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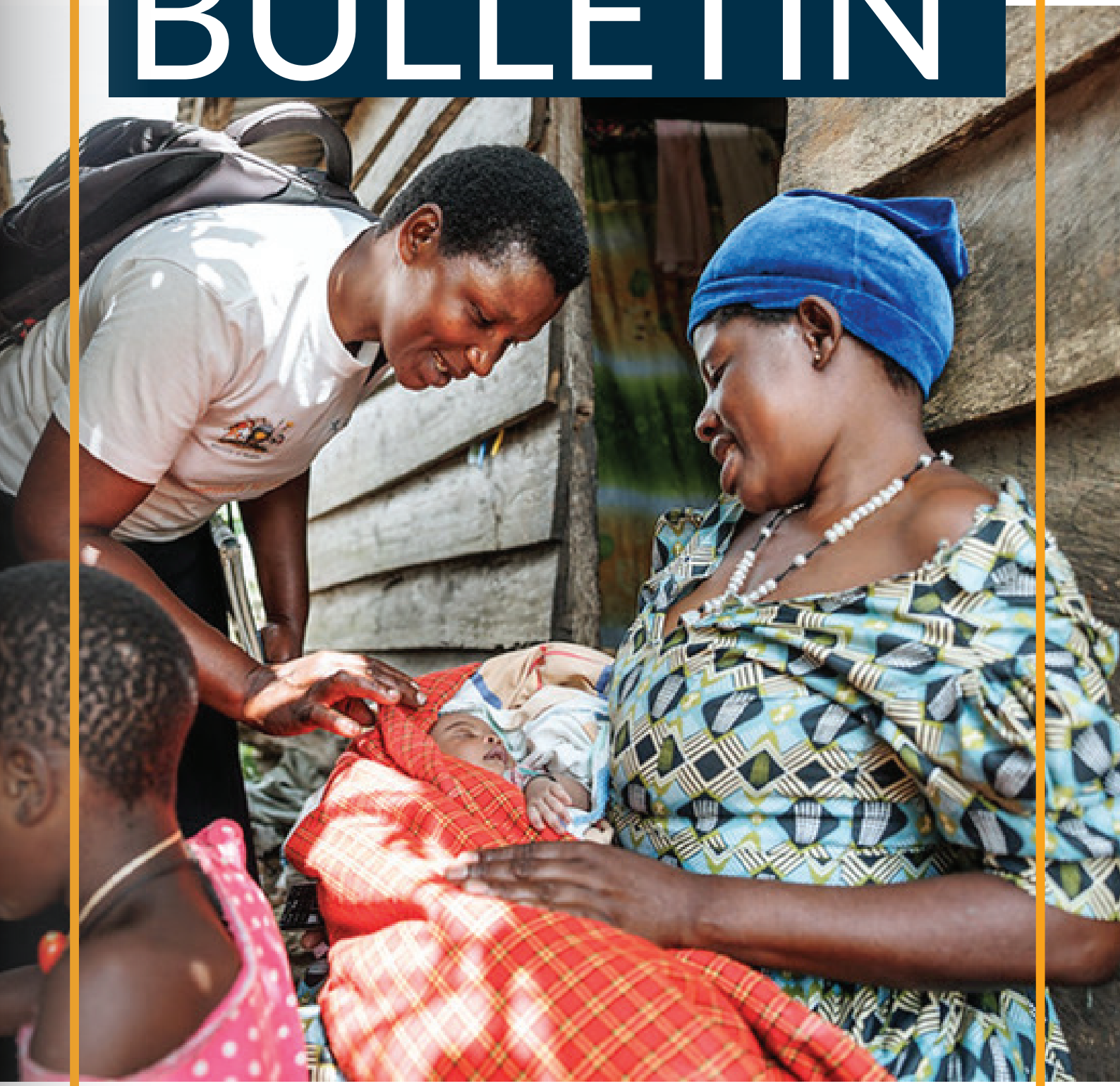

"Strengthening Community Health Workers for Disease Prevention"

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Dear Reader,
Welcome to the very first issue of the Health Promotion and Disease Prevention Bulletin!

This edition shines a spotlight on the incredible work of Uganda's Community Health Workers (CHWs), the everyday heroes bringing health services right to the doorsteps of our communities.

From early mornings in the field to policy discussions shaping the future, we take you inside their world. You'll meet inspiring CHWs, see the impact they're making, and hear from our partners; UNICEF, Living Goods, WHO, Nama Wellness who walk alongside them in this vital mission.

Don't miss our "day in the life of a CHEW" feature, and my exclusive sit-down with the Commissioner in charge of Health Promotion, Education and Strategic Communication, Dr. Richard Kabanda, who shares the inside story on the policies driving the CHEW scale-up.

Grab a cup of tea, settle in, and enjoy this celebration of dedication, resilience, and community spirit.

