



LivingGoods

Delivering Data-Driven Health Care, Door to Door



QUARTERLY REPORT

Q3 | July – Sept. 2024

Results in Q3 2024*



9,364

CHWs SUPPORTED



4,308,140

PEOPLE SERVED



344,693

SICK CHILDREN UNDER 5
TREATED/REFERRED



45,455

SICK CHILDREN UNDER 1
TREATED/REFERRED



28,155

NEW PREGNANCIES
REGISTERED



12,008

UNINTENDED
PREGNANCIES AVERTED



50,069

TOTAL COUPLE YEARS
OF PROTECTION

*Most KPIs were affected by data challenges experienced in Kenya and Burkina Faso. Refer to pages 3, 5 and 15 for more details.

Cover: Kalangala, Uganda: CHW Ronald makes his way to his clients' homes at a landing site on Kalangala Island.

Betty: A Lifeline and Friend to Families in Kamugombwa Village, Uganda

Aliyah Kateregga, a mother of three, beams as she welcomes Betty, the community health worker (CHW) who has been a lifeline to her family, into her home in Kamugombwa Village, Masaka District, Central Uganda. Aliyah, a farmer, is known in her community for keeping a clean and orderly home. Her three-year-old son rushes up to Betty, wrapping his arms around her and showing off a small bruise on his hand. With a warm smile, Betty gently examines his hand. For this family, Betty is more than a visitor; she's a trusted friend and caregiver.

"She has been there for me since I was pregnant, attended the birth of my son, and continues to support me as I raise him," Aliyah shares, her voice filled with gratitude. "I credit Betty for the health of my children. She has taught us so much."

With her medical kit and a smartphone equipped with a health app, Betty traverses her village, visiting household after household. She delivers basic healthcare services to children and provides support to expectant mothers, bringing essential care to families like Aliyah's. Betty prioritizes checking on all newborns in her area within the first 48 hours of life to identify any potential health risks and ensure they receive the necessary care.

"Betty is a great help to me, my children, and this whole community," Aliyah says warmly.

Today, Betty is visiting Aliyah's home to check on her 15-month-old daughter, Sumayiya. After careful assessment, Betty records the symptoms in her phone, which is powered by an app that helps her make informed diagnoses. "The baby has



Masaka District, Uganda: CHW Betty administers treatment for Aliyah's daughter at home in Kamugombwa Village.

pneumonia. I'll prescribe some medication for her and return to check on her progress. If her symptoms don't improve, I'll arrange for further care at the health facility," Betty explains to Aliyah. Along with the prescription, she advises Aliyah on the importance of a balanced diet and continued breastfeeding to help boost Sumayiya's immunity and support recovery.

"Betty is always there when we need her and ensures everyone has access to the medicines they need," Aliyah says, her voice breaking slightly with emotion. **"Because of her, mothers and children in our community are living healthier lives. Tusiima nyo nyo nyo - we are very, very grateful."**

For Aliyah and her family, Betty's presence isn't just a service; it's a source of hope in their everyday lives and reflects the impact CHWs have in their communities. They are a critical link to life-saving maternal and childcare at the last mile. ■



Learning Sites

Delivering Gold Standard Community Health

CHWs consistently delivered impact in our learning sites. We maintain lean learning sites where we can innovate and share best practices when all DESC (Digitally enabled, Equipped, Supervised, Compensated) elements and performance management are optimal to show what is possible to governments and other partners.

After the launch of our second and last learning site in Manga District, **Burkina Faso** in May this year, CHWs have been trained and have already conducted household registration in their communities. This is an important time as they learn how to do the work with the close support of supervisors ready to coach them on any gaps.

