

LivingGoods

Delivering Data-Driven Health Care, Door to Door

QUARTERLY REPORT

Q3 | July – Sept. 2026

EXECUTIVE SUMMARY

For families, a health system is a promise that care will be there when it matters most.

Keeping that promise depends on performance. **Performance turns frontline health workers into reliable sources of care and enables governments to build systems that families can count on. Living Goods works alongside governments to make this possible.**

We made 2026 a deliberate period of learning and adapting as we prepare to implement our new strategy in 2027. Across our programs in Kenya, Burkina Faso, and Uganda, we are strengthening how we work alongside governments, building on existing partnerships to ensure our support remains responsive to their priorities, operating realities, and performance goals. We are applying this learning to shape the foundations for community health systems that are affordable, intelligent, and high-impact.

Our evolution toward becoming a government performance partner, and preparation for our next strategy, required a shift in mindset and approach. We are aligning our teams and work around strengthening government capabilities, embedding performance practices, and advancing practical innovations. By doing so, we help governments address barriers to performance and strengthen their ability to lead, improve, and sustain high-performing systems at scale.

Key developments this quarter:

- We applied lessons from Bungoma's optimized, government-led implementation support approach across the counties where Living Goods operates in Kenya, while scaling the same to a new district in Burkina Faso.
- Progressed exploring how artificial intelligence (AI) can increase efficiency, improve decision making, and enhance quality care.
- Supported more than 13,000 CHWs serving over 6.7 million people.
- Witnessed the adoption of a new community health supervision model in Burkina Faso.
- Contributed to emerging global AI agenda for community health– bridging practical implementation experience with policy advocacy.

This progress reminds us of what becomes possible when systems perform effectively. ■



Cover: *Busia, Kenya: Community health worker Kevinah before she starts her day in the community. Credit: Wanjira Maina.*



“I think this work is life-saving. When I refer someone, I follow up to make sure they receive care.”

Lillian Tingale, a community health worker in Wakiso District, Uganda.

IMPACT OVERVIEW

Living Goods' Q3 2026 Accomplishments



251,437
sick child treatments

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



40,058
pregnancies supported

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



83%
of children fully immunized

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



91%
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.



112,319
couple years of protection

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



$1.15
cost per capita

We operate at a price governments can sustain, ensuring vital services reach millions who might otherwise go without care.

Q3 2026

OUR IMPACT



13,049

COMMUNITY HEALTH WORKERS SUPPORTED

6.7 million

PEOPLE REACHED WITH LIFESAVING HEALTHCARE

IMPLEMENTATION SUPPORT SITES

KENYA

When Systems Perform, Families Can Count on Care

What we're learning about making government-led community health systems more effective and affordable.

Every morning, Marion Wanjala opens her dashboard to see which of the 40 community health workers (called Community Health Promoters in Kenya) she supervises are on track and who needs a hand. Based in Bungoma County, Marion is a community health supervisor, officially known in Kenya as a Community Health Assistant.

She phones the community health workers (CHWs) who are on track and conducts in person follow ups with those who are falling behind. Across the four community health units in her catchment area, she reaches every CHW, every month.

Her routine shows the shift in how Living Goods now works with governments. We no longer supervise frontline health workers ourselves. Instead, we are strengthening government teams like the one Marion is a part of to lead and manage performance themselves, using data to direct support where it is needed most.

That's the thinking behind the new optimized implementation support approach we began testing in early 2026 in Bungoma, a Kenyan county, after it became clear that the old approach was costly and too complex for governments to sustain or replicate at scale. **The optimized approach puts government ownership, affordability, and performance at its core.** Early results show that impact more than doubled compared to the old approach.



Kenya: Community health worker Carolyne Nanjala attends to a client, Harriet, at her home in Webuye West Sub-County, Bungoma.

Bungoma County: Performance Starts with the System

Lessons from Bungoma show that effective care for families depends on an integrated system that adapts to both national policies and health worker routines, on a daily basis. **We are working with government teams to build foundations that coordinate this complexity so that performance can hold as the system scales.**

We have seen high performance emerge when Government supervisors, health facilities, sub-county, and county managers are able to see problems early, and act on them quickly. Unlike with our old approach where Living Goods staff played a direct role in implementation and oversight, government teams in Bungoma now lead performance management. Living Goods' role is increasingly advisory, mentoring, problem-solving, and strengthening systems rather than operating them.

"Prior to this year, supporting government teams used to be hands-on. When I saw a gap, the instinct was to step in and make sure the problem was solved. That approach would produce quick results, but it did not always build the confidence needed for government teams to sustain results independently," notes Yvonne Mati, a Living Goods Technical Assistance Project Manager in Bungoma.

