



2019 | UGANDA

IMPACT REPORT







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COVER PHOTO:

In Masajja, Wakiso, VHT Evelyn examines a child during a household visit.



INSIDE COVER PHOTO:

In Kasanje, Wakiso, VHT Peace educates a family about the different modern family planning methods.



Letter from the Country Director

→ OUR RESULTS IN 2019*



↑ *Emilie with some staff and Living Goods supported VHTs during a field visit in Iganga.*



7,710
Active VHTs



1,865,682
U5 Assessments



141,531
Pregnancies
Registered



6,168,000
Population Served

*Includes results from our partner BRAC

2019 was an incredible year for Living Goods in Uganda. The impact we achieved was possible because of our dedicated staff and the robust partnerships we've forged with government and other stakeholders, ultimately enabling us to deliver community health more effectively. But most importantly, special recognition goes to the extraordinary commitment and work of frontline community health workers—known locally as Village Health Teams (VHTs)—who continue to prioritise and deliver primary health care (PHC) services to the families within their communities. We believe VHTs are a catalytic resource for delivering PHC at the last mile—a critical component in achieving Universal Health Coverage (UHC).

Throughout the year, we ensured the VHTs we support were digitally empowered, equipped with training and essential medicines, and appropriately supervised and compensated. These components of our support propel VHTs to deliver the highest quality health services—both through the programmes we directly implement as well as through the technical assistance (TA) we provide to government. Some of our key milestones in 2019 included:

- ③ **Supporting the Ministry of Health (MOH)** in developing a [Uganda Community Health Roadmap](#) (page 5).
- ③ **Successfully concluding the first Results-Based Financing (RBF)** (page 13) pilot for community health in two districts, surpassing the ambitious targets we set for ourselves.
- ③ **Significantly improving VHT performance around key measures of reproductive, maternal, newborn, and child health (RMNCH)**. We achieved all this while significantly scaling our operations. By year-end, Living Goods Uganda directly supported more than 4,200 VHTs, serving a population of 3,373,600—a **more than 30% increase compared to both metrics in 2018** (page 7-8).

While I am honoured to be sharing our first ever **impact report**, I wish it were under different circumstances. Due to the [COVID-19 pandemic](#), we are adjusting our programming to best respond to the crisis as we continue to support health service delivery at the community level. Additionally, we are a technical advisor to MOH on the COVID-19 community response. Our support in these early days of the response includes:

- **Development of VHT guidelines** articulating the requested personal protection equipment (PPE), their role in preventing, detecting and responding to COVID-19, as well as their continuous role in providing essential services under new protocols.
- **Development and dissemination of COVID-related SMS messages** to more than 6,200 VHTs, and **information sheets for VHTs** - with answers to frequently asked questions.
- **Secondment of more than a dozen staff** to the MOH's national COVID call centres.
- **Provision of free essential medicines, PPE and sanitisers to more than 4,300 VHTs.**
- **Reprinting and distribution of Covid-19 posters** to districts, health centres, and CHWs in the 19 districts where we work, to distribute to households to sensitize the public.

Beyond COVID-19, we will continue to work with and support the national and district governments to rebuild and strengthen the health system to be more resilient in the face of hardships, as well as supporting Uganda to achieve SDGs.

Emilie Chambert

Living Goods Uganda Country Director



Partnering with Government to Strengthen Uganda's Community Health System



Christine Adyedo, Assistant District Health Officer in charge of Environmental Health, Mukono District and Mr Mayanja Badru Majwega, Deputy Chief Administrative Officer, Mukono District at a VHT appreciation event organised by Living Goods.



6,000

VHTs integrated into the National Community Health Worker Registry.



US \$100,000

Raised to support the registry roll-out across five KCCA divisions.

One of Living Goods' overarching goals is to support the Government of Uganda in developing a sustainable, integrated community health system that the MOH can harness to deliver high-quality PHC services. In 2019, we continued to support and invest in scaling effective community health programmes, policies, and budgetary prioritisation. At national and district levels, we leveraged advocacy and TA to contribute to government priorities in community health. These initiatives ultimately led to several achievements, including:

- ② **Partnering with MOH, the World Health Organization (WHO), civil society organizations (CSOs), and other partners to develop the UHC roadmap.** This official document articulates the milestones, policy actions, and interventions needed to achieve UHC in Uganda. It also highlights prevalent gaps and challenges and clearly defines the key investment requirements, timelines, approaches, and mechanisms to achieve UHC through a multisectoral approach.
- ② **Supporting MOH in developing a Uganda Community Health Roadmap through a highly consultative process** with UNICEF, Pathfinder,

and several other partners. Launched in September 2019, this key document features an overall framework and time-bound goals for achieving Uganda's community health agenda, as well as how it links to PHC, UHC, Human Resources for Health, and the United Nation's Sustainable Development Goals.

