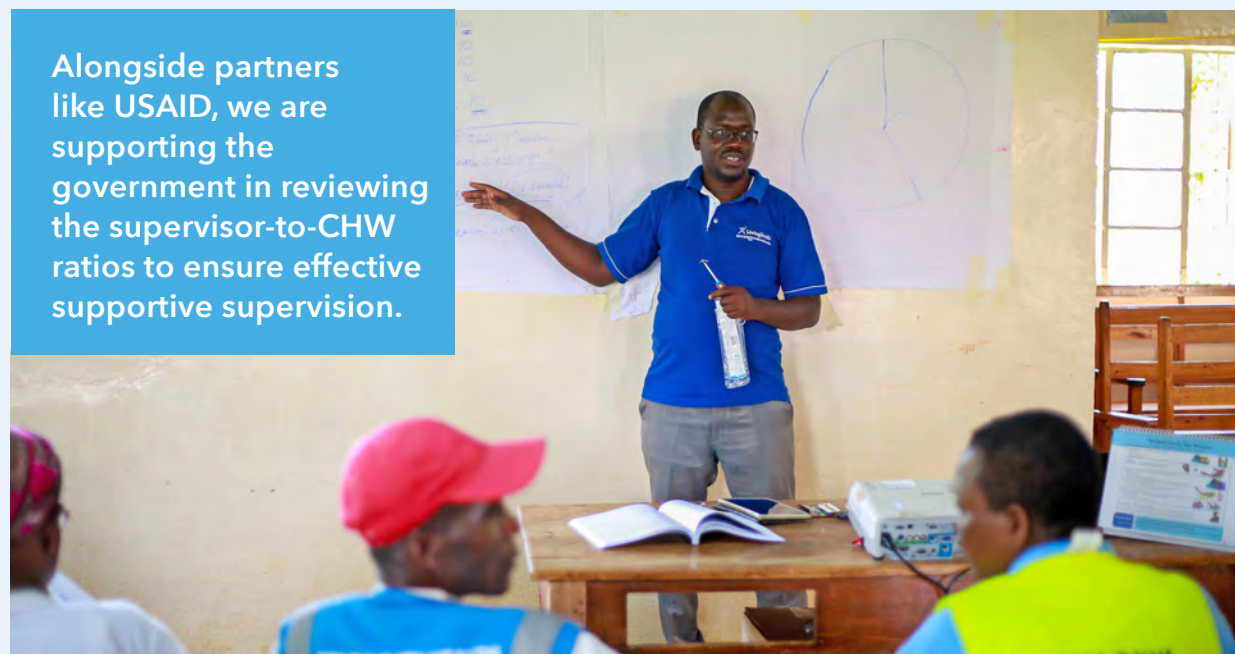
how to adjust their program. CHW training has also been revised, ensuring that all CHWs are capacitated uniformly moving forward. Without these performance management best practices in place, the Kenyan community health program will not move the needle on health outcomes—regardless of the level of investment.

We remain hopeful that despite the withdrawal of the Finance Bill which was expected to generate additional income for various sectors, including health, existing government projects will proceed as planned. We will continue to

advocate for the sustenance of the critical health budget lines, including community health.

**To truly optimize Kenya's community health workforce, we must go beyond digitization. We call on the Kenyan government and other stakeholders to invest in comprehensive training and consistent supervision for CHWs using digitally powered performance management approaches.** Through a radically collaborative approach, we can support the health needs of populations at the last mile—today and sustainably into the future. ■

Alongside partners like USAID, we are supporting the government in reviewing the supervisor-to-CHW ratios to ensure effective supportive supervision.



*A Living Goods peer coach trains CHWs in Vihiga County.*



# Building a Sustainable Environment for Stronger Community Health Programs

Living Goods has been instrumental in strengthening the enabling environment for CHW programs by supporting governments in developing and strengthening policies, implementation guidelines, and financial frameworks. This foundational work ensures that CHWs can maximize their potential, resulting in significantly improved service delivery and health outcomes.

**The ministries of health of Uganda and Burkina Faso have recognized Living Goods' expertise by selecting the organization to lead the implementation of the Building Integrated Readiness for Community Health (BIRCH) projects.** These projects focus on creating the

necessary strategies, structure, and support for CHW programs to thrive and deliver high-quality, sustainable health services.

Following the success of Project BIRCH 1 in Burkina Faso in 2023, Living Goods, in collaboration with the Ministry of Health and Public Hygiene (MSHP), recently launched Phase 2 of Project BIRCH. Implemented with funding from The Global Fund and technical support from Africa Frontline First (AFF), and Last Mile Health, this phase aims to improve primary care by strengthening the guiding strategies and policies of the community health system over three years.

Dr. Issa Ouédraogo, Secretary General of MSHP, emphasized the project's importance in generating solutions. "This project will strengthen our capacity to respond to local health challenges. We will mobilize all the necessary resources to ensure its success."