In Bungoma, Government teams are intentionally embedding data use into their supervision routines so that they can translate the insights into timely coaching, better-targeted support, and stronger care for families. At the outset, Living Goods led data reviews with Government showing them how to prepare analysis, what to look for, how to facilitate, and how to agree on actions. It wasn't long before Government teams led the sessions. Health facilities are also becoming more involved and taking greater responsibility for the CHWs linked to their facilities, including allocating resources and commodities to support their work.

"*Using the dashboard and lessons from Living Goods' training, I have supervised all the community health workers I'm responsible for, which has contributed to an improvement in their performance over time*," says Marion.

One critical enabler of this approach is effective digital support at different levels. CHWs need digital skills to use the system confidently, while their supervisors, trained as Digital Champions, provide frontline troubleshooting. The Afya Desk helpdesk enables issues to be logged, tracked and resolved. These capabilities keep digital systems functioning, minimize downtime,

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Burkina Faso: Zainata Ouedraogo and her newborn at home, after a community health worker's visit.

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and ensure government teams can rely on timely data to manage performance. In Bungoma, out of the 433 resolved issues, 256 (59%) have been resolved by the supervisors.

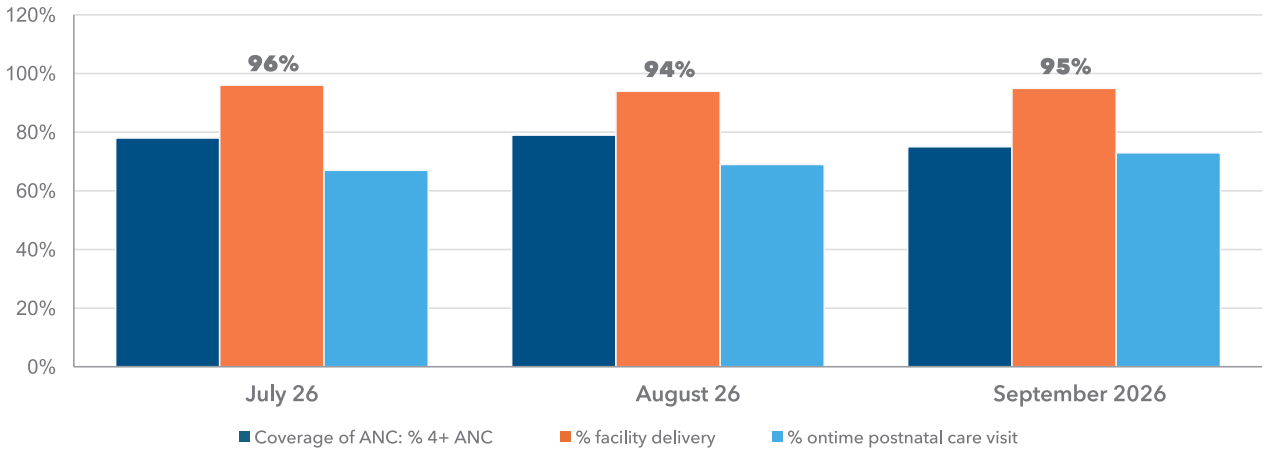
Performance doesn't happen by accident. It emerges when a system is deliberately designed for it. Bungoma is part of the evidence base Living Goods is building this learning year to refine the approach, codify what works, and prepare for scale across different country contexts. The lessons are already informing our expansion to Kakamega (details on page 14) and Nandi counties in Kenya. In September, we scaled the same approach to Kombissiri District, our second implementation site in Burkina Faso, training 296 CHWs and 42 supervisors.

Performance in other counties

During Quarter three, all counties where Living Goods operates in Kenya transitioned to the optimized, government-led implementation support approach. To support this shift, we introduced a buddy system that pairs Government performance managers to strengthen peer support and learning, and early performance trends show results are moving in the right direction.

Most maternal and newborn indicators remained on target, showing that mothers and newborns continued to receive consistent care. However, the target for treating children under five who tested positive for malaria was not met, partly because of gaps in the supply of essential commodities, particularly malaria rapid diagnostic tests from health facilities to the community. We are working with sub-county community focal persons to resolve these supply gaps while mentoring CHWs to strengthen case identification and treatment. ■

Maternal and Newborn Indicators



Making Government-Led Performance the Norm

Through the eyes of **Yvonne Kawila Mati**, Performance Technical Advisor, Kabuchai Sub-County, Bungoma County, Kenya. Yvonne has worked with Living Goods since 2022. Over that time, she has seen her evolve as we deepened our work with governments.



How has your approach to working with government changed over the past few years?

