



LivingGoods

Delivering Data-Driven Health Care, Door to Door

QUARTERLY REPORT

Q1 | Jan. – March 2025

EXECUTIVE SUMMARY

In Q1 2025, as the ground of global health shifted beneath us, we remained rooted in our mission: to deliver the life-saving community healthcare that families deserve.

WHAT WE'RE PROUD OF:

- 🕒 **Lives improved:** We supported 7,937 community health workers (CHWs) like Shillah (pg. 5) – digitizing, equipping, supervising, and compensating them – to ensure that families got the care they needed, when they needed it.
- 🕒 **Strong partnerships:** We strengthened our support to governments in Burkina Faso, Kenya, and Uganda and unveiled new impact from this work (pg. 7, 10).
- 🕒 **The impact of digital tools:** We continued to see the potential of digitization to transform community health programs (pg. 5, 10).

WHAT WAS CHALLENGING:

- 🕒 **A shifting funding landscape:** As U.S. government aid cuts plunged us into a new era of uncertainty, we doubled down on support to governments as they reprioritized (pg. 11).
- 🕒 **eCHIS instability:** The digital health system that now supports all CHWs in Kenya experienced significant instability in Q1. We're working with partners to address these challenges while championing the importance of system readiness for scale and stronger governance mechanisms (pg. 12).
- 🕒 **Performance management:** The digital health issues in Kenya affected CHWs' reporting and our ability to monitor and improve programs. That means we both missed some targets and couldn't capture our full impact in Q1 (pg. 9).

WHAT'S NEXT:

- 🕒 **New strategy:** We're preparing to evolve to meet this moment and stay relevant ahead – but our vision won't change: for every family to access the care they need to survive and thrive.
- 🕒 **Redefining our role:** We'll continue to refine our co-implementation approach and role in digital health, informed by new learnings and the changing health financing ecosystem.
- 🕒 **Enhancing the enabling environment:** We'll keep advocating for sustainable financing for community health and digital tools as a key enabler.

Amid this challenging new environment, our commitment to families stands strong. Together, we'll continue working to uplift CHWs and build resilient health systems for the future. ■

WHY LIVING GOODS

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



Q1 2025

OUR IMPACT

7,937

COMMUNITY HEALTH
WORKERS SUPPORTED

3.9 million

PEOPLE REACHED WITH
LIFESAVING HEALTHCARE



IMPACT OVERVIEW

Living Goods' Q1 2025 Accomplishments



165,150
sick child
treatments

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



22,384
pregnancies
supported

By monitoring expectant mothers and educating them on pregnancy's hidden dangers, CHWs help guarantee a safe journey to motherhood.



89%
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.



30,141
couple years
of protection

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



\$1.90
cost per
capita

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

CHW STORY

How Digital Tools Eased CHW Shillah's Workload

In the warm afternoon light of Vihiga County, Kenya, the air hums with the joyful sounds of children playing. CHW Shillah Mavindi is wrapping up a long day, her body tired but spirit full. For the last four years, she has been offering care and counsel to the neighbors she now knows well.

Her final stop today is a familiar one: the home of four-month-old Damien. With a wide smile, Shillah cradles the baby in her arms, exchanging easy conversation with his mother, Latisha Ann. Their relationship didn't begin today but was nurtured over time, starting when Latisha was two months pregnant.

Shillah conducts a postnatal check-up guided by a checklist on her smartphone. She methodically covers Damien's nutritional needs, his vaccine schedule, and warning signs of illness.

"Since I took up the role, I have created a lasting bond with my community, gaining the name 'daktari' due to being their first point contact with the health system," Shillah says.

Yet her journey hasn't been without its challenges. In the early days, she wrestled with the tedious task of manually recording every interaction. "We routinely entered data in heavy books that we had to carry around in our daily visits that could



CHW Shillah does a check-up on four-month-old Damien in Irongo Village, Kenya.

last at least five hours," she recalls. The constant risk of damaging or even misplacing paper-based records made an already demanding job even harder.

Today, her work has shifted dramatically thanks to the electronic Community Health Information System (eCHIS). The culmination of over a decade of investments in community health digitization in Kenya, eCHIS was designed to close critical

gaps in community health service delivery, enabling CHWs like Shillah to reach more families with better quality care.