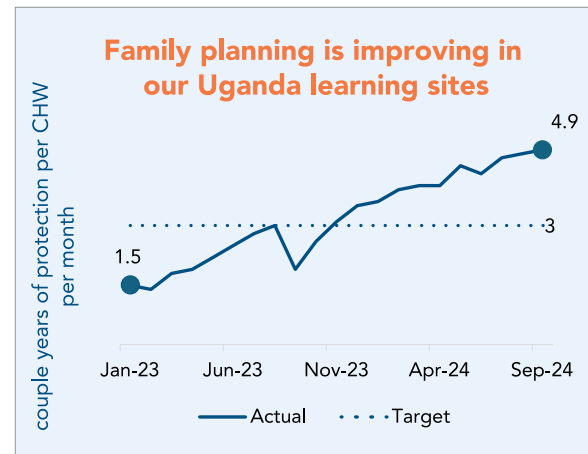
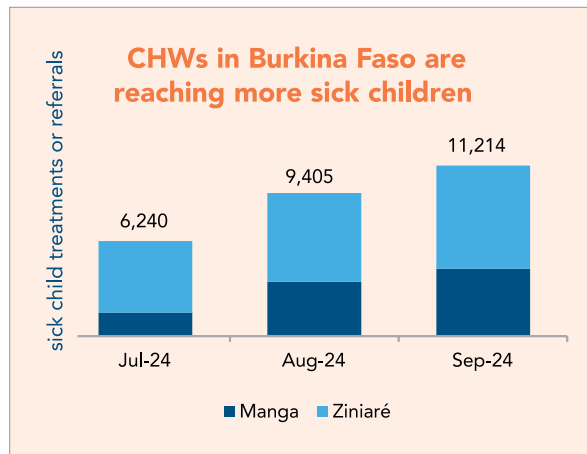
CHWs in Manga and Ziniaré treated a growing number of sick children, rising from 6,000 in July to 11,000 in September. There has also been notable progress in pregnancy and post-partum care, with over 3,000 pregnancies monitored monthly. These efforts ensure that mothers and newborns receive essential care, bolstering family health and decreasing the number of infant and maternal deaths.

In our **Uganda** learning sites, CHWs continued to perform well throughout the quarter, with most indicators above or near target. Notably, family planning (FP) services improved following the rollout of an acceleration plan that included increased access to FP stock and proactive

CHWs in Manga and Ziniaré treated a growing number of sick children, rising from **6,000** in **July** to **11,000** in **September**. There has also been notable progress in pregnancy and post-partum care, with over 3,000 pregnancies monitored monthly.

visits to every woman of reproductive age. As a result, CHWs averted about 8,000 unintended pregnancies during the quarter.

In **Kenya, Busia**, learning sites, migration to the government-led version of eCHIS erroneously led to the creation of duplicate records, which caused inconsistencies in the data reported to the national dashboard, potentially leading to misinterpretation of CHWs' activities. This, coupled with other data generation and data mining challenges led to data quality issues that indicated a decline in performance, but this does not represent a decrease in service delivery or poor performance of CHWs. ■





”

I am very satisfied with CHW Marieta. Thanks to her care, my little girl is doing much better.

Tondé from Manga District in Burkina Faso.

”



”

Whenever I administer malaria drugs, I do a follow-up within the next 24 hours to know how the child is fairing. In case their health deteriorates, I give them a referral letter to visit a health facility immediately. My phone is also always on just in case the patients have inquiries.

Amos Wanzala, Emafubu Dispensary in Busia County, Kenya

”



”

I prefer getting my family planning injection from the CHW because it is close, convenient, and free. I thank Living Goods for enabling her to do this invaluable work... I no longer worry about transport to the hospital.

Lydia from Masaka, Uganda.

”



Implementation Support Sites

Co-Implementing and Co-Financing with Governments

We continue to see strong performance of CHWs in implementation support sites in Kenya, despite some delays in accessing data from the national system. This quarter, we transitioned to the government-led eCHIS. Workflow gaps, system downtime, CHW logouts, and delays in accessing data greatly compromised the program and performance monitoring efforts. Living Goods is engaging the national and county governments to address some of these issues, including enhancing our technical support.