Prior to this year, supporting government teams used to be hands-on. When we saw a performance gap, the instinct was to step in, analyze the data, organize an activity, follow up with the teams, and make sure the problem was solved. In Bungoma, I have shifted from being the person driving the solution to supporting the government team to do it by themselves. This means working through established county and sub-county structures, supporting teams to examine the evidence, understand the underlying problem, and decide what they will do next.

Can you share an example of when you chose to build a government colleague's capacity rather than solve a problem for them?

One example is my work with a focal person on data analysis. It would have been easy for me to analyze the data for him and send him the results. Instead, I coached him on how to do it. Over time, he began to export, analyze, and share datasets with his teams on his own, and on time, across the different indicators. Now, he doesn't rely on me for this.

Can you recall a moment when it was difficult to step back and let government colleagues lead, but doing so paid off?

Yes. During one of our monthly sub-county data review meetings, none of the usual leaders were available. Because I knew the data well, I was tempted to take over and facilitate the discussion myself. Instead, I asked the available government representative to lead, while I supported her. She ably guided the community health workers and supervisors through the discussion, helped the team generate new ideas, and led them to agree on strong action points.

In your view, what would successful partnership look like in three years?

In three years, I would like to see a Bungoma where county and sub-county teams routinely review their data, identify gaps, prioritize actions, coordinate across teams, and follow through. Supportive supervision, data-quality reviews, and performance meetings would be embedded in normal government practice. The strongest evidence of success would be continuity of the routines, accountability, and performance results long after Living Goods' presence. Ultimately, these improvements should mean that families and communities receive more reliable, higher-quality care when they need it. ■

> **Ultimately, these improvements should mean that families and communities receive more reliable, higher-quality care when they need it.**

Innovation Corner

Improving Community Health Worker Performance with AI-Powered Supervision

Imagine Leah, a new mother in Busia County, Kenya. She misses a postnatal visit. Her community health worker serves about 100 households, while her supervisor supports a team of community health workers. With many families to reach and limited supervisory time, a missed visit like Leah's can be overlooked or followed up too late.

Supportive supervision helps community health workers deliver timely, quality care. Yet as programmes expand, providing consistent support becomes harder to fund and sustain at scale. Drawing on a decade of experience working with governments on digital community health systems, Living Goods is piloting the Smart Supervision Assistant across Busia and Kisumu counties in Kenya. Integrated with the government's electronic Community Health Information System (eCHIS), the Assistant uses routine data to identify missed care opportunities and generate prioritized follow-up tasks for supervisors.

> **Drawing on a decade of experience working with governments on digital community health systems, Living Goods is piloting the Smart Supervision Assistant across Busia and Kisumu counties in Kenya.**

Teams using the Assistant have reported encouraging improvements:

70% to 80–90%
Approximate increase in supportive supervision

72% to 92–94%
Rise in household visitation

60% to 85%
Approximate increase in postnatal care

We are now adding an AI agent that can carry out defined routine follow-up directly with community health workers, while referring cases requiring human judgment to supervisors. Within approved operating boundaries, the agent will:

- **Initiate follow-up.** Contact the responsible community health worker when a missed visit, outstanding referral or other configured care gap requires attention.

Cont'd on pg. 11



Busia, Kenya: Community health worker Kevinah and her supervisor Mercy reviewing data together.

Cont'd from pg. 10

- **Provide two-way support.** Use SMS or WhatsApp to send tailored reminders, ask clarifying questions and respond using relevant task information and approved programme guidance.
- **Maintain continuity.** Remember the context of an ongoing exchange, follow up on outstanding actions and record the worker's response.
- **Escalate appropriately.** Bring higher-risk, ambiguous, unanswered or unresolved cases to a human supervisor, together with a summary of the issue and actions already taken.
- **Support focused coaching.** Help supervisors identify recurring gaps and workers who need additional support, so their time can be directed toward complex cases and performance improvement.
- **Make follow-through visible.** Track actions, outstanding tasks and reported completion, while distinguishing closed tasks from evidence that the underlying care need was addressed.

This approach could reduce the repetitive work of chasing routine updates and reminders, giving supervisors more time for coaching, problem-solving, and cases that require their experience. ■

A New Feature: CARELoop – Connecting Supervision to Care

Over time, planned integration with CARELoop, Living Goods' household-facing service, would connect family-reported needs with community health workers and supervisory follow-up.

CareLoop is a free, 24/7 triage service that families can access through WhatsApp, voice call, or SMS—all in their own language. It helps assess potential danger signs and determine the appropriate next step, whether that means managing the illness at home or seeking care at a facility. When needed, it can alert the nearest available CHW and track the response. This would create a clearer pathway from identifying a health need to confirming that care was received.