CHEWS: Driving Uganda's Community Health Revolution

Uganda is on a transformative journey towards improving the health and wellbeing of all its citizens by 2030, aligning with the ambitious goals of the Fourth National Development Plan (NDPIV) for 2025/26–2029/30. At the heart of this effort is the scaling up of the Community Health Extension Worker (CHEW) program, poised to revolutionize how health services are delivered at the grassroots level, with a focus on health promotion and disease prevention as well as basic curative services delivery. The essence is to extend services closer to people in their communities.

Community Health Wokers, Dorothy Kisitu and Nuru Serwaji from Kireka C, Namungongo Division in Wakiso District

For decades, Uganda's health system has been largely facility-based and curative in nature. However, this approach has left many rural and underserved populations behind. The CHEW program marks a strategic shift toward a community-led, prevention-focused model, anchoring healthcare where people live and work.
Each parish is now home to two CHEWs; a male and a female, selected by their own communities. After six months of rigorous training (four months in-classroom and two months practical), these frontline workers are deployed to supervise Village Health Teams (VHTs) and serve as a vital link between communities and the formal health system.

From Pilot to National Rollout

The CHEW concept was first tested in 2018/2019 through a Ministry of Health-led pilot in Mayuge, Lira District, and Lira City, in partnership with development agencies. The pilot served as an implementation science study, uncovering strengths, gaps, and key lessons from the existing community health system.

The insights from the pilot formed the foundation for the national scale-up, ensuring that CHEWs are not just another cadre, but a transformative force in Uganda's healthcare landscape.

What Services Do CHEWs Provide?

1. Primary Healthcare Delivery

CHEWs provide **preventive, promotive, and basic curative care.** Each CHEW is supplied with a comprehensive toolkit that includes:

- A medicine box with essential supplies.
- Glucometer and blood pressure machine
- Thermometer and MUAC tape.
- A tablet powered by the National electronic Community Health Information System (eCHIS) for real-time data entry and referrals.
- Bicycle and gumboots for community mobility.

2. Health Education and Promotion

CHEWs are trained in health promotion and conduct door-to-door outreach, educating households on topics such as; Good nutrition and hygiene, Malaria prevention, Sexual and reproductive health and Importance of immunization and early health-seeking behavior

3. Community Engagement

CHEWs mobilize communities around priority health campaigns, helping prevent diseases like malaria, diarrhea, TB, HIV/AIDS, and non-communicable diseases (NCDs). They also advocate for, Use of mosquito nets, Safe water and sanitation and Healthy lifestyles

CHW Betty Namukolaki(L) at Aliya's home in Kamugombwa Village, Masaka District, Central Uganda

4. Data Collection and Surveillance

With digital tools, CHEWs support early detection of public health threats and ensure timely reporting of; Disease outbreaks and Referral needs and follow-ups

Nuru Sseruwaji VHT Kireka C, Namugongo Division with a client recording data from the client using the electronic Community Health Information System - eCHIS in Kireka, Wakiso District

The CHEW program is more than just a health intervention. It is a catalyst for socio-economic transformation. By preventing disease, promoting healthy behaviors, and ensuring early detection of Public Health Emergencies, CHEWs are reducing healthcare costs for families, increasing productivity by keeping communities healthy and boosting household incomes by preventing catastrophic health expenditures.

Map showing CHEWs scale up so far

DISTRICTS	PARTNER	NUMBER OF CHEWS
	USAID	3140
	The Global Fund (via TASO)	1,778
	World Bank (UCREPP)	1022
	Mastercard Foundation	1028

Over 1,000 Community Health Extension Workers Deployed to Boost Preventive Health Services

The Ministry of Health, with support from the World Bank, has officially deployed 1,007 Community Health Extension Workers (CHEWs) across seven districts; Luwero, Butaleja, Kwania, Kween, Lwengo, Nakasongola, and Nakaseke between May and June 2025. This marks a major step in strengthening disease prevention and promoting community-based health services.

Dr. Jane Ruth Aceng Ocero addresses the newly passed out CHEWs in Kwania District

The districts were carefully selected based on health needs. For example, Luwero faces high rates of preventable illnesses, with malaria accounting for 27% of outpatient visits, and only 61% of mothers delivering in health facilities. "Where do the other 39% deliver?" challenged Dr. Diana Atwine, Permanent Secretary, as she addressed the pass-out ceremony.

Dr. Jane Ruth Aceng Ocero, Minister of Health, urged the CHEWs to mobilize communities from the grassroots to build a healthier, more productive population.

Dr. Atwine reminded the graduates of their vital mission:

"God picked you to be His hands and His feet to transform the health of households. Please do your work diligently and cause a positive impact in your communities."

She emphasized that CHEWs are not doctors or nurses, but frontline agents of health promotion and community engagement.

Dr. Atwine hands over equipment to CHEWs in Kazo District

Dr. Richard Kabanda addressing the congregation at the event

Dr. Richard Kabanda, Commissioner for Health Promotion, Education, and Strategic Communication, noted that 40% of the new CHEWs are former Village Health Team members, bringing valuable community experience. “CHEWs are the bridge between village and parish levels,” he said.