- ② **Supporting the roll-out of the National Community Health Worker Registry in three districts, which integrated nearly 6,000 VHTs** into the web-based system developed by the MOH, IntraHealth, and UNICEF. Furthermore, we joined hands with Kampala Capital City Authority (KCCA), USAID, and other partners to raise US \$100,000 to support the registry roll-out across five KCCA divisions to further strengthen programming and service delivery. The registry is an essential tool that highlights the number and distribution of VHTs, as well as their capacity, training, and overall service delivery. The inclusion of comprehensive community-level data will better enable Uganda's national and local governments to improve governance, planning, and implementation of evidence-based community health interventions.

- Collaborating with HealthEnabled, MOH, and the districts of Kitgum, Iganga, Mayuge, Mukono, and Masaka to codesign and test a digital health maturity model** to help governments and other community health implementers grow effective community-level digital health programmes. The Maturity Model Toolkit provides users with a five-stage continuum scale to evaluate existing community health programmes, health technologies, policies, funding, and technical infrastructure. This tool is intended to inform strategy development, investment cases, and a structured pathway to implementing a scalable, sustainable digital health framework for community health.



Dr George Upenyho, Commissioner of Community Health at MOH addresses partners and district officials at the maturity model toolkit dissemination workshop in Kampala.

- Supporting MOH and other partners in convening the first Health Promotion and Disease Prevention Conference in Uganda.** The Minister of Health, the Honourable Dr. Jane Ruth Aceng stressed the role of communities in determining their health. At the same time, keynote speaker, Amref Health Africa CEO, Dr. Githinji Gitahi, emphasised the importance of designing equitable financing strategies, developing supportive laws, and investing in human capital development to achieve UHC. A high-level stakeholders' dialogue followed the conference, where participants made commitments to sustainably invest in health promotion and disease prevention.



Dr Richard Kabanda, Commissioner for Health Promotion, Education, and Strategic Communication at MOH, with Living Goods Uganda Country Director Emilie Chambert, and Deputy Country Director, Dr Diana Nsubuga at the Health Promotion stakeholders' dialogue in Kampala.



Scaling and Broadening Health Impact in Uganda

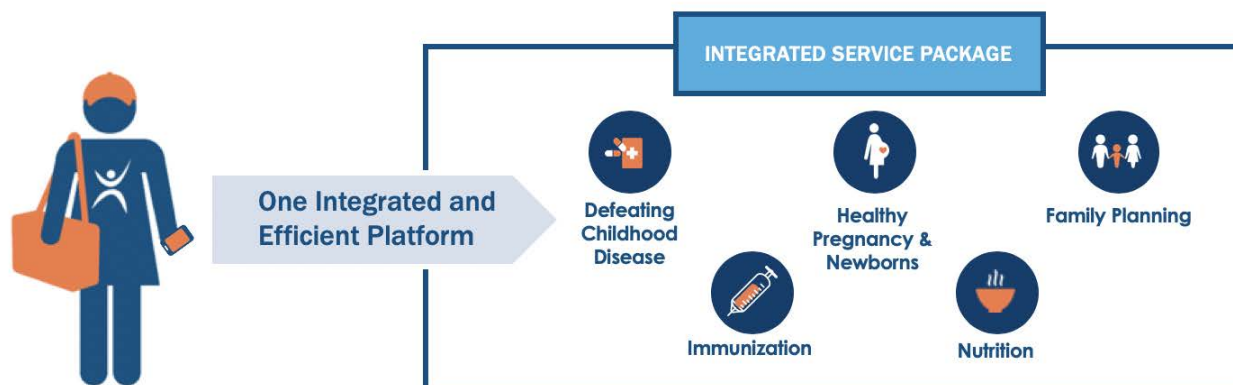


↑ In Iganga, VHT Sarah educates women about modern FP methods.