For someone like Leah, the intended journey is practical: a missed postnatal follow-up is flagged, her community health worker receives a prompt, and the agent follows up on the response. If the worker cannot resolve the issue or additional support is needed, the supervisor receives the case with the relevant context. Where linked service records are available, these can help confirm whether care was delivered.

Ultimately, integrating CARELoop could strengthen continuity of care, helping ensure that no family falls through the gaps. By connecting families to timely support and follow up beyond the first point of contact, it could help make care more responsive, connected, and reliable. ■

BURKINA FASO

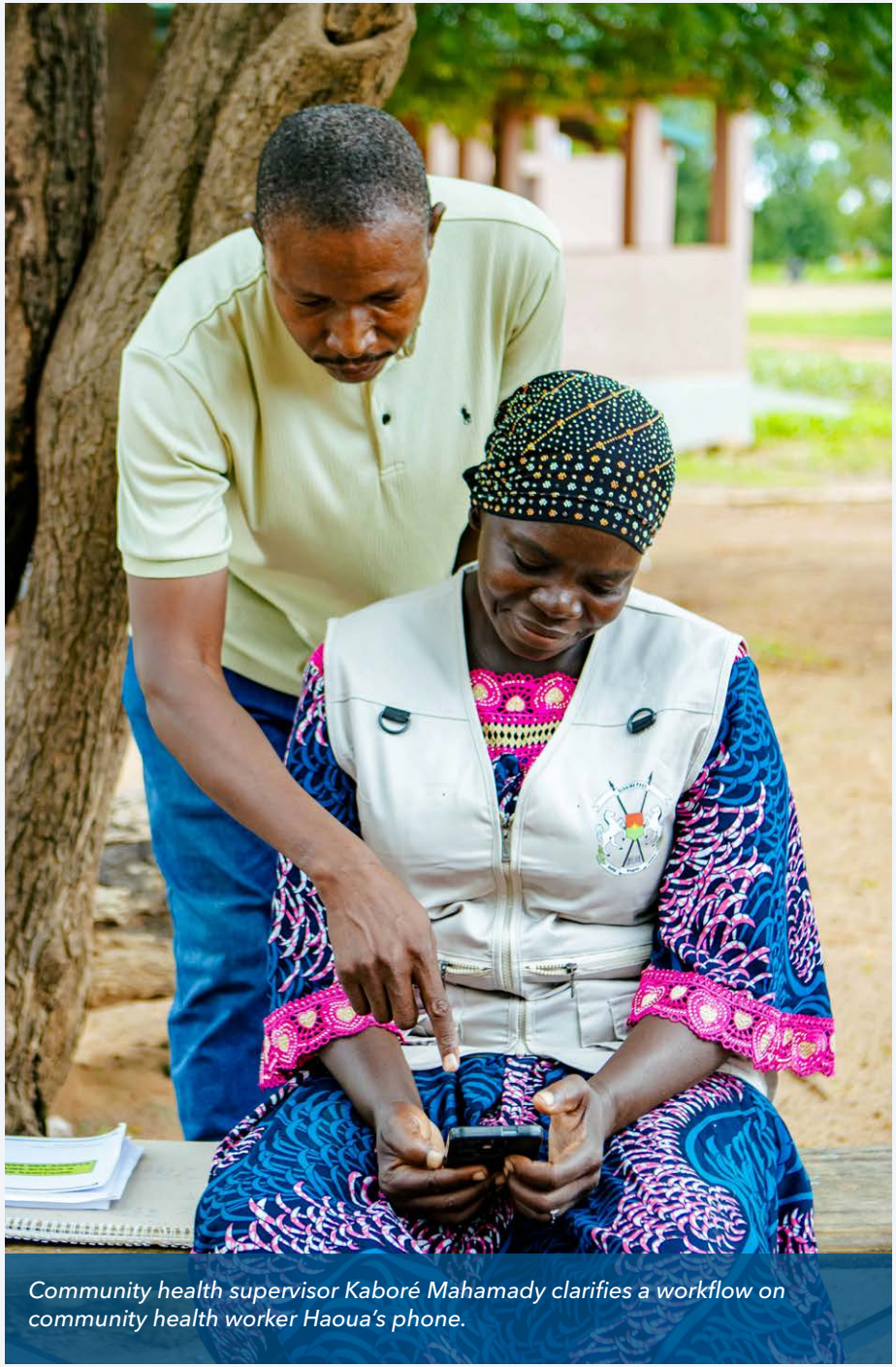
Burkina Faso Adopts New Community Health Supervision Model

Community health workers perform better when they get adequate supervision. Until recently, supervision of community health workers in Burkina Faso fell to a health facility's head nurse of a unit, alongside their other responsibilities.

