



LivingGoods

Delivering Data-Driven Health Care, Door to Door



2024 YEAR-END REPORT

Letter from the CEO

As I start this new chapter as Chief Executive Officer at Living Goods, I am feeling both honored and energized. Leading this organization carries a profound responsibility to the communities we serve and to you, our stakeholders.

I step into this role at a critical moment for global health. Over the past few months, we have witnessed a concerning erosion of government support for international development, not only from the U.S. but also across Europe and the U.K. The recent pause in USAID funding, along with budget pressures in key donor countries, is creating new uncertainties for organizations like ours. **This only underscores our resolve to ensure families can access essential healthcare even during times of uncertainty.**

2024 marked the midpoint of our 2022-2026 strategy aimed at strengthening government-led community health systems. We celebrated important achievements and learned valuable lessons from our challenges during the year. **Most importantly, we saw tangible improvements in the lives of the community health workers (CHWs) we support and the families they serve, thanks to enhanced access to life-saving care.**

In summary, we:

- ① **Demonstrated gold-standard community health in our learning sites.** CHWs continued to deliver essential health services and tested promising innovations like telehealth. In Burkina Faso, we built on our success by scaling into Manga District and fully in Ziniaré.

- ② **Strengthened our government-led implementation support approach.** We expanded into Vihiga County and launched implementation support in Busia County, but paused further expansion until 2025 as we review our approach to make it more efficient and effective. We also concluded our 6-year partnership in Isiolo County.

- ③ **Supported governments on their digital health journeys.** We solidified our role as a leading partner to three national governments on their digitization of community health. In Kenya, the adoption of the electronic community health information system (eCHIS) reached 100% nationally, although some challenges meant our impact went under-reported. This has only strengthened our resolve to support government partners in building robust digital health infrastructure.

- ④ **Advocated for commitments to community health.** We were selected as an implementer of the Global Fund's Project BIRCH in Burkina Faso and Uganda, enhancing our position as an advisor to these governments. In Kenya, the government upheld its commitment to compensating and equipping all 107,000 CHWs; as a CHU4UHC member, we were a lead contributor to securing these commitments. The Global Digital Health Forum and other strategic events highlighted our convening power at global and regional levels.

- ⑤ **Bolstered our organizational resilience:** All key indicators in our all-staff Pulse Survey scored above 80%, positioning us favorably alongside other high-performing organizations worldwide.

Looking forward, we are more convinced than ever that a government-led approach is the right path to drive scalable and sustainable impact. In 2025, we will equip more CHWs as we continue to innovate for improved service delivery with a human-centered approach. We will review our support to governments to ensure greater sustainability and resilience of community health systems and their eCHIS. Additionally, we will put more effort into building an organization where diversity, equity, and inclusion are everyday realities.

I'm excited to continue working with partners like you to create lasting change. Thank you. ■

Emilie Chambert
Living Goods CEO



Cover: Vihiga County, CHW Sillah share a warm moment with baby Damien after a follow up on his vaccination and nutrition status.

