



LivingGoods

Delivering Data-Driven Health Care, Door to Door



QUARTERLY REPORT

Q2 | April – June 2025

EXECUTIVE SUMMARY

In Q2 2025, Living Goods worked to build more resilient community health systems across Burkina Faso, Kenya, and Uganda – helping to drive lasting impact for families at scale.

WHAT WE'RE PROUD OF:

- 🔍 **Lifesaving health services:** We supported 8,370 community health workers (CHWs) to deliver exceptional frontline healthcare to their neighbors every day, from checking that each child is immunized to ensuring all pregnant women receive pre- and postnatal care.
- 🔍 **Health systems strengthening:** In Burkina Faso and Kenya, we helped set up Project Management Units that are bringing technical expertise to sustain national digital

health systems (pg. 17), and we're piloting Burkina Faso's first supervision framework.

- 🔍 **Government commitment to CHWs:** Our country governments showed strong leadership by prioritizing community health in new budget commitments (pg. 15).

WHAT WAS CHALLENGING:

- 🔍 **Data visibility:** A digital health outage in Kenya was resolved, but intermittent system issues continued to affect some Q2 results. Living Goods is partnering with governments to ensure these digital systems succeed at scale.
- 🔍 **Reduced resources:** We continued to work with partners to pivot and adapt to health systems weakened by global funding cuts.

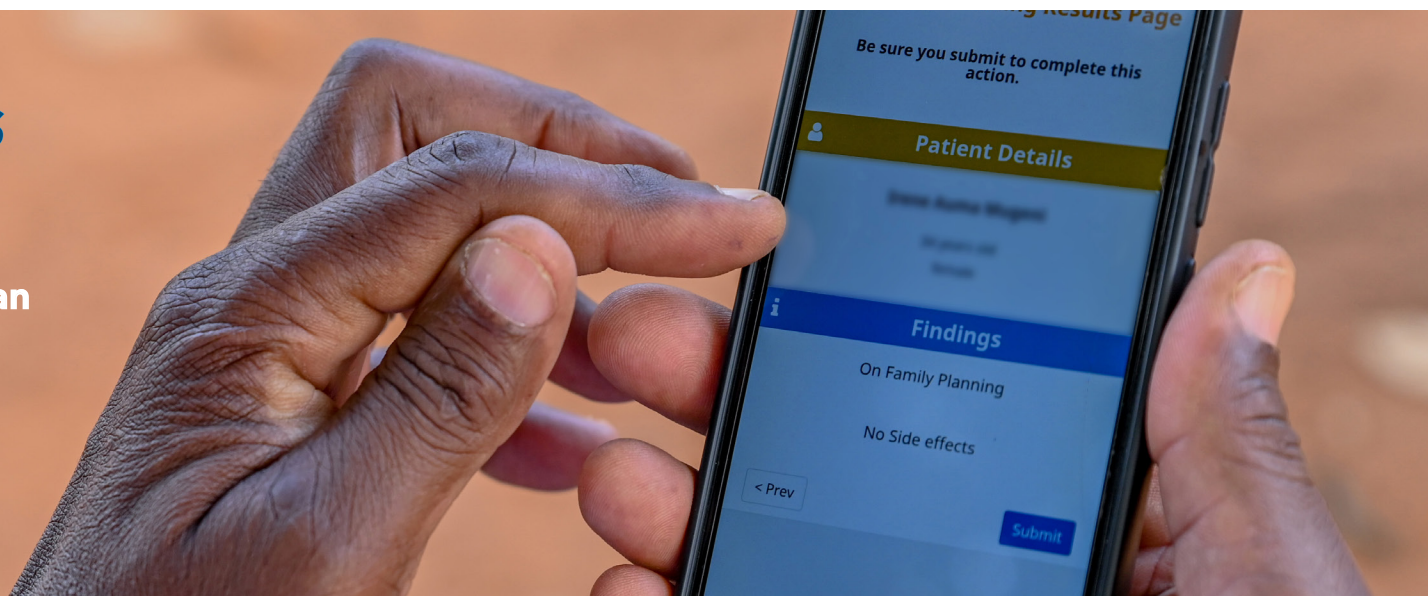
WHAT'S NEXT:

- 🔍 **Revamping implementation support:** We're preparing a more affordable, scalable, and impactful co-financing approach, and plan to launch in a new county – Bungoma, Kenya – by year's end (pg. 12).
- 🔍 **New strategic plan:** We're finalizing a new strategy to boldly meet this moment. Our focus is ensuring more children reach their fifth birthday by helping governments build community health systems that are more efficient, affordable, and deliver patient-centered precision care (pg. 6).

