

Living Goods began operating in Uganda in 2007. More than a decade later, we are working in 20 districts across Uganda to train, supervise and support digitally empowered community health workers (CHWs). Beyond our direct operations, we work closely with Uganda's national and district-level governments to strengthen the health system by supporting the development of policies, budgets and operational frameworks that are friendly to effective community health services.



The Problem

About 76 percent of Uganda's population lives in rural areas and has poor access to quality health care. Currently, there is one doctor for every 25,000 people—well below the WHO's recommendation of 1 doctor per 1,000 people. This has created a burden on health facilities and drastically reduced the motivation of health workers and quality of services. In response, the government introduced CHWs in 2001, to reduce the burden at health facilities and increase promotive and preventative health behaviours.

But most CHWs receive inadequate resources to successfully and sustainably treat those in need. With minimal training and refreshers, as well as paper-based recording systems, CHWs often lack the support and resources they need to thrive. Further, most CHWs work on a voluntary basis, and with a time-consuming task that takes hours to do each day—it is difficult to motivate CHWs if they are not compensated.

The Solution

Living Goods builds on the existing model to further empower CHWs. We harness innovative mHealth technology, incentive-based pay, regular in-service training, functioning pharmaceutical supply chains, and supportive supervision to ensure CHWs can deliver high-quality primary health care services to those in need.

Known locally in Uganda as Village Health Teams – CHWs go door-to-door delivering health services to people in rural and peri-urban areas, with a focus on maternal health; assessing and treating malaria, diarrhoea and pneumonia among children under age 5; ensuring children receive all their immunizations on-time; and family planning.

2021 Impact

(Cumulative annual data as of December 2021)



8,863
ACTIVE CHVs



263,825
NEW PREGNANCIES REGISTERED



7,033,100
PEOPLE SERVED



854,576
SICK CHILDREN UNDER 1 ASSESSED



3,895,132
SICK CHILDREN UNDER 5 ASSESSED

*Includes results from our partner BRAC

At the end of 2021, Living Goods was directly supporting more than 4,743 digitally empowered CHWs in 19 districts. Our partner BRAC was supporting an additional 4,120 CHWs in 72 districts.



How We Work in Uganda

Our overarching goal is to support the government in developing a sustainable integrated community health system that the Ministry of Health (MOH) can operate, manage, and fund to ensure the delivery of high-quality community health services.

Directly Managed Programs

We provide every CHW with a smartphone with a robust mHealth application. This ensures that patients receive a standardized quality of care. It supports effective management of community health workforces by setting clear targets, and providing supervisors with access to real-time data, which both helps them manage far-flung networks of CHWs and identify disease trends or outbreaks. In most of our operations, Living Goods manages our own supply chain to ensure CHWs are equipped with essential medicines to treat children under 5 for malaria, diarrhoea and pneumonia, along with family planning commodities. We also provide motivating compensation to CHWs, which is tied to meeting key targets relating to health impact.

Support through Partners

Since our inception in 2007, we have partnered with BRAC in numerous ways to deliver community health services that draw on our core approaches. BRAC is currently supporting some 4,082 CHWs in 72 districts.

Partnering with Government

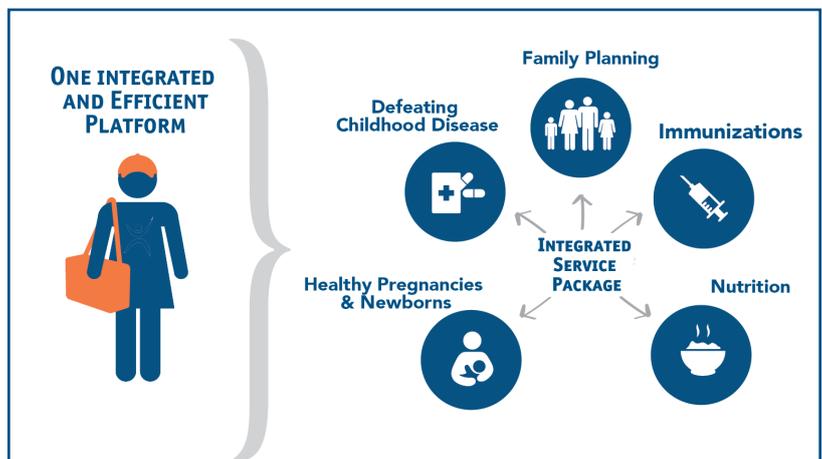
We support the Ugandan government through direct technical assistance, capacity building, financial support, and we actively contribute to policy processes at the national, district and community levels.

In July 2020, we launched our technical assistance partnership in collaboration with the MOH, Oyam district local government and the Malaria Consortium. Through this public-private collaboration, Living Goods will train and empower at least 1,000 CHWs and 32 supervisors with mHealth technology. The partnership will help standardize the quality of care and provide government and supervisors with critical, real-time community-level data.

Oyam district will ensure compensation of CHWs, and Malaria Consortium guarantee a stable supply chain of essential medicines and lead supervision at the community level. Living Goods will provide guidance on mHealth and performance management.

Our Integrated Platform

Rather than focus on just a single disease, the CHWs we support register every pregnant woman, conduct pre- and post-natal visits, treat sick children, provide family planning counseling, and track immunizations. This scope will expand and evolve as communities' needs do.



Results-Based Financing

Results-based financing (RBF) is a mechanism that links financing to pre-determined results, with payment made upon verification that the results have been delivered. In June 2018, Living Goods, with funding from the Deerfield Foundation and under guidance from the MOH, designed a community RBF mechanism. It was piloted in Masaka and Kyotera districts with 320 CHWs, to demonstrate a scalable approach for contracting high-impact, cost-effective community health services that the Ministry of Health, donors, and other partners can adopt in the future. With the results of the pilot (which ended in July 2019), we have secured funding to scale the pilot to three branches for the next 3 years to reach approximately 700 CHWs. Results and lessons learned were shared at the monthly national RBF Technical Working Group to inform national RBF implementation.