In 2025, Living Goods and the Ministry of Health tested a dedicated supervision model for community health workers at our Ziniaré learning site. The results showed that 90% of community health workers received monthly supervision, and 90% met their monthly performance targets.

Following this successful pilot, **the Ministry of Health has endorsed the approach for national scale-up. They developed a National Community Health Supervision Management Handbook defining supervisors' qualifications, responsibilities, tools and checklists for assessing performance, and how frequently supervision should take place. Launched in August 2026, the handbook authorizes health facilities across the country to adopt the model.**

This is an important step towards making dedicated supervision part of Burkina Faso's community health system. Living Goods is already putting this approach into practice in our implementation support site in Zorgho, where the government employs and pays 86 supervisors supporting 516 community health workers. We are exemplifying how the model can be integrated into existing government structures, although wider rollout will depend on available resources. ■



Community health supervisor Kaboré Mahamady clarifies a workflow on community health worker Haoua's phone.

Early Success in Zorgho, Burkina Faso

Building on lessons from Kenya, Living Goods worked with the government in Burkina Faso to adapt and co-design the optimized implementation support approach for the local context. **In June 2026, the government launched the approach in Zorgho District, beginning with the training of over 500 CHWs and nearly 90 government supervisors.** The government leads and finances most of the program, while Living Goods co-finances its implementation and provides targeted technical support to strengthen performance and build a foundation for scale.

Government involvement from the design stage has been critical for speeding up ownership. We have also engaged local authorities and community groups to build support and integrate the approach into existing health structures.

The government currently funds more than 75% of the program and employs dedicated supervisors across the district. They use standardized tools that connect with other government systems. This quarter, supervisors reached 90% of CHWs.

In addition, the government supplies commodities to community health workers. Availability of medicines and supplies increased to 72% in September.

Performance has improved alongside these investments. Registered pregnancies, for example, rose from 0.17 to 3.2 per community health worker. Next, we will address barriers that hold back community health worker performance in family planning, including gaps in data collection. ■

72%

Availability of medicines and supplies in September 2026.

0.17 to **3.2**

Rise in registered pregnancies per community health worker.

Performance Saves Lives When Every Link in the Chain Works

Around her sixth month of pregnancy, Zainata Ouedraogo began experiencing lower abdominal pain. Worried about what it could mean, she turned to Adjaratou Koula, the community health worker (CHW) in her village of Tiguimkamba, Burkina Faso. Adjaratou encouraged her to seek medical attention at the nearest health centre.

This was Zainata's third pregnancy, and it felt different from the first two. **From the time her pregnancy was confirmed, Adjaratou had been by her side, reminding her of antenatal visits and advising her on nutrition, healthy pregnancy practices, and danger signs requiring medical attention.**

"I wasn't really afraid because I had Adjaratou by my side. Her presence and support reassured me," says Zainata. "Compared with my two previous pregnancies, I noticed a positive difference."

But Adjaratou was not working alone. Her ability to provide timely, reliable support depends on the guidance and resources she receives.

Since July 2026, KIEMA Agui, a community health supervisor in Ziniaré District, has supervised her regularly. During their sessions, Agui reviews Adjaratou's work, answers questions, helps address challenges, and strengthens her skills.

Initially, Adjaratou struggled with entering information into the digital tool she uses to record household data. But with Agui's guidance and regular practice, she has grown more confident.

"Now I have a good command of it, and it has become easier," she explains.

"I wasn't really afraid because I had Adjaratou by my side. Her presence and support reassured me,.... Compared with my two previous pregnancies, I noticed a positive difference."

Zainata Ouedraogo, Tiguimkamba village, Burkina Faso.

Adjaratou is one of 474 CHWs in Ziniaré, where Living Goods is working with the government to strengthen community health service delivery.

Zainata received timely guidance because each link in the chain worked. Mothers like Zainata risk missing the care they need if the different parts of the health system fail to work together. That is why performance matters. ■



Burkina Faso: During a postnatal care visit, community health worker Koula helps Zainata with the positioning of her newborn baby at home.

Living Goods Expands to Kakamega County

The County Government of Kakamega, Kenya and Living Goods signed a new partnership to strengthen the performance of the community health system and improve services for the county's 2.3 million residents. The partnership aims to improve maternal and child health outcomes, strengthen service delivery, and increase efficiency in a county where 4.5% of children die before their fifth birthday.

The Kakamega Government has made significant investments in community health in recent years, including providing monthly stipends to community health workers. The county has also committed to increasing support for its 4,250 CHWs and funding community health activities through its annual budget.

"We want to ensure that community health services reach households reliably, that health workers are supported to perform their roles effectively, and that county leaders can use timely, accurate data to identify gaps and act on them," said Livingstone Imbayi, County Executive Committee Member for Health.

