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.

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.

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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
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.