VHTs are a vital force in ensuring that people—especially those in hard-to-reach areas—have reliable access to health information and services that enable them to live healthy and prosperous lives. Living Goods works closely with MOH, district governments, and other organisations to strengthen community health through performance management and innovative systems strengthening. We achieve this through several approaches, including directly implementing programmes from which we can generate robust learnings and evidence about what works best—alongside TA and advocacy—to support broader

government priorities and inform VHT programmes across the country and beyond.

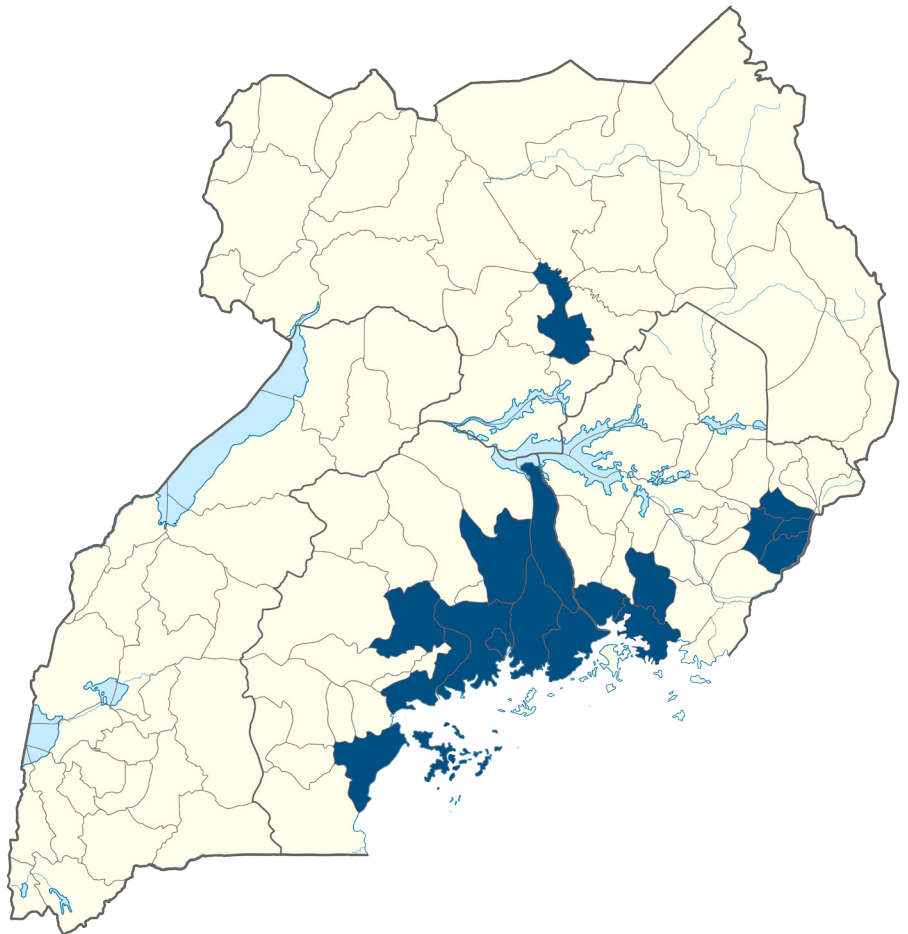
As part of our approach, we hold a rigorous recruitment and MOH-approved training process, and subsequently equip all VHTs with essential medicines and a smartphone programmed with an open-source Smart Health app—a tool designed to standardise client education, diagnosis, and treatment protocols for all impact areas. We ensure VHTs provide a consistently high quality of care through regular in-service trainings, supervision, and motivating performance-based compensation.



Living Goods began operating in Uganda in 2007. More than a decade later, we are working in 19 districts across the central, eastern, and northern regions. In 2019, we deliberately focused on strengthening performance across our operations through a robust impact optimization plan. As a result, we experienced a step-change in our ability to assess and treat sick children. By year-end, VHTs performed an average of 33 sick child assessments and 18 treatments or referrals a month: a nearly two-fold increase from 2018 across both metrics. The average on-time PNC rate rose from 49% in 2018 to 67% in 2019. Through clarified guidance to VHTs, increased levels of household coverage and improved in-stock medicine levels for VHTs, the proportion of assessed children who were treated or referred increased from 35% in Q2 to 60% by year-end. We accomplished this improved performance while continuing to rapidly scale and deepen our coverage in existing districts, meeting our target of 4,200 VHTs ahead of schedule—a 30% increase from 2018.