Results in 2024



9,996

CHWs SUPPORTED



4,601,240

PEOPLE SERVED



1,540,361

SICK CHILDREN UNDER 5 TREATED/REFERRED



220,170

SICK CHILDREN UNDER 1 TREATED/REFERRED



111,311

NEW PREGNANCIES REGISTERED



60,905

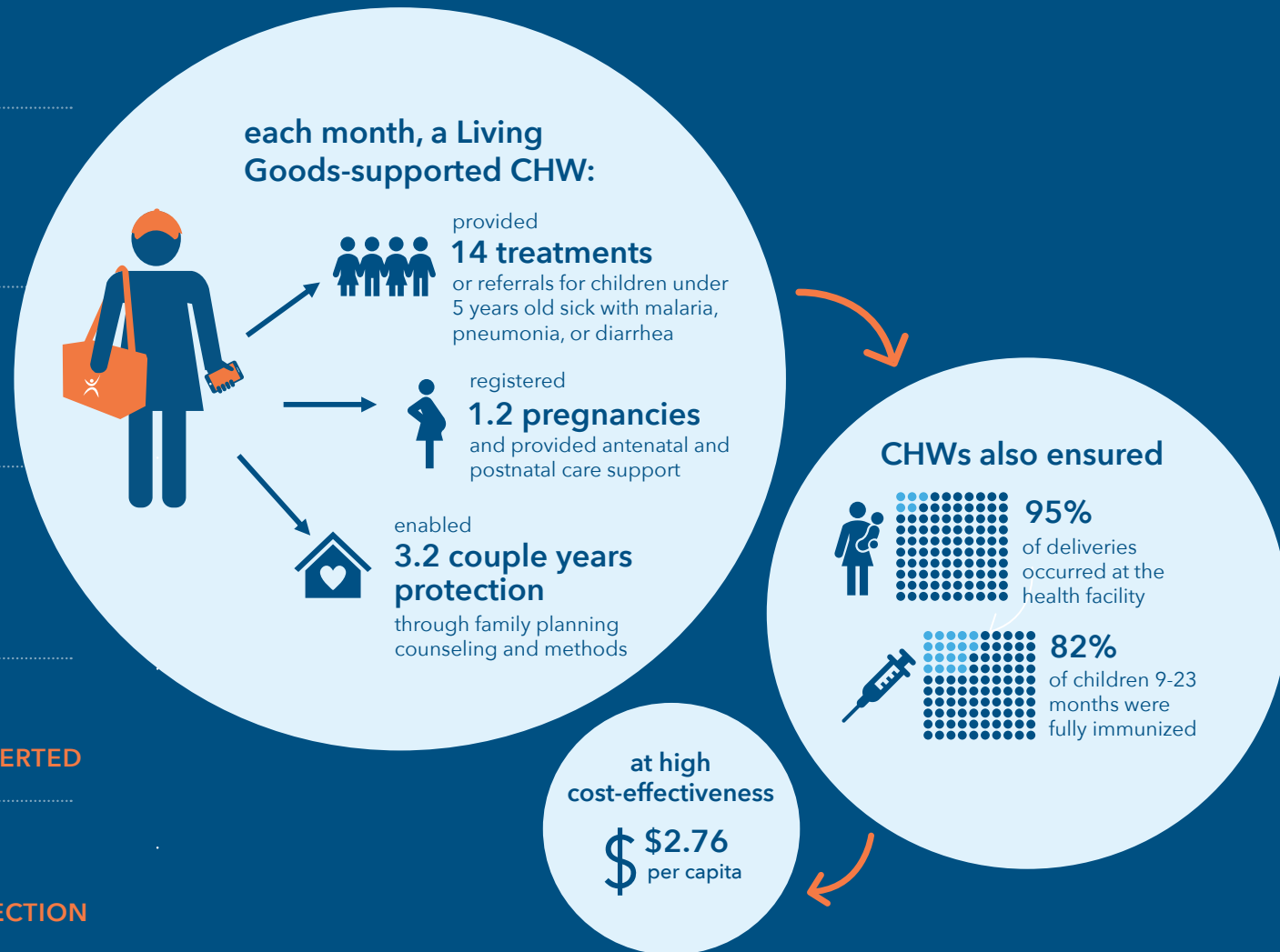
UNINTENDED PREGNANCIES AVERTED



268,038

TOTAL COUPLE YEARS OF PROTECTION

2024 average CHW impact per month:



Julienne, the Hope for Kaibo Village, Burkina Faso

In Kaibo village, Manga District, Burkina Faso, mothers and children have long lived with uncertainty. When illness struck, they had to travel long distances to reach the nearest health center with no assurance they could afford treatment. The wait was distressing, and often, all they could rely on was prayer and hope.

But today, thanks to Julienne, everything has changed. She has earned the trust of the community in matters of health. Her role as a CHW has transformed the lives of families, providing quick and free access to essential healthcare services.

“Before, when our children fell ill, we felt helpless. Now, Julienne is here. She reassures us, treats us, and, when necessary, refers us to the health center. We are no longer alone,” says Monique, a mother from the village.

Trained in managing childhood illnesses, and guided by her smartphone, Julienne addresses serious health concerns like malaria, diarrhea, and malnutrition. Thanks to her, many children have avoided severe complications.

The commitment of CHWs goes beyond treatment. They raise awareness, educate, and closely monitor families, significantly improving the community’s overall health.

In Kaibo, hope now has a face: that of Julienne, a woman changing lives, one visit at a time. ■



CHW Julienne assesses a young boy’s nutrition status during a home visit. Living Goods trains CHWs to manage childhood illnesses like malaria, diarrhea and malnutrition.