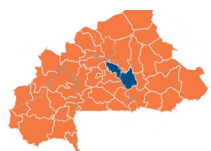
"The digital transition has made our work easier. For instance, we are able to track at the touch of a button inefficiencies such as vaccine defaulters that could easily be missed, making them now a thing of the past," she says. ■

STRENGTHENING DELIVERY THROUGH LEARNING SITES



Strategic Pillar 1: Living Goods directly operates small learning sites where we provide all key “DESC” elements – Digitizing, Equipping, Supervising, and Compensating CHWs. These controlled environments allow us to rigorously hone our approach, innovate, and demonstrate the lifesaving impact of high-quality community health – proof points for what governments can deliver at scale.

Delivering Gold-Standard Community Health



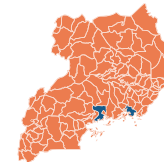
BURKINA FASO:

- ⊗ **Impressive performance:** CHWs are steadily surpassing targets in Manga and Ziniaré districts. For example, they registered 3.6 pregnancies per month against the target of 2.9.
- ⊗ **Improved cost-efficiency:** We launched an optimization plan which led to savings through a new operational model for supervision, an important learning for scale.
- ⊗ **What's next:** We finalized a study evaluating the impact of allowing iCCM services – CHW management of malaria, pneumonia, and diarrhea – within 5 kilometers of a health facility, which was previously prohibited.



KENYA:

- ⊗ **Mixed performance:** CHWs in our Busia learning site surpassed some targets like facility delivery, but performance has been affected by eCHIS downtime since August 2024, and competing government priorities.
- ⊗ **eCHIS challenges:** This affected performance management – the ability to monitor progress and improve service delivery – while immunization and family planning workflow gaps affected referrals.
- ⊗ **Family planning collaboration:** We're increasing coordination with partners at community and facility levels to improve access to family planning methods, helping close the referral loop.



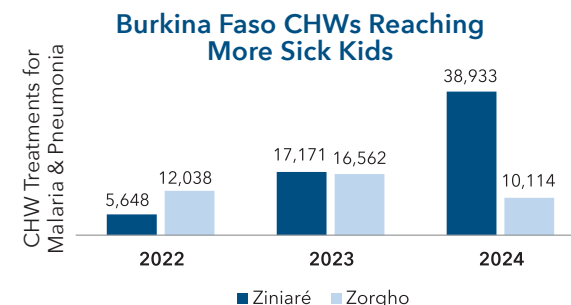
UGANDA:

- ⊗ **Good performance:** We kept consolidating operations, exiting two more districts by March. In Mayuge and Wakiso, newly recruited CHWs have now received iCCM training, so treatments will increase by Q2.
- ⊗ **Pregnancy registrations:** We did a rapid assessment on low pregnancy registrations, and are now developing targeted training, strengthening community engagement, and improving referral processes at facilities.
- ⊗ **eCHIS dashboard gaps:** Supervisors had limited visibility into performance – affecting timely, data-driven support – but used peer group meetings to access data directly from CHW phones. ■



PERFORMANCE SPOTLIGHT: Burkina Faso CHWs Reaching More Sick Kids

A consultant's evaluation of government data in Burkina Faso found that Living Goods' intervention significantly improved CHWs' ability to manage child illnesses. In 2024, CHWs in Ziniaré treated **2x as many pneumonia and malaria cases** as the year before and **4x more cases** than in Zorgho – a district not supported by Living Goods – despite having a smaller population.