More than ever, we're embracing innovation and agility in pursuit of our vision – because families can't afford to wait, and neither can we. ■

WHY LIVING GOODS

Living Goods professionalizes and digitizes community health workers, and partners with African governments to strengthen their health systems – improving access to healthcare for millions.



Q2 2025

OUR IMPACT

8,370

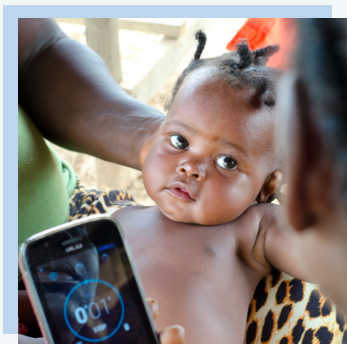
COMMUNITY HEALTH
WORKERS SUPPORTED

4 million

PEOPLE REACHED WITH
LIFESAVING HEALTHCARE

IMPACT OVERVIEW

Living Goods' Q2 2025 Accomplishments



203,924
sick child
treatments

CHWs battle the deadliest childhood killers – malaria, pneumonia, and diarrhea – reducing preventable deaths from treatable diseases.



24,181
pregnancies
supported

By monitoring expectant mothers and educating them on the hidden dangers of pregnancy, CHWs help guarantee a safe journey into motherhood.



94%
of children fully
immunized

CHWs work to link every child to the vaccinations they need, shielding them against deadly diseases and strengthening community immunity.



94%
of babies
delivered at
a facility

CHWs guide pregnant women to deliver at the health facility, where the dangers of childbirth can be most effectively managed.



31,370
couple years
of protection

CHWs empower couples to determine their reproductive futures, preventing unintended pregnancies and saving women's lives.



\$1.94
cost per
capita

Our model operates at a price governments can sustain, ensuring these vital services reach millions who might otherwise go without.

SYSTEMS CHANGE WINS (2022-2026)

