



**LivingGoods**

Delivering Data-Driven Health Care, Door to Door

A photograph of a man with short dark hair, wearing a blue t-shirt, smiling and holding a young child. The child is wearing a white patterned shirt and light pink pants. They are outdoors with green foliage and a building in the background.

# QUARTERLY REPORT

Q3 | July – Sept. 2025

# EXECUTIVE SUMMARY

In Q3 2025, Living Goods continued strengthening the foundations of sustainable, government-led community health systems across Burkina Faso, Kenya, and Uganda—deepening partnerships and testing scalable digital solutions within government structures.

## WHAT WE'RE PROUD OF:

- **Stronger community health outcomes:** Community Health Workers (CHWs) delivered lifesaving care across all three countries. In Burkina Faso, CHWs exceeded most targets and strengthened care for mothers and children despite cultural and logistical barriers. In Kenya, Kisumu's evaluation confirmed that when governments lead on financing, supervision, and digitization, results accelerate—antenatal visits rose nearly fivefold and postnatal follow-ups nearly doubled. In Uganda, data from the electronic Community Health Information System (eCHIS) showed shifts in the delivery of health services: malaria incidence fell by up to 34%, pneumonia and diarrhea care improved fivefold, and malnutrition screening improved tenfold.

- **Digital innovation:** Our AI enabled e-learning pilot with the Ministries of Health in Kenya and Uganda proved that **mobile, gamified learning can improve CHW training cost-effectively**. Completion of training reached 95% in Kenya's Busia County, and Uganda has integrated approaches from the digital learning management system to create a blended learning ecosystem that will enhance community health capacity nationwide. With these successes, we have plans to expand e-learning to Burkina Faso.

- **System strengthening through partnership:** Through close collaboration with government, we strengthened ownership of community health systems by institutionalizing peer supervision and integrating data-driven performance management into county and district processes. In parallel, **our engagement through CHU4UHC (Community Health Units for Universal Health Coverage) and other coalitions advanced dialogue and action on sustainable financing, spotlighting Kenya's growing leadership in driving Universal Health Coverage.**

## WHAT WAS CHALLENGING:

- Persistent stockouts, delayed payments, and connectivity issues continued to test resilience of health systems. Some indicators—such as family planning in Burkina Faso and under-one coverage in Uganda—remain below target, pointing to a need for targeted behavior change and stronger referral tracking.

## WHAT'S NEXT:

- As global aid continues to contract, governments are looking at ways to achieve the greatest impact with fewer resources. Living Goods' new strategic plan will focus on helping governments adapt to this new reality by institutionalizing the digital and supervisory capabilities; optimizing community health programs to be more cost effective; and innovating forward-looking solutions that leverage emerging technologies such as AI and machine learning to transform health outcomes. ■

**Cover:** Kisumu, Kenya: Florence with her son James.



**Q3 2025**

# **OUR IMPACT**

**8,927**

COMMUNITY HEALTH  
WORKERS SUPPORTED

**4.3 million**

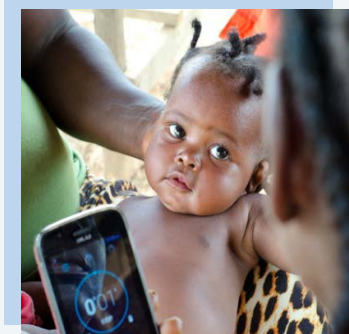
PEOPLE REACHED WITH  
LIFESAVING HEALTHCARE