In Uganda, the Ministry of Health is entrusting Living Goods to improve community health through Project BIRCH. Living Goods will spearhead efforts to strengthen partner coordination, craft crucial strategic documents such as the Village Health Team (VHT) Revitalization Strategy and Community Health Extension Workers (CHEWs) Strategy, lead assessments to identify gaps in the community health sector and formulate planning frameworks.

In Kenya, Living Goods is a key player in several coalitions and consortiums, where we are leveraging our extensive experience and expertise to create a strong enabling environment to ensure the success of implementation support. For example, with the USAID-funded Misingi Imara project, Living

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***This project will strengthen our capacity to respond to local health challenges. We will mobilize all the necessary resources to ensure its success.***

*Dr. Issa Ouédraogo  
Secretary-General of the Ministry of Health*



*Stakeholders at the launch of Project BIRCH 2 in Burkina Faso.*

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Goods is partnering with the Kenya Medical Training College (KMTC) and Jhpiego to strengthen human resources for health, improve quality management systems, and enhance community health systems across ten counties. The goal is to establish robust national and county health systems capable of delivering equitable, high-quality health services.

Additionally, at a recent co-creation workshop with the CHU4UHC platform members, Living Goods assessed the platform's impressive achievements including incorporating community health and PHC into political agendas and strategized for future activities to continue to influence the policy environment. CHU4UHC

is instrumental in defining priority strategies and interventions to drive comprehensive community health service coverage.

**We recognize that each country we work with is at a different stage of maturity in its community health programs. However, through projects like BIRCH and platforms like CHU4UHC in Kenya, we see the impact of strategic partnerships and collaborative efforts in enhancing community health systems.** By continuously improving the enabling environment, Living Goods ensures the success of our implementation support work, ultimately leading to stronger health outcomes for communities. ■



CHU4UHC coalition partners at a co-creation workshop in Kisumu, Kenya.

## Organizational Updates

**We are excited to welcome some new faces to Living Goods!**



**Martha Rebour:**  
The New Force Behind  
Living Goods USA!

We are thrilled to welcome **Martha Rebour** as our new **Executive Director, USA**, leading our Business Development, Advocacy, and Communications team globally and heading up the U.S. team. Martha brings more than 15 years of executive leadership experience. Most recently, she was the Executive Director of **Shot@Life at the United Nations Foundation**, where she supported the delivery of more than 100 million life-saving vaccines to children worldwide and grew Shot@Life's volunteer network from 200 to over 3,000 advocates. Martha is bilingual (French and English), with a master's degree in French Language.

Her expertise in marketing, communications, strategic planning, partnership cultivation, fundraising, and advocacy will be invaluable to our mission. We are excited to have her on board. ■





**Rosemary Mugwe**  
Global Director, Advocacy

**Rosemary Mugwe** joined Living Goods in May as the Global Director of Advocacy, tasked with enhancing policies, practices, and financing for community health. She brings extensive experience from her tenure as Africa Director at KidsOR where she expanded programs, forged partnerships, led advocacy, and supported policy development. Previously, as CEO of COSECSA, she oversaw organizational functions and operations.

With a career spanning over 16 years in healthcare development, Rosemary has a deep passion for improving healthcare access. She holds a bachelor’s degree in Law and a master’s degree in Gender and Development. ■



**Maurine A. Opar**  
Director, Talent and Capability

**Maurine A. Opar** joined Living Goods in April as the Director of Talent and Capability. She is an accomplished global headhunter and human resources leader with extensive experience across Africa, the U.S., Europe, and Asia. She has driven various talent programs and engagement initiatives and played a critical role in helping people succeed in demanding and complex environments.

Before joining Living Goods, Maurine managed talent at Pula Advisors, NewGlobe Education, Techno Brain, and other organizations. She brings a wealth of expertise in talent acquisition, management, and capability building. Her key strengths include strategic talent management and organizational development, employee professional development, coaching and mentoring, headhunting, project management, and change and culture alignment. ■

## Incoming CEO Leads by Example: First Sabbatical Leave at Living Goods

**W**e recognize that after several years of dedicated service, employees may need time away from work to rejuvenate or develop new skills.

Our incoming CEO, Emilie Chambert began a well-deserved three-month sabbatical in May. “I’m going to recharge and embrace new experiences. This break will undoubtedly help me return refreshed and better prepared for my next role,” she said.