Learning Sites

Delivering Gold Standard Community Health

BURKINA FASO: We were proud to build on our successes in Burkina Faso by completing scaling in our learning sites in 2024. We expanded to nearly 500 CHWs in Ziniaré District in March, doubling the size of our learning site and now covering 100% of the district. In May, we scaled into Manga District with nearly 400 CHWs. This is our second and final learning site in Burkina Faso while we work hand-in-hand with the government to strengthen the enabling environment and lay the foundation of the four DESC pillars needed to scale through the implementation support approach.

CHWs achieved most targets and supported a remarkable number of pregnancies—registering on average 3.5 women a month against the target of 2.4. We did not meet our initial performance targets for family planning, so we paused these services to better address the bottlenecks and adapt learnings from our improvements in Kenya and Uganda to the local context. Challenges include social stigma, shortages of long-term methods, and a lack of trained medical staff at health centers. ■

Living Goods’ learning sites are centers of excellence where we rigorously test and demonstrate the impact of our approach. We work closely with governments but maintain responsibility for performance on all elements of our DESC approach—Digitizing, Equipping, Supervising, and Compensating—along with their funding, where needed. This approach allows us to generate high-quality evidence and ensure that our solutions can be successfully scaled up by governments.

BUSIA, KENYA: Performance was strong in our learning site in Busia County, one of our longest-standing areas of operations in Kenya. A KPI highlight was vaccination rates, with 98% of children aged 9-23 months fully immunized. CHWs provide health education to caregivers and regular follow-ups to ensure that children in this age group receive life-saving vaccinations.

Some of the ongoing innovations include telehealth (page 6) and e-learning. For example, we are testing the use of animations to support quality CHW-led counseling; the most-watched videos so far are postnatal care and breastfeeding. ■

UGANDA: Our learning sites in Uganda performed well in 2024, with most indicators at or above target despite programmatic shifts during the year focused on consolidating operations.

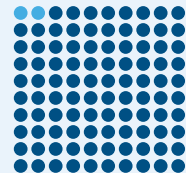
Family planning steadily improved following intentional efforts including proactive visits to every woman of reproductive age in CHWs’ communities. As a result, **CHWs averted about 32,000 unintended pregnancies, 50% more than the previous year.** Clients continued to favor the 3-month contraceptive injectable Sayana Press above other methods. ■



23,000
pregnant women supported by CHWs in Burkina Faso



CHWs ensure children receive life-saving vaccinations



98%
children who were fully immunized in Busia

Family planning is improving in our Uganda learning sites



Final Programmatic Shifts in Uganda

As we work alongside the government and partners to strengthen Uganda's community health system, we remain focused on long-term sustainability. After streamlining our program through restructuring in early 2024, we have continued to consolidate our operations and are now executing the final phase to further optimize our approach.

With guidance from the Ministry of Health (MoH) to deepen our impact in fewer districts rather than spreading resources too thinly, **we reduced our presence from 19 districts to five in 2024 and will exit two more by March 2025.** We will continue to directly implement services in two districts (Wakiso and Mayuge), supporting 1,500 CHWs.

CHWs in the districts we are exiting will be transitioned to the government and other partners, and they will retain their digital tools to support continued service provision. ■



CHW Resty offers Lydia essential health education on family planning.

Innovating with Telemedicine to Improve Postnatal Care

Living Goods is constantly innovating to improve the impact of health interventions for the highest-risk populations. **In 2024, with Health X Africa, we co-designed and implemented a telemedicine intervention within existing primary health systems in Kenya.** This aimed to enhance postnatal care outcomes and influence national and county policies for telemedicine adoption.

A major challenge in postnatal care is real-time birth tracking due to unreliable expected dates of delivery. Timely follow-ups by CHWs remain difficult within 24 hours of birth—a critical window for interventions—with many mothers relocating, refusing services, or delivering at home. High-risk cases often go undetected, leading to missed opportunities for personalized care, screenings, and health education.

To address care gaps, telemedicine was integrated into CHW interventions. We piloted a registration system, toll-free hotline, and SMS channels in English and Swahili. Additionally, we trained 39 CHWs to improve referrals and digital health counseling.