# IMPACT OVERVIEW

## Living Goods' Q3 2025 Accomplishments



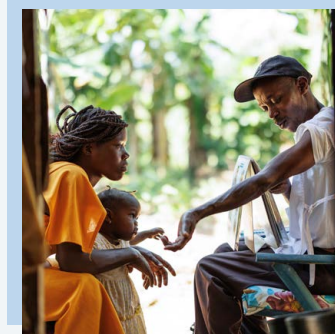
**261,966**  
sick child  
treatments

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



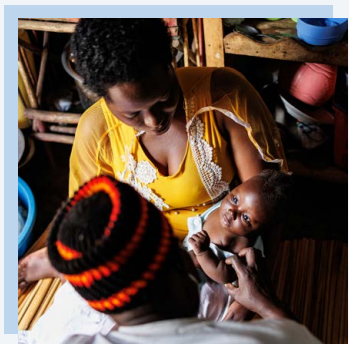
**25,508**  
pregnancies  
supported

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



**96%**  
of children fully  
immunized

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



**95%**  
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.



**126,586**  
couple years  
of protection

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



**\$1.93**  
cost per  
capita

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

# Community Health Workers at the Heart of Fighting Malaria

In Kologom, a rural community in the Oubri region of Burkina Faso, malaria remains one of the biggest public health challenges. Every rainy season brings its share of fevers and worries for families. Yet, amid these difficult realities, community health workers like **Fatimata Ouédraogo** stand strong, protecting lives, one patient at a time.

*"During the malaria season, I receive up to 40 patients a day; sometimes more when the rains are heavy,"* she explains.

Armed with her mobile phone, Fatimata can now follow up with her patients more efficiently. *"Before, we used to write everything by hand. It was slow and exhausting. Now, I can track patients, report cases, and save precious time...sometimes, even lives,"* she says.

One of the most memorable moments was when her own five-year-old son fell seriously ill with malaria.

*"One night, he woke up with a high fever. He tested positive for malaria. His father wanted to take him to the health center, but it was too far, and the road was impassable. I used the medicines I had on hand, and by God's grace, he recovered."*

**In this community, which also hosts more than 20,000 internally displaced people, Fatimata and other CHWs are a lifeline for families.**



CHW Fatimata tests a child for malaria in Kologom, Ziniaré commune.

They diagnose, treat, and educate those who need their support, often with no means of transportation. Despite these challenges, their determination remains unshakable.



***During the malaria season, I receive up to 40 patients a day; sometimes more when the rains are heavy.***

*– Fatimata Ouédraogo, CHW, Burkina Faso*



Zénabo Sawadogo, a mother of a 10-month-old baby, is one of the many women who have benefited from CHWs' services.

***"My child was suffering from malnutrition. The health workers helped me so much. They taught me how to prepare nutritious porridge, choose the right ingredients, and protect my baby from malaria. Thanks to their advice and guidance, my child is now healthy,"*** she says with a smile.

The CHWs continue to visit her regularly, providing mosquito nets and practical advice to help prevent malaria, especially during the rainy season, when children are most at risk. ■





## Learning Sites



### Burkina Faso

**Strong and steady results:** Our program continues to thrive at connecting patients with high-quality healthcare. Q3 marked some of the strongest results this year: for example, each CHW supported 3.6 pregnant women per month against the target of 3. This performance demonstrates the effectiveness of promotional activities and active case finding through home visits, women's group meetings, and market days. In particular, **structured group discussions and systematic home visits continue to build community trust and provide culturally appropriate health education.** Despite this strong performance, family planning KPIs remain below target: significant cultural barriers prevent male CHWs from effectively delivering family planning services, and women referred to health facilities for these services aren't being effectively tracked. In response, we're implementing targeted social and behavioral change interventions addressing religious and traditional beliefs, establishing female CHW networks, ensuring consistent commodity availability, and strengthening the referral loop system to improve tracking and follow-up of family planning services.



Busia, Kenya: CHW Amos Magero checks the temperature of Jabel Ouma with mother Irene Auma.



### Kenya

**Positive trend continues:** Our Busia learning site continued its strong performance in Q3. For example, CHWs ensured a remarkable 90% of sick child facility referrals were completed against the target of 75%. This is important because **when a child has complications outside of the CHW's ability to treat, they refer them to the health facility—but the referral is useless if the child doesn't go. Ensuring that the most at-risk cases get the needed care is a top priority for Living Goods in reducing child deaths.** CHWs therefore follow up on all referrals within 24 hours to confirm that sick children receive care.