SUSTAINABLY FINANCING HEALTH SYSTEMS

\$20.4M

Co-financing unlocked
from governments toward
community health

POWERING DIGITIZED CHWS

132k

CHWs active on digital tools
co-designed by Living Goods

DRIVING POLICY INTO PRACTICE

68.5M

People reached by policies
Living Goods supported

275k

CHWs affected by policies
Living Goods supported



NEW STRATEGIC PLAN

Finalizing a New Strategy to Meet the Moment

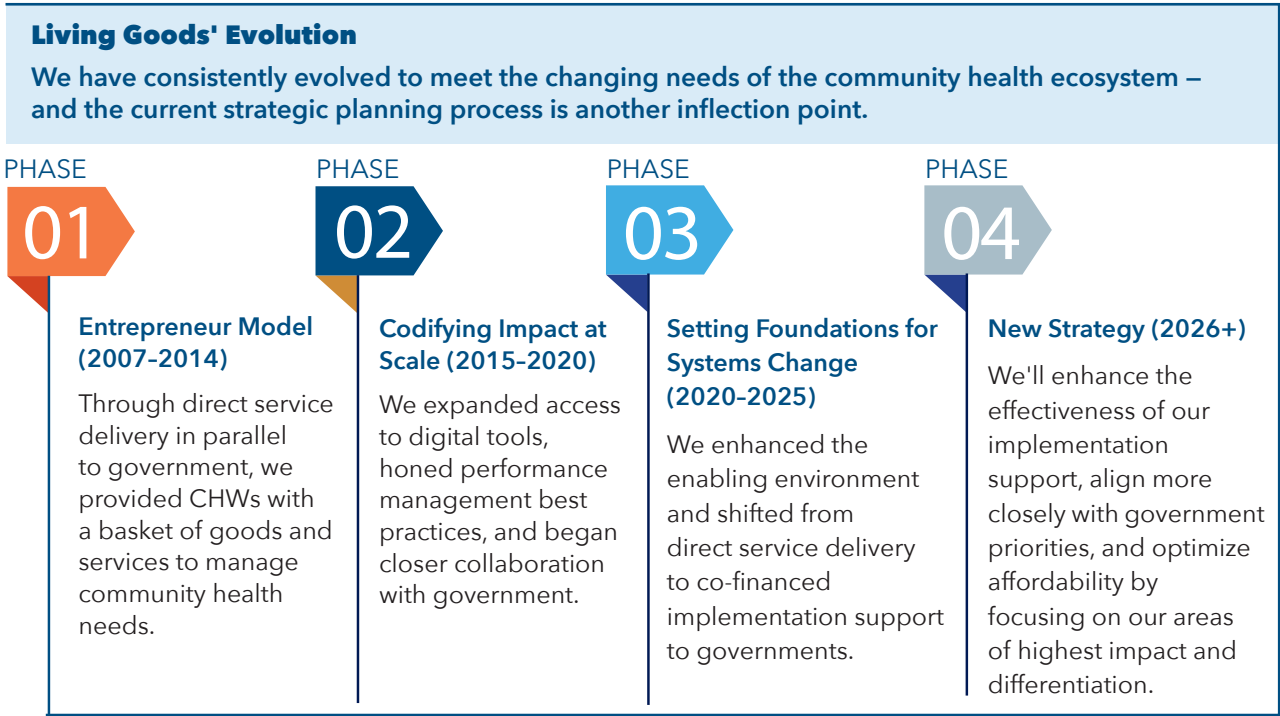
As we near the end of our 2022-2026 strategic plan, Living Goods is undergoing an ambitious strategy development process. Given the pace of change in our sector, we're fast-tracking our original timeline – and moving from refreshing to fully revamping our plan.

Together with CHWs, our board, and partners, we've reflected on the changing realities of our operating contexts and what that means for our path forward. As we prepare to unveil our plan before the year's end, here are some early answers about what's next for Living Goods:

- **WHY NOW?** We're not taking a "wait and see" approach, but being pioneers. We know change needs to happen now and we're boldly charting a new course – in partnership with government and communities – while leaning into what we've learned.
- **WHAT'S CRITICAL?** We're aiming to reduce under-5 mortality by at least 10%. To do this, we know we need to make community health systems more efficient, more affordable for governments, and better suited to today's financial constraints.

- **WHAT'S OUR VISION?** Our north star remains ensuring that families have the healthcare they need to survive and thrive. We're building a future where governments in Africa have digitally enabled, data-driven community health systems that deliver patient-centered care and save lives.

2026 – originally the final year of our current 5-year plan – will now become the pivot year preparing us for this new strategy. Our new plan will provide clear direction in the short-term and high-level direction in later years to allow for agility in the evolving landscape. ■



JOIN US:
STRATEGIC PLAN BRIEFING CALL
September 2025
We invite our stakeholders to join us in an upcoming conversation with Living Goods' leadership about our new plan. Stay tuned for details.

CHW STORY

Norah's Call of Duty: The CHW Who Never Fails to Show Up

By 6am, CHW Norah Namatovu is already reviewing her cases for the day, smartphone in hand and medical bag packed. For more than 10 years, she's been a trusted presence in Wakiso District, Uganda.

Her neighbors know her as the first line of defense when someone is sick. "In this village, I'm the first responder," she says. "When someone falls ill, they don't wait for the hospital. They call me."

On today's visit, Norah treats a toddler who's been battling a high fever for two days. He tests positive for malaria, so she administers oral rehydration solution to stabilize the child, refers him to the nearest facility, and calls to alert them. **"This is why I keep going," she says. "Seeing someone recover because I showed up – that's my true reward."**

Norah also supports fellow CHWs with mentorship and supervision. She reviews reports, offers guidance, and helps troubleshoot issues with the electronic Community Health Information System (eCHIS), the data reporting app being rolled out across Uganda with Living Goods' support.

"I always plan ahead," she explains. "I review reports from my CHW team, crosscheck with the data on my eCHIS app, and map out my



CHW Norah during a home visit in Bukasa Village, Wakiso District, Uganda.

visits. That way, I know what I'm walking into."

The shift to digital tools like eCHIS has streamlined reporting and made data visible to the Ministry of Health (MoH) in real time. "We used to struggle with paperwork, sometimes taking months to submit data," Norah recalls. "Now, with just one click, it's uploaded, and the Ministry sees it instantly."