Despite the data access issues, Kisumu remains a flagship site for our government-led approach. In Q3, availability of essential commodities improved and we focused on ward based work planning and strengthening the KPI champion model.

In **Vihiga**, several key performance indicators improved, driven by targeted capacity-building efforts for CHWs and community health assistants (CHAs).

Due to some challenges with the digital system, there was inconsistent availability of data for performance management, which has a knock-on effect on performance and service delivery. The county also had a shortage of malaria commodities due to poor forecasting.

In the **Busia** implementation support site, household registration was completed. CHWs are focusing on health promotion and disease

prevention activities initially while financing comes in from the government to train on the technical modules. The strong working partnership between the Living Goods seconded staff and the County Government staff has facilitated the capacity building of CHWs and CHAs, with Living Goods sensitizing leadership on the importance of unlocking finances to optimize service delivery.

Isiolo Transition

For the past six years, we have partnered with the Isiolo County Government to digitize the community health system. Isiolo was our first co-implementation and co-financing site and helped us to learn and shape this approach working hand in hand with the county government. Living Goods provided the technology, system maintenance, and technical support with a plan to gradually transfer responsibilities to the county over four years. Our initial contract

was until 2022, but due to exogenous factors posed by COVID-19, drought, insecurity, as well as county executive transitions, we extended our collaboration by two years to allow for greater stability of the enabling and operating environments.

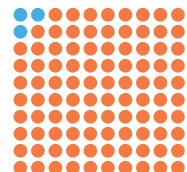
During this time, and as part of the national momentum with eCHIS scale-up, all CHWs in Isiolo have been trained and equipped with digital tools, and data is transmitted directly to the National Data Center. Additionally, the national government now supports several elements that were previously supported by either the County or Living Goods, including system maintenance and commodity supplies with upgraded kits. Living Goods worked with the government to equip CHWs and supervisors with the necessary knowledge and skills to transform service delivery.

Despite progress on some fronts, there were intermittent difficulties from time to time and some challenges persist. As we transition out in December, we have learned key lessons to adjust as we scale this approach in other counties.

- ⌚ Sustained political commitment and local ownership are essential for continued investments towards DESC elements.

Cont'd on pg. 6

CHWs ensure that pregnant women have safe deliveries



97%

of women in Vihiga gave birth at a health facility

Cont'd from pg. 5

- ⦿ As part of government-led viability, a critical factor to consider during the scoping phase is the county's ability to generate a significant portion of income through Own Source Revenue (OSR).
- ⦿ Challenging environments like arid and semi-arid land regions require much greater flexibility: funding needs and success metrics should be tailored considering the macro and micro environmental realities. ■



Everlyn Longor, a pregnant client from Isiolo County, Kenya.



Community Health Units for Universal Health Coverage (CHU4UHC) partners at a co-creation workshop in Kisumu, Kenya.



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

Transforming Family Planning through Male Engagement and Shared Decision-Making

Informed family planning can greatly improve maternal and child health outcomes, empowering couples to make economic and health-conscious decisions about their futures. Living Goods piloted family planning support through CHWs in Uganda in 2017, scaling it fully across all our areas of operation by 2022. Whilst we have seen positive results in reducing the unmet need and increasing modern contraceptive prevalence, there is room for improvement.

In many of the communities we serve, family planning has traditionally been perceived as solely a woman's responsibility, often limiting male involvement. Living Goods is working to reshape this narrative, advocating for shared decision-making in family planning. This approach ensures innovative, culturally aligned solutions and opens doors for greater male involvement. For example, while 90% of men in Seme, Kisumu, Kenya, are aware of modern family planning methods, only a few are involved in making decisions regarding use, often due to concerns about side effects, fueled by myths and misinformation. However, 83% of these men are eager to learn more, signaling a strong demand for education in safe, open spaces.