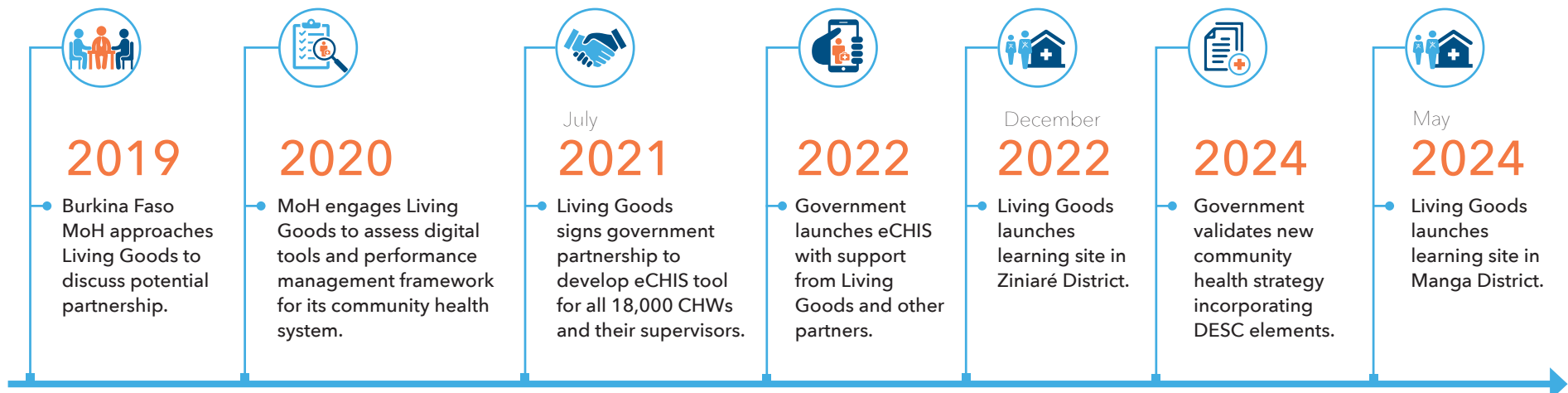
BURKINA FASO DEEP DIVE

Success Factors for Living Goods' Partnership with Government

When Living Goods made Burkina Faso our third country of operation in 2022, we saw the potential for our greatest impact yet – with 1 in 12 kids not reaching their fifth birthday. We've since gathered remarkable momentum, becoming a leading technical advisor to the government; professionalizing nearly 1,000 CHWs through learning sites where we've adapted our best practices to local contexts; and co-designing, -piloting, and -launching the national eCHIS platform.

In Q4 2024, a consultant interviewed our current and former partners from Burkina Faso's Ministry of Health (MoH) to understand what makes Living Goods a trusted partner. Six key enablers stood out:

What Makes Living Goods a Strong Government Partner



INNOVATING TO DEEPEN IMPACT

We Believe Bold Ideas Can Transform Healthcare

Living Goods is constantly testing new ideas to deepen the impact of community health at scale. We conduct pilots in learning sites, then partner with governments to scale up successful solutions. Our Q1 2025 innovation priorities included:



revolutionizing CHW training through self-paced **e-learning** (*pilot stage*)



harnessing **predictive analytics** to better target un-immunized children (*proof of concept stage*)



piloting a **community event-based surveillance** system to track health threats (*pilot stage*)



developing **risk stratification models** to prioritize high-risk individuals (*exploration stage*)



Supervisor Mercy and CHW Amos depart a client's home in Munongo Village, Busia.



INNOVATION SPOTLIGHT: Community Event-Based Surveillance

CHWs in Busia, Kenya, are at the forefront of local disease surveillance through an innovative community event-based surveillance pilot.

Leveraging digital tools and a “One Health” approach, CHWs and community members can now report unusual environmental, animal, and human health events in real time. A shared digital triage process will enable swift coordinated action from animal health officers, public health officials, and environmental experts.

The pilot marks the first fully integrated community-led surveillance system of its kind in Kenya.

Next quarter, the pilot will generate crucial insights on workflow effectiveness and community engagement strategies – generating key learnings to guide decisions on scaling within Busia and paving the way for potential national reach through integration with eCHIS.

CO-FINANCED IMPLEMENTATION SUPPORT



Strategic Pillar 2: Implementation support is at the heart of our vision for government-led health systems. Living Goods and county governments work side-by-side to design, finance, and implement DESC-enabled community health programs, with our support designed to phase out over time as governments take on increasing ownership.

Co-Implementing with Governments for Sustainable Impact

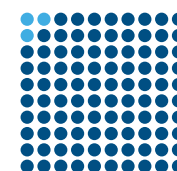
➤ **Continued government commitment:**

Despite the disruption caused by the U.S. government funding freeze, all co-financing agreements between Living Goods and government partners were respected in Q1, including for CHW training, commodities, and supervision. As an essential component of implementation support, this marks an important achievement and demonstrates governments' continued ownership.

➤ **Families received critical care:**

CHWs were out every day providing the health services that their communities need. For instance, across our implementation support sites in Busia, Kisumu, and Vihiga counties, CHWs ensured that 97% of children had all their required immunizations – bolstering their protections against deadly diseases – and that 97% of pregnant clients delivered at the health facility, reducing their risk of life-threatening complications around birth.

CHWs ensure children receive life-saving vaccinations



97%

of children in our Kenya implementation support sites are fully immunized



LEARNING SPOTLIGHT: Male Engagement Increases Family Planning Use

In many communities, men are traditionally left out of conversations about family planning. This can create a lack of understanding that leads to negative misconceptions and resistance to its use. To address this gap, Living Goods pioneered an approach that trains respected male community members as family planning champions to facilitate conversations with their peers.