Each CHEW has been equipped with a standard toolkit, including a medicine box, glucometer, blood pressure machine, MUAC tapes, smartphone for real-time reporting, and a bicycle for mobility. Two CHEWs (one male, one female) are stationed in every parish to ensure gender-responsive service delivery.

Dr. Diana Atwine explains the use of the blood pressure machine while handing over equipment to the CHEWs in Kween District.

Dr. Diana Atwine hands over the equipment to one of the CHEWs to facilitate her work within the communities

One of the graduates, Jane Apio, 24, from Kwania, shared her excitement: *"I'm proud to be part of this transformation. We've been empowered with the knowledge and tools to make a difference."*

The CHEWs program, supported under the Uganda COVID-19 Response and Emergency Preparedness Project (UCREPP), is a flagship initiative designed to build resilient community health systems and ensure every Ugandan household has access to prevention, health education, and timely care.

"I May Not Be a Doctor, But I'm Saving Lives":

Inside a Day with Nyende, a CHEW in Mayuge District

Nyende Abdul Aziz (In blue T-Shirt), the CHEW in Buyere Parish in Mpungwe Sub- County, Mayuge District during his supervision visits

As dawn breaks over the quiet villages of Buyere Parish in Mpungwe Sub-County, Mayuge District, Nyende Abdul Aziz is already in motion. With a smartphone in his pocket, a pen clipped to his shirt, and a notebook tucked under his arm, he climbs onto his bicycle, a mobility tool provided to him to help penetrate remote villages with life-saving health messages andsets out. He is not just a Community Health Extension Worker (CHEW), but a vital connector between the people and the health system that serves them.

"I may not be a doctor," Nyende says with a humble grin, "but every day, I am helping someone live a healthier life. That's what matters."

His workday starts with supervision, a core pillar of his role. He checks in with Wotali Irene a Village Health Team (VHT) member from Buyere village, where they have scheduled a joint household visit. As part of the structured community health workflow, Nyende accompanies the VHT to assess sanitation practices, provide basic health education, and support early detection of illnesses like malaria and diarrhoea. He observes, coaches, and guides, ensuring that VHTs are not only active but also equipped with the knowledge and skills to perform their tasks.

"Mentorship is key, we can't just tell VHTs what to do, we must show them, support them, and celebrate their efforts."

Nyende at Mpungwe Health Centre III sensitizing mothers during a family planning visit at the facility.

By mid-morning, Nyende transitions into his role as a link between the community and the health facility. At Kasutaime Health Center II, He sits with the in-charge nurse, Evelyn Nabirye, to share reports from the community, emerging health concerns, household trends, and VHT feedback. "This information guides us," Evelyn notes. "Because of CHEWs like Nyende, we can plan better and serve more people, especially children under five, expectant mothers and those in need of Family planning services"

But the link is two-way. Nyende carries back to the community vital guidance from the facility, on how to respond to disease outbreaks, how to refer complicated cases, and what services are available.

"Information alone can save lives, we fight ignorance by making people aware of where to go, what to do, and when to act thereby preventing many diseases."

In the early afternoon, Nyende leads a community sensitisation session under a mango tree in Buyere_one of the villages he supports after having a series of these at the health facility educating mothers on family planning methods. With a small crowd gathered, young mothers, elders, and curious children, he talks about hygiene, water safety, and latrine use.

"We don't wait for people to come to us," he says. "We go where they are, burial ceremonies, church gatherings, village meetings, anywhere the people are, that's where we take the message."

Beyond sensitization, he plays a vital role in data collection and quality assurance. Through regular check-ins, Nyende ensures that VHTs have uploaded accurate data using mobile phones. He verifies the sync with national servers, helping inform the Ministry of Health's decisions on resource allocation and service delivery.

"This data is not just numbers. It reflects lives, gaps, progress, and shapes policies."

As a Community Health Extension Worker, Nyende is not just supervising and sensitizing; he is actively implementing a government vision, the social services pillar under the Parish Development Model (PDM). Through every visit, report, referral, and dialogue, he strengthens the delivery of community health services that the PDM framework aims to enhance.

"We are the boots on the ground for that policy," he explains. "We translate strategy into action."

Evening approaches, but Nyende's work continues. He meets with fellow CHEWs and health assistants for a weekly supervision and data validation meeting. They discuss challenges, share learning, and align priorities for the week ahead.

As he walks home in the fading light, Nyende reflects on his journey, from a schoolboy who once helped VHTs record data, to a community leader shaping local health outcomes.

"I may not wear a white coat like real doctors, but I'm proud of what I do in supporting their work. We're changing lives, one home at a time."

Nyende Abdul Aziz with Wotali Irene a Village Health Team (VHT) member from Buyere village, during support supervision.

Interview with Commissioner, Health Promotion, Education and Strategic Communication

– Dr. Richard Kabanda

Dr. Richard Kabanda, Commissioner for Health Promotion, Education and Strategic Communication

Q: Can you briefly describe the national vision for Health Promotion and Disease Prevention?

