



2025 YEAR-END REPORT

Letter from the CEO

As I reflect on 2025, I'm reminded that this work has never been more important. Many families continue to face barriers to care, **even as governments and frontline health workers step forward to close the gaps**. Despite a challenging year characterized by shrinking funding for global health, I am moved by all that we achieved together.

Across Burkina Faso, Kenya, and Uganda, **we supported 9,000 community health workers (CHWs) who reached 4.2 million people with essential healthcare—treating nearly 1 million children for life-threatening diseases and supporting 100,000 women through their pregnancies** (pg. 7). Behind these numbers are individual stories: a child whose fever was caught early and treated at home, a mother who no longer had to walk hours to reach a clinic, a family who now trusts their CHW as a lifeline (pg. 9).

And our impact doesn't stop there. Across these three countries, about 144,000 CHWs are now active on digital tools co-designed by Living Goods, and 68.5 million people are reached by policies we supported.

This progress reflects the growing commitment and agency of the governments we partner with. For the first time **in Burkina Faso, the government created a national budget line for community health** (pg. 10). And I am excited to announce we launched a **new co-financing partnership with the government in Bungoma County, Kenya**, where we will be providing implementation support to deliver community health.

The year was also filled with learnings. A new evaluation provided insights into what it takes to deliver implementation support for

government-led scale, including the importance of balancing speed and costs. **We learned more about building stable and resilient digital health systems** (pg. 11), with wins like the establishment of Burkina Faso and Kenya's first Project Management Units for governments to govern and manage eCHIS effectively and sustainably.

Finally, **we embarked on a new strategic planning journey in 2025** (pg. 15). We planned for the future in a landscape that looks drastically different than the current one and that will require us to work differently moving forward. **Our new strategy will focus on becoming a true performance partner to governments, working to advance affordable, intelligent, high-impact community health systems that deliver lasting care for every family**. This will entail strengthening the foundations of community health, scaling proven approaches, and pioneering data and AI-enabled innovations that improve care and reduce costs.

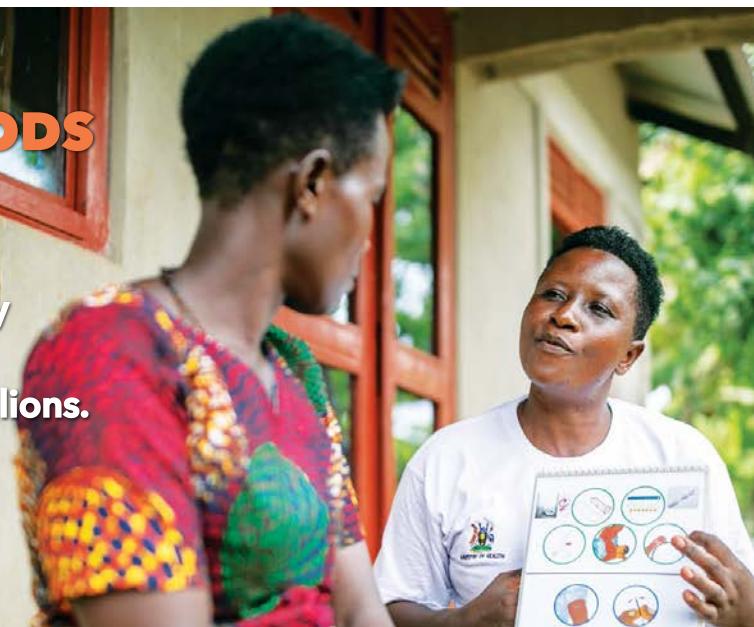
I now look ahead to 2026 as an exciting year of learning and testing to make care more affordable and effective. Thank you to our colleagues and peers, government and funding partners, and above all, the CHWs who are working tirelessly every day to deliver lifesaving healthcare to those who need it most. ■

With deepest gratitude,

Emilie Chambert
Living Goods CEO

WHY LIVING GOODS

Living Goods partners with African governments to strengthen their community health systems—improving access to healthcare for millions.



