



# QUARTERLY REPORT

Q2 | April-June 2017





# Living Goods Quarterly Report

## Q2 Milestones

### A Growth Milestone in Kenya

In less than two years, Living Goods Kenya has grown rapidly to equip, train, and empower more than 1,000 Community Health Promoters (CHPs) reaching more than half a million Kenyans with quality, personalized health care. Reflecting on this progress, Kenya Country Director Liz Jarman shared a key learning: "There were times when we grew a little too quickly and our health performance was impacted. We learned from these experiences and carefully monitored and managed our growth rate. Thanks to our real-time access to performance data, we were able to pinpoint bottlenecks and provide additional training, support, and coaching to get us back on track."



NUMBER OF PEOPLE SERVED

5,246,000



PREGNANCIES SUPPORTED IN Q2

68,500



ACTIVE COMMUNITY HEALTH PROMOTERS

1,910

LG UGANDA

1,060

LG KENYA

3,590

BRAC UGANDA



SICK CHILDREN UNDER 5 ASSESSED IN Q2

355,700



SICK CHILDREN UNDER 1 ASSESSED IN Q2

35,900



"Thanks to our real-time access to performance data, we were able to pinpoint bottlenecks and provide additional training, support, and coaching to get us back on track."



Top: A CHP in Uganda greets an expectant mother in her community.  
Bottom: A mother in Western Kenya cradles her healthy newborn baby who just received a Living Goods cap!



### Timely Newborn Visits Steadily Improving

Overall health performance remains strong. However, a dip in pregnancy registrations in Kenya—at 1.4 registrations per CHP against a target of 2—has prompted the team to launch additional training to emphasize the importance of supporting mothers before, during, and after their pregnancy. While still short of the 85 percent target, on-time postnatal follow-ups are steadily improving. Over the past quarter, they increased from 37 percent to 51 percent in Uganda and 40 percent to 61 percent in Kenya. New postnatal care incentives and focused pregnancy and newborn refresher trainings are supporting these positive results. Additionally, the latest version of the SmartHealth app includes a notification that estimates due dates and automatically reminds CHPs to follow up with newborns within 48 hours of birth. **This simple reminder functionality drove a substantial improvement in on-time referral follow-ups last year, and we expect it to do the same for on-time postnatal visits.**

### BRAC Transition to Mobile Platform Supports Health Improvements

BRAC has made substantial improvements in health performance. Pregnancy registrations are at 3.1 per CHP against a target of 3—a 30 percent improvement from Q1. Additionally, under-five assessments have increased 40 percent and under-one treatments have increased by 50 percent over the last quarter. With over two thirds of the BRAC CHPs converted to the SmartHealth app, Q2 health performance could be an early indication that the mobile platform is supporting improvements.

### New App Helps Supervisors “Do their Jobs Even Better”

A supervisor app and dashboard has been developed, tested, and rolled out to all Living Goods branch managers and field staff in Kenya and Uganda. For the first time, supervisors can visualize CHPs’ performance against select health metrics in real time, and create customized supervision plans and actions—all on their tablet device.

*“The app helps supervisors do their jobs even better by enabling us to provide more targeted and personalized support. It helps supervisors decide where to spend their limited time to maximize both impact and efficiency.”*

~ John Kevin Tweni, Busia Branch Manager



Picture: CHPs in Uganda learn how to administer the injectable contraceptive Sayana Press.

## New Tool Harnesses Data to Reach the Poorest Families

In Q2, we incorporated a simple equity tool survey into our SmartHealth workflow to measure relative household poverty. This data will help us better understand the families we serve and address barriers to care that disproportionately affect the poorest households. Wealth data collected from 35,000 households across three branches in Kenya this quarter will inform targeted strategies to reach the most vulnerable families with critical health services.

## Expanding Family Planning Options in Uganda

Over 60 CHPs in Uganda are now trained to provide comprehensive family planning counseling options at our rural Mpigi branch and the peri-urban Bwaise branch.

CHPs offer modern contraceptives including the injectable Sayana Press, and make referrals to health facilities for longer-term methods such as implants. Instead of focusing solely on the sales of contraceptives, our goal is to help clients make informed, holistic decisions about all of their family planning options. In doing this, we are working closely with the Ministry of Health and other partners to ensure these services are aligned with the larger health system.