### Uganda

**Good momentum:** CHWs in Uganda once again surpassed most targets in Q3. They provided about 27 treatments or referrals per month for sick children under 5, surpassing the target of 24. However, we're not reaching enough under-1 children. We're diving deep to understand the reasons for this. We expect it's because caregivers prefer to treat their kids with syrups often available only through private providers, and because this age group presents a high rate of health issues outside of CHWs' focus areas. CHWs continue to educate caregivers on the benefits of seeking care from health facilities for children under 1 to make sure they receive the treatment they need. ■

# Digital Tools are Driving Better Community Health Outcomes in Uganda

New evidence from Uganda shows how digital tools and real-time data use are improving community health outcomes. Data analyzed from the Ministry of Health's eCHIS across Mayuge and Wakiso districts—**comparing results from the first half of 2024 and 2025—reveal that digital reporting and supervision are transforming how childhood illnesses are detected and managed.** eCHIS has enhanced how data informs supervision, training and commodity resupply, ensuring that CHWs have the right medicines and tools when and where they're needed.

**Malaria management improved most dramatically.** CHWs treated nearly five times more malaria cases in 2025 than the year before, supported by steadier antimalarial supply and stronger supervisory follow-up. In Mayuge, stock availability rose from 21% in January to 96% by mid-year. Because district health teams could now track both disease trends and stock levels through eCHIS, they ensured CHWs were adequately supplied with commodities to respond to childhood diseases at the community level. **As CHWs managed more cases in communities, malaria incidence fell 34% in Mayuge and 25% in Wakiso, and facility caseloads declined—showing that effective data use is helping to shift care to the community level.**

**Pneumonia and diarrhea care also strengthened.** CHWs diagnosed over 75,000 pneumonia cases in 2025—up from 17,000 in 2024—and treatment with amoxicillin increased fivefold. Similarly,



Wakiso, Uganda: CHW Sara Nakabazzi enters a client's data in her phone.

diarrhea treatment coverage rose significantly, with stronger data visibility enabling the Ministry of Health to monitor ORS and zinc stocks and reallocate supplies to where demand was rising. **Statistical analysis confirmed a strong link between eCHIS-supported data use, timely commodity availability, and improved access to treatment.** These results show that when accurate data guides decisions, service delivery improves and communities thrive. ■

“

**As CHWs managed more cases in communities, malaria incidence fell 34% in Mayuge and 25% in Wakiso, and facility caseloads declined.**

”



## Innovation Corner

### Digital Tools are Transforming CHW Capacity Building

Traditional training approaches for CHWs are resource-intensive, inconsistent, and do not effectively address individual CHW knowledge and skill gaps. This is directly impacting the quality of care CHWs can provide to their communities.

To address this, Living Goods partnered with the Ministries of Health (MoH) in Kenya and Uganda to co-design content and pilot an e-learning platform featuring a gamified, interactive interface, built-in certification, and storytelling animations that strengthen learning retention and drive improvements in service delivery. Importantly, the platform functions offline, ensuring access even in low-connectivity areas.

**The digital Learning Management System enables CHWs to learn at their own pace—boosting confidence, strengthening clinical decision-making, and sustaining performance. In Busia County, Kenya, the pilot achieved 95% course completion and 85% monthly active usage.**

Building on these results, Uganda's Ministry of Health—with support from Palladium—has integrated approaches from the digital learning management system to create a blended learning ecosystem that will enhance community health capacity nationwide. Living Goods is now supporting a new pilot to gather user insights that will guide further customization and improvement.

Next, we are expanding this innovation to Burkina Faso and conducting an evaluation in Kenya to capture lessons that will inform optimization, investment decisions, and scale-up. By investing in digital learning, Living Goods is helping governments build sustainable and affordable systems for continuous capacity building—reimagining how primary healthcare is delivered. ■



*Vihiga, Kenya: A Living Goods coach supports a CHW to review data on her phone.*

### Strengthening Community Health Supervision Through Data-Driven Tasking

Supervisors play a critical role in guiding and motivating CHWs, yet their work is too often reactive. Without real-time visibility into CHW performance, they can only identify issues after problems emerge. This limits

*Cont'd on pg. 9*



Cont'd from pg. 8

their ability to provide timely feedback and leaves missed opportunities to improve the quality of care for families.

The **Next Generation Supervisor App (NGSA)** is changing that. Envisioned as an independent but fully interoperable software module, the NGSA is designed to strengthen and complement the electronic Community Health Information System (eCHIS).