Between June 2023 and September 2024, CHWs reached 551 clients (388 mothers and 163 infants). SMS reminders led to **improved postnatal care visits for 64% of women, while 67% of registered women reported their delivery—57% before or on their expected delivery date.** Toll-free calls were the preferred engagement channel.

The pilot showed that integrating telemedicine into CHW-led care improves maternal and newborn health. High-risk cases were identified and escalated faster, leading to better referrals and care completion. Mothers showed positive

behavior changes, increasing antenatal and postnatal visits, while CHW-led assessments in nutrition and postnatal care were strengthened.

Following this pilot, and with technical and financial support from Living Goods and other partners, Kenya's first National Telemedicine Standards and Guidelines were developed. The drafts await approval by the MoH and will guide partners in implementing telehealth in Kenya. ■



Phelister Ajwang, an expectant woman receives vital care from a CHW.

“My community health worker has supported me throughout my pregnancy by consistently making follow-ups and check-ups to ensure that I do not miss any critical antenatal care visits. This dedicated support has not only streamlined my care but has also contributed to a reduction in premature infant deaths within the community.

Phelister Ajwang, a pregnant woman from Kisumu County

Data-Driven Performance Reviews Transform CHW Impact

Hamidou Ouedraogo is a CHW in the village of Mockin in Ziniaré District, Burkina Faso. He has a decade of experience providing primary healthcare services within his community.

In the past, Hamidou worked without a structured system to guide and measure the impact of his efforts. He organized health talks and educated mothers, but he had no way of knowing whether his efforts were truly reaching his target audience. No one held him accountable.

However, everything changed when he started receiving support from Living Goods in using data to optimize performance.

Now, at the end of each month, performance and data reviews allow him to assess his progress and identify challenges. During his first review, the findings were clear: too few women were reached by his awareness sessions. Between gold mining, which keeps mothers busy, and cultural resistance, achieving his goals seemed difficult.

But thanks to performance and data analysis, Hamidou refined his strategies. He adjusted his schedule to target times when women were available and strengthened his educational approach. By highlighting concrete and measurable results, he built trust and encouraged the adoption of good health practices within the community.

The results speak for themselves: every month, the performance review highlights an increase in the number of mothers educated and children treated and monitored. **Hamidou no longer works in the dark. He knows where to focus his efforts and how to maximize his impact.**

Performance reviews are not a constraint but rather a powerful tool that empowers CHWs and transforms their efforts into impactful results. They continuously improve the quality of primary healthcare and ultimately save lives. ■



Hamidou (left), a CHW from Ziniaré District, alongside a colleague after completing a monthly performance review meeting facilitated by Living Goods.

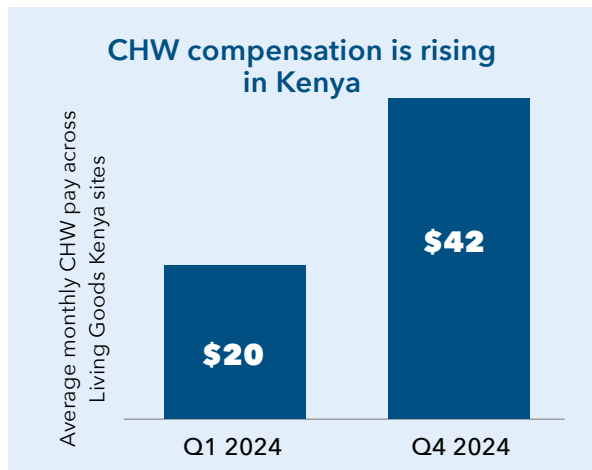


Co-Implementing and Co-Financing with Governments for Sustainable Impact

KISUMU: Kisumu County is an exemplar site for our government-led approach, presenting a model for other implementation support sites. We continue to successfully institutionalize best practices around “DESC”—digitizing, equipping, supervising, and compensating CHWs—within the system and staff.

We were glad to see solid performance by CHWs in the first half of the year, although data access challenges limited our visibility and performance in the second half (page 11).

In Kisumu, as in other counties across Kenya, CHW pay has doubled over the past year. CHWs are now earning an average of about \$40 per month—2,500 shillings paid by the county government and 2,500 paid by the national government—



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.

compared to about \$20 at the beginning of the year. This reflects the commitment by the national government earlier last year to remunerate CHWs, a commitment Living Goods and other partners played a critical role in securing.

