

Living Goods began operating in Uganda in 2007. 15 years later, we are working in 20 districts across Uganda to train, supervise and support digitally empowered community health workers (CHWs)—locally known as Village Health Teams (VHTs). We work closely with Uganda’s national and district-level governments to strengthen the health system by supporting the development of facilitative policies, budgets and operational frameworks for 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 training and resources to successfully and sustainably treat those in need. 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.

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.

## 2022 Q2 Impact in Uganda\*



**8,537**  
ACTIVE CHWs



**57,227**  
NEW PREGNANCIES  
REGISTERED



**849,204**  
U5 TREATMENTS  
AND POSITIVE  
DIAGNOSES



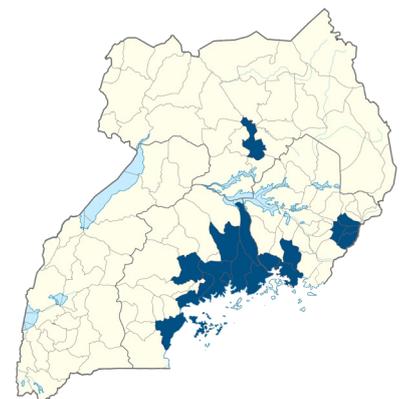
**5,122,200**  
PEOPLE SERVED



**190,345**  
U1 TREATMENTS  
AND POSITIVE  
DIAGNOSES

\*INCLUDES RESULTS FROM  
OUR PARTNER BRAC

By June 2022,  
Living Goods  
was directly  
supporting  
more than  
4,490 digitally  
empowered CHWs  
in 20 districts.  
Our partner BRAC  
was supporting  
an additional 4,038 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.**

### Learning Site at Scale

We have a very hands-on role in service delivery and we're responsible for performance on all elements of the DESC approach—Digitizing, Equipping, Supervising and Compensating—along with their funding. We provide every CHW with a smartphone with a robust mHealth application. This ensures that patients receive a standardized quality of care and provides supervisors with near real-time data, which 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.

### 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 4,038 CHWs in 72 districts, with a focus on maternal and child health services.

### Partnering with Government

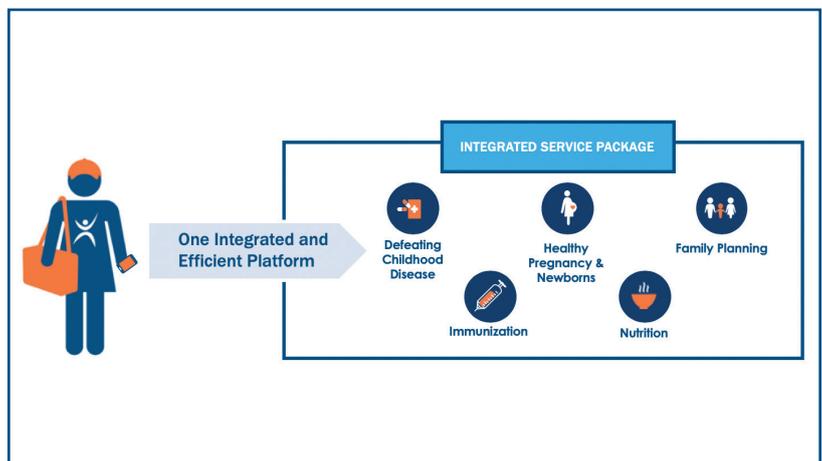
We support the Ugandan government through direct technical assistance, capacity building, financial support, and we actively contribute to policy processes at the national and district levels to strengthen the enabling environment.

In July 2020, we launched a partnership with the MOH, Oyam District Local Government and the Malaria Consortium. Through this public-private collaboration, Living Goods trained and empowered close to 200 government CHWs and 13 supervisors with mHealth technology. The partnership is helping to standardize the quality of care at the community level and provide government with critical community-level data to support decision making.

Additionally, we are generating public-sector lessons to influence government and other development partners to adopt and scale the DESC approach for community health.

### 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 some methods, 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 secured funding to scale the pilot to three branches for 3 years to reach approximately 700 CHWs. Results and lessons learned will be shared through the RBF Technical Working Group to inform national RBF implementation.

