

Living Goods began operating in Uganda in 2007. 15 years later, we are working in 22 districts across Uganda to train, supervise and support digitally empowered community health workers—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 VHTs in 2001, to reduce the burden at health facilities and increase promotive and preventative health behaviours.

But most VHTs receive inadequate training and resources to successfully and sustainably treat those in need. Further, most VHTs work on a voluntary basis, and with a time-consuming task that takes hours to do each day—it is difficult to motivate VHTs if they are not compensated.

The Solution

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

VHTs 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 Jan - June Impact in Uganda*



8,537
ACTIVE VHTs



114,049
NEW PREGNANCIES
REGISTERED



1,631,954
U5 TREATMENTS
AND POSITIVE
DIAGNOSES



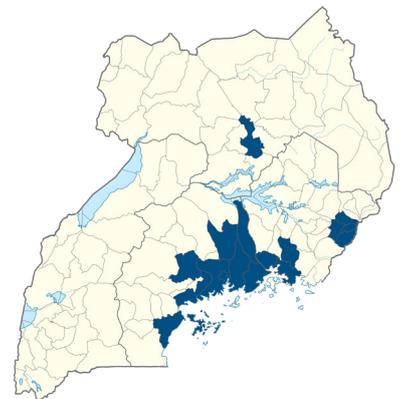
5,122,200
PEOPLE SERVED



372,088
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 VHTs in 20 districts. Our partner BRAC was supporting an additional 4,038 VHTs 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 VHT with a smartphone with a robust mHealth application. This ensures that patients receive a standardized quality of care and provides supervisors access to real-time data, which helps them manage far-flung networks of VHTs and identify disease trends or outbreaks. In most of our operations, Living Goods manages our own supply chain to ensure VHTs 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 4,030 VHTs in 72 districts.

Partnering with Government

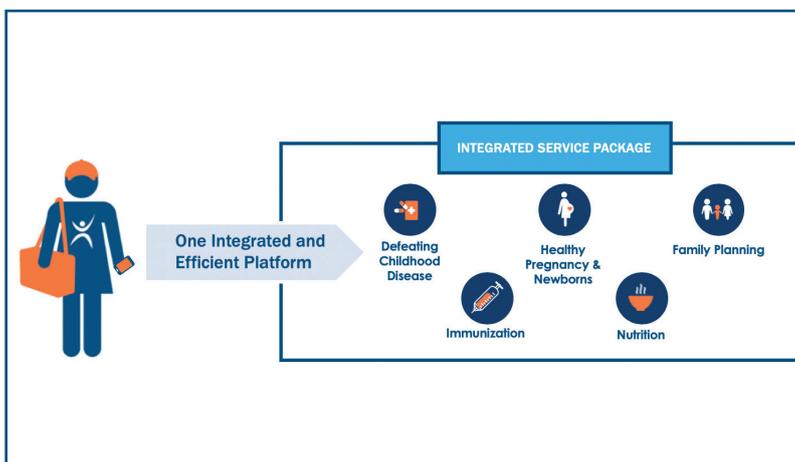
We support the Ugandan government through direct technical assistance, capacity building, financial support, and we actively contribute to policy processes at the national and district levels to strengthen the enabling environment.

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 VHTs and 13 supervisors with mHealth technology. The partnership is helping to standardize the quality of care and provide government with critical, real-time community-level data.

Additionally, we are generating public-sector lessons from this pilot 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 VHTs 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 VHTs, 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 VHTs. Results and lessons learned will be shared through the RBF Technical Working Group to inform national RBF implementation.