The results of a 6-month pilot in Kisumu County were remarkable: new oral contraceptive users at health facilities increased 377% and return visits for all short-term methods increased 57%, according to health information system data. This means that not only did more women adopt these methods, but they were also more likely to continue using them.

What also made this pilot unique was the local ownership and government leadership. The Kisumu County Government is now exploring scaling the pilot to more subcounties in 2025, and we're taking learnings to Burkina Faso and Uganda.

➤ **Progression with eCHIS journey:** eCHIS outages meant that CHWs' impact was not fully captured in Q1. This also led to a loss of traction with performance management practices given challenges accessing data for decision-making. Living Goods and partners provided technological support and we're optimistic about revamped governance mechanisms, including the setup of a Project Management Unit, and our increased role as a strategic partner to government (see pg. 12).

➤ **Redefining our role:** As part of our government-led scaleup, we will be testing new approaches in the coming months that ensure we can still deliver impact at scale faster and more efficiently. ■

KISUMU STORIES OF CHANGE

A Model for Government-Led Community Health

Since launching our implementation support partnership in 2020, Living Goods and Kisumu County's government have transformed the community health program. In December 2024, we documented stories from beneficiaries, CHWs, supervisors, and county leadership on the positive changes driven by Living Goods.

Interviewees said the partnership's most remarkable achievement is the establishment of a comprehensive digital health reporting system that uses data to optimize CHW performance. Living Goods helped pilot Kenya's eCHIS in Kisumu in 2021, shifting CHWs from paper-based to digital reporting and laying the foundation for its nationwide rollout.

“ You cannot mention all these achievements without talking about Living Goods because they are the ones who introduced the technology. The impact of Living Goods' intervention has been profound, from digitizing healthcare services to increasing household visits and ensuring that communities receive the care they need. ”

- Fred Oluoch, Director Public Health



A CHW checks their eCHIS workflow during a household visit.

This has led to improved data accuracy, efficiency, and evidence-based decision-making. And when performance gaps are identified, the partnership implements a structured approach to corrective action.

The referral system is also strengthened. Digitized CHWs now serve as critical links between households and health facilities, facilitating early detection and diagnosis, helping reduce disease severity, and alleviating the burden on facilities.

Together, these achievements have driven notable improvements in maternal and child health. According to 2022 KHIS data:



ANTENATAL CARE FIRST VISITS: Increased from 38% to 61%



SKILLED BIRTH ATTENDANCE: Increased from 70% to 98%



IMMUNIZATION COVERAGE: Increased from 65% to 93%

SHAPING THE ENABLING ENVIRONMENT



Strategic Pillar 3: Living Goods works with governments to create conducive policy environments for CHWs to operate, mobilize resources for community health and DESC, and support the digitization of national community health systems for improved data use and decision-making.

Navigating Foreign Aid Cuts

Dramatic declines in global development assistance are threatening to reverse years of progress toward equitable, life-saving primary healthcare across Africa. Living Goods' assessments with Ministries of Health revealed gaps in essential services and governance across the health system – including major disruptions in essential commodities, CHW salaries, and supervision.

Meanwhile, years of investments in digital health infrastructure are also at risk, leaving Uganda with an 85% gap in digital governance funding and contributing to a prolonged outage of Kenya's health information system, for instance.

Living Goods is pivoting to support government partners through the difficult financing decisions they must now make under extreme budget pressure. **We are advising governments to optimize primary healthcare financing and**

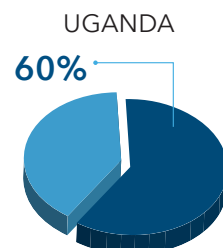
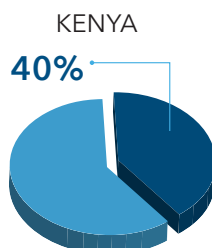
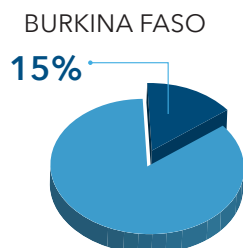
service delivery – including providing technical support for integrating health services – and to prioritize certain policies. We're also engaged in joint advocacy with groups like the Community Health Impact Coalition, CHU4UHC in Kenya, and the Global Health Council to stay informed and influence the broader landscape.