Leveraging data from eCHIS, it automatically flags when follow-up is needed—for example, when a malaria diagnosis is logged, but no treatment or referral is recorded. It then automatically alerts supervisors and assigns them targeted follow-up tasks to support CHWs, helping them to act quickly and focus their time where it matters most.

Living Goods is currently engaging in co-creation sessions with the MOH and other partners to shape the app's design and functionality. We will then pilot the app to refine workflows and build the evidence needed to guide scale-up through the national system.

This innovation directly supports Kenya's Community Health Strategy (2020–2025) and Digital Health Strategy, which call for stronger supervision, mentorship, and the intelligent use of data to improve health outcomes. ■

## How Peer Support Enhances Supervision and Service Delivery

Integrating peer supervision within government-led community health systems has proven to be a cost-effective way to improve the quality of care CHWs provide and sustain performance at scale. By shifting from externally driven oversight to peer-led data-informed approaches, **Living Goods and its government partners are helping optimize supervision models that improve efficiency and accountability across community health systems.**

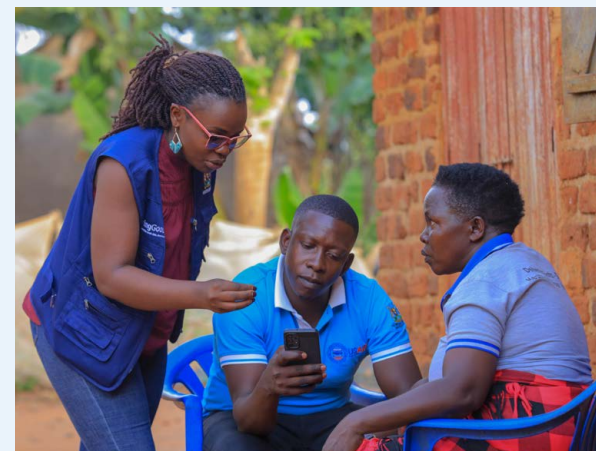
Following the rollout of Uganda's eCHIS, the Ministry of Health and the District Local Governments of Mayuge and Wakiso, with support from Living Goods Uganda and UNICEF, transitioned CHWs—known locally as Village Health Teams (VHTs)—from paper-based reporting to the national digital platform. This digital transition has made performance data more visible and actionable, allowing peer supervisors to tailor their support to areas of need and track processes more efficiently.

Building on this milestone, Living Goods partnered with the two districts to strengthen government-led supervision by integrating peer supervision—an approach we've tested and refined since 2018. Working with district leaders, we identified operational sites, clarified supervision roles—Community Health Extension Workers (CHEWs) in Mayuge and VHT Parish Coordinators in Wakiso—and mapped all peer

groups digitally to ensure alignment with government systems. Each peer group includes six to 10 CHWs, with supervision conducted mainly through group meetings and targeted door-to-door visits.

**Peer leaders receive ongoing mentorship from district and Living Goods staff on supervision, data use, and digital troubleshooting.** To address competing priorities among peer leaders, we are supporting them to develop monthly supervision workplans and advocating for performance-based incentives to sustain motivation and accountability.

These experiences are directly informing Living Goods' upcoming strategic plan, which will build on lessons to further optimize digital, data-driven supervision models that enhance quality, efficiency and affordability—while embedding sustainable practices within government systems. ■



Mayuge District, Uganda: Community health supervisor Clare Ojambo coaches CHEW Samanyu Muzamiru and a CHW on how to review and make use of data during household visits.

**"In my view,  
health is not a  
privilege; it is a  
promise. I take  
pride in being  
chosen to help  
deliver that  
promise."**

*Samanya Muzamiru, a CHEW in  
Mpungwe Subcounty, Mayuge  
District, Uganda.*







## Implementation Support

**Communities received critical care:** In our implementation support sites, Living Goods and county governments in Kenya work side-by-side to design, finance, and implement strong community health programs. In Q3, CHWs in our Busia, Kisumu, and Vihiga operations ensured that an impressive 100% of children had all their required immunizations—bolstering their protection against deadly diseases—and 95% of pregnant women delivered at the health facility, reducing their risk of life-threatening complications around birth. These three counties ranked in the national top 10 for CHW performance, with Vihiga leading all 47 counties, thanks to strong legislation, Living Goods’ technical support, and well-equipped, consistently compensated CHWs.