OUR IMPACT AT A GLANCE



8,876

COMMUNITY HEALTH
WORKERS SUPPORTED

4,240,100

PEOPLE REACHED WITH
LIFESAVING HEALTHCARE

IMPACT OVERVIEW

Living Goods' Year End 2025 Accomplishments



873,239
sick child treatments

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



95,091
pregnancies supported

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



213,956
couple years of protection

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



\$1.97
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

\$23.9M

Co-financing unlocked
from governments toward
community health

POWERING DIGITIZED CHWS

144k

CHWs active on digital tools
co-designed by Living Goods

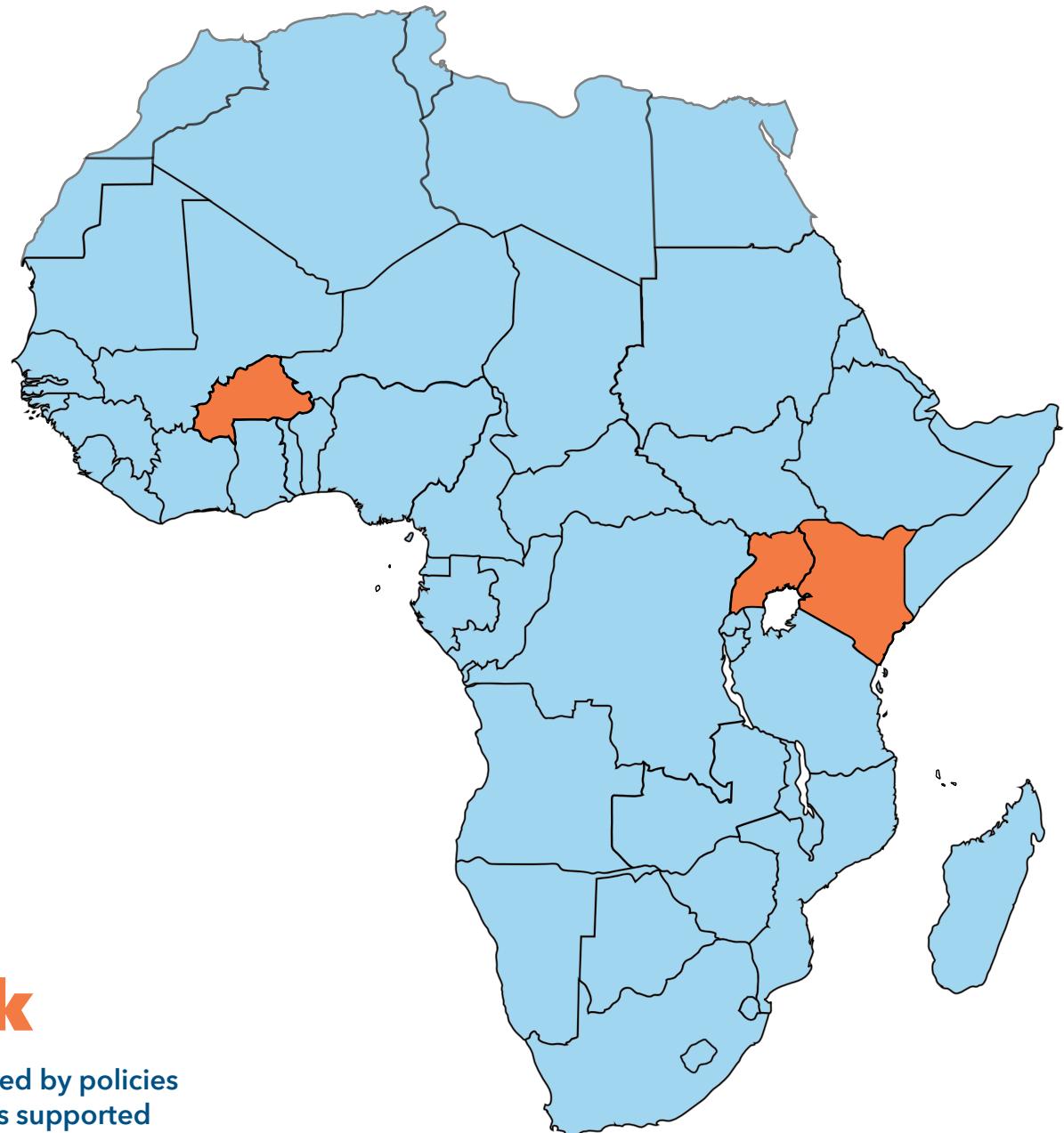
DRIVING POLICY INTO PRACTICE

68.5M

People reached by policies
Living Goods supported

275k

CHWs affected by policies
Living Goods supported



“ CHWs take the time to explain how to give medicines correctly, their benefits, and the precautions to take. We trust them and follow their advice exactly. ”

Ilboudo Alimata with her daughter Congo Salimata in Kiébé, after being attended to by a CHW.