At key regional and global events, meanwhile, we're helping to secure political commitments to invest in professionalized CHWs as a core pillar of primary healthcare. **At ECSA-HMC, for example, we catalyzed ministerial resolutions committing member states to scale up and sustainably fund professionalized CHW programs.**

In the months ahead, we'll continue supporting governments to assess and sustainably recover from these disruptions, with a heightened focus on domestic resource mobilization. ■

U.S. Government Portion of National Health Budgets Before Cuts*

**Living Goods estimates based on various sources*



Sector Engagement

PAST EVENTS:

- **East Central and Southern African Health Ministers Conference (ECSA - HMC)** | Malawi, February 2025
- **Africa Health Agenda International Conference (AHAIC)** | Rwanda, March 2025
- **Skoll World Forum** | U.K., April 2025
- **World Bank & IMF Spring Meetings** | U.S.A., April 2025

UPCOMING EVENTS (Q2):

- **World Health Assembly (WHA)** | Switzerland, May 2025
- **DHIS2 Annual Conference** | Norway, June 2025 (TBC)
- **Infection Control Africa Network Congress (ICAN25)** | South Africa, June 2025 (TBC)

DIGITAL HEALTH DEEP DIVE

Lessons from Kenya: Strengthening System Readiness for eCHIS at Scale



Kenya's rapid national rollout of its electronic Community Health Information System (eCHIS) marked a milestone achievement in community health digitization, with all 107,000 CHWs equipped with digital tools by mid-2024. **However, the system encountered intermittent outages by year-end – signs the scaleup outpaced necessary infrastructure planning and readiness for national-scale deployment.**

The crisis culminated in late February 2025 when system-related hosting failures triggered persistent downtime nationwide. Although services have been restored in almost all counties, data dashboard challenges are adversely impacting data-driven decision-making and performance management.

The outages severely disrupted Q1 2025 reporting and made it harder for CHWs to deliver care, forcing some to revert to paper-based

tools. As one of few partners analyzing complete datasets to drive real-time performance improvements, we raised concerns early on and rapidly mobilized field-informed technical support during the nation-wide outage.

While largely rectified with the support of Living Goods and other partners through a move to a more stable and dedicated government-led data center, the outages reveal a deeper systemic challenge. These novel digital health solutions were scaled without adequate foundational infrastructure, tech governance, and policy-aligned best practices to sustain the systems at scale.

As an organization at the intersection of technology, policy, and implementation, Living Goods has long championed investing in system readiness. We're now harnessing Kenya's experience to catalyze the foundational work needed for long-term scaling.

Most significantly, we're supporting the revitalization of tech governance structures to ensure the government has access to the expertise it needs to sustain eCHIS at scale. **This includes the setup of a Technical Working Group and Project Management Unit within the Ministry of Health to coordinate all partners and lead capacity building, strategic planning, and scaling.** Looking ahead, we'll be supporting the government to develop a fit-for-purpose

supervision tool and a product roadmap, and to conduct a holistic system assessment.

We're also leveraging our regional footprint to drive cross-country learning and alignment. At the 2024 Global Digital Health Forum, we facilitated rich government-to-government learning sessions between Kenyan, Burkinabé, and Ugandan representatives – helping seed a new era of peer-driven knowledge sharing for resilient digital health systems.

Living Goods sees the life-saving power of digitized CHWs every day – but we know there are no shortcuts to technology at scale. As we continue supporting governments on their digital health journeys, we'll translate Kenya's hard-earned lessons into underlying system readiness, unlocking enduring impact across Kenya, Burkina Faso, Uganda, and beyond. ■

“ **There's evidence that eCHIS can make the difference in the field, but there is a need for stronger, coordinated investments in the foundational aspects of digital for it to work sustainably at scale.** ”

- Kanishka Katara, Living Goods'
Chief Digital Health Officer

RESEARCH SPOTLIGHT

RCT2 Preprint Released: CHWs Save Lives At Scale

In April 2025, a second independent randomized controlled trial (RCT) on Living Goods' approach was accepted as a pre-print in [The Lancet](#). The results are now publicly available while it awaits peer review.

The findings were remarkable: the RCT tied Living Goods' community health program in Uganda to a 28% reduction in child mortality.