Living Goods will provide technical support to strengthen system functionality, improve performance management, and enhance reporting, building on the structures and investments already established by the county.

"Our role is to support the county's priorities and embed technical skills and institutional capacity so that Kakamega can sustain progress long after Living Goods has exited," said Christine Namayanja, Country Director, Living Goods Kenya.

Kakamega is Living Goods' fifth county government partner in Kenya. ■



2.3 Million

Residents of Kakamega County



4,250

Community Health Workers in Kakamega County

"We want to ensure that community health services reach households reliably, that health workers are supported to perform their roles effectively, and that county leaders can use timely, accurate data to identify gaps and act on them."

Livingstone Imbayi, County Executive Committee Member for Health.



From left: Dr. Lawrence Angolo, Kakamega County Secretary & Head of Public Service, Christine Namayanja, Living Goods, Kenya Country Director, CPA Livingstone Imbayi, County Executive Committee Member (CECM) for Health Services, and CS Vivianne Mmbaka, County Attorney.

ENABLING ENVIRONMENT

Shaping the Future of AI in Community Health

Building on more than a decade of supporting governments to digitize community health systems, Living Goods is now focusing on using AI to make these systems more intelligent, responsive, and effective. Rather than developing standalone AI solutions, our approach is to integrate AI into existing government systems to address persistent barriers to frontline health worker performance, strengthen service delivery, and improve health outcomes.

During the UN General Assembly (UNGA), Living Goods CEO Emilie Chambert shared this perspective at the Bridgespan Group's high-level event, *"Recoding Impact: AI and the Future of the Global Social Sector."* We also published *All Roads Lead to Performance: AI Included*, outlining how our approach is evolving from digitizing health services to using AI to anticipate gaps in care, strengthen supervision, and provide more targeted support to frontline workers. The piece reinforces a central lesson from our experience: AI's value lies not in the sophistication of the technology itself, but in its ability to strengthen the people, systems, and processes that drive health outcomes. **AI can accelerate progress, but it cannot replace the foundations needed to sustain it.**

To translate this vision into policy and practice, Living Goods and CARE jointly published *"AI for Community Health Impact: Policy Priorities for Government-Led Adoption,"* translating lessons into actionable recommendations for governments and partners. The brief emphasizes government ownership, responsible data governance, frontline worker needs, and evidence-based implementation.



During UNGA: Living Goods CEO Emilie Chambert (second from left) with other panelists at the Bridgespan Group's high-level event, "Recoding Impact: AI and the Future of the Global Social Sector." Credit: The Bridgespan Group

Through these efforts, **Living Goods is shaping an emerging global AI agenda for community health—bridging practical implementation experience with policy advocacy to help governments move beyond isolated innovations toward integrated, sustainable, and higher-performing health systems.** ■

Our approach is to integrate AI into existing government systems to address persistent barriers to frontline health worker performance, strengthen service delivery, and improve health outcomes.

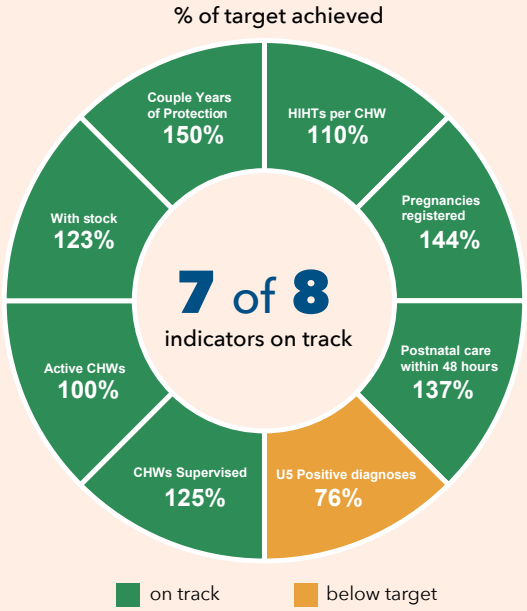
LEARNING SITES

BURKINA FASO

Performance in Manga and Ziniaré districts was driven by stronger supervision and health facilities' commitment to attend to all the referred cases from the community. In Manga, **CHWs exceeded their family planning target, measured in couple-years of protection, following several interventions.** These included the snowball strategy, which engages women already using family planning methods as community ambassadors to encourage others to adopt modern contraceptives.

In Ziniaré, however, a nationwide shortage of amoxicillin limited CHWs' ability to treat children under five with pneumonia, affecting performance against this indicator.