VIHIGA: In our first year in Vihiga County, CHWs provided over half a million people with critical health services. CHWs had particularly strong performance on maternal health KPIs. They registered 1.5 pregnancies per month against the target of 0.8, and ensured 98% of women delivered at a

health facility. This is thanks in part to the government-led and funded Ottichilo Care, which incentivizes women with a stipend upon giving birth at a health facility.

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CHWs ensure pregnant women have safe deliveries

98% of women in Vihiga, Kenya gave birth at a health facility.

“ 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. I’m no longer concerned about data accuracy; my focus is on health interventions informed by reliable, real-time digital records.

Gabriel Masinde, Coordinator for Vihiga County Community Health Services ”

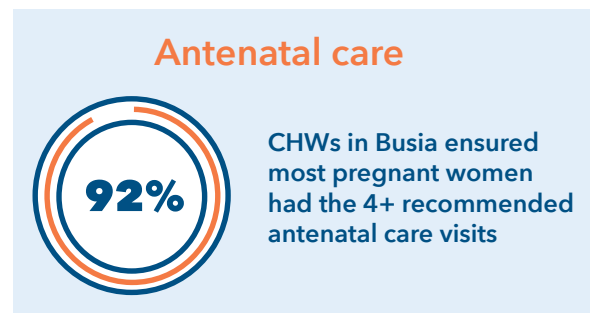


Jephrica a CHW in Vihiga conducts a pregnancy assessment on Joyce Esther.

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However, other areas were below target. The CHW learning curve has been slower than anticipated, and the lack of access to data has hindered performance management best practices. Nevertheless, **we are encouraged by the strong commitment of the county government to community health, and exemplary leadership by the governor.** CHWs were well trained using a blended learning approach and they are now conversant to use the digital tool to support their work.

BUSIA: In April 2024, we started co-financing Busia County's community health program with the county government. We now provide implementation support in five sub-counties while running a learning site in the two remaining sub-



counties. 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.

Performance was below target because of low stock levels and because CHWs did not receive basic training on health areas like iCCM—the management of childhood illness for malaria, pneumonia, and diarrhea—until late in the year. This was delayed because of county budgetary constraints. but training has resumed as of early 2025. **We successfully supported the county to establish a community health services technical working group,** bringing together critical partners and leadership to help unlock funding for community health.

ISIOLO: We transitioned out of Isiolo County in December 2024, concluding a 6-year co-financing partnership with the government. Isiolo was our first co-implementation and co-financing site. It laid the foundation for this approach working hand in hand with the county government.

We are proud of the work we accomplished together in equipping CHWs to provide essential healthcare in a challenging environment. From 2019 to 2024, these CHWs reached over 16,000 pregnant women and nearly 60,000 sick children. The national government now supports several elements that were previously provided by either the county or Living Goods, including system maintenance and commodity supplies with upgraded kits.

We have learned key lessons to strengthen this approach in other counties. Sustained political commitment and local ownership are essential for continued investments in DESC, we must assess during the scoping phase the county's ability to generate a significant portion of income through own-source revenue, and funding needs and success metrics should be tailored to environmental realities. ■

Unlocking Government Co-Financing and Investments in Community Health

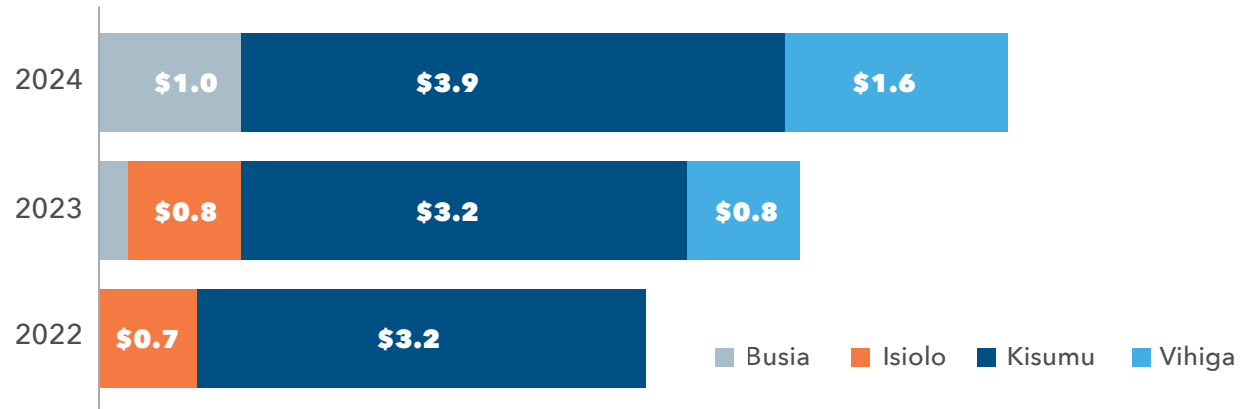
Co-financing is a critical component of Living Goods' 2022-2026 strategic plan to deliver greater impact in a more sustainable way. We mobilize governments and other partners to invest in community health, with these funds covering the vast majority of the "DESC" in our implementation support sites.