Our partner BRAC's progress in 2019 was also dramatic. After beginning the year with fewer than 900 active VHTs as a result of a major restructuring effort, they ended 2019 with nearly 3,500 active VHTs in place—a 288% increase. They were also able to recruit and train a new cadre of supervisors. Living Goods continued to support BRAC through this process, providing funding, TA, sharing best practices to drive more significant impact, and ensuring VHTs who had become inactive were re-engaged. In 2020, we will strengthen this partnership to ensure that the BRAC-supported VHTs are appropriately supervised, motivated, and using SmartHealth appropriately.

Living Goods' Operations in Uganda



2007

The year Living Goods began operations in Uganda.



19

Number of districts across Uganda that Living Goods operates in so far.



4,200*

Number of VHTs trained by the end of 2019 - a 30% increase from 2018.

*Only Living Goods supported VHTs

Extending the Reach of Voluntary Family Planning Services

We continued to extend the reach of voluntary FP services delivered at the community level by training and equipping 2,263 VHTs serving more than 44,000 women by the end of 2019. VHTs provided FP counselling and offered a variety of methods, including condoms, emergency contraceptive pills, combined oral contraceptives, a progesterone-only pill specifically designed for breastfeeding mothers, and DMPA-SC—an injectable contraceptive more commonly known as Sayana Press. We saw a growth in the number of women served per VHT per month from 4 in Q1 to 5 by the end of 2019 as well as an increase in the number of FP-related visits, which grew from about 8 per VHT in January to 16 by year-end. This points to a **positive correlation between the number of visits per VHT and the number of women each VHT serves per month**. While VHTs referred clients in need of longer-term and permanent methods to health facilities, up to 60% of the clients followed up refilled their methods from a VHT. Given these findings, we believe that community health can play a vital role in reducing the unmet need for FP in Uganda. Lessons from such programmes provide governments and partners with reliable community-level data to inform policies and operations.



2,263

VHTs trained and equipped to provide FP services.



44,000

Women reached by the end of 2019.



16

Number of FP-related visits by year-end, which grew from about 8 per VHT in January



KEY RESULTS AND LESSONS

- ① Data suggests that introducing FP boosted VHT performance on RMNCH indicators—a finding contrary to our initial hypothesis that introducing new programmes would increase the workload and lower VHT performance. Impressively, the addition of FP services boosted VHTs' touchpoints with their clients and enabled an average of an additional 11 household visits and 7 treatments of children under-five (U5) per month.
- ② The integrated support supervision guidelines improved work planning as well as VHT confidence in providing FP.
- ③ Regular in-service trainings, coupled with a consistent supply of essential commodities strengthened VHT capacity to provide a broader mix of services to all women.
- ④ Introducing FP increased VHT financial incentives by up to 44%, which in turn motivated VHTs to improve performance.
- ⑤ Referral completion rates were still low for longer-term and permanent methods of FP, with less than half of the referred clients receiving these services. Non-availability of the preferred methods was sighted as a common reason for non-completed referrals. In 2020, Living Goods will engage partners to strengthen linkages to outreach sites and facilities.



44%

Increase in VHT financial incentives due to introduction of FP services.



SUCCESS STORY:

New Possibilities through Family Planning

Rachael, 24, dropped out of school when she became pregnant five years ago. She loves her four-year-old, but she also doesn't want another unplanned pregnancy. "My baby is still young, and I don't want to have another one until I'm ready and have the resources to look after her. That is why I am happy to have FP services close to me. I would never have gotten pregnant had I had access to such services before," she says. The person who helped empower Rachael with choices around her reproductive health is her neighbour Betty, a VHT supported by Living Goods. But education and behaviour change take time, and it wasn't until Betty's third visit to Rachael's home that she decided to start FP. Each time, Rachael asked questions and sought clarification about the side effects of using one method of FP versus another.

Betty takes pleasure in countering myths and misconceptions about FP, with the knowledge she gained from the initial training and monthly in-service refresher trainings. Asked what motivates her, Betty explains, "Teaching people in my community about their health practices is my greatest joy." She is patient in her approach, always aiming to give as much information as she can to her clients.



VHT Betty teaches Rachael and her mother about FP and childhood diseases.



Rachael receives the Sayana Press injection from VHT Betty, which will protect her against unplanned pregnancies for 3 months.