Early in the year, Living Goods and the Kisumu County Government partnered on a Social Behavioral Change pilot project in Seme sub-county, to improve family planning outcomes, focusing on male involvement. We trained male champions from local groups, equipping them



Asha Omondi Langa, a 29-year-old Boda Boda rider from Seme, Kisumu County, Kenya conducts a family planning session with other males. Asha is one of the champions changing the narrative around male involvement in family planning decision-making.

with educational resources to lead discussions within their communities. Supported by community health assistants (CHAs) and CHWs, these male champions refer interested men to local facilities for counseling and FP services.

Data from the Kenya Health Information System (KHIS) already reflects an increase in new family planning uptake, as this initiative creates spaces where men can learn and engage with trusted healthcare providers about FP options. Family planning uptake rose from 181 in Q2 to 712 people in Q3.

Building on this success, Living Goods plans to expand this model across Kenya and introduce it in Uganda, beginning with pilots in Mayuge and Wakiso districts. ■



531

more women took up family planning in **Q3** vs **Q2**

Digital Tools Are Changing Healthcare Delivery in Vihiga, Kenya

Kenya's commitment to equipping CHWs with comprehensive kits, digital tools (eCHIS), and stipends has marked a monumental shift in healthcare. Among those celebrating this transformation delivery is Gabriel Masinde, the Coordinator of Community Health Services in Vihiga County. Gabriel oversees 146 community health assistants (CHAs), who in turn support 1,446 CHWs across Vihiga's five sub-counties.

With over a decade working in community health, Gabriel is thrilled by the recent advancements. "This is a game changer. It will enhance the quality of services and improve the accuracy of reports collected by CHWs," he says.

Gabriel's journey began as a community health extension officer, eventually progressing to a sub-county health focal person before reaching his current role as a county coordinator. For him, the shift from paper-based systems to digital tools has been transformative. Reflecting on past challenges, he recalls, "We improvised with notebooks and forms, often at the CHWs' expense. They would cram data into limited space, and crucial information was frequently omitted."

Each CHW serves around 100 households, which requires an overwhelming amount of paperwork, and compromises data accuracy and timeliness.

In the pre-digital era, data submission delays limited the team's ability to respond swiftly to outbreaks, track immunization defaulters, and easily monitor maternal and child health indicators. "We learned of public health issues from these records, but timeliness and accuracy



Vihiga County, Kenya: Community Health Services Coordinator, Gabriel Masinde trains CHWs on how to use digital tools.

were persistent challenges," Gabriel explains. Now, with digital tools in place, those issues are fading.

Gabriel says there is already improvement in health service delivery at the community level. "Our partnership with Living Goods, which began in 2022, has been instrumental. The CHWs benefit from ongoing mentorship, keeping them

updated and responsive to community needs," he notes. With easy access to data, immunization rates have improved, antenatal care visits have increased, and maternal and under-five mortality rates have declined.

"I'm no longer concerned about data accuracy; my focus is on health interventions informed by reliable, real-time digital records," Gabriel says. ■



Enabling Environment

Building Stronger Health Systems for Communities

The Building Integrated Readiness for Community Health (BIRCH) Project focuses on strengthening health systems across communities in 23 countries, including Uganda, Kenya, and Burkina Faso. Funded by The Global Fund, with technical support from Africa Frontline First and Last Mile Health, BIRCH aims to improve community health by providing targeted assistance and funding to promote gender equality, integration, institutionalization, and sustainability.

In Uganda, we made significant progress in revising strategic documents, such as the CHEW and VHT revitalization strategies, which will guide the planning and implementation of community health programs. Stakeholder engagements are currently underway to gather input, which will

inform the draft strategies for presentation to the Ministry of Health's (MoH) technical working groups.

A key milestone this quarter was the launch of the Resource Mapping and Expenditure Monitoring Tool which will give MoH a clearer view of both domestic and external resources directed toward the national community health strategy.