In Kenya, we have implemented four co-financing partnerships with county governments. Living Goods provides implementation support while government takes on increasing costs and leadership over time. By the end of the partnership, the government is managing a strengthened community health program, with performance management best practices institutionalized and DESC commitments enshrined in policy and budgets.

We have effectively grown this source of funding and commitment over the course of our plan. We have so far unlocked \$15.4 million and plan to increase this to \$9 million in 2025 and \$16 million in 2026, reaching a total of \$41 million. At the same time, we have achieved our goal of building an evidence base for this new government-led approach early in the plan.

This approach will not only improve return on investment—halving Living Goods' costs per CHW and reducing cost per capita from \$4 to \$2—but by supporting government and partner efforts to mobilize additional resources for their national CHW programs, we hope to see investments for community health increase everywhere. ■

Unlocking government co-financing toward community health (millions)




CHWs in Vihiga, Kenya undergo training necessary to equip them with the skills and tools needed to deliver quality healthcare.



Enabling Environment

Transforming Digitally Enabled Community Health in Kenya, Uganda, and Burkina Faso

Access to quality healthcare remains a significant challenge for nearly half the population in Sub-Saharan Africa. However, Living Goods' leadership in promoting digital health innovation, through strategic partnerships with governments and other stakeholders, is helping to reshape healthcare delivery and strengthen community health systems across Africa. These efforts improve health outcomes, reduce disparities, and bring life-saving care to even the most remote communities.

 In **Kenya**, a five-year digital health intervention in Busia County, implemented by Living Goods and evaluated by the Kenya Medical Research Institute, equipped CHWs with digital tools to improve the diagnosis and treatment of childhood illnesses. This project increased malaria testing coverage from 51% to 75%, while same-day diagnosis rose from 9% to 59%, resulting in a significant reduction in child mortality. Additionally, in Kisumu County, eCHIS, developed in partnership with the Kisumu County Government, contributed to **improved maternal health outcomes by 30%**.

At the national level, we continue to support the government in ensuring eCHIS is sustainable and fit-for-purpose. In August 2024, Kenya's MoH launched an upgraded eCHIS to enhance how CHWs manage data. **This upgrade is a pivotal step toward**



Larry Mwolo, Kisumu County Health Records and Information Officer.

Digitizing community health in the county has significantly improved both the quality and quantity of the data we receive. We are now able to monitor health indicators and the performance of CHWs in near real-time. Notably, there has been a remarkable increase in referrals due to immunization defaulter tracing and the early initiation of antenatal care for pregnant women. With support from Living Goods, the immunization rate in Kisumu has risen from 65% to 93%.

Larry Mwolo, Kisumu County Health Records and Information Officer

achieving **Universal Health Coverage (UHC)** and **strengthening community health services across Kenya.**

As with any significant transition to a new system, however, some initial challenges emerged. These included delays in data syncing and workflow gaps, which affected the completeness and timeliness of reported figures between August and December 2024. While this may not yet fully reflect the breadth of CHW activities, it is important to note that these are expected transitional issues typical of fast and large-scale system rollouts.

Living Goods is working closely with the MoH and Medicto address these challenges. Together, we are enhancing data collection processes, improving system functionality, and conducting regular data quality checks to ensure reliable and actionable insights. **These efforts are already yielding improvements, and we remain committed to achieving a fully optimized system that reflects the tremendous work of CHWs in real time.**



In **Uganda**, Living Goods, in partnership with the MoH, District Local Governments, UNICEF, and other stakeholders, has led the rollout of eCHIS to enhance healthcare efficiency and data-driven decision-making.