WHAT WE ARE PROUD OF

Deepening the Impact of our Community Health Programs

We demonstrated gold-standard community health in our learning sites across Burkina Faso, Kenya, and Uganda, where we supported more than 2,900 CHWs to reach 1.8 million people. These sites allow us to innovate, refine our approach, and demonstrate the lifesaving impact of community health—proof points for what governments can deliver at scale.



Busia, Kenya: CHW David Okumu screens baby Zahara for malnutrition with the mid-upper arm circumference tape, with the help of her mother and father.



>2,900

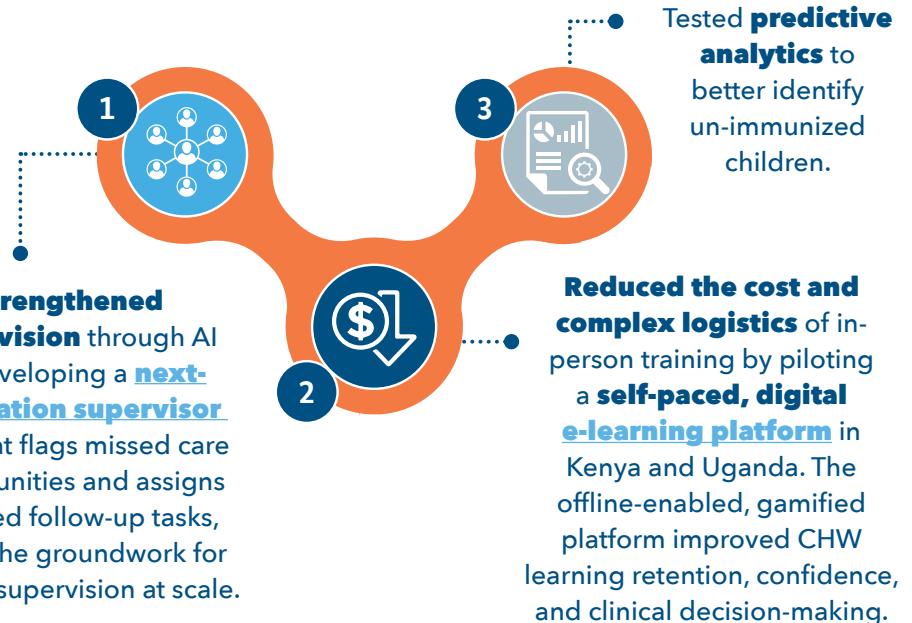
CHWs in our learning sites across Burkina Faso, Kenya, and Uganda supported to reach **1.8 million** people.

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average number of sick children treated by each CHW monthly for the greatest threats to their health—malaria, pneumonia, and diarrhea.

Innovating for Greater Impact at Lower Cost

Community health systems are only as strong as the community health workers who power them, yet too many face barriers that limit their motivation, skills, and ability to deliver timely care in a cost-effective and scalable way. In 2025, Living Goods tested innovations to improve efficiency, quality, and cost effectiveness across community health systems. We:



In the year ahead, we will draw on our nearly two decades of experience to co-design scalable solutions that deepen CHW capabilities and motivation, improve the speed and continuity of care families receive, and lower costs. **Through a more agile approach to our innovations work, we will learn faster and integrate emerging digital trends to address critical gaps across the entire community health ecosystem.** ■

“ Thanks to the family planning training provided by Living Goods, I am now able to offer contraceptive methods at the community level. I have seen households better organized, with well-spaced births and healthier women. ”

Nana Idrissa,
CHW, Kaïbo Centre, Burkina Faso



Co-Implementing with Governments



CHW Violet Musimbi taking a client through family planning methods in Komiriai Health Unit, Busia, Kenya.

In 2025, Living Goods accelerated co-financed implementation support in Kenya—**launching an exciting new partnership in Bungoma County and renewing our partnership with Kisumu County.** In the counties we work, we unlocked \$8.5M in cofinancing – with governments now financing 60-80% of co-implementation costs.

Overall, we supported 5,953 CHWs in these sites in Bungoma, Kisumu, and Vihiga counties to reach over 2.4 million people. Challenges with the national digital health system impeded data collection, hindering performance management best practices. Nevertheless, CHWs ensured that families received essential healthcare, like supporting 95% of pregnant women they serve to deliver their babies at a health facility – a key contributor to improved maternal and neonatal outcomes driven by CHWs' health education and regular check-ups. ■

"Without community health workers, it would be very difficult for us"

In Kiébé, as in many villages in Manga District, Burkina Faso, accessing healthcare is not always easy. Between the distance to health facilities and financial constraints, a minor illness in a child can quickly become worrisome. In this context, CHWs make all the difference in reassuring families.