The district health team says leadership from CHWs like Norah has helped raise community disease reporting rates from 45% to 63%.

Community members like Resty Namulika agree: **"Before CHWs, we used to wait too long before seeking care. Now, we get help right on our doorsteps from people like Norah. It's changed everything."** ■



STRATEGIC PILLAR 1: LEARNING SITES

Delivering Gold-Standard Community Health



BURKINA FASO:

- **Performance strong and steady in our Manga and Ziniaré learning sites:** Meeting their targets, CHWs registered over 9,000 new pregnancies in Q2 2025 – ensuring these women receive regular touchpoints during and after their pregnancies – and treated over 26,000 sick children for life-threatening diseases.
- **Piloting an exciting model for government-led supervision:** Through our strategic engagement with the MoH, the government established a dedicated cadre of supervisors for the first time to support CHWs. Yet there is still a need for an effective deployment model. In recognition of Living Goods' proven supervision approach, the MoH asked us to lead the design of a data-enabled supervision framework. This 6-month pilot, now underway, will generate evidence to inform a nationally scalable and government-financed model for CHW supervision – a transformational step towards strengthening the community health system.



KENYA:

- **CHWs have highest treatment rate across our operations:** Performance in our Busia County learning site has been slowly trending upward since mid-last year, when CHWs across Kenya transitioned to reporting on eCHIS. In Q2, CHWs treated a remarkable 27 children per month against the target of 23, the highest number across all our programs.



UGANDA:

- **Strengthened CHW capacity expands family planning access:** We're seeing positive trends across key indicators, with family planning a standout across our programs: couple years protection per CHW was 6.8 vs. the target of 4. A driver was refresher trainings on empathy counselling, myths and misconceptions, and self-injectables, which reduce the need for frequent facility visits. ■



Dr. Diana Atwine, Permanent Secretary at Uganda's MoH, attends a graduation ceremony for supervisors.

**"Once or
twice, I felt I
really saved
a life."**

*Living Goods-supported CHW
Amos Magero in Busia, Kenya*



RESEARCHING TO ADVANCE THE FIELD

We Generate Evidence & Rapidly Adjust Our Approach for Greater Impact



Kisumu evaluation: Proving government-led community health works

Interventions too often operate in parallel with government systems. An evaluation of our co-financed approach in Kisumu, Kenya found 99%+ implementation rates and improved health metrics – a proof point for government-owned community health.



Telehealth: Revolutionizing maternal care through digital innovation

Postpartum complications kill thousands of mothers in remote areas with limited healthcare access. Our hybrid telehealth-CHW intervention identified new strategies and is now informing Kenya's first national Telehealth Standards & Guidelines.



iCCM <5km: Transforming rural healthcare access in Burkina Faso

Even within 5 kilometers – or an hour's walk – of health facilities, rural children still face barriers to timely care. In our iCCM <5km study, CHWs became the primary treatment point for pneumonia (75%), diarrhea (64%), and malaria (55%) cases – proving their effectiveness in all healthcare delivery.



LiST & ROI: Building the economic case for community health investment

Governments need clear return on investment (ROI) and impact data to justify community health spending. We're advancing strategic research tools – an ROI modeling initiative with IDinsight and the Lives Saved Tool – to equip them to make data-driven investment decisions.



CHW compensation: Unlocking the right payment formula

Despite their vital role, many CHWs remain unpaid. We tested several models for effective and motivating CHW compensation and found that a 50/50 stipend-KPI hybrid payment model improves outcomes when paired with simple accountability systems.



STRATEGIC PILLAR 2: IMPLEMENTATION SUPPORT

Co-Implementing with Governments for Sustainable Impact

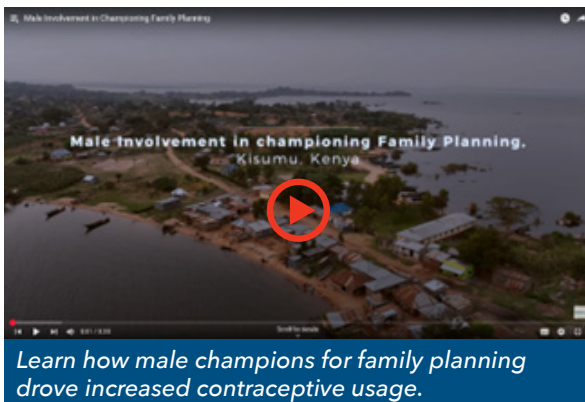
➤ **Entering a new county and revamping our approach:** Living Goods is preparing to expand to Bungoma County by year's end. The partnership will ultimately support 3,850 CHWs reaching 1.8 million people. With the national government now owning core functions like compensation, digital tools, and training, we plan to test a new and more cost-effective approach that will focus on our unique role as a technical advisor and strategic partner.