Additionally, through Project BIRCH, the MoH conducted a Community Health System Maturity Assessment to evaluate the progress and functionality of Uganda's community health system across critical areas. This assessment identifies gaps in policies and practices, guiding necessary adjustments and the development of improvement plans.



Manga District, Burkina Faso: Living Goods trains CHWs on the use of digital tools.

Preliminary findings indicate that Uganda's community health system is partially functional, with key challenges in financing, human resources, and supply chains. The MoH is now planning to collaborate with partners to implement action plans addressing these gaps.

In Burkina Faso, we integrated BIRCH activities into the **Directorate of Health Promotion and Education's** (DPES) annual action plan and highlighted to the government the importance of a detailed, location-based CHW list for better service delivery. Additionally, we supported the revision of the CHW module, enabling CHWs to provide treatment for childhood illnesses within a 5 km radius of health facilities. This capacity-building effort has expanded access to community healthcare, especially in rural areas. ■



Kampala, Uganda: Partners at a workshop during the development of strategic documents which are part of Project BIRCH deliverables.

Living Goods Continues to Support Government Efforts in Scaling Digital Tools for Community Health

Living Goods is making significant strides in supporting governments in Kenya, Uganda, and Burkina Faso as these countries roll out their electronic Community Health Information Systems (eCHIS) to bolster healthcare delivery.

IN KENYA:

- In Kenya, Living Goods provided technical support to the MoH to improve the government-led eCHIS by enhancing workflows and dashboard designs for immunization, family planning, and commodities modules resulting in improved tracking for immunization of children under five and comprehensive capture of all family planning methods, including full calculation of the Couple Years of Protection (CYP) indicator. We also supported optimization of the supervisor workflow to address data synchronization delays, ensuring smoother data flow for timely performance management.
- In compliance with MoH guidelines, we transitioned our implementation support site in Busia to the latest government eCHIS version, while also supporting Kisumu and the Busia learning sites to transition. Following this transition, mapping issues in Kisumu affected reporting at the national center; however, collaborative efforts between Living Goods and national teams



Vihiga County, Kenya: Community Health Services Coordinator, Gabriel Masinde trains CHWs on how to use digital tools.

resolved these issues and a final data cleanup is planned to ensure accuracy across all county and national reporting. Additionally, we developed dashboards for Vihiga County, allowing streamlined data visualization. Busia and Vihiga data was already replicated in the National Data Center in the previous version but now will flow without replication.

- As part of ongoing improvements, Living Goods participated in field testing of the electronic Data Quality Assessment (eDQA) tool in Bungoma County, identifying training needs and technology challenges among CHAs. We will continue to work with other stakeholders in the ecosystem to fast-track these issues.



IN BURKINA FASO:

- Living Goods supported the development of the Ministry of Health's Digital Health Strategic Plan (2024-2028), alongside a three-year community health digitalization plan. These foundational documents will enable technological development and improvement, provide for training and capacity building of key human resources, and ensure deployment and scaling up of tools.
- We supported the updating of the CHW eSanteCom system, fixing bugs, adding functionalities, and interconnecting it with the supervisor application. We also finalized the deployment of the supervisor app in our learning sites, although it is still only accessed by government supervisors.
- Despite these achievements, challenges persist, such as delays in MoH approvals and data discrepancies between digital and paper-based records. Living Goods continues to prioritize a government-led approach, focusing on system enhancements, capacity-building, and building partnerships that drive ownership and long-term impact.