A The national vision for Health Promotion and Disease Prevention is to empower every Ugandan to take charge of their own health, while ensuring that families and communities have the knowledge, skills, and supportive environment needed to live healthier, longer lives. We want prevention, not treatment, to be the first line of defense.

This vision is anchored in the principle of Primary Health Care and aligns with Uganda's aspiration of achieving Universal Health Coverage and a productive population by 2040. It emphasizes reducing the burden of preventable diseases through sustained investment in community health systems, behavior change, and the creation of health-supportive environments.
At the center of this vision are Community Health Workers, who act as trusted frontline agents in villages and households. They translate health messages into action, mobilize communities for services like immunization, sanitation, nutrition, and malaria prevention, and help detect health threats early. By strengthening this workforce, we are building resilient communities that are better prepared to prevent diseases before they occur.
Ultimately, our goal is a future where health promotion is not an event, but a culture, woven into everyday life, schools, workplaces, and communities across Uganda.

Q: Regarding the CHEWs, what informed the development of the CHEW strategy, and how does it complement the existing Village Health Team (VHT) model?

A The Community Health Extension Worker (CHEW) strategy was developed to address critical weaknesses within Uganda's

volunteer-based Village Health Team (VHT) model and to align with global commitments towards Universal Health Coverage. Stemming from issues like inadequate supervision, low motivation, and high attrition among VHTs, the CHEW strategy introduces a professionalized, remunerated cadre to strengthen the existing system. CHEWs complement VHTs by providing direct supervision and mentorship at the parish level, handling an expanded scope of technical services, and managing digital health information systems like eCHIS. This integrated approach creates a more robust structure that bridges the gap between communities and formal health facilities, enhances data-driven decision-making, and improves the overall capacity to tackle Uganda's disease burden and respond to public health emergencies.

Q: Can you share some of the major milestones or achievements since the rollout began?

A Since its successful pilot in 2022, the Community Health Extension Worker (CHEW) program in Uganda has achieved a significant national scale-up, training and deploying over 3,136 CHEWs across 23 districts to strengthen community health. This initiative has yielded tangible improvements in the health system, demonstrated by enhanced VHT performance and reporting, as well as increased coverage of key services like antenatal care, childhood immunizations in implementation areas and linkage of communities to facilities.

L-R: Dr. Richard Kabanda, Dr. Jane Ruth Aceng Ocero and Dr. Ronald Miria Ocaatre during the CHEWs pass out in Kwania District

Q: What role have development partners played in supporting CHWs?

A Development partners play a multifaceted and crucial role in supporting Uganda's community health workforce, providing essential financial, technical, and coordination assistance for both VHTs and CHEWs. Financially, organizations like USAID, the Global Fund, KOFIH , Mastercard foundation and the World Bank fund the training, deployment, and equipping of thousands of workers, while also providing emergency support during outbreaks.

Permanent Secretary, Dr. Diana Atwine with technical teams from Ministry of Health, UNICEF and Mastercard Foundation. The teams discussed support towards revitalization of Village Health Teams and training of Community Health Extension Workers (CHEWS).

Technically, partners like Africa CDC, WHO, UNICEF and Living Goods strengthen capacity by supporting the development of training materials, enhancing digital surveillance systems, and supporting foundational program assessments. They are also deeply integrated into policy and coordination, participating in joint planning with the Ministry of Health, helping develop strategic frameworks, and ensuring alignment through a government-partner pact.

Minister for Health, Dr. Jane Ruth Aceng Ocero with the Living Goods, CEO, Emily Chambert

Q: How do you ensure coordination between national, district, and community levels?

A Coordination in Uganda's Community Health Worker program is achieved through a decentralised governance structure, clear supervision lines, and integrated digital systems. This framework operates from the national Ministry of Health, which provides policy oversight, down to district governments for implementation, health facilities for technical support, and community committees for local monitoring. A key feature is the structured reporting system where parish-level Community Health Extension Workers (CHEWs) serve as the primary supervisors for village-level Village Health Teams (VHTs), a relationship reinforced by regular review meetings. The entire system is unified by the electronic Community Health Information System (eCHIS), which enables real-time data flow from the community to the national level for evidence-based decision-making. Finally, strategic alignment is maintained through national policies and a Partner Compliance Framework, ensuring all government and development partners work cohesively to reduce fragmentation and strengthen the community health system.

Q: What early signs of impact are you seeing on Health Promotion and disease prevention initiatives undertaken by the Ministry of Health?

A Uganda's investment in its community health workforce is yielding early returns, fundamentally reshaping the nation's approach to disease prevention and health promotion. This cadre of Community Health Workers (CHWs) has been one of the driving forces behind the remarkable 53% relative decline in child mortality in intervention areas and a significant 22% increase in antenatal care attendance, drastically improving maternal and child survival rates. CHWS champions healthier behaviors at the household level, from promoting hygiene to ensuring routine immunizations. Their critical importance was cast into sharp relief during the recent Ebola and Mpox outbreaks, where they worked at the frontline for surveillance and contact tracing.