**National vaccination campaigns:** In July, CHWs participated in national campaigns for measles-rubella and typhoid vaccines as well as deworming campaigns. The vaccination efforts achieved high coverage—protecting thousands of children and reducing outbreak risk—demonstrating the essential role the community health workforce plays in connecting vulnerable populations to the most critical health interventions.

**How we’re studying the data:** Living Goods is known for our rigor around results, which can be seen in our data practices. Twice a month, for example, we hold collaborative validation exercises to resolve inconsistencies and strengthen data quality. Our Program, Performance, and Digital Health teams conduct joint investigations into performance gaps, ensuring continuous improvement. These sessions have improved alignment in KPI calculations and data quality. Indicator deep-dives are underway to identify effective strategies for cross-learning across sites and to inform timely adjustments. ■

## CHW’s Fight for Equitable Healthcare for Every Family

The faces of four-year-old twins Baraka and Mirable light up as they run into CHW Esther’s arms in Vihiga County. Esther is a familiar and trusted figure in this household. Her warm bond with the children reflects the care she has shown them over the years.

In her 10 years of service, Esther says the twins’ story remains among the most challenging she has encountered. Raised by a mother with epilepsy and a father who was injured in an accident, the twins faced serious risks from birth.

The children’s mother, Maureen, first met CHW Esther in 2020 while pregnant. Recognizing her condition, Esther made frequent home visits to monitor Maureen’s health and prepare her for a safe delivery.

**“Since they were born, I have been actively involved in taking them for routine immunizations and medical care, and ensuring they are exclusively breastfed,”** says Esther.

She adds that she registered them in the eCHIS, which tracks health statuses, streamlines reporting, and provides automated reminders for follow-up care.

At seven months, the twins became malnourished. Acting quickly, Ms. Chiteri linked the family to an organization that provided therapeutic feeding for children.

Today, Esther continues to regularly visit the family, often bringing them food to help prevent relapse. Such stories illustrate how CHWs like Esther build lasting relationships with families, serving as a trusted link to life-saving services and support – ensuring every child has equitable access to care, no matter where they live or their family’s financial situation.” ■

# Kisumu Shows How Government-Led Community Health Can Reach More Mothers and Children

Over the past three years, Kisumu County has become the first in Kenya to fully institutionalize the government-led DESC approach—ensuring that CHWs are Digitally enabled, Equipped, Supervised, and Compensated. Kisumu offers a powerful preview of what happens when governments lead the design, implementation, and funding of community health programs, alongside a partner like Living Goods.

A recent process evaluation by [IDinsight](#) found strong evidence that the approach is driving measurable improvements, while highlighting the system-level gaps that must be addressed to sustain progress. Comparing data from the 2022 baseline, when Living Goods transitioned from direct to government-led implementation in Kisumu, to the 2025 endline, researchers found that:



Behind these numbers are deeper shifts in trust, accountability, and data use. **CHWs, affectionately known as *daktari* in their communities, feel more confident and responsible for ensuring referrals are completed, while county supervisors are using digital dashboards to monitor performance in near real time.** Kisumu's experience shows that when governments embed digital, supervisory, and financing systems within their own structures, community health becomes more effective and sustainable.

The evaluation also underscored persistent challenges: stockouts, delayed CHW compensation, and weak network connectivity continue to constrain performance. These realities are shaping how Living Goods will refine our role going forward, focusing less on troubleshooting and more



*Seline Akoth Odhiambo, a CHW in Seme Sub-County, Kisumu County, conducting a household visit.*

on strengthening government capacity to prevent and manage these bottlenecks.

As we support additional counties, the lessons from Kisumu are clear. We will:

- **Institutionalize capabilities** by embedding digital and supervisory know-how inside county teams.
- **Increase value add** through targeted technical assistance where governments need it most, enhancing digital reliability, performance management, and optimizing community health programs to be more cost effective.
- **Foster innovation** through affordable, scalable digital and emerging technology solutions that strengthen government systems.