➤ **Typhoid vaccine campaign launched:** Kenya's MoH kicked off an ambitious vaccination drive to protect over 20 million children with the new typhoid vaccine. Living Goods is partnering with counties to mobilize CHWs who will play a crucial role

in encouraging families to get their children vaccinated.

➤ **Data system showing improvement despite hurdles:** An eCHIS outage from Q1 was resolved after a transition to the government's cloud-based Konza Data Center in Q2. The CHU4UHC coalition – where Living Goods is a technical lead – signed a landmark MoU with Kenya's MoH and pledged over USD \$300,000 towards the migration. This

move will help ensure the sustainability, scalability, and security of Kenya's community health data system. Despite this progress, intermittent system performance issues persist, especially in Kisumu and Busia counties. This affected our results by limiting data visibility and our performance management abilities. Nevertheless, we're excited about positive feedback from CHWs who feel their impact is now more visible because of digital tools. ■



Learn how male champions for family planning drove increased contraceptive usage.



Living Goods client Esther with her baby in Vihiga County, Kenya.

CO-FINANCING CASE STUDY

Living Goods' Sustainable Financing Model Shows Results

In 2025, Living Goods assessed our co-financing model, which aims to drive government ownership of community health – even with limited resources. The case study confirmed its potential to spark lasting financial and political commitment.

THE JOURNEY

Since 2007, Living Goods has gradually shifted from managing our own CHW networks to partnering with governments to strengthen theirs. **This shift is rooted in the belief that governments are best-placed to lead sustainable health improvements.**

In 2019, Living Goods began testing a new model in Kenya where we co-finance and co-implement community health programs alongside governments. We gradually reduce

our financial contribution over time while embedding best practices in collaboration with government teams. We also support them to develop policies, financing, and budgeting to sustain impact.

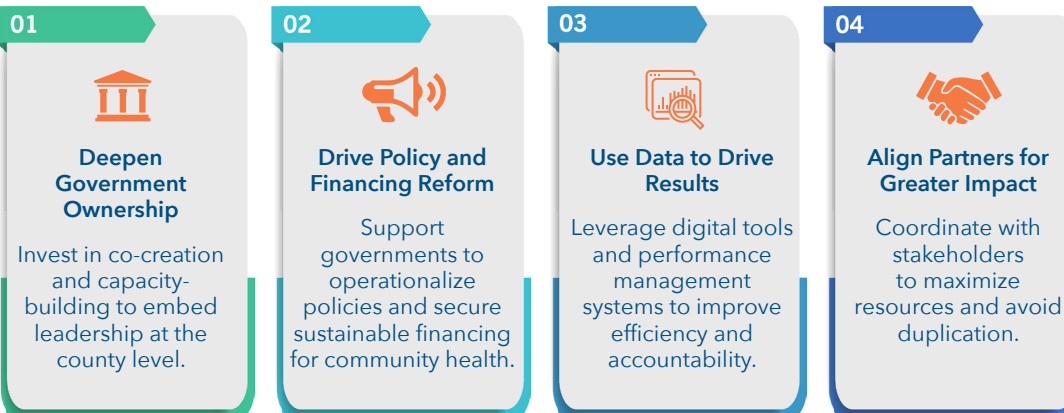
ACCOMPLISHMENTS

Here's what our model has achieved:

- **Health transformation in Kisumu County:** Government [data](#) show a 30% reduction in maternal mortality due to increased skilled hospital deliveries and a 39% decline in child mortality from 54 to 39 per 100,000 live births.
- **Boosted community health financing:** Vihiga County alone doubled its co-financing for community health from USD \$800k in 2023 to \$1.6M in 2024.