*Emilie Chambert, Living Goods’ incoming CEO.*

Her sabbatical is part of Living Goods’ new policy supporting employees to rest and recuperate, innovate, gain knowledge, or pursue personal interests such as volunteering, traveling, or writing. This benefit—eight calendar weeks of paid sabbatical leave—is available to those who have been with Living Goods for at least seven years. ■

Q2 2024 KPIs <sup>1</sup>	Learning Sites						Implementation Support					
	Kenya: Busia County		Uganda		Burkina Faso <sup>2</sup>		Kenya: Kisumu County		Kenya: Isiolo County <sup>3</sup>		Kenya: Vihiga County <sup>4</sup>	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
<b>Monthly Per-CHW Impact Metrics</b>												
New Pregnancies Registered	1.1	1.2	1.3	1.3	2.4	3.1	0.8	0.6	0.6	N/A	0.8	2.4
% of 4+ ANC visits	75%	89%	75%	83%	75%	N/A	75%	90%	75%	N/A	75%	N/A
% Facility Delivery	85%	93%	85%	91%	85%	N/A	85%	98%	85%	N/A	85%	96%
% On-Time Postnatal Care Visit	75%	78%	75%	56%	75%	N/A	75%	83%	75%	N/A	75%	N/A
Couple of Years Protection	4	2.9	3	4.3	3.0	N/A	4	7.7	1.7	N/A	2	2.6
% Children 9-23 Months Fully Immunized	90%	99%	90%	97%	90%	N/A	90%	94%	90%	N/A	90%	90%
Under-5 Treatments or Referrals	23	26	24	34	25	17	10	9.1	3.0	N/A	5	4.3
Under-1 Treatments or Referrals	5	4.5	5	5.2	5	N/A	2	1.3	0.4	N/A	2	0.6
% Sick Child Facility Referrals Completed	80%	95%	80%	78%	80%	N/A	80%	93%	80%	N/A	80%	57%
<b>DESC/Performance Management Metrics</b>												
% CHWs in Stock of Essential Commodities	75%	94%	75%	90%	75%	95%	60%	75%	60%	N/A	60%	10%
% CHWs w/ Supervision in Last 1 Month	80%	91%	80%	95%	80%	86%	60%	63%	60%	N/A	60%	N/A
CHW Income	\$20.00	\$14.43	\$20.00	\$17.69	\$20.00	\$33.00	\$20.00	\$23.26	\$20.00	N/A	\$20.00	\$23.26
<b>Impact Total Metrics</b>												
Active CHWs (3-Month Active)	635	613	2,475	2,443	478	471	3,000	2,358	740	760	1,460	1,216
Population Served	285,750	306,500	1,485,000	1,465,800	286,800	304,991	1,140,000	1,179,000	192,400	197,600	598,600	498,560
Total New Pregnancies Registered	2,096	2,283	9,653	8,893	2,581	3,550	7,200	3,510	1,332	N/A	2,628	7,301
Total Under-5 Treatments or Referrals	43,815	46,542	181,764	238,098	13,444	12,731	90,000	60,033	7,104	N/A	32,850	15,371
Total Under-1 Treatments or Referrals	9,754	8,139	38,016	36,600	2,689	N/A	18,000	8,685	964	N/A	8,760	1,875
Total Couple Years Protection	7,620	4,884	22,275	28,976	643	N/A	36,000	37,725	3,774	N/A	13,140	10,973
Total Unintended Pregnancies Averted	1,842	1,180	5,384	7,003	116	N/A	8,701	9,119	912	N/A	3,176	1,511
Net Cost per Capita (Annualized)	\$3.52	\$4.04	\$3.07	\$3.39	\$9.13	\$7.32	\$0.90	\$0.86	\$1.41	\$1.99	\$1.18	\$1.84

**Notes:**

<sup>1</sup> Busia implementation support CHWs focused on training and household registration in Q2, so we will start reporting on their health activities in Q3. We have included the trained total (1,558 CHWs reaching 779,000 people) in the topline total on page 2.

<sup>2</sup> Not all indicators in Burkina Faso are reported on due to issues with CHWs' digital tools; we are working with the MoH and partners to address this. Manga data will be added in Q3 once CHWs are actively providing health services.

<sup>3</sup> We were unable to access Isiolo data from eCHIS in Q2, but are working with the government to resolve this. We have used the number of trained instead of active CHW totals as a proxy to represent the impact of their continued health activities.

<sup>4</sup> Several Vihiga totals were unavailable in Q2 due to some workflow gaps, but this has since been resolved.





Isiolo, Kenya: Hadija Hussein, an expectant mother poses for a photo after a CHW visit.

In all we do, we seek to live out our core values:



Put Families First



Make No Small Plans



Drive Towards Sustainability



Be Inventive and Adaptive



Master the Art of Collaboration

You can find more on our values on our [website](#), where we invite you to learn more about Living Goods, our partners, and the communities we serve. ■

## Contact us:

### KENYA

32 Mandera Road  
Kileleshwa, Nairobi  
Tel: +254 728 630 936  
Mail to: P. O. Box 30261 - 0010  
Nairobi.

### UGANDA

Plot 21, Hanlon Road  
Bugolobi, Kampala  
Tel: +256 414 271 700  
Mail to: P. O. Box 4816  
Kampala.

### BURKINA FASO

Zone du Bois  
Avenue de la Croix Rouge, Ouagadougou  
Tel: +226 25 47 00 48  
Mail to: P.O Box 01 BP 270 Ouaga 01

### UNITED STATES

1423 Broadway, #1054  
Oakland, CA 94612  
Tel: +1 415 430 3575