IN UGANDA:

- Through Project BIRCH, we are working with Medic on the design and development of the eCHIS workflows for the new supervisor cadre—the community health extension workers (CHEWs)—to streamline supervision structures and avoid duplication between CHEWs and CHWs.
- As co-chair of the eCHIS documentation working group, we are supporting MoH in collaboration with other partners like Medic, PATH, Malaria Consortium, and BRAC to revise the eCHIS curriculum to include platform-agnostic modules, enabling wider usability.
- The government is currently reviewing the final eCHIS implementation roadmap. In the meantime, we continue to prioritize cross-country learning to further strengthen data quality assurance. ■

Strengthening Kenya's Health System through a Multi-Partner Collaboration

With funding from USAID, Kenya Medical Training College (KMTTC), Jhpiego, and Living Goods are working together to strengthen Kenya's health workforce and improve healthcare in 10 counties, including Kakamega, Kajiado, Kilifi, Kwale, Nairobi, Nakuru, Taita Taveta, Trans Nzoia, Turkana, and West Pokot. The USAID Misingi Imara program focuses on creating solid foundations for health systems to improve access, quality, and equity of healthcare.

The program built the counties' capacity on the development of policy briefs to address emerging community health system needs and sensitized community health focal persons on data analytics and dashboard utilization. This amplified the need for resource mobilization, prioritization, and allocation, contributing to a more equitable distribution of resources for community health services.

Additionally, the program supported the Department of Community Health to enhance the commodity management tools and eCHIS workflows for tracking commodities at the last mile. Through performance review meetings and stakeholder coordination forums, the program leveraged data use to enhance progress monitoring and improve service delivery mechanisms. ■

The Case for Professionalizing CHWs Gains Ground at UNGA

At UNGA 79, Living Goods joined a powerful movement advocating for the professionalization and increased support of CHWs in response to the growing recognition of their role in building resilient health systems. At events like *Dialogue with African Leaders on Community Health*, hosted by Africa Frontline First and Africa CDC, leaders from across the continent emphasized the need for policy changes that centralize CHW support. Uganda's Commissioner for Health Promotion, Education, and Communication, Dr. Richard Kabanda, called for stronger partner coordination to reduce fragmentation, while CHW advocate Margaret Odera from Kenya echoed the demand for CHWs to be valued as decision-making partners.

Living Goods' participation extended to co-hosting *Building Health Workforce Resilience: Preparing for Tomorrow's Climate and Health Crises*, where Gavi CEO Dr. Sania Nishtar underscored the role of CHWs in navigating climate-driven health challenges and the need to prioritize them within primary healthcare systems.

"There are close to 7 million CHWs out there who are paid nothing. This should be a huge wakeup call," said Dr. Nishtar.

Honorable Dr. Robert Lucien Kargougou, Minister of Health, Burkina Faso, celebrated "value for money" in community health in Burkina Faso, where the government is co-financing up to 50% of the community health budget. **"We**

are investing in community health. My country has 32,000 community health workers, so it is important to professionalize community health workers."

Through these discussions, Living Goods highlighted our long-standing support for CHWs, acknowledging the growing stakeholder buy-in for sustainable, scalable community health solutions. With an increasing push for unified policies and investments, Living Goods is proud to contribute to this shared momentum, ensuring that CHWs receive the support they need to transform healthcare access across Africa. ■



Panelists and participants at the events we hosted or participated in at UNGA.



Organizational Updates

Living Goods' Sabbatical Policy Supports Well-being and Professional Resilience

Our incoming CEO, Emilie Chambert, recently returned from a well-deserved three-month sabbatical. After ten years with Living Goods, her journey has been filled with achievements, challenges, and growth. However, the demands of leadership, alongside managing a growing team through different phases had begun to take a toll on her energy and mental space.

"When I looked at what I needed to stay energized and effective for the years ahead, it became clear that I needed a real break," Emilie explained. Not just a weekend to catch her breath, but a substantial pause to fully recharge. "That's why I requested a sabbatical. It was time to step away, reset, and return with a fresh perspective."

Initially, stepping away from her daily routine felt strange. "In the first days, it was odd not to reach for my laptop in the morning!" Emilie admits. **But she soon embraced the shift, focusing on physical and mental well-being, immersing herself in art, and spending quality time with her family.** Together, they explored Peru and Bolivia, experiencing Inca sites and breathtaking landscapes. "We traveled exclusively by public transport, which let us connect with so many people of different cultures," Emilie shared. "It was incredibly inspiring, offering fresh perspectives on nature and climate change."