Like many parents in her community, Alimata, a mother of two, depends on her CHW for guidance and support when her children fall ill. "My child had a cold. I went to see our CHW who takes care of our children when they are unwell. If she can't manage a case, she'd refer us to the hospital," narrated Alimata, a mother of two.

For her, this first point of contact has become a lifeline. Through regular follow-ups, Alimata has received treatment and referrals for both her children, as well as advice on how to keep her household healthier.

"When children fall sick and we don't have the means to go to the hospital, they (CHWs) help us treat the illnesses. Without them, it would be very difficult for us." Alimata's story reflects the experience of many mothers in her village.

Because of their proximity to households, CHWs play a critical role in the community health system, connecting families to critical and timely care. ■



CHW Bounkoungou Alice examines baby Salimata (in the arms of her mother Alimata) in Kiebé, Burkina Faso.

Catalyzing Government Leadership in Community Health

At a moment when global funding cuts have introduced new uncertainty, governments need practical, implementable solutions to transition from donor-dependent models to government-led financing. Living Goods strengthened partnerships with governments in 2025 by acting as a catalyst for community health policy and financing reform.

In Burkina Faso, we supported the Ministry of Health to develop a resource mobilization plan for the National Community Health Strategy (2025-2028). Similarly in Uganda, we supported the Ministry of Health to develop the National Long-Term Sustainable Community Health Worker Financing Plan. And in Kenya, we worked with CHU4UHC partners to ensure funding for community health was preserved within Global Fund Grant Cycle 7 allocations to the government. These milestones are essential because **they turn commitment into national investment in community health, helping ensure stable financing for CHWs so they can continue reaching families with essential healthcare.**

In addition, through the Global Fund's **Building Integrated Readiness for Community Health (BIRCH)** Project—implemented with support from Africa Frontline First—Living Goods and partners supported governments to close critical policy and operational gaps. In Burkina Faso, we supported the development of the National Community Health Strategy 2024-2028, a national blueprint for delivering quality, digitally enabled primary healthcare to every



Ruth Ojuka, the Sub-County Community Health Services Focal Person for Nyando, reviewing data with Fanaka Azizi Nero, a Community Health Assistant (CHA) of Nyando Sub-County, Kisumu, Kenya.

household. We also helped translate policy into financing. Advocacy with Parliament led to a historic breakthrough: **the creation of Burkina Faso's first dedicated national budget line for community health.** As one parliamentarian reflected, **"Understanding the value of community health convinced us to commit public resources to sustain it."** Complementing this, the country launched its first Georeferenced

Master List of Community Health Workers, now guiding planning, deployment, and national data harmonization.

In Uganda, Living Goods supported the Ministry of Health to update the Community Health Extension Workers (CHEWs) Strategy and Village Health Team Revitalization Framework, providing clear, costed roadmaps for roles, supervision, and digital enablement. **"For the first time, we know exactly what it costs and what is required to prepare and support a community health extension worker,"** said Dr. Ronald Ocaatre Miria, Assistant Commissioner, Ministry of Health.

Looking ahead to 2026, we will deepen this government-first approach, focusing on scalable system design, domestic resource mobilization, and long-term sustainability so community health programs are resilient, financed, and built to last, even in an uncertain funding environment.

Building on our growing government engagement, Living Goods was selected for the [Global Health Advocacy Incubator's Budget Advocacy program](#), enhancing our capacity to support domestic resource mobilization for Uganda's community health system.



WHAT WE LEARNED

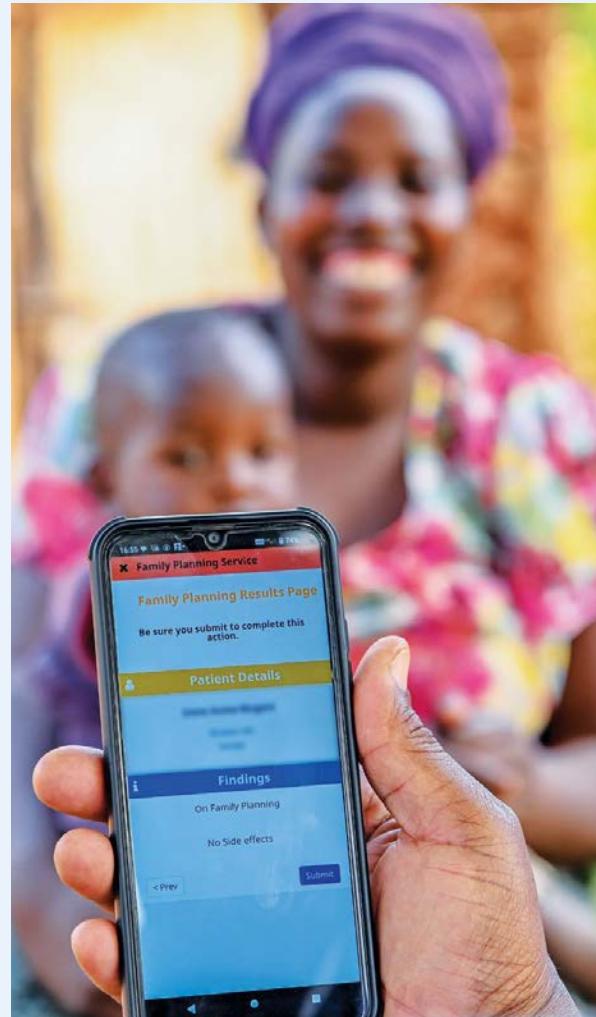
Building Resilient Digital Health Systems that Deliver at Scale