Q: What are your next priorities for strengthening the CHW program over the next year or two?

A Over the next two years, Uganda's Ministry of Health is launching a transformative agenda to solidify its community health system, centered on the ambitious national scale-up of Community Health Extension Workers (CHEWs). The primary goal is to expand the CHEW program to all local governments, implementing a rigorous, competency-based training model to ensure practical, on-the-ground effectiveness. This expansion will be synchronized with systemic strengthening, including the formalization of CHEW remuneration and the nationwide rollout of the electronic Community Health Information System (eCHIS) to create a digitally empowered and data-driven workforce.
Critically, a major priority is to secure long-term sustainability for the CHWs program and transition from fragmented partner contributions to a predictable, government-led financing model.

Dr. Jane Ruth Aceng Ocero hands over equipment to one of the CHEWs in Koboko District as Dr. Richard Kabanda looks on.

By harmonizing efforts through new revitalization and compliance frameworks, the ultimate objective is to build a fully integrated, equitably funded, and highly effective national community health structure.

Q: What lessons have been learned so far in the implementation process?

A The most crucial lesson from Uganda's community health worker implementation is the absolute necessity of a unified, government-led and integrated system built on strong policies. Without this foundational structure, the program faces challenges with fragmentation and sustainability. Finally, this cohesive structure is amplified by transformative digital tools like eCHIS, which enhance data quality and enable real-time monitoring to build a truly efficient and accountable community health program.

Q: What are the biggest challenges facing the CHEW program today (e.g. logistics, supervision, financing, sustainability and scale-up)?

A Despite its proven potential as a high-impact health investment,

Uganda's Community Health Worker program is critically hampered by deep-seated challenges, primarily rooted in unstable and insufficient financing. The heavy reliance on fragmented partner funding.
There have also been gaps in supervision by the designated staff and chronic logistical gaps that leave frontline workers without essential tools and medicines.

Q: Do you have a final message for the readers of the Health Promotion and Disease Prevention Bulletin?

A I want to remind all readers that health is not built in hospitals alone, it begins in our homes, schools, workplaces, and communities. I call upon every stakeholder; government, development partners, local leaders, civil society, and citizens to continue supporting and empowering our Community Health Workers. When they are well-trained, motivated, and equipped, they help households adopt healthier practices, prevent diseases before they strike, and ensure timely access to essential services.
Let us work together to build a culture of prevention and resilience, where every Ugandan can live a healthy, productive life.

Inside Project BIRCH:

Real-Time Reflections and What's Shaping Our Next Move

Implementing partners convene in Kampala to discuss strategies for strengthening Community Health Extension Workers (CHEWs) and Village Health Teams (VHTs).

As the BIRCH project enters its final quarter, it offers a critical opportunity to reflect on the lessons and experiences gathered throughout its implementation. From design to delivery, BIRCH has proven to be a complex but deeply instructive project,

one that is advancing Uganda's community health agenda while demonstrating what it takes to build a resilient, sustainable, accountable, and country-led community health system. It is shaping how stakeholders collaborate, catalyze reform, and navigate the intersection of policy and practice in a dynamic health ecosystem.

Funded by the Global Fund through African Frontline First, The Building Integrated Readiness for Community Health (BIRCH) project is a two-year initiative led by Uganda's Ministry of Health and implemented by Living Goods. Designed to strengthen the foundations of Uganda's community health system, BIRCH focuses on five key elements critical to long-term success: governance and coordination, policy implementation through detailed and costed strategies, digital health innovation including eCHIS upgrades and CHEW workflows, quality of care, and sustainable financing. By providing practical tools such as the Community Health System Maturity Assessment, resource mapping dashboards, upgraded eCHIS platforms, and costed strategies for Community Health Extension Workers (CHEWs) and Village Health Teams (VHTs), BIRCH empowers the Ministry to lead reforms, enhance accountability, and ensure that community health services are resilient, efficient, and impactful nationwide.

According to Richard Muhumuza, Senior Manager Projects and Service Delivery at Living Goods, local ownership and country-driven strategies have been central to the project's success.

"We (partners) didn't walk into the Ministry of Health with a pre-packaged solution. Instead, we sat with them, and with implementing partners, to co-design the catalytic interventions based on shared priorities. That level of intentionality makes it easier for the Ministry of Health to integrate and align these initiatives within national priorities and existing plans. We're not solving our pain points, we're meaningfully addressing the Ministry's needs and priorities, which is why the ministry is leading the project."

This government-led approach not only strengthened government buy-in but also allowed smoother alignment with ongoing reforms in digital health, financing, and coordination. Because the foundational elements we're delivering on were chosen collectively, they reflect real needs on the ground.

One of BIRCH's most valuable outcomes has been its ability to sharpen advocacy and real-time accountability.