Testing and Scaling Demand Generation for Immunisation

With immunisation, business as usual will not reach the last child. Innovations on the demand side are key.

— *Dr Alfred Driwale, Programme Manager, UNEPI, Uganda.*

In partnership with GAVI, the Vaccine Alliance, and the Uganda MOH, Living Goods is working to close the immunisation gap and ensure all children receive immunisations on-time, protecting against a range of otherwise deadly diseases. In 2019, we piloted efforts to drive demand for immunisation services in Namisindwa and Wakiso districts, with an initial cohort of 217 digitally empowered VHTs. We collaborated with MOH to develop appropriate training materials and curricula for VHTs while the Uganda National Expanded Programme on Immunisation (UNEPI) conducted Training of Trainers sessions for district health teams and Living Goods staff.

Following the successful pilot, we scaled interventions to cover 12 of the 19 districts of our operations and extended training to 3,030 VHTs in total. Results to-date have been impressive, **with VHTs converting 80% of defaulters to full immunisation status.**

One of our major milestones in 2019 was building the complex digital workflow into the SmartHealth app. This includes vital data that precisely maps where and when the right vaccines are provided, including locations, days, and times, enabling VHTs to make more targeted referrals. We also participated in the UNEPI technical working committee meetings and supported the roll-out of the measles-rubella and polio campaign organised by MOH. In 2020, we will continue to engage with and support government initiatives to extend immunisation services to more households and by innovating around demand generation.



At the launch of the Measles/Rubella Vaccination campaign in Mayuge District, Minister of Health Dr Jane Aceng, WHO Representative to Uganda Dr Yonas Tegegn and district officials pose with VHTs and Living Goods staff.

Peer Supervision

Supervision is one of the main pillars of an effective community health system. When VHTs are appropriately mentored and supervised, they perform well and deliver higher-quality health services. Inspired by robust supervision programmes in other countries, such as Sierra Leone - and to support career growth of VHTs - in November 2018, we tested a peer supervision approach in Mayuge District with 100 VHTs..

This peer supervision mechanism works by grouping VHTs into batches of 8 to 12 people based on location. Each group then selects a VHT group leader—known as a peer supervisor—who receives need-based training, alongside weekly targeted light-touch, in-person supervision from a community health supervisor. The peer supervisor receives additional weekly financial stipend to cover transport costs when supervising fellow VHTs. VHTs who are supervised by their peers receive a monthly performance-based group incentive on top of their regular performance-based incentives given by Living Goods.

After evaluating initial results in May 2019, we doubled the number of participating VHTs. By November, we learned that peer supervision resulted in improved teamwork and performance of VHTs. This informed our decision to expand the experiment into sub-counties of two more districts in Mukono and Kampala.

In 2020, we will continue to monitor results from this experiment and address information regarding the effectiveness and cost to inform government programmes and policies better.



KEY RESULTS AND LESSONS

- ⦿ During this experiment, 100% of all participating VHTs were supervised by their peers.
- ⦿ We learned that VHTs supervised by their peers performed well, especially in delivering U5 and under-one treatments. 31% of peer supervised VHTs hit their monthly target of 14 treatments for U5 children, in contrast with 24% of the non-peer supervised VHTs.
- ⦿ The first cohort of peer supervised VHTs delivered on average 25 treatments per VHT per month, exceeding the target of 14 treatments per VHT per month.
- ⦿ When surveyed, 80% of VHTs and peer supervisors said they were satisfied with this supervision mechanism, a positive result given this model is 48% less expensive to operate.



31%

Peer supervised VHTs who hit their monthly target of 14 treatments for U5 children, in contrast with 24% of the non-peer supervised VHTs.



In Lira, a VHT addresses other VHTs during a meeting.



Building Momentum for Sustained Community Health Investments



In Kasanje, Wakiso, VHT Peace measures baby Faith's temperature and records results in the SmartHealth app on her phone.



320

VHTs involved in the year-long pilot of the RBF mechanism conducted in Kyotera and Masaka districts.



250,000

People served in the RBF pilot.



143%

In-facility ANC visits achieved.