In 2025, governments across our countries of operation deepened their commitment to digitalizing their community health systems and accelerated national scale-up of eCHIS. Living Goods worked with ministries of health to strengthen the governance, infrastructure, and technical foundations needed to sustain these systems for the long term.

eCHIS transforms how CHWs deliver care by enabling real-time data capture, giving decision-makers the visibility they need to identify gaps, allocate resources, and respond faster to community needs.

But digital success depends on the systems behind it. Rapid scale of eCHIS exposed critical system gaps. In Kenya, eCHIS outages led to nationwide reporting downtime, forcing CHWs in some areas to return to paper tools. Large volumes of data were lost. The scale-up had outpaced infrastructure and national deployment readiness. As our Chief Digital Health Officer, Kanishka Katara put it: ***The biggest bottleneck isn't the hardware. It is governance—who owns the architecture, who maintains it, who pays for upgrades, and who sets the standards.***

This catalyzed renewed government focus on sustainable scaling, including stronger hosting, clearer governance, and dedicated system ownership.



A close-up image of the family planning workflow on the CHW's phone.

In Uganda and Burkina Faso, rapid expansion revealed similar risks—from staffing and approval bottlenecks to gaps in system readiness.

We worked with these governments to build the structures needed to manage and sustain digital systems at scale. In Kenya, we provided coordination support to stabilize data pipelines and prevent further data loss. **We also helped establish the country's first eCHIS Project Management Unit (PMU) within the Ministry of Health to help the government govern and manage eCHIS effectively and sustainably.**

We replicated this approach in Burkina Faso by establishing a PMU and supporting the government to develop and finalize an updated, costed three-year eCHIS roadmap. Most critically, we supported the development, costing, and validation of the 2025-2029 Digital Health Strategic Plan. These are foundational guiding frameworks needed to make eCHIS systems work effectively at scale. In Uganda, we demonstrated the risks of rapid scale without readiness and supported approval of national Data Quality Assurance guidelines.

Progress is a process. In 2026 and beyond, Living Goods will continue supporting governments to build strong foundations, clarify roles, strengthen governance, and build digital health systems that are both fit for purpose and for the future. ■

“We haven’t yet fully achieved digital health transformation, but we’ve achieved digital transformation in community health. Now, we’re expanding digitalization to levels 2 and 3 facilities, with the goal of achieving full primary-health-care digital transformation in the next one to two years. ”