"We're steadily institutionalizing quarterly tracking and presentation of community health investments. It's no longer about assumptions we're beginning to see who is contributing, what resources are coming in, and where the gaps lie. This growing visibility is creating space for more informed decision-making and timely course correction, which is critical for effective community health planning."

Richard credits much of this momentum to the project's strong stewardship, robust operational mechanisms, and the unwavering support of key partners including the Ministry of Health, African Frontline First (AFF), and the Global Fund (GF), whose routine guidance, technical backstopping, and facilitation of South-to-South learning have been invaluable.

"We're intentional about documenting learnings. We reflect continuously, capture insights as they emerge, and actively share them, even you, our ambassadors, carry this knowledge to inform, influence, sustain, and scale what works."

BIRCH's strong learning culture has fostered the flexibility to adapt, evolve, and strategically influence the system. This culture of reflection and responsiveness continues to be a key driver of the project's resilience and impact.

In the current fiscal environment where resources are shrinking daily, the lessons from BIRCH are clear: local ownership, effective coordination with government, transparency, learning, and alignment are not optional, they are essential.

"We've already made important steps; now we need to build on those, strengthen monitoring through quarterly meetings, and make sure our learnings don't sit in folders, but inform the decisions of tomorrow," Richard concluded.

Isaac Kalyango:
The Voice That Carries Hope in Kimombasa

In the crowded slum of Jambula Zone II, popularly known as Kimombasa, part of Bwaise II Parish in Kawempe Division, Kampala, one voice became impossible to miss during the Mpox outbreak. That voice belonged to Isaac Platinum Kalyango, a 33-year-old youth leader and VHT who brought health information straight to the people who needed it most.

Isaac is known in his community for being friendly, talkative, and easy to approach. During the outbreak, he worked very closely with the response teams. With his megaphone in hand, he moved through the small walkways of Kimombasa, talking to people about Mpox symptoms, how the disease spreads, and where they could go for help. He also made regular announcements through the community audio tower to ensure the messages reached as many people as possible

His main focus was young people, especially those most vulnerable, including sex workers, boda boda riders, and unemployed youth. Because Isaac is also young and from the same community, people felt comfortable asking him questions. He spoke in Luganda, kept the explanations simple, and always treated people with respect.

There were many moments that reminded him why his work mattered. He met several young people, including breastfeeding mothers, who were showing signs of Mpox but were too afraid of the judgement and stigma that would result from a positive test. Isaac took time to speak with them, answer their questions, and make sure they felt safe. With his encouragement, many went to the Kawempe Division Health Office, got tested, and received care.

Isaac also encouraged the sex workers in Kimombasa to take up the Mpox vaccine. He explained that it was the only reliable way to protect both themselves and their clients. His honest, judgment free approach helped ease fears and increased acceptance of vaccination among this high-risk group.

"We live here. We know the people. We identify with their challenges. And we care," Isaac says.

He continues to walk through his community, megaphone in hand, helping others feel seen, informed, and safe.

How eCHIS is helping Ntungamo District find and vaccinate zero-dose children

Located among the undulating hills of southwestern Uganda, Ntungamo District stands as a gateway between nations, bordering both Rwanda and Tanzania.

Its landscape, fluid as its people who traverse borders in search of trade, connection, and often, survival. While this connection fosters opportunity, it also brings hidden risks, especially for children.

In recent years, Uganda's Ministry of Health (MoH) has reported dangerous spikes in vaccine-preventable diseases like measles and tuberculosis. At risk of these outbreak, are "zero-dose" children—those who have never received a single vaccine.

To confront this challenge, the Ministry of Health, with support from United Nations Children's Fund (UNICEF), rolled out the Electronic Community Health Information System (eCHIS) in 2022.

This digital platform arms Village Health Teams (VHTs) with smartphones equipped with an app that replaces clunky paper registers. It lets health workers register households in real time, track vaccination schedules, monitor sanitation and health conditions, and send reminders to caregivers.

But more than that, eCHIS is saving lives. "Failing to immunize children, especially zero-dose ones, puts entire communities at risk," says Beatrice Chemisto, Assistant District Health Officer in charge of Maternal Child Health.

"eCHIS allows us to dive deep into the village-level data and connect missed children to nearby vaccination sites."

It was a crisp morning on 6 May 2025 when a field team found its way down a narrow footpath into Kigaaga Village, located barely a kilometre from the nearest health facility yet often invisible in the health records.
Village Health Team (VHT) Juliet Tushabe Katungi, during a routine visit, met a grandmother who quietly admitted that her three grandchildren—John, 5, Milton, 6, and Jirese, 3—had never received a single vaccine.

Juliet, using her eCHIS-enabled smartphone, verified the details and flagged the children as "zero-dose." The response was immediate. With help from UNICEF and the district team, a mobile health unit visited the home and vaccinated the children on the spot with Polio, PCV1, DPT1, and Yellow Fever vaccines.