Every CHW was digitally enabled, equipped, supervised, and compensated (DESC) – providing powerful evidence that **DESC-enabled CHWs are a viable solution to expanding access to primary care.**

Conducted from 2016 to 2021, this is the second RCT on Living Goods-supported CHWs in Uganda. It follows a 2013 RCT that found a 27% mortality reduction. **Crucially, the size of the program and national declines in mortality rates made this impact even more impressive.** The new study evaluated the program at 9x the scale of the first, across 4,500 CHWs.

As we continue partnering with governments to bolster community health, this strengthens the case for embedding DESC into national systems – bringing us closer to our vision of a world where every family can access the care they need to survive and thrive. ■



CHWs Dorothy and Nuru converse with a client in Wakiso, Uganda.



DIGITIZED

CHWs use a smartphone app to guide their health activities



EQUIPPED

CHWs are given standardized training, health tools & medicines



SUPERVISED

Supervisors mentor CHWs and monitor their performance



COMPENSATED

CHWs receive fair and timely pay

Q1 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	3.6	1.1	0.8	1.3	1.0	0.8	0.5	0.8	0.5	0.8	0.8	1.0
% of 4+ Antenatal Care visits	75%	N/A	75%	98%	75%	80%	75%	97%	75%	97%	75%	95%	92%
% Facility Delivery	85%	N/A	85%	97%	85%	91%	85%	92%	85%	96%	85%	97%	94%
% On-Time Postnatal Care Visit	75%	N/A	75%	74%	75%	86%	75%	23%	75%	59%	75%	31%	56%
Couple Years Protection	3.0	2.7	6	0.2	4	5.5	6	0.04	6	0.3	5	0.8	1.8
% Children 9-23 Months Fully Immunized	85%	N/A	85%	95%	85%	66%	85%	92%	85%	100%	85%	99%	89%
Under-5 Treatments or Referrals	18.5	19	23	20	24	20	14	0.2	10	3.1	10	5.2	9.8
Under-1 Treatments or Referrals	4	N/A	5	1.7	5	2.8	3	0.03	2	0.3	2	0.5	1.0
% Sick Child Facility Referrals Completed	75%	N/A	75%	47%	75%	58%	75%	63%	75%	93%	75%	48%	66%
DESC/Performance Management Metrics ⁴													
% CHWs in Stock w/ Commodities	75%	87%	75%	87%	75%	82%	60%	TBD	60%	TBD	60%	TBD	85%
% CHWs w/ Supervision in Last 1 Month	80%	93%	80%	93%	80%	86%	60%	TBD	60%	71%	60%	57%	80%
CHW Income	\$32.00	\$32.00	\$50.00	\$38.00	\$20.00	\$13.80	\$38.00	\$38.00	\$38.00	\$38.00	\$38.00	\$38.00	\$31.81
Impact Total Metrics													
Active CHWs (3-Month Active)	820	818	635	594	1,920	1,827	1,565	1,134	3,000	2,128	1,450	1,436	7,937
Population Served	659,807	657,964	285,750	267,300	1,152,000	1,096,200	704,250	510,300	1,140,000	808,640	594,500	588,760	3,929,164
Total New Pregnancies Registered	6,942	8,428	2,096	1,456	7,488	5,075	3,756	1,104	6,911	3,042	2,610	3,279	22,384
Total Under-5 Treatments or Referrals	27,204	28,153	43,815	34,469	101,952	61,881	65,730	551	86,385	18,755	32,625	21,341	165,150
Total Under-1 Treatments or Referrals	9,840	N/A	9,754	2,983	21,240	8,361	14,085	79	17,277	1,525	8,700	1,870	14,818
Total Couple Years Protection	857	655	11,430	310	16,992	25,325	28,170	21	51,831	1,052	16,313	2,779	30,141
Total Unintended Pregnancies Averted	207	158	2,763	74	4,107	4,253	6,809	5	12,528	255	3,943	671	5,416
Net Cost per Capita (Annualized)	\$5.20	\$3.98	\$3.52	\$5.32	\$3.07	\$3.18	\$0.71	\$1.04	\$0.90	\$0.93	\$1.18	\$1.17	\$1.90

NOTES:

¹ In our Kenya sites, eCHIS data visibility challenges affected our performance and meant we could not capture our full impact in Q1.

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.

³ 755 CHWs in Kisumu are involved in a neonatal study which limits our ability to track their health service data; thus their impact is excluded from this chart.

⁴ Some DESC KPIs were unavailable due to limited data visibility. In our Busia learning site, disbursement of CHWs' full stipend is delayed until this is resolved.



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 resource CHWs. Join us, and together we can ensure no family is left behind.