**Kisumu's story affirms that government-led community health is not only possible but working. Our next phase will build on this foundation, helping more counties deliver the same measurable impact at-scale. ■**





## Enabling Environment

### Power of Partnership in Advancing Community Health

Coalitions like [Community Health Units for Universal Health Coverage](#) (CHU4UHC) have proven to be effective mechanisms for coordination across government, civil society, and the private sector—helping to channel resources and harmonize resources and implementation. At the [Devolution Conference in Homa Bay](#), Living Goods joined partners through the CHU4UHC platform to spotlight how counties are taking ownership of health financing and delivery. The dialogue focused on how devolved systems can align political commitment, financial resources, and technical expertise to sustain progress towards Universal Health Coverage (UHC). **As Dr. Gregory Ganda, County Executive Committee Member for Health in Kisumu, emphasized, “When political leaders, finances, and technocrats align, system change becomes a reality.”**

Yet, participants also highlighted persistent challenges: inconsistent CHW stipends, uneven distribution of CHWs across counties, and infrastructure gaps that limit service reach.

Weeks later, at the 80<sup>th</sup> United Nations General Assembly, these lessons from Kenya resonated globally. Living Goods and its partners emphasized that sustainable impact in community health begins with government leadership, strengthened by data-driven systems. Drawing from Kisumu’s experience, Dr. Ganda reflected, “For years, our CHWs were paid by partners. We decided they must instead be paid legally, through the government system, through taxpayers.” That decision, now enshrined in law, has transformed service delivery and accountability at the local level.

**Living Goods CEO Emilie Chambert reinforced the same message: “Lasting impact can only happen if government is in the lead. That is why we co-design, co-finance, and co-implement with governments – so solutions are grounded in local realities and affordable for the long term.” ■**



Emilie Chambert, Chief Executive Officer of Living Goods (Center) speaking at a panel during the United Nations General Assembly.



Hildah Ngondoki (far right), Global Director, Digital Health & Government Partnerships at Living Goods joins other partners on a panel at the Devolution Conference in Homa Bay, Kenya.

# ORGANIZATIONAL UPDATES

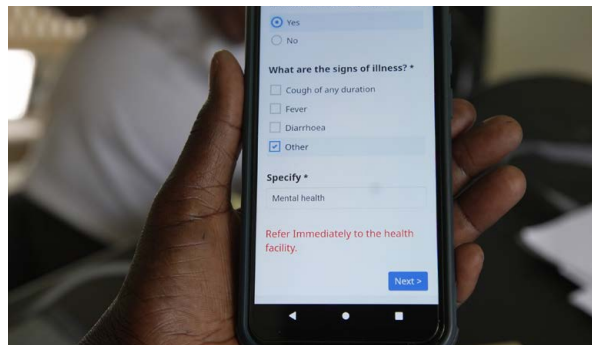
## Learnings from Our Current Strategy

As we bring our 2022–2026 strategic plan to a close, we’re reflecting on lessons learned and how that will shape our efforts going forward. Few leaders have had a closer perspective than Thomas Opiyo Onyango, who served as Country Director for Kenya for seven years.

“Shifting from Living Goods leading learning sites to governments truly leading has been a journey. **Ownership doesn’t happen overnight. It’s progressive—and as governments lead, we inevitably lose some control. That’s both the opportunity and the challenge,**” he says.

This shift has required Living Goods to adapt to the government’s pace and priorities while bringing learnings and evidence from its years of experience in performance optimization and deep digital expertise to unlock impact at scale. Progress has rarely been linear: at times too slow, at times too fast, and shaped by political transitions. **The lesson, Thomas emphasizes, is that systems change is not an event—it is a process that requires patience, flexibility, and openness.**

Thomas also notes how Living Goods has helped shape Kenya’s national community health architecture. He highlights several pivotal contributions:



*We champion forward-looking solutions that leverage emerging technologies, prioritizing interoperability, scalability, and affordability.*

➤ **Digital health leadership:** Living Goods initiated early discussions on a national digital system, supported government to conduct a full digital ecosystem analysis, and financed development of the 2025 Community Health Strategy to embed digital priorities.

### **Political influence to drive political will and system change:**

➤ Before the 2022 elections, Living Goods quietly worked to embed community health in the manifestos of the two leading presidential candidates. Today’s commitments to pay, digitalize, and supervise CHWs at a national scale trace back to that effort.