- **Improved cost-effectiveness:** We more than doubled the reach of health services for every dollar spent compared to direct service delivery. For example, our cost per capita is currently around \$1 in these sites versus \$4 in our non-cofinanced sites.
- **Institutionalized best practices:** More than 5,000 CHWs are now professionalized with digital tools, standardized training, supervision, and stipends. Governments, in turn, are implementing more robust performance management best practices that lead to impact. **"In everything we do, the county leads, so it's government-led. Even as we implement, we implement it as a county," said a county government official.** This approach ensures that knowledge and skills are transferred naturally between government and Living Goods staff.

RECOMMENDATIONS



LEARNINGS & RECOMMENDATIONS

While co-financing presents a sustainable pathway for strengthening community health systems, it's not without challenges. Establishing effective partnerships requires navigating financial constraints, political dynamics, and accountability structures. ■

Read the full case study [here](#).

GOVERNMENT STORY

How Living Goods and Vihiga Partnered to Transform Community Health

When Gabriel Masinde reflects on the strides Vihiga County has made in community health, one turning point stands out: the county's partnership with Living Goods.

As the Community Health Focal Person for the County Government of Vihiga, Masinde recalls that even before the partnership began in 2022, local leaders had a bold vision – to digitize primary healthcare. But without a clear roadmap or technical support, the idea remained out of reach.

That changed when Living Goods came to the table.

“Our governor believed in digitizing health care,” Masinde says. **“But we didn’t know how to go about it until Living Goods stepped in with a shared vision.”**

Rather than arriving with a rigid agenda, Living Goods initiated a genuine collaboration. Together, the county and Living Goods co-created a plan, formalizing their partnership through a memorandum of understanding. Each side took ownership of specific elements: the county committed to purchasing digital tools for CHWs, covering monthly stipends, and leading training efforts. Living Goods agreed to equip CHW supervisors – known as Community Health Assistants (CHAs) – and county coordinators with devices and to provide ongoing technical support.

It was a game changer, says Masinde. “Unlike



Vihiga Community Health Focal Person Gabriel Masinde trains CHWs on the use of digital tools in Ebusiratsi Health Centre in Kenya.

some partners, Living Goods didn’t just act independently or duplicate what we were already doing. They took the time to understand our strengths and the gaps.”

When county resources fell short, Living Goods stepped up again, co-funding critical training programs to ensure CHWs had the skills to use new digital tools effectively.

The results speak for themselves. With stronger coordination, better data, and digitized tools in the hands of CHWs, **Vihiga County has seen meaningful improvements in maternal and child health indicators. But most importantly, the program is being built to last.**

“We’re already having dialogues to ensure this continues beyond Living Goods’ involvement,” Masinde explains. “They’ve supported us to convene advocacy meetings, engage the county assembly, and push for increased funding.”

So far, the county has allocated USD \$400,000 to support CHW stipends – a major investment in community health. And the push isn’t over.

“We’re lobbying to secure more resources for manpower and maintenance of digital devices,” says Masinde. Living Goods has helped make that possible, he adds – not just through funding, but through partnership. ■



STRATEGIC PILLAR 3: ENABLING ENVIRONMENT

Amid Foreign Aid Cuts, Governments Show Leadership With Health Budgets

As the sector scrambles to adjust to global funding cuts, **Kenya and Uganda's governments demonstrated strong leadership in Q2 by reupping budget commitments to CHWs** – who remain one of the most cost-effective and impactful investments in a resource-constrained environment.

Compared to last year, **Uganda more than doubled its health budget for FY 2025/26 to ~USD \$1.62 billion**, with notable funding directed toward community health.

Kenya's overall health budget saw a 3% increase, while commitments towards community health jumped more than 25%.

This includes ~USD \$24.6 million in national match funding for CHW stipends.

Living Goods is proud to have helped secure these commitments alongside governments and partners – including through the Community Health Impact Coalition, Financing Alliance for Health, and CHU4UHC.

Yet still more needs to be done to counteract the gap in funding from donor countries. As global health faces its most challenging period in decades, sustaining this momentum will require continued advocacy to ensure long-term, predictable funding for community health. ■

LESSONS FROM PROJECT BIRCH

In 2024, Burkina Faso and Uganda's MoHs selected Living Goods as an implementer of the Global Fund's Building Integrated Readiness for Community Health (BIRCH) project funds. **Now entering its final quarter, Project BIRCH has played a catalytic role in strengthening community health policies and financing.**

One of the most exciting shifts is how we track community health investments. This visibility is allowing for more informed decision-making and timely course correction. We also worked with the MoH as equal co-creators. By prioritizing local ownership, we've seen stronger government buy-in, smoother alignment with national priorities, and greater potential for long-term sustainability. Learn more [here](#).