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By the end of 2024, more than 22,518 CHWs were enrolled on the system, and had conducted health assessments for over 522,000 children. **The integration of eCHIS with other national level systems has significantly improved reporting accuracy, resource allocation, and healthcare responsiveness.** Plans are underway to expand eCHIS coverage to 50 local governments by 2025, in line with the Health Information and Digital Health Strategic Plan.



In Burkina Faso, in collaboration with partners, **Living Goods technically and financially supported the development of Burkina Faso's new 2025-2029 Digital Health Strategy.** This plan aims to develop and integrate digital technologies into the health system to improve quality of care, efficiency of services, and access for all. In partnership with Dimagi, the data pipeline of the eCHIS (called eSanteCom) has been further improved to capture additional data from the CHW package of care, and **the initial release of the supervisor app was successfully tested and deployed.**

We also introduced data-driven performance review meetings to help CHWs optimize their work using digital tools. These reviews allow CHWs to assess their progress, refine strategies, and enhance community engagement. In Ziniaré District, performance tracking has significantly improved the reach and impact of health education and services, contributing to better health outcomes for mothers and children. ■

Advocating for Sustainable and Scalable Digital Health Interventions Globally

Living Goods is shaping the future of community health by partnering with governments to revolutionize and expand digital health programs, ensuring that CHWs are equipped with the tools they need to deliver life-saving care. Through global platforms, we have reinforced our role as a leading advocate for collaboration, policy change, and resource mobilization in community health.

At the Global Digital Health Forum in Nairobi in December 2024, we co-hosted a high-impact side event “Partnering for Progress: Digital Solutions and the Future of Community Health in Africa” with two funding partners. This gathering brought together over 130 stakeholders—including government officials, donors, and implementing partners—to discuss the future of digital health.

Alongside our ongoing partnerships with governments in Burkina Faso, Kenya, and Uganda, **this event emphasized our commitment to ensuring that digital health innovations are both sustainable and equitably scaled.** By showcasing the impact of eCHIS, digital supervision tools, and CHW registries, we have demonstrated how digital solutions can strengthen health systems and drive measurable improvements in child and maternal health outcomes.

The call to action is clear: governments, donors, and partners must invest in long-term digital health solutions that professionalize CHWs and build resilient health systems. By continuing to advocate for policies and practices that prioritize digitally powered community health, Living Goods is not only shaping the digital health landscape but also ensuring that every family, regardless of location, has access to quality healthcare. ■



Kanishka Katara, Living Goods' Chief Digital Health Officer, Living Goods Chief Executive Officer, Emilie Chambert and other panelists listen to CHW Debra Olumbe's testimonial during the Global Digital Health Forum 2024



Organizational Updates

Strengthening Organizational Capabilities

At Living Goods, we are deeply committed to fostering a dynamic, supportive, and innovative work environment where talent is nurtured and excellence is celebrated. As a reflection of this culture, we were thrilled to see the strong results from our all-staff 2024 Pulse Survey, which gathers feedback on employee engagement and well-being. **For the first time, all key indicators scored above 80%, positioning us favorably alongside other non-profits and high-performing organizations globally.**

An impressive 82% staff engagement score, up from the previous year, demonstrates an inclusive and engaging environment. **Our leadership pipeline continues to grow, highlighting our commitment to cultivating talent from within.** Over 30 staff members advanced into new roles through structured in-house development, with 40% of leadership and specialized roles filled internally and a remarkable 90% retention rate among high-performing staff.

Employee well-being remains a top priority, reflected in our generous benefits package, sabbatical opportunities, extended parental leave, comprehensive pension scheme, and performance-based bonuses. We prioritize continuous learning, with each employee receiving an average of 25 hours of professional development. We also embrace flexible work arrangements, tech-enabled collaboration, and wellness programs that led to a 15% improvement in work flexibility satisfaction scores and a 10% reduction in sick leave.

Diversity, equity, and inclusion are at the core of our values, with our workforce spanning Burkina Faso, Kenya, Uganda, and beyond. These efforts are reflected in our strong survey scores—81 for DEI and 80 for power dynamics—demonstrating our ongoing commitment to fostering a workplace where every individual feels valued and empowered.