**Dr. Gregory Ganda,
County Executive Committee
Member Kisumu County, Kenya**



When the Data Falls Behind, But Care Continues

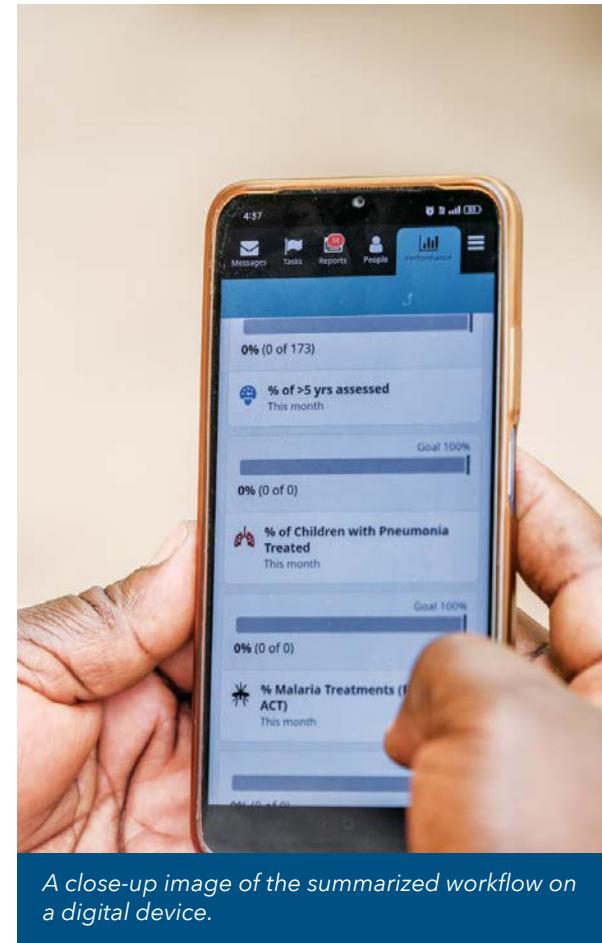
As countries adopt digital tools, performance dashboards are giving health leaders unprecedented visibility into frontline services, helping them guide decisions and strengthen care. During a community health performance review in Ziniaré, Burkina Faso, leaders, supervisors, and partners confronted troubling dashboard results. Key health indicators appeared to have declined. At first glance, it looked like services were falling behind.

But the discussion revealed a different truth.

Frontline workers were still delivering care, but there were data gaps. Field reports showed stable and, in some cases, increased services. The real challenge was data systems struggling to keep pace with frontline realities. Phone breakdowns disrupted reporting. Health workers juggled paper and digital tools. System limitations delayed data visibility.

Rather than dismiss the findings, **district leaders and partners reviewed past commitments, tracked progress openly, and adjusted decisions together.** Living Goods supported this effort by repairing devices, recovering unsynchronized data, and coaching health workers on maintaining digital tools—small actions that keep community health systems running and visible.

The review ended with commitments to improve data completeness, strengthen digital functionality, and increase synchronization rates.



A close-up image of the summarized workflow on a digital device.

Ziniaré's experience exemplifies how strong community health systems are built by confronting challenges early, learning together, and strengthening public systems. Behind every data gap is a health worker still serving their community. ■



“A lot of preparation went into ensuring we had the resources needed to transform Kisumu’s digital health space. In the early years, we did not have sufficient financing, but as we continued the journey, we made sure funding was included in our county budget to sustain the digital shift.”

Maureen Opiyo, Kisumu County Focal Person for Community Health



LOOKING AHEAD

Rethinking Implementation Support for Government-Led Scale

An [IDinsight](#) process evaluation in Kisumu found strong evidence that government-led implementation is delivering measurable results. It also revealed the system conditions needed to achieve stronger results at scale. Comparing the 2022 baseline—when Living Goods transitioned from direct delivery to government leadership—with the 2025 endline, the evaluation documented significant improvements in maternal and child health outcomes. **For example, pneumonia referrals completed at facilities jumped from 15% to 81% and postnatal visits within three months increased from 59% to 93%.**

While the approach delivered results, it fell short of its targets and did not scale as intended. **We learned that effective implementation support must be designed to balance speed, cost, and ownership—and that political commitment, institutional capability, and reliable financing are all important when scaling this approach.**

These learnings are reshaping how Living Goods supports governments through co-implementation. We are now refining our focus on structured capacity building, designing support for governments to lead. This includes relying on government supervisors, institutionalizing routine data use through dashboards, strengthening budget tracking, and setting clear pathways for government ownership from the start. Our ambition is not only scale, but programs and systems that perform, cost less over time, and endure. ■



Busia, Kenya: Irene welcomes Living Goods-supported CHW Amos Magero to her home.

“ Pneumonia referrals completed at facilities jumped from 15% to 81% and postnatal visits within three months increased from 59% to 93%. ”

A New Strategy to Meet the Moment

For more than 15 years, Living Goods has evolved alongside Africa's community health systems. In response to a drastically new funding landscape, we are now evolving once again—and we spent 2025 carefully planning how to meet this new moment.

Despite growing alignment on community health as the solution to healthcare access for many households, **there is still limited expertise on how to build high-performing systems. This is Living Goods' specialty.**

That's why **our new 2027-2030 strategy will focus on end-to-end performance optimization for community health systems.** This means strengthening the foundations of government systems, institutionalizing and scaling proven solutions, and innovating to solve today and tomorrow's challenges—including harnessing AI and emerging tech. Partnering with governments, we will ensure CHWs are supported by intelligent digital systems, data-driven tools, and supervision practices that underpin high-performing community health systems.