CELEBRATING USAID PROJECT

In May 2025, we closed out our USAID Health Systems Strengthening project (Misingi Imara) in Kenya following the U.S. Government's directive to end USAID programs. **Living Goods supported 10 county governments to strengthen the enabling environment for community health, supporting 29,000 CHWs serving 14.6 million people.** Although cut short, the project laid a strong foundation for counties to sustain and build on these gains. ■



**"Being a CHW
is an important
duty. I sleep
well knowing
my people live a
healthier life."**

*Living Goods-supported CHW
Joan Amambia from Vihiga,
Kenya, at the Africa Health
Agenda International
Conference in March 2025.*



DIGITAL HEALTH SYSTEM RESILIENCE

Strengthening eCHIS Governance Through PMUs



Living Goods is supporting governments to strengthen their electronic community health information systems (eCHIS) – the platforms that equip CHWs and governments to share and track real-time data. These systems are vital to improving health outcomes, but their long-term impact depends on strong technical foundations and effective governance.

To this end, **Living Goods partnered with the MoHs of Kenya and Burkina Faso to establish the first-ever dedicated eCHIS Project Management Units (PMUs)** and seconded staff alongside partners.

As Hildah Ngondoki, our Global Director of Digital Health and Government Partnerships explains, **PMUs are “a transformative model for strengthening government capacity to deliver digitization at scale.”** These structures,

embedded within government, will provide “a unified framework for partner support that is impactful and cost-effective – driving not only the adoption of best practices but also the development of systems and processes for sustainable, high-quality service delivery.”

Kenya’s recent service disruptions underscored the need for robust technology governance: with a designated coordination mechanism in place, risks can be identified sooner and addressed more effectively – reducing the likelihood of prolonged outages.

PMUs are unique from structures like working groups. Rather than simply advising, they manage implementation – actively coordinating stakeholders and keeping projects on track over the long term.

These PMUs will help build a shared understanding of gaps and challenges across the ecosystem, facilitate knowledge transfer and support localization, and ensure digital systems remain effective as they rapidly scale. They will also strengthen institutional capacity and support strategic planning – developing guiding documents and tools like product and sustainability roadmaps, prioritization frameworks, helpdesk services setup, and data quality checks. This will help build the resilient systems needed to support reliable, high-quality, digitized community healthcare at scale. ■

Q2 2025 eCHIS Highlights

BURKINA FASO

eCHIS at 25% scale reaching 5k CHWs

- We co-led the development of key tools to strengthen data quality, and supported the MoH to implement hybrid hosting of eCHIS data – ensuring 80% is now synchronized and stored at the Ministry’s Data Center.

KENYA

eCHIS at 100% scale reaching 107k CHWs

- We supported the MoH with Konza migration and are helping strengthen governance through the PMU. We co-led the eCHIS roadmap prioritization workshop, provided trainings, and participated in national forums.

UGANDA

eCHIS at 11% scale reaching 18k CHWs

- We supported the approval of national Data Quality Assurance guidelines, and strengthened eCHIS use by training government health teams to access and leverage data for timely decision-making.

IN THE MEDIA



ARTICLES



The Nation op-ed by CEO **Emilie Chambert** on co-financing



Frontiers in Public Health article on strengthening iCCM through digitization & performance management in Busia



New Vision op-ed by Uganda Country Director **Christine Namayanja** on Uganda's health budget boost



NEST Magazine article by **Dr. Rosebellah Amihanda**, Deputy Director, Program Excellence, on male engagement in family planning



Report on peer-to-peer learning between Kisumu and Isiolo on digitization of community health

THE LANCET

Lancet article on professionalizing CHWs to achieve UHC, co-authored by **Dr. Erick Yegon**, Director, Performance Evidence & Insights, through CHIC

IDinsight

Profile by partner IDinsight on Living Goods' data reporting



VIDEOS



Living Goods-supported CHW Joan Amambia in Vihiga County, Kenya, explains her day-to-day caring for her community.