➤ **Coalitions:** Through platforms like CHU4UHC, Living Goods has championed community health with a collective voice.

“It is important for Living Goods to recognize its catalytic role. These are foundational contributions that continue to shape the ecosystem,” Thomas says

Looking ahead, Thomas notes that with the sharp reduction in U.S. Government funding, the reality is that governments must prioritize a smaller set of affordable, sustainable solutions.

**“There will be painful trade-offs. Governments will need to decide what is truly essential—the ‘must-haves’—and let go of the ‘nice-to-haves.’”**

He concludes with a reminder: “Government is not just institutions, but people. Progress depends on committed leaders at all levels.” ■



*Shifting from Living Goods leading learning sites to governments truly leading has been a journey. Ownership doesn’t happen overnight. It’s progressive—and as governments lead, we inevitably lose some control. That’s both the opportunity and the challenge.*

– Thomas Opiyo Onyango, former Living Goods Country Director for Kenya





## Leadership Spotlight

**Jules Gaye**  
Living Goods Country Director,  
Burkina Faso.



For **Jules Gaye**, community health is more than a profession: it's a lifelong calling. He began his journey in Senegal as a community health worker, walking from neighborhood to neighborhood to reach families who had little access to care. Today, as Country Director of Living Goods Burkina Faso, Jules leads with the same passion and purpose that first inspired him.

### » What keeps you going even when the going gets tough?

I am dedicated to supporting families who face challenges in accessing essential health services. I have seen first-hand the positive impact that prompt, straightforward solutions can have, including saving lives, preventing illness, and strengthening communities. Despite difficulties, witnessing the real benefits of our work and the optimism it brings to communities reinforces my commitment.

### » Why is the Living Goods mission important to you?

Living Goods goes beyond delivering services; it strengthens health systems so that everyone, everywhere, can access quality care. By equipping community health workers with appropriate tools and skills, we create sustainable, measurable impact. I joined Living Goods for the opportunity to lead and scale operations, but I stay for the results, the lives we're saving, and the difference we are making in communities across Africa.

### » What has been your most rewarding moment working in community health?

One of the most rewarding experiences has been working with a community leader in Ziniare District, Burkina Faso, who has devoted himself to addressing socio-cultural barriers around family planning and nutrition. Through his leadership, he has strongly supported CHWs to mobilize communities to adopt healthier practices, openly discuss sensitive topics, and support each other in making informed health decisions. Witnessing his dedication and the tangible changes in the communities has been inspiring. It is in these moments that the real, lasting impact of our work becomes visible.

### » If you could change one thing in the health space, what would it be, and why?

I would ensure that community health is fully recognized and sustainably funded within national health systems. Community health workers are the backbone of primary care, yet they are often undervalued. Investing in them at-scale would save countless lives, strengthen health systems, and build long-term resilience in communities. ■

## IN THE MEDIA

### VIDEO

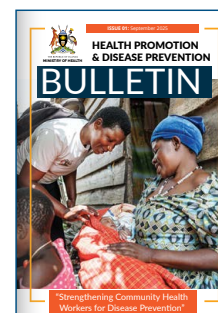
#### Community Health Workers: Lifesaving Care at Every Doorstep

<https://www.youtube.com/watch?v=yeyCpfb70nc>



### BLOG

<https://livinggoods.org/media/burkina-faso-community-health-digital/>



#### UGANDA MoH NEWSLETTER

<https://health.go.ug/download/health-promotion-bulletin-sept-2025-issue-1/>

# Reflections from the Leadership Retreat

Leaders from across our country and global teams came together in Nairobi this August for a leadership retreat to chart the path forward under Living Goods' new strategic plan. The gathering was an energizing space to reflect, share bold ideas, and explore how to translate the vision of our new strategic plan into concrete action to drive lasting impact.