By 2030, we'll support governments in three core countries to build and sustain high-performing community health systems—enabling 50,000 CHWs to reach 25 million people, reducing under-five and maternal mortality by at least 10%.

We're eager to learn and test new approaches in preparation for this shift, and we'll spend 2026 doing exactly that. ■



Susan Atyang with her husband Patrick Bahati and their children at their home in one of the villages with Living Goods-supported CHWs in Busia, Kenya.

MEDIA CORNER



NEWS

- [1. Board Transitions and Our Localization Journey: Ensuring Governance is Fit for Purpose.](#)

BOARD LEADERSHIP UPDATE

Announcing Our New Co-Chairs and Honoring Our Outgoing Board Leader

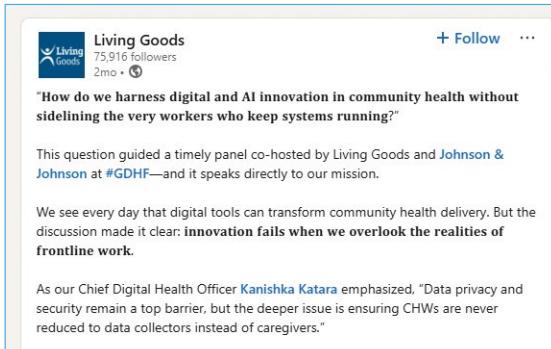


HENRIETTA BANKOLE-OLUSINA
Co-Chair

CHUCK SLAUGHTER
Co-Chair

- [2. Digital Health Forum](#)

Snapshots from Living Goods' panel at the Global Digital Health Forum, co-hosted with Johnson & Johnson.



Living Goods
75,916 followers
2mo •

"How do we harness digital and AI innovation in community health without sidelining the very workers who keep systems running?"

This question guided a timely panel co-hosted by Living Goods and **Johnson & Johnson** at **#GDHF**—and it speaks directly to our mission.

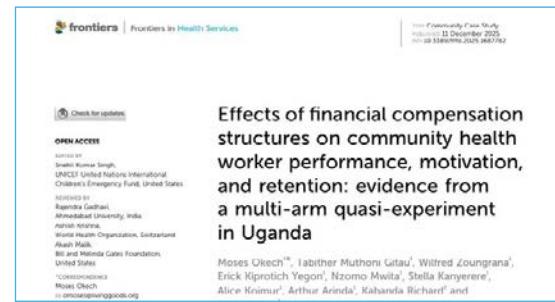
We see every day that digital tools can transform community health delivery. But the discussion made it clear: **innovation fails when we overlook the realities of frontline work**.

As our Chief Digital Health Officer **Kanishka Katara** emphasized, "Data privacy and security remain a top barrier, but the deeper issue is ensuring CHWs are never reduced to data collectors instead of caregivers."



RESEARCH

- [1. CHW compensation study in Uganda](#)



frontiers | Frontiers in Health Services

Check for updates

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Effects of financial compensation structures on community health worker performance, motivation, and retention: evidence from a multi-arm quasi-experiment in Uganda

Moses Okech¹, Tabitha Muthoni Gitau¹, Wiltred Zoungana², Erick Kiprotich Yegon³, Nzomo Mwita⁴, Stella Kanyerere⁵, Alice Nsimur⁶, Arthur Arinda⁶, Kahanda Richard⁷, and

- [2 Telemedicine study in Kenya](#)



frontiers | Frontiers in Digital Health

Sections Articles Research Topics

Leveraging telemedicine to improve MNCH uptake in Kenya: a community-based hybrid model

Edna Anab¹*, Tabitha Gitau¹, Erick Yegon², Nzomo Mwita², Marilyn Ochieng¹, Alice Koinur¹, Rhonnie Omondi¹, Stephen Smith³, Harriet Andrews¹, David Oluoch⁴, Rosebella Ambanya², Moses Iwanda², Frimah Makhulu²



VIDEO

Digitally Empowered Healthcare Workers For Today and Tomorrow

<https://www.youtube.com/watch?v=fHAJFrSZml0>





LEADERSHIP SPOTLIGHT



Hildah Ngondoki

Global Director, Digital Health & Government Partnerships

► **Can you explain what you do and why?**

As Global Director, Digital Health and Government Partnerships, I help build the digital systems that ensure CHWs have the resources they need to save lives, so they can reach more people in the shortest possible time.