Emilie and her family on vacation during her sabbatical leave.

For Emilie, the sabbatical provided not only a physical break but also the mental space to think creatively and prepare for her new role. "It allowed me to step back and see things from a different angle," she said.

Interestingly, the sabbatical also had a positive impact on the team she left behind. "While I was away, team members had to step into new responsibilities and make decisions they might not have otherwise. It was an opportunity for them to grow in unexpected ways."

Emilie is thrilled for staff members eligible for sabbatical leave, several of whom are already planning their time off in the coming year.

"At Living Goods, we value our employees' well-being, and the sabbatical benefit reflects that commitment. After years of service, it's a chance to take a break to recharge and return stronger. It's an investment in our people and their long-term success."

The Living Goods Sabbatical Leave Policy provides eligible employees with a rejuvenating break. Staff can take up to eight weeks of paid leave to pursue personal growth, travel, research, or skills development. To ensure continuity, employees must apply in advance and arrange coverage for their responsibilities. ■

NEW JOINERS



Dr. Joan Oracha
Chief Programs Officer

Dr. Oracha joined Living Goods as the new Chief Programs Officer starting September 1, 2024, based in Kenya. She brings extensive experience in program development, management strategy, and business development across Sub-Saharan Africa. Her career includes leadership roles in development agencies, international NGOs, multinational corporations, and the private sector.

She has a proven track record of driving organizational success through data-driven decision-making, effective leadership, strategic planning, and quality operations management. Throughout her career, Dr. Oracha has created large-scale impact through health system strengthening, market systems strengthening, institutional capacity development, women's economic empowerment, social investments, and policy influencing. Her work has significantly strengthened development results across various project portfolios.

Dr. Oracha holds a Ph.D. in Strategic Management, focusing on competitive advantage and organizational performance from the University of Nairobi. She has also completed executive education programs in corporate governance, circular economy, and sustainability strategies from institutions such as the University of Pennsylvania and the University of Cambridge. ■



Hildah Ngondoki
Global Director, Digital Health & Government Partnerships

Hildah Ngondoki joined Living Goods in July as the Global Director of Digital Health and Government Partnerships and is based in Kenya. In this role, she oversees the implementation of strategies and provides advisory support for government-led digital health interventions to maximize health impact and support the sustainable scale-up of these initiatives.

Previously, Hildah worked with Lwala Community Alliance in a similar role, where she collaborated closely with Kenya's Ministry of Health and other partners to implement and scale eCHIS. Before that, she served as Technology Director at NewGlobe Education, pioneering EdTech solutions for public education sectors in Rwanda, Nigeria, and India.

Hildah is currently pursuing a Master's in Data Science at UC Berkeley. She also holds an MBA and a BSc in Computer Science. She is a strong advocate for STEM education programs that encourage female participation. ■



Almamy Bah
Global Financial Controller

Almamy Bah joined Living Goods at the beginning of October as the Global Financial Controller and is based in the U.S. In this role, he leads our accounting function and is responsible for group and country Internal controls, financial records and statements and Statutory and Financial audits. He brings over twenty years of experience in finance and accounting, with the last 15 years in the international development sector.

Prior to joining Living Goods, Almamy worked at Viamo and eHealth Africa where he held a similar position. Almamy holds an MBA from the University of Maryland's Smith School of Business. ■