Kanishka Katara, Living Goods' Chief Digital Health Officer, discusses how digitization transforms CHW programs with the Community Health Impact Coalition.

Q2 2025 KPIs ¹	LEARNING SITES						IMPLEMENTATION SUPPORT						TOTAL
	Burkina Faso ²		Kenya: Busia County		Uganda		Kenya: Busia County		Kenya: Kisumu County ³		Kenya: Vihiga County		
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	
Monthly Per-CHW Impact Metrics													
New Pregnancies Registered	2.9	3.9	1.1	1.1	1.3	1.3	0.8	0.7	0.8	0.4	0.8	0.6	1.1
% of 4+ ANC visits	75%	N/A	75%	96%	75%	66%	75%	99%	75%	100%	75%	97%	92%
% Facility Delivery	85%	N/A	85%	96%	85%	89%	85%	91%	85%	98%	85%	97%	94%
% On-Time Postnatal Care Visit	75%	N/A	75%	74%	75%	93%	75%	22%	75%	63%	75%	47%	59%
Couple Years Protection	3.0	1.8	6	0.2	4	6.8	6	0.1	6	0.4	5	0.8	1.7
% Children 9-23 Months Fully Immunized	85%	N/A	85%	99%	85%	77%	85%	97%	85%	100%	85%	99%	94%
Under-5 Treatments or Referrals	18.5	18	23	27	24	18	14	1.1	10	2.7	10	6.9	9.1
Under-1 Treatments or Referrals	4	N/A	5	2.3	5	2.1	3	0.1	2	0.2	2	0.6	0.8
% Sick Child Facility Referrals Completed	75%	N/A	75%	89%	75%	36%	75%	70%	75%	95%	75%	61%	71%
DESC/Performance Management Metrics													
% CHWs in Stock w/ Essential Commodities	75%	96%	75%	85%	75%	85%	60%	TBD	60%	51%	60%	58%	75%
% CHWs w/ Supervision in Last 1 Month	80%	96%	80%	92%	80%	91%	60%	TBD	60%	63%	60%	64%	81%
CHW Income	\$32.00	\$32.00	\$50.00	\$47.00	\$20.00	\$14.00	\$38.00	\$38.00	\$38.00	\$38.00	\$38.00	\$38.00	\$33.64
Impact Total Metrics													
Active CHWs (3-Month Active) ³	820	814	635	600	1,500	1,542	1,565	1,504	3,000	2,472	1,450	1,438	8,370
Population Served	659,807	654,979	285,750	270,000	900,000	925,200	704,250	676,800	1,140,000	939,360	594,500	589,580	4,055,919
Total New Pregnancies Registered	6,942	9,178	2,096	1,948	1,950	5,613	2,817	1,959	7,200	2,740	2,610	2,743	24,181
Total Under-5 Treatments or Referrals	27,204	26,219	43,815	47,252	23,904	79,432	49,298	5,113	90,000	16,499	32,625	29,409	203,924
Total Under-1 Treatments or Referrals	9,840	N/A	9,754	4,114	4,980	9,314	10,564	1,302	18,000	1,276	8,700	2,342	18,348
Total Couple Years Protection	3,971	428	11,430	386	3,984	22,753	21,128	3,232	54,000	1,585	16,313	2,985	31,370
Total Unintended Pregnancies Averted	960	103	2,763	93	963	5,485	5,107	144	13,052	383	3,943	721	6,929
Net Cost per Capita (Annualized)	\$5.20	\$3.97	\$3.52	\$5.32	\$3.07	\$3.18	\$0.71	\$1.04	\$0.90	\$0.93	\$1.18	\$1.17	\$1.94

NOTES:

- ¹ Our full impact in Kenya may be understated due to some eCHIS data visibility challenges. Some DESC KPIs in Busia IS are not available given workflow gaps.
- ² Living Goods supports additional CHWs not included in this chart: ~800 CHWs in a neonatal study in Kisumu, which limits our visibility of their data, and 29k CHWs serving 14.6M people in 10 additional counties through our government trainings under the USAID Health Systems Strengthening project (Misingi Imara).
- ³ 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.



THANK YOU

Since 2008, Living Goods has brought essential healthcare to millions of people outside the reach of the health system.

Your partnership makes this work possible.

But still more families await care, and investment in global health is waning.

Now's the time to support CHWs. Join us, and together we can ensure no family is left behind.