Tugumisirize, In-Charge of Kigaaga HCII (right), supports the vaccination of zero-dose children during a household visit, as VHT Juliet Tushabe (left) displays her smartphone with the eCHIS application used to track and monitor households

"I thought they were too old to get vaccines," their aunt said, a revealing glimpse into the kind of misconceptions that persist in communities. For health workers like Biostatistician Robert Muhwezi, the impact is transformative.

"The phones have empowered VHTs to register not just children, but pregnant women and vulnerable groups. It gives them purpose—and real-time tools to follow through."

The experience in Ntungamo reveals the power of marrying grassroots health work with digital tools. With every registered child, and every household mapped, Uganda takes another step toward ensuring no child is left behind.

Sarah Naluyima:
Dedicated to changing community behaviour in response to the Ebola outbreak in Uganda

Sarah Naluyima is a dedicated community health worker, who for the last 15 years, has worked tirelessly in her community in Kampala, raising awareness about various health issues. During the 2025 Ebola outbreak in Uganda, Sarah focused on preventing the spread of Ebola by providing essential information to help protect her community.

Each day, she visited schools, markets, and neighborhoods to educate people about hygiene, recognizing symptoms, and seeking medical help early. “The community trusts me because I have been working here for so long,” Sarah says. Her long-standing relationships with the people were key to her success in delivering health messages effectively.

Sarah’s impact was clear. She was often the first person the community turned to for information about Ebola. People relied on her knowledge and compassion to stay informed and safe. “I have built relationships over the years,” she explains. “When I speak to them, they listen. They trust me.” This trust enabled her to guide the community in adopting critical behaviors that helped prevent the spread of the virus.

One of Sarah's greatest strengths is her ability to communicate complex health messages in a way that resonates with her community. She understands the cultural nuances, strengths, and challenges that shape people’s behaviors. With this understanding, Sarah delivers health information in a manner that is both relatable and practical. This approach was especially important in the fight against Ebola, as it ensured that people not only understood the message but were also motivated to act.

Despite the challenges of an outbreak, Sarah faced little resistance from the community. "People listened because they knew my advice was for their own good," she says. This open communication allowed her to dispel myths and clarify doubts, ensuring that people received the right information. Her ability to connect with the community on a personal level made her work even more impactful, allowing her to navigate the complexities of the health crisis with confidence.

Sarah's dedication to her work was pivotal in the community's response to Ebola. Through her efforts, she helped bring about positive behavior changes, such as increased handwashing, better hygiene practices, and a greater willingness to seek medical attention at the first signs of illness.

As the outbreak progressed, Sarah remained at the heart of efforts to protect her community. Her work was essential to Uganda's efforts to contain Ebola. By educating people, building trust, and guiding behavior change, Sarah played a critical role in the country's collective fight against the virus. Through her dedication and hard work, Sarah helped ensure a safer, healthier future for the people of Uganda.

Uganda declared an outbreak of Ebola on 30 January 2025. The outbreak was officially declared over on 26 April 2025.

From Home Visits to Global Forums:

Prossy Muyingo's Journey as a VHT Champion

Prossy Muyingo (2nd left), the chairperson of United Community Health Workers Initiatives Uganda

When Prossy Muyingo's child with sickle cell disease fell ill, she rushed to the nearest health facility, only to be stuck in a long queue behind patients with minor ailments. "It was frustrating to see people flooding the clinic with issues like cough and diarrhoea, while mothers like me with severely sick children had to wait," she recalls. That moment lit a fire in her. "I realized we could treat some of these illnesses at community level if only we had trained people. That's when I decided to become a VHT."

In 2019, Prossy became a Village Health Team member in Busimbi-Kasimbi, Mityana District, trained and equipped by Living Goods and the Ministry of Health. She took on the full scope of VHT duties: health promotion, disease prevention, early detection, and timely referral. She conducted home visits to educate families on hygiene, nutrition, family planning, and maternal health, and provided integrated Community Case Management (iCCM) for common childhood illnesses.

"I served 186 households, with 63 children under five. I worked from 8:00am to 8:00pm, beyond the recommended hours, because my community needed me," she says.

When COVID-19 hit, Prossy emerged as a trusted frontline worker, using Personal Protection Equipment (PPE) and no-touch protocols to educate households on prevention and vaccine safety. "We were the bridge. People were locked down and afraid. CHWs became their only access to accurate, life-saving information."

Beyond her VHT duties, Prossy also runs a small salon at home, her secondary source of income. Yet even here, her health advocacy doesn't stop. "While styling hair, I use the time to talk to my clients about family planning, antenatal care, and hygiene. Every conversation is an opportunity to share health messages," she says.

She later joined the Community Health Impact Coalition (CHIC) as a VHT and contributed to designing of the global CHW training course. She also founded and is now the chairperson of the United Community Health Workers Initiatives Uganda representing over 760 CHWs.

"We're not just volunteers. We prevent disease before it strikes, mobilize communities, and link them to the health system. We are professionals who deserve recognition, training, supplies, and pay."

