

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 (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 Impact in Uganda\*



**8,246**  
ACTIVE CHWs



**196,680**  
NEW PREGNANCIES REGISTERED



**3,159,545**  
U5 TREATMENTS AND REFERRALS



**4,947,600**  
PEOPLE SERVED

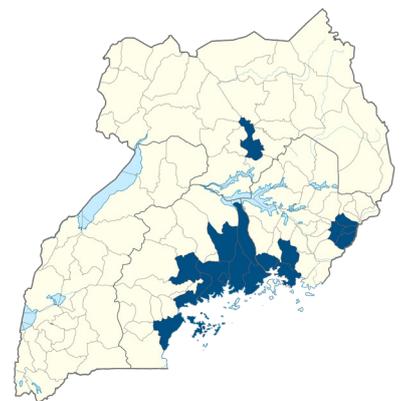


**693,520**  
U1 TREATMENTS AND REFERRALS

\*INCLUDES RESULTS FROM OUR PARTNER BRAC

By the end of 2022, Living Goods was directly supporting more than 4,200 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 access to 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 4,030 CHWs in 72 districts.

### Partnering with Government

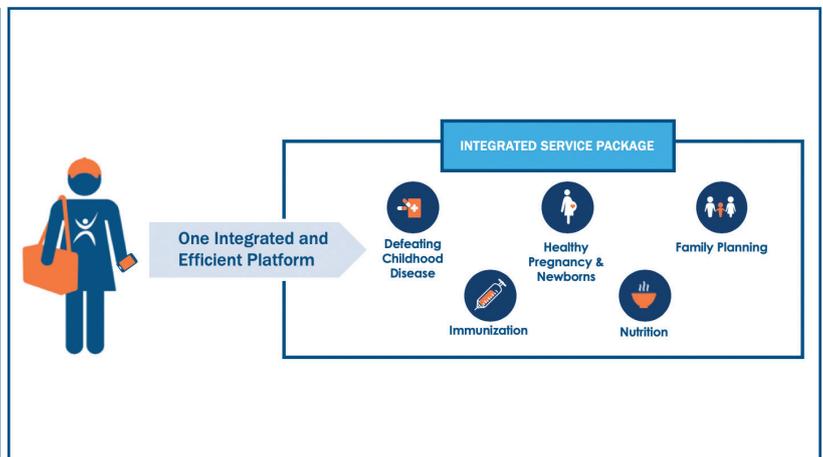
We support the Ugandan government through direct technical assistance, capacity building, financial support, and we actively contribute to policy processes at the national and district levels to strengthen the enabling environment.

Over the years, we have worked with other partners under the Intelligent Community Health System (iCoHS) project and the Oyam Project—where we piloted implementation of DESC in the public sector—to influence the design, adoption and scaling of the eCHIS, led by the Department of Health Information at the MOH. This system will benefit all CHWs in the country and promote standardization of care at the community level.

This work provided learnings that informed the development of the National Community Health Strategy—which incorporates DESC—and the National Health Information and Digital Health Strategy.

## 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 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.