Most indicators are on track



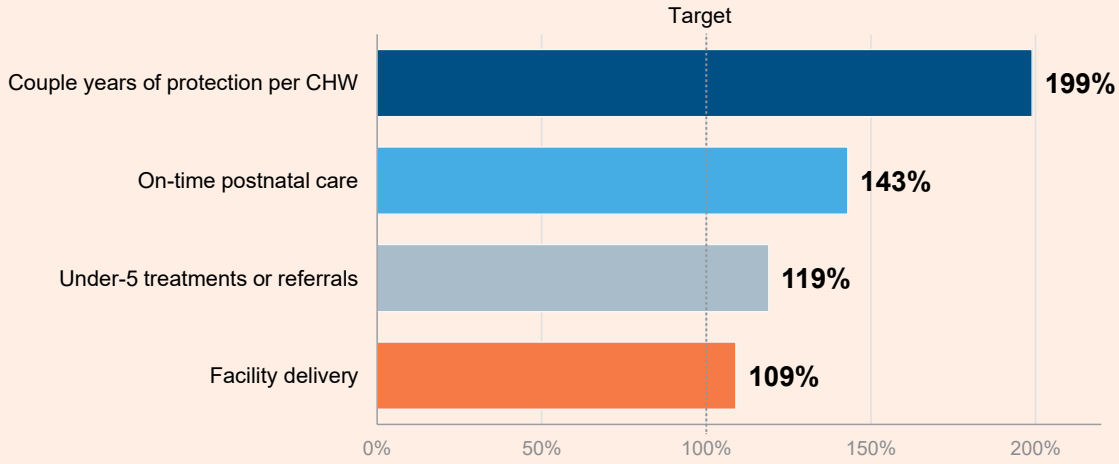
UGANDA

CHWs' performance surpassed targets in almost all indicators. This quarter we learned that:

- The need for care follows the seasons. During the dry spell (June to September), community health workers kept assessing children, but test positivity fell from 64% to 52%, matching government national data. That points to fewer sick children, not less effort by community health workers.
- **Targeted performance improvement plans can drive results. The approach that lifted antenatal care visits to 80% can be applied to other lagging indicators.**
- Persistent gaps point to wider system constraints. Sick child referral completion depends on stronger links with health facilities, and delayed release of government funds limits commodity availability.

To address gaps in treatment and referrals for children under one, we will intensify community engagement to raise caregivers' awareness of the services CHWs provide. We will also work with the Ministry of Health to improve CHWs' access to essential medicines in line with the revised malaria treatment guidelines. In addition, we will account for seasonal variations in our planning.

Q3 2026: % of target achieved



CHWs exceeded the target on all four indicators shown, with couple years of protection nearly double the goal. The dashed line marks the target (100%).

Getting Community Health Performance Right from the Start

Uganda is rapidly expanding its Community Health Extension Worker (CHEW) programme. So far, about 71 local governments have trained CHEWs, with a target of nationwide coverage by 2028. CHEWs are a government-paid cadre with dual responsibilities for community-level service delivery and supervising community health workers—known as Village Health Teams (VHTs) in Uganda. Unlike CHEWs, community health workers are volunteers whose work focuses primarily on health promotion, disease prevention, and community mobilisation. The two cadres are designed to complement each other.

Having a dedicated, compensated cadre creates an opportunity for more consistent supervision, accountability for service delivery, and stronger support for CHWs, whose contribution remains central to community health. However, expanding the workforce alone will not improve health outcomes. Community Health Extension Workers and CHWs need clear, nationally aligned performance indicators that are routinely tracked to improve service delivery and health outcomes.

Uganda's Community Health Workers Implementation Framework (2026–2031), developed with technical support from Living Goods through the Building Integrated Readiness for Community Health (BIRCH) Project, funded by the Global Fund and supported by Africa Frontline First, provides a national foundation for this. It establishes standards for recruitment, training, compensation, and performance, bringing community health workforce management under a more structured, government-led approach.



Uganda's Vice President, Maj. (Rtd) Jessica Alupo launches the Community Health Workers Implementation Framework at the during the National Health Promotion & Disease Prevention Conference in Kampala.

Drawing on nearly 20 years of implementation experience, Living Goods is leveraging its learnings to support the government to translate these standards into practice as it scales the CHEW model. In Wakiso, we supported the district to strengthen its CHEW recruitment criteria and participated in the selection process.

"Community health extension workers are a critical link between health facilities and the communities they serve. Experienced community health workers understand their communities and the realities of delivering health services. Where they meet the CHEW requirements, bringing them into these formal roles builds on that experience and helps create a competent, trusted health workforce," says Bonny Natukunda, Senior District Health Educator, Wakiso.