Prossy has since spoken at the Africa CDC conference and UN forums, urging governments and donors to ensure CHWs are skilled, supervised, and included in decision-making. Though she has faced travel barriers to attend global events, her voice remains loud and clear: "Everything in public health starts in the community and ends in the community. And that's where we live, serve, and lead."

Community Health Workers (CHWs) Transform Lives through Community Kangaroo Mother Care (KMC)

In Mukono District, Community Health Workers (CHWs) are steadily reshaping newborn care through Community Kangaroo Mother Care. In rural homes where incubators are out of reach and health facilities are miles away, CHWs teach mothers how to keep preterm and underweight babies warm and thriving through skin-to-skin contact and exclusive breastfeeding. It is a practice rooted in both science and tradition, and it is becoming a lifeline for families often left behind by the formal health system.

Madrine Nantume from Ntunda Sub-County knows this first-hand. Her baby arrived too soon, weighing just 1.8 kg. Discharged early, without money for transport or follow-up care, she returned home feeling overwhelmed. Then, Sarah Nakalema, a CHW in her community, arrived on foot, after a long walk, carrying not equipment but experience. Sarah taught Madrine how to hold her baby close, how to keep him warm through the night, and how to monitor his weight using simple tools. Without needing to leave her home, Madrine watched her baby gain 700 grams in just four weeks. "Sarah didn't just teach me, she stayed with me until I could stand on my own," she says.

But even as CHWs bring hope, their work is not without strain. With no bicycles or airtime, many struggle to reach mothers consistently. Poor network coverage delays referrals and reporting. Some adolescent mothers face stigma at home, making adherence to KMC difficult. Yet CHWs continue serving, borrowing phones, walking long distances, and drawing on community trust to keep fragile babies alive and growing.

This is not just a health intervention; it is a quiet shift in how care reaches the most vulnerable. And while the challenges are real, so is the resolve. In small, determined ways, CHWs are turning home spaces into healing spaces and mothers into confident caregivers.

COMMUNITY HEALTH WORKER ENGAGEMENTS

Orientation of Community Health Workers in Mbale City in Emergency Preparedness, Response and Sustainability with support from Africa CDC

Dr. Diana Atwine hands over keys to a motorcycle to a VHT coordinator in Masaka City. This was procured with support from KOFIH aimed at equipping VHTs in Bukomansimbi and Masaka Districts and Masaka City.

Trained and deployed CHEWs in Kazo District.

A newly graduated CHEW from Kwania District, Okullu Paskwelly poses for a photo with Minister for Health, Dr. Jane Ruth Aceng Ocero

Dr. Ronald Miria Ocaatre, Assistant Commissioner- HPE & C with CHEWs in Omoro District.

Newly selected CHEWs undergoing training in Namayingo District

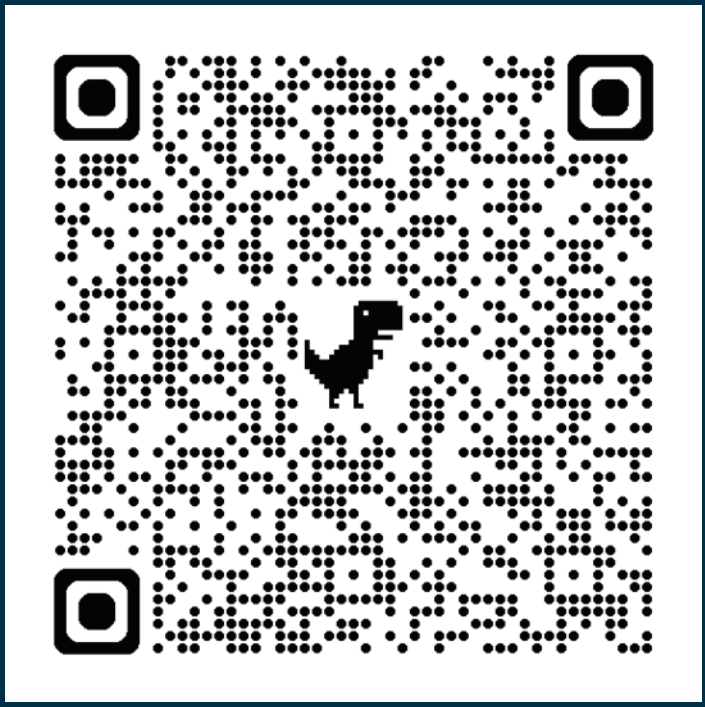
Dr. Richard Kabanda, (second left) who also doubles as the Chair of the Africa Continental Community Health Technical Working Group representing Uganda at the Consultative workshop on validation of the Community Health Workers survey in Africa.

CHEWs selection process in Kole District

CHEWs selection process in Mbarara District

Edward Muganga, Senior Communications Officer (2nd right) with CHEWs from Kazo District during a supervision visit. The CHEWs in Kazo District were trained and equipped with support from Global Fund through TASO.

Dr. Ronald Miria Ocaatre with CHEWs in Maracha District during a supervision visit. The CHEWs in Maracha District were trained and equipped with support from Global Fund through TASO.



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