Innovative Financing for Community Health—Lessons from the RBF Pilot

In 2019, we completed a year-long pilot of the country's first RBF model for community health in partnership with the Deerfield Foundation. This RBF mechanism—conducted in Kyotera and Masaka districts with more than 320 VHTs, serving 250,000 people—helped demonstrate to the MOH and donors the viability of contracting high-impact, cost-effective community health services. This process linked financing to pre-determined results, with payment made upon result verification. RBFs can significantly improve desired development outcomes by creating accountability and incentivizing cost-effectiveness by attracting more community health resources from risk-averse government, bilateral, and multilateral donors.

By and large, the pilot exceeded expectations against the predefined performance-based targets, with payments for verified results 32% higher than expected.

In-facility visits were 143% of target, while U5 sick child assessments were 173% of target. At the same time, there was underperformance in other areas, such as in-facility deliveries, which only hit 55%, and PNC visits, which only achieved 59%. Following these results, we are preparing to substantially scale the RBF mechanism to 1,280 VHTs in 2020, with the support of USAID's Development Innovation Ventures. [Our learnings from the pilot](#) will help us adapt how RBF is scaled to address a variety of issues, including providing VHTs better clarity on what's expected of them in their training materials, shifting payment metrics to incentivise health outcomes rather than activities, and building up metrics that measure quality of care, like VHT knowledge and client satisfaction.

The pilot exceeded expectations against the predefined performance-based targets, meaning payments for verified results were 32% higher than expected

Payment metric	Verified results	Target results	Overall % achieved
U5 child assessments	68,846	39,739	173%
Referral follow-ups	15,204	14,392	106%
Pregnancy visits	14,378	14,595	99%
In-facility ANC visits	7,834	5,461	143%
Reminder (deliveries, PNC, UI follow-up)	4,707	8,813	53%

National Community Health Learning and Improvement and Initiative

Living Goods, Pathfinder, Makerere School of Public Health, Last Mile Health, and other partner organisations are leading an initiative to test numerous innovations to generate research-based evidence that will ultimately guide to accelerate national health policy reforms. The National Community Health Learning and Improvement and Initiative (NaCHLII)—formerly known as the Learning Lab—was started by partners and consolidated with MOH engagement and leadership in 2019, with Mayuge District serving as the learning site. NaCHLII coordination was essential to avoid duplication of efforts and coordinate CSOs' efforts in advancing Uganda's community health agenda. In 2020, we will focus on developing a strategy and operational design, with Living Goods leading on advocacy and influencing national policy objectives, such as the establishment of the national community health steering committee. While this initiative is in its formative planning stages, we are excited for the many innovations to come in 2020, including a study on compensation.

Elevating VHT Voices at the Global Level

In 2019, Living Goods expanded our efforts to bolster VHT voices during consequential global conversations. Hearing directly from the frontline health workers is critical for ensuring that donors and other stakeholders increasingly prioritise community health as a driver for achieving UHC. To this end, we supported Rita Nakakande, a VHT in Wakiso District, to attend the 72nd World Health Assembly in Geneva, where she attended sessions alongside Uganda's Minister of Health, Dr Jane Ruth Aceng. Rita had the opportunity to share with the Minister what she and other VHTs do, while also making several public presentations around her role as a VHT.

Rita summed up her experience in a [blog](#). "Last month I attended the World Health Assembly with support from Living Goods. Throughout the week in Geneva, I was able to share my story with world leaders, policymakers, and fellow health advocates and call for better support for community health programmes. My hope is that I was able to inspire global and country leaders to invest in community health programmes and community health workers."

Additionally, we supported Harriet Mutaawe, a VHT from Wakiso District, to participate in the biennial Reaching the Last Mile Forum in Abu Dhabi, where she was nominated as an Unsung Hero at the REACH Awards.

➔
VHT Harriet attends to a pregnant woman in Mpigi.



⬆
At WHA, Dr. Diana Nambatya Nsubuga, Living Goods Uganda Deputy Country Director; VHT Rita Nakakande; Dr. Jane Aceng, Uganda's Minister of Health; and Crystal Lander, Living Goods Director of Advocacy.



Living Goods Uganda Governance and Leadership



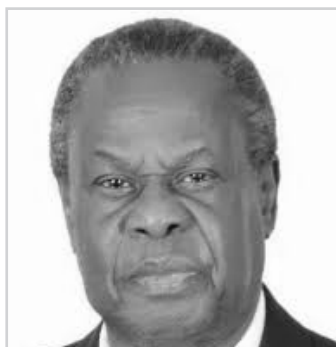
Members of the Technical Advisory Board and staff of Living Goods Uganda.