We believe that investing in our people is key to driving excellence in community health. Our culture of support, innovation, and inclusivity not only enhances employee satisfaction but also strengthens the quality of services we deliver to the communities we serve. ■



Over 30

Staff members advanced into new roles through structured in-house development



40%

of leadership and specialized roles filled internally



90%

retention rate among high-performing staff.



25 hours

of professional development received by Living Goods employees

15%

improvement in work flexibility satisfaction scores and a 10% reduction in sick leave

81 & 80

survey scores for DEI and for power dynamics, respectively—demonstrating our ongoing commitment to fostering a workplace where every individual feels valued and empowered



2024 KPIs ¹	Learning Sites						Implementation Support							
	Kenya: Busia County		Uganda		Burkina Faso ²		Kenya: Kisumu County		Kenya: Isiolo County		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	1.4	1.3	1.2	2.4	3.5	0.8	0.9	0.6	1.1	0.8	1.5	0.8	0.2
% of 4+ ANC visits	75%	90%	75%	84%	75%	N/A	75%	90%	75%	N/A	75%	N/A	75%	92%
% Facility Delivery	85%	96%	85%	92%	85%	N/A	85%	98%	85%	90%	85%	98%	85%	94%
% On-Time Postnatal Care Visit	75%	83%	75%	63%	75%	N/A	75%	80%	75%	92%	75%	66%	75%	59%
Couple Years Protection	4	4.7	3	4.6	3.0	1.4	4	5.4	1.7	0.2	2	0.9	4	0.5
% Children 9-23 Months Fully Immunized	90%	98%	90%	97%	90%	N/A	90%	94%	90%	N/A	90%	68%	85%	39%
Under-5 Treatments or Referrals	23	25	24	33	25	19	10	7.3	3.0	0.5	5	3.6	14	3.2
Under-1 Treatments or Referrals	5	4.2	5	5.0	5	N/A	2	1.1	0.4	0.1	2	0.4	3	0.5
% Sick Child Facility Referrals Completed	80%	84%	80%	80%	80%	N/A	80%	94%	80%	N/A	80%	66%	75%	60%
DESC/Performance Management Metrics														
% CHWs in Stock of Essential Commodities	75%	80%	75%	92%	75%	94%	60%	58%	60%	N/A	60%	55%	60%	50%
% CHWs w/ Supervision in Last 1 Month	80%	90%	80%	93%	80%	93%	60%	69%	60%	N/A	60%	68%	60%	62%
CHW Income	\$20.00	\$52.70	\$20.00	\$17.96	\$20.00	\$34.00	\$20.00	\$38.46	\$20.00	N/A	\$20.00	\$38.46	\$20.00	\$38.46
Impact Total Metrics														
Active CHWs (3-Month Active)	635	590	2,475	2,364	778	813	3,000	2,855	700	646	1,460	1,273	1,565	1,455
Population Served	285,750	265,500	1,485,000	1,418,400	466,800	487,800	1,140,000	1,084,900	182,000	167,960	598,600	521,930	704,250	654,750
Total New Pregnancies Registered	8,382	10,853	38,610	36,011	13,565	23,312	28,511	17,910	5,256	4,091	9,648	18,010	6,498	1,123
Total Under-5 Treatments or Referrals	175,260	194,273	727,056	1,021,698	85,238	80,895	356,385	175,519	28,032	4,021	120,600	50,369	113,715	13,586
Total Under-1 Treatments or Referrals	39,014	32,074	152,064	153,411	17,048	N/A	71,277	26,271	3,804	442	32,160	5,853	24,368	2,119
Total Couple Years Protection	30,480	27,447	89,100	132,499	4,743	617	142,554	96,768	14,892	1,308	48,240	8,392	32,490	1,007
Total Unintended Pregnancies Averted	7,367	6,633	21,535	32,026	860	N/A	34,455	21,306	3,599	N/A	11,660	697	7,853	243
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	\$0.83

NOTES:

¹ In our Kenya sites, eCHIS rollout challenges meant data went under-reported from August-December 2024. In this report, we compared and validated our performance against MoH data in Kisumu, Isiolo, and Busia.

² We report on a limited set of KPIs in Burkina Faso because some services are not provided by CHWs or collected by the national health information system.



Vihiga, Kenya; Jacinta William, poses for a photo with her baby Rachel Khastika 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. ■

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