Q3 2026 KPIs	LEARNING SITES				IMPLEMENTATION SUPPORT										Total
	Burkina Faso LS		Uganda LS		Kenya: Busia, County		Kenya: Kisumu County		Kenya: Vihiga County		Kenya: Bungoma County[1]		Burkina Faso IS		
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual	
Monthly Per-CHW Impact Metrics															
New Pregnancies Registered	2.5	3.6	1.3	1.4	0.8	0.6	0.8	0.5	0.8	0.6	0.8	0.8	1.5	3.8	**1.0**
% of 4+ ANC visits	N/A	N/A	64%	80%	64%	76%	64%	83%	64%	84%	64%	73%	N/A	N/A	**75%**
% Facility Delivery	N/A	N/A	85%	93%	85%	93%	85%	97%	85%	97%	85%	94%	N/A	N/A	**91%**
% On-Time Postnatal Care Visit	N/A	N/A	64%	92%	64%	74%	64%	80%	64%	82%	64%	58%	N/A	N/A	**66%**
Couple Years Protection	2	3	4	8.0	6	1.9	5	2.3	4	2.2	2.5	3.3	0.5	0.4	**3.1**
% Children 9-23 Months Fully Immunized[2]	N/A	N/A	85%	86%	85%	94%	85%	84%	85%	96%	85%	82%	N/A	N/A	**83%**
Under-5 Treatments or Referrals	16	12.2	16	19.0	11	4.3	8	3.9	8	7.6	5	4.8	7	3.5	**6.9**
Under-1 Treatments or Referrals	N/A	N/A	4	1.7	2.6	0.4	2	0.3	2	0.5	1	0.4	N/A	N/A	**0.5**
% Sick Child Facility Referrals Completed	N/A	N/A	68%	63%	68%	94%	68%	97%	68%	98%	68%	96%	N/A	N/A	**88%**
Program Quality Metrics															
% Weekly Active Users [NEW]	N/A	N/A	50%	81%	50%	95%	50%	98%	50%	98%	50%	96%	N/A	N/A	**90%**
% CHWs in Stock w/ Essential Commodities	60%	74%	60%	88%	50%	60%	50%	64%	50%	50%	50%	42%	50%	67%	**59%**
% CHWs w/ Supervision in Last 1 Month	75%	94%	75%	96%	60%	69%	60%	76%	60%	87%	60%	55%	60%	94%	**74%**
CHW Income per Month	$30	$30	$20	TBD	$38	$38	$38	$38	$38	$38	$38	$38	$30	$30	$34
Impact Total Metrics															
Active CHWs (3-Month Active)	820	820	1,580	1,533	2,200	2,180	3,000	2,969	1,450	1,448	3,590	3,592	516	507	**13,049**
Population Served	677,108	659,324	948,000	919,800	990,000	963,098	1,140,000	1,220,450	594,500	639,181	1,651,400	1,730,958	592,879	571,389	**6,704,200**
Total New Pregnancies Registered	6,150	8,695	5,333	6,371	5,280	3,688	6,750	4,746	3,263	2,788	8,616	8,371	2,322	5,399	**40,058**
Total Under-5 Treatments or Referrals	22,716	17,437	74,655	84,927	72,600	27,812	67,500	34,412	35,888	33,081	53,850	50,878	6,888	2,890	**251,437**
Total Under-1 Treatments or Referrals	N/A	**N/A**	16,709	7,753	17,160	2,387	16,875	2,636	8,156	2,339	10,770	4,655	N/A	N/A	**19,770**
Total Couple Years Protection	9,840	6,782	17,775	34,133	28,170	11,728	47,250	18,730	19,575	9,267	26,925	31,365	774	313.3	**112,319**
Total Unintended Pregnancies Averted	1,784	1,639	4,296	8,249	6,809	2932	11,420	4,683	4,731	2317	6,508	7,851	187	76	**27,747**
Net Cost per Capita (Annualized)	$3.60	$3.73	$2.00	$2.18	$1.20	$1.84	$0.80	$0.71	$1.00	$0.94	$0.50	$0.43	$0.90	$0.72	**$1.15**

NOTES:

[1] Bungoma IS and Burkina Faso IS has progressive targets as CHWs onboard throughout the year; per-month targets increase in future quarters.

[2] All Kenya sites are paid by both national and county government. The income indicated is the standard government rate; however, their payments were delayed during Q3.



THANK YOU

For families, a health system is not an institution. It's a promise. Care will be there when a child falls ill, when a pregnancy becomes dangerous, when help is needed most.

Living Goods is a government performance partner working alongside African governments to help their community health systems perform at scale, within real-world constraints, so that when families need healthcare, it's there.

Your partnership makes this work possible.

Join us, and together we can ensure systems perform reliably enough for families to count on them.

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