I am thrilled to chair the Technical Advisory Board. Through this, we will continue to shape policy and influence operations of community health interventions at national, district, and community levels. The time is right to advocate for prioritisation of community health as a critical component for primary healthcare and attainment of Universal Health Coverage.

– Prof. Francis Omaswa, Chairperson of Living Goods Uganda Technical Advisory Board and Executive Director, ACHES.

Instituting the Inaugural Technical Advisory Board

Living Goods Uganda launched the first Technical Advisory Board (TAB) in May 2019. Chaired by Professor Omaswa, Executive Director of the African Centre for Global Health and Social Transformation (ACHES), the TAB is charged with providing advice on Living Goods' overall organisational strategic direction in Uganda. The board will also act as a technical think tank, strengthening our collaborative efforts around community health delivery. Other members of the TAB include Dr. Olive Ssentumbwe, Family Health and Population Advisor at WHO, and Dr. Peter Khisa Wakholi, Chief Executive Officer at OMNI TECH Limited.



Prof Francis Omaswa

Chairperson of Living Goods Uganda TAB and Executive Director, ACHES.



Dr Olive Ssentumbwe

Member of Living Goods Uganda TAB and Family Health and Population Advisor at WHO.



Dr Peter Khisa Wakholi

Member of Living Goods Uganda TAB and Chief Executive Officer at OMNI TECH Limited.

Country Leadership



Emilie Chambert

Living Goods Uganda Country Director



Dr Peter Kaddu

Living Goods Uganda Director of Health



Dr Diana Nambatya Nsubuga

Living Goods Uganda Deputy Country
Director, Community Health Partnerships



Edward Zzimbe

Living Goods Uganda Deputy Country
Director, Direct Operations

Living Goods

UGANDA 2019

KEY METRICS

	Living Goods-Uganda Direct Operations		
	2019 Target	2019 Actual	2018
Impact Metrics - Monthly			
Pregnancies Registered/CHW	3	2.4	2.3
U5 Assessments/CHW	18	33.2	17.3
U1 Assessments/CHW	4	7.0	3.7
U5 Treatments and + Diagnoses/CHW	14	17.6	7.7
U1 Treatments and + Diagnoses/CHW	2	3.6	1.6
% On-Time Referral Follow-Up	80%	85%	79%
% On-Time Postnatal Care Visit	75%	67%	49%
% 'High-Impact' Items in Stock ¹	100%	72%	96%
Impact Metrics - Total²			
Active CHWs	4,203	4,217	3,244
Population Served	3,362,400	3,373,600	2,595,200
Total Pregnancies Registered	105,088	94,271	69,946
Total U1 Assessments	140,118	277,723	109,991
Total U1 Treatments and + Diagnoses	70,059	143,632	28,614
Total U5 Assessments	630,530	1,317,565	510,446
Total U5 Treatments and + Diagnoses	490,412	714,291	231,264
Cost-Effectiveness Metrics			
Sales/CHW per month (USD) ³	\$30	\$15.50	\$22.32
Net Cost per Capita Served (annualized) ⁴	\$2.24	\$1.20	\$1.88



OUR MISSION

Living Goods saves lives at scale by supporting digitally empowered community health workers who deliver care on call—making it easy for families in need to get the care they need.



OUR VISION

We envision a world where every family can easily access the healthcare they need to survive and thrive.

OUR VALUES



Put Families First

We work door-to-door, one family at a time, to improve health from the ground up. We believe in human dignity and the transformative power of strong, healthy communities.



Make No Small Plans

Since we address problems that affect billions of people, we prioritise and reprioritise relentlessly and only pursue solutions that deliver global impact.



Drive Toward Sustainability

Achieving impact at scale requires sustainability. We support governments to strengthen their community health programmes and permanently transform the way community health is financed.



Be Inventive & Adaptive

We implement ideas with the potential for game-changing impact that can be tested quickly and inexpensively. We are creative problem-solvers who react nimbly to challenges and opportunities.



Master the Art of Collaboration

Our mission is ambitious, and we can't do it alone. We work with equally ambitious and innovative partners, including governments, to save as many lives as possible.



INSIDE BACK PHOTO:
VHT Ruth performs a malaria test on a 4-year-old girl who had a fever.



BACK PHOTO:
In Masajja, Wakiso, Desire and her son Amos, with his immunization chart.



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