Q3 2024 KPIs ¹	Learning Sites						Implementation Support							
	Kenya: Busia County		Uganda		Burkina Faso ²		Kenya: Kisumu County		Kenya: Isiolo County ³		Kenya: Vihiga County		Kenya: Busia County	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Monthly Per-CHW Impact Metrics														
New Pregnancies Registered	1.1	1.1	1.3	1.2	2.4	3.9	0.8	0.8	0.6	N/A	0.8	0.9	0.8	0.2
% of 4+ ANC visits	75%	N/A	75%	84%	75%	N/A	75%	N/A	75%	N/A	75%	N/A	75%	N/A
% Facility Delivery	85%	98%	85%	92%	85%	N/A	85%	98%	85%	N/A	85%	97%	85%	93%
% On-Time Postnatal Care Visit	75%	61%	75%	70%	75%	N/A	75%	70%	75%	N/A	75%	32%	75%	46%
Couple Years Protection ⁴	4	N/A	3	4.8	3.0	1.6	4	3.2	1.7	N/A	2	0.5	4	N/A
% Children 9-23 Months Fully Immunized	90%	N/A	90%	97%	90%	N/A	90%	N/A	90%	N/A	90%	N/A	85%	N/A
Under-5 Treatments or Referrals	23	10	24	35	25	19	10	4.8	3.0	N/A	5	5.5	14	N/A
Under-1 Treatments or Referrals	5	1.2	5	5.2	5	N/A	2	0.7	0.4	N/A	2	0.6	3	N/A
% Sick Child Facility Referrals Completed	80%	N/A	80%	81%	80%	N/A	80%	86%	80%	N/A	80%	83%	75%	39%
DESC/Performance Management Metrics														
% CHWs in Stock of Essential Commodities	75%	N/A	75%	90%	75%	90%	60%	N/A	60%	N/A	60%	N/A	60%	N/A
% CHWs w/ Supervision in Last 1 Month	80%	N/A	80%	97%	80%	96%	60%	N/A	60%	N/A	60%	N/A	60%	N/A
CHW Income	\$20.00	\$52.70	\$20.00	\$18.05	\$20.00	\$34.00	\$20.00	\$38.46	\$20.00	N/A	\$20.00	\$23.08	\$20.00	\$38.46
Impact Total Metrics														
Active CHWs (3-Month Active)	635	594	2,475	2,420	778	811	3,000	2,125	700	700	1,460	1,278	1,565	1,436
Population Served	285,750	267,300	1,485,000	1,452,000	466,800	486,600	1,140,000	807,500	182,000	182,000	598,600	523,980	704,250	588,760
Total New Pregnancies Registered	2,096	1,799	9,653	8,227	4,201	9,155	7,200	5,102	1,260	N/A	2,628	3,257	2,817	615
Total Under-5 Treatments or Referrals	43,815	17,540	181,764	248,775	29,175	26,859	90,000	30,453	6,720	N/A	32,850	20,978	49,298	88
Total Under-1 Treatments or Referrals	9,754	2,099	38,016	36,820	5,835	N/A	18,000	4,106	912	N/A	8,760	2,419	10,564	11
Total Couple Years Protection	7,620	46	22,275	32,689	1,729	391	36,000	15,028	3,570	N/A	13,140	1,915	14,085	N/A
Total Unintended Pregnancies Averted	1,842	11	5,384	7,902	313	N/A	8,701	3,632	863	N/A	3,176	463	3,404	N/A
Net Cost per Capita (Annualized)	\$3.52	\$4.15	\$3.07	\$3.50	\$9.13	\$7.74	\$0.90	\$1.05	\$1.41	\$1.84	\$1.18	\$1.70	\$0.71	\$4.15

Notes:

- ¹ In Kenya operations, several KPIs could not be fully tracked in Q3 due to eCHIS V2 transition in August. We are closely engaging with national and county governments to address this. In the meantime, total metrics presented here are understating CHWs' full impact, and will be revised once technical issues with the MoH are resolved.
- ² 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.
- ³ We are currently unable to access Isiolo data from eCHIS, but have used the number of trained instead of active CHW totals as a proxy to represent the impact of their continued health activities.
- ⁴ CHWs in Busia, Kenya implementation support and Manga, Burkina Faso are not yet providing family planning services.



Mayuge, Uganda: CHW Mary assesses Saida's baby during a routine household 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. ■

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