

## Research Again Demonstrates Life-Saving Impact of CHWs

**The preliminary results from a new external RCT of Living Goods-supported CHWs in Uganda show a strong and statistically significant 30% reduction in U5 child mortality and a 27% reduction in infant mortality, compared to control areas.**

RCTs are the gold standard in evaluations, and this is the **second such study of Living Goods-supported CHWs in Uganda to demonstrate a significant mortality reduction.** The [first RCT](#) was completed in 2013 when Living Goods was only supporting 500 CHWs.

Completed in 2021, **the second RCT evaluates the impact of a program at a much larger scale—with 4,500 Living Goods-supported CHWs serving more than 3.6 million people.** Both evaluations were conducted by [Innovations for Poverty Action](#), with funding from the [Children's Investment Fund Foundation](#), and a research team from Stockholm University, Stockholm School of Economics, Trinity College Dublin, and Uganda's Makerere University.

Living Goods believes these preliminary results demonstrate that **digitally enabled CHWs who are paid, equipped with training, medicines, and supportive supervision can save and improve lives at scale, and are vital for cost-effectively powering health systems.**

We also believe the RCT underscores the value of using research and data to iterate and improve. The midline highlighted gaps in program implementation and was not picking up a strong directional impact on mortality reduction. In response, we unpacked the midline data and other external and internal data sources to strengthen and focus the support we provide to CHWs. This included driving up certain key performance indicator (KPI) targets and household coverage, increasing CHW compensation, strengthening supportive supervision, and ultimately ensuring communities received the high-quality community-based care needed to improve and save lives.

Moreover, the RCT's preliminary results also show statistically significant differences in key evidence-based maternal, newborn, and child health interventions. In treatment areas, the RCT's preliminary results show a **4x increase in-home newborn care, a 5x increase in pregnant women receiving an antenatal care-focused home visit, and an 8x increase in follow-ups for sick children who had been treated, compared to the control arm.**

The preliminary evaluation results also measured better health knowledge among CHWs and found an **increase in children receiving the correct treatments for illnesses including diarrhea, malaria, and pneumonia.**

*We expect submissions of these results to peer-reviewed journals. In the meantime, we are working on a plan to disseminate the important evidence and learning that will emerge from this study to the wider field.*