**Gitahi Ng'ang'a**  
Global Director, Software Engineering

*This year's leadership retreat was special because it marked the start of a new strategic direction for Living Goods. Yet even as we evolve, our mission to save lives remains at the heart of who we are. Reflecting with fellow leaders on past lessons and how to continue creating value and lasting impact was energizing, and a powerful reminder of why we do what we do.*

**Rosebellah Amihanda**  
Deputy Director, Program Excellence, Kenya

*At the leadership retreat, we were reminded that innovation begins with how we learn and adapt together. Rooted in our shared values, we built stronger connections and aligned on how to turn ideas and strategy into lasting impact for the communities we serve.*





Q3 2025 KPIs <sup>1</sup>	LEARNING SITES						IMPLEMENTATION SUPPORT						Total
	Burkina Faso <sup>3</sup>		Kenya: Busia County		Uganda		Kenya: Busia County		Kenya: Kisumu County		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	3.6	1.1	1.1	1.3	1.4	0.8	0.6	0.8	0.5	0.8	0.6	1.1
% of 4+ ANC visits	N/A	N/A	75%	96%	75%	64%	75%	99%	75%	47%	75%	98%	75%
% Facility Delivery	N/A	N/A	85%	97%	85%	90%	85%	91%	85%	99%	85%	96%	95%
% On-Time Postnatal Care Visit	N/A	N/A	75%	79%	75%	93%	75%	35%	75%	96%	75%	52%	73%
Couple Years Protection	3.0	1.8	6	13.4	4	6.7	6	4.8	6	4.4	5	3.5	5.2
% Children 9-23 Months Fully Immunized	N/A	N/A	85%	99%	85%	82%	85%	99%	85%	100%	85%	100%	96%
Under-5 Treatments or Referrals	18.5	20	23	28	24	27	14	2.1	10	3.4	10	7.4	11.8
Under-1 Treatments or Referrals	N/A	N/A	5	2.3	5	2.8	3	0.2	2	0.2	2	0.6	1.0
% Sick Child Facility Referrals Completed	N/A	N/A	75%	90%	75%	61%	75%	89%	75%	96%	75%	61%	80%
DESC/Performance Management Metrics													
% CHWs in Stock w/ Essential Commodities	75%	87%	75%	66%	75%	88%	60%	TBD	60%	33%	60%	28%	60%
% CHWs w/ Supervision in Last 1 Month	80%	96%	80%	84%	80%	91%	60%	TBD	60%	30%	60%	74%	75%
CHW Income	\$32.00	\$32.00	\$50.00	\$47.00	\$20.00	\$16.82	\$38.00	\$38.00	\$38.00	\$38.00	\$38.00	\$38.00	\$34.08
Impact Total Metrics													
Active CHWs (3-Month Active) <sup>2</sup>	820	811	635	616	1,500	1,535	1,565	1,526	3,000	3,000	1,450	1,439	8,927
Population Served	659,807	652,565	285,750	277,200	900,000	921,000	704,250	686,700	1,140,000	1,140,000	594,500	589,990	4,267,455
Total New Pregnancies Registered	6,942	8,700	2,096	1,979	5,850	6,256	2,817	2,909	7,200	2,958	2,610	2,706	25,508
Total Under-5 Treatments or Referrals	27,204	29,567	43,815	51,064	110,160	118,965	49,298	9,568	90,000	21,057	32,625	31,745	261,966
Total Under-1 Treatments or Referrals	N/A	N/A	9,754	4,194	23,040	12,589	10,564	941	18,000	1,388	8,700	2,455	21,567
Total Couple Years Protection	7,949	604	11,430	24,932	18,000	25,755	21,128	20,756	54,000	39,258	16,313	15,281	126,586
Total Unintended Pregnancies Averted	1,921	146	2,763	6,026	4,351	6,206	5,107	5,017	13,052	9,489	3,943	3,693	30,577
Net Cost per Capita (Annualized)	\$3.52	\$3.97	\$5.20	\$5.32	\$3.07	\$3.17	\$0.71	\$1.04	\$0.90	\$0.93	\$1.18	\$1.17	\$1.93

#### NOTES:

<sup>1</sup> Some DESC KPIs in Busia is are not available given workflow gaps.

<sup>2</sup> About 800 CHWs in Kisumu are involved in a neonatal study which limits our visibility of their data, but we have started including them in our CHW and population served totals as of Q3 to better capture our impact.

<sup>3</sup> 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.