► **What's one change you've seen on the ground that makes you feel proud of the work your team is doing?**

There is an immense sense of pride in seeing the Ministries of Health in Africa prioritizing digitization of the public health sector. The strategic move to digitize has enhanced decision-making and optimized resource allocation in ways we once only expected from the private sector. We now have governments proving that technical excellence is thriving in our public institutions, and that shift is transformative.

► **What does leading in complex, resource-constrained settings require that people don't often see?**

It requires relational patience and building aspirations. People see the software or the strategy, but they don't see the months of quiet diplomacy, building trust across multiple government levels, and navigating the 'human interoperability' that must exist before the technical systems can ever talk to each other.

► **What would you want the readers of this report to understand about your work that isn't always visible?**

I want readers to understand that building digital systems is only half the battle; the real work lies in the social and structural engineering required to adopt and sustain it. Success depends on aligning people and redesigning processes to ensure technology becomes a seamless, trusted part of their daily habit. It's about the painstaking work of dismantling inefficient legacy processes and replacing them with systems that deliver care to the people it is meant to serve. It's quiet, foundational work that doesn't always make for a flashy headline, but it's what makes the headline possible. ■

2025 KPIs ¹	Learning Sites						Implementation Support						Total	
	Burkina Faso ³		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	3.7	1.1	0.9	1.3	1.2	0.8	0.6	0.8	0.5	0.8	0.6	1.0	
% of 4+ ANC visits	N/A	N/A	75%	93%	75%	71%	75%	92%	75%	94%	75%	94%	89%	
% Facility Delivery	N/A	N/A	85%	97%	85%	89%	85%	92%	85%	97%	85%	97%	94%	
% On-Time Postnatal Care Visit	N/A	N/A	75%	77%	75%	93%	75%	30%	75%	60%	75%	47%	59%	
Couple Years Protection	3.0	2.0	6	3.5	4	6.5	6	1.3	6	1.3	5	1.7	2.5	
% Children 9-23 Months Fully Immunized	N/A	N/A	85%	97%	85%	78%	85%	95%	85%	99%	85%	99%	94%	
Under-5 Treatments or Referrals	18.5	19.5	23	23	24	20	14	1.3	10	3.1	10	6.6	9.0	
Under-1 Treatments or Referrals	N/A	N/A	5	2.0	5	2.1	3	0.2	2	0.2	2	0.5	0.8	
% Sick Child Facility Referrals Completed	N/A	N/A	75%	79%	75%	60%	75%	77%	75%	95%	75%	65%	78%	
DESC/Performance Management Metrics														
% CHWs in Stock w/ Essential Commodities	75%	90%	75%	82%	75%	80%	60%	62%	60%	52%	60%	44%	63%	
% CHWs w/ Supervision in Last 1 Month	80%	93%	80%	85%	80%	91%	60%	60%	60%	45%	60%	61%	65%	
CHW Income	\$32.00	\$32.00	\$50.00	\$47.00	\$20.00	\$16.82	\$38.00	\$34.80	\$38.00	\$38.00	\$38.00	\$34.80	\$33.45	
Impact Total Metrics														
Active CHWs (3-Month Active) ²	820	812	635	621	1,500	1,490	1,565	1,539	3,000	2,967	1,450	1,447	8,876	
Population Served	659,807	653,370	285,750	279,450	900,000	894,000	704,250	692,550	1,140,000	1,127,460	594,500	593,270	4,240,100	
Total New Pregnancies Registered	20,942	35,205	8,382	6,853	25,038	22,020	12,207	8,335	28,511	12,002	10,440	10,676	95,091	
Total Under-5 Treatments or Referrals	106,500	115,558	175,260	168,815	471,485	371,998	213,623	23,540	356,385	80,201	130,500	113,127	873,239	
Total Under-1 Treatments or Referrals	N/A	N/A	39,014	14,388	98,611	40,655	45,776	3,182	71,277	5,787	34,800	8,922	72,934	
Total Couple Years Protection	17,926	2,830	45,720	26,041	77,040	92,386	91,553	44,039	213,831	24,381	65,250	24,279	213,956	
Total Unintended Pregnancies Averted	4,333	684	11,051	6,293	18,621	22,330	22,128	10,645	51,683	5,250	15,771	5,867	51,069	
Net Cost per Capita (Annualized)	\$3.52	\$3.97	\$5.20	\$5.32	\$3.07	\$3.18	\$0.71	\$1.04	\$0.90	\$0.93	\$1.18	\$1.17	\$1.97	

NOTES:

¹ Kenya KPIs are under-reported due to eCHIS challenges in 2025.

² 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.

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.

CHW Afwandi Caroline Ondego from Vihiga County, Kenya