---

**WHILE MANY COMMUNITIES—PARTICULARLY AT OUR RURAL BRANCHES—ARE LESS FAMILIAR WITH MODERN FAMILY PLANNING METHODS, WE'RE STRUCK BY THE CONSISTENTLY POSITIVE RESPONSES WE'VE RECEIVED.**

---

While many communities—particularly at our rural branches—are less familiar with modern family planning methods, we're struck by the consistently positive responses we've received. While shadowing a CHP, Innovation Manager Sarah Bernstein came across a 21-year-old mother who was using the rhythm method. The client was wary of modern family planning methods because she had heard about bad side effects. Nonetheless, the client asked many questions and listened thoughtfully as her trusted CHP explained the range of family planning options available. Despite her initial hesitation the young mother purchased Sayana Press on the spot and asked her CHP to come the very next day to administer it.

CHPs are averaging eight family planning visits per month. To date, they have administered over 400 doses of contraceptives and made over 30 referrals for longer-term options. Significantly, the



**CHPs are averaging eight family planning visits per month. To date, they have administered over 400 doses of contraceptives and made over 30 referrals for longer-term options.**



The number of children under five years old being tested and treated for malaria has tripled—suggesting that more families may seek help for malaria when commodities are free.



Picture: A CHP in Kenya prepares to test a young boy for malaria using a mRDT.

increased focus on family planning has not negatively impacted other health metrics. Moving forward, we will collaborate with Makerere School of Public Health to conduct in-depth interviews with CHPs and clients throughout the pilot to give us insight into the drivers and restrainers of accessing family planning services. Learnings will help shape, inform, and iterate our family planning strategy.

### Free Malaria Commodities Show Initial Uptake in Treatments

We've launched the distribution of free malaria testing and treatments at our Malava branch in Kenya. For the first time, CHPs are also providing these services to children over five and adults. We are closely monitoring to evaluate whether offering free malaria commodities will result in an uptake of treatments. This is particularly important in countries like Kenya where patients must receive a mRDT before medicine can be administered.

So far, the test has yielded fruitful insight. The number of children under five years old being tested and treated for malaria has tripled—suggesting that more families may seek help for malaria when commodities are free. Importantly,

these free offerings have not negatively impacted other health KPIs such as pregnancy registrations or the assessment and treatment of other childhood illnesses. Interestingly, Q2 sales actually increased slightly. We hypothesize that this could be attributed to more families seeking help, and the increased sales of Paracetamol (part of the treatment protocol for malaria).

Looking ahead, we will test whether this level of treatment can be sustained against a range of variables. For example, a nurses' strike in Q2 may have affected the number of families seeking treatment outside of the health facilities. Understanding how fees affect families' behaviors and health choices will help us deliver the highest possible life-saving impact.

---

**WE'VE LAUNCHED THE DISTRIBUTION OF FREE MALARIA TESTING AND TREATMENTS AT OUR MALAVA BRANCH IN KENYA. FOR THE FIRST TIME, CHPs ARE ALSO PROVIDING THESE SERVICES TO CHILDREN OVER FIVE AND ADULTS.**

---



## A Transformational Partnership Opportunity in Sierra Leone

In July, we hosted a delegation from the Sierra Leone Ministry of Health and Sanitation in Kenya. An impressive group of key decision makers—including Deputy Chief Medical Officer Dr. Sarian Kamara and National Community Health Worker Coordinator Alpha Bangura—shadowed CHPs during home visits, attended an in-service meeting, and learned more about the Living Goods platform. Following an interactive demo of our SmartHealth app, the delegation was impressed with the simplicity and effectiveness of the tool. “We need these tools in Sierra Leone,” Alpha Bangura shared. “We’ve never had so much information on our community health workers.”

There is vast potential to strengthen the community health system in Sierra Leone. Last year, Sierra Leone launched a new community health worker policy that designates 15,000 volunteers who will provide iCCM, child and maternal health,

disease prevention and control, and HIV and TB sensitization services to over 6.5 million people. Living Goods is exploring exciting opportunities to help Sierra Leone roll out a robust mHealth solution, strengthen the supervision of their community health workers, and explore results-based financing opportunities. Conversations are moving in a very positive direction and we are inspired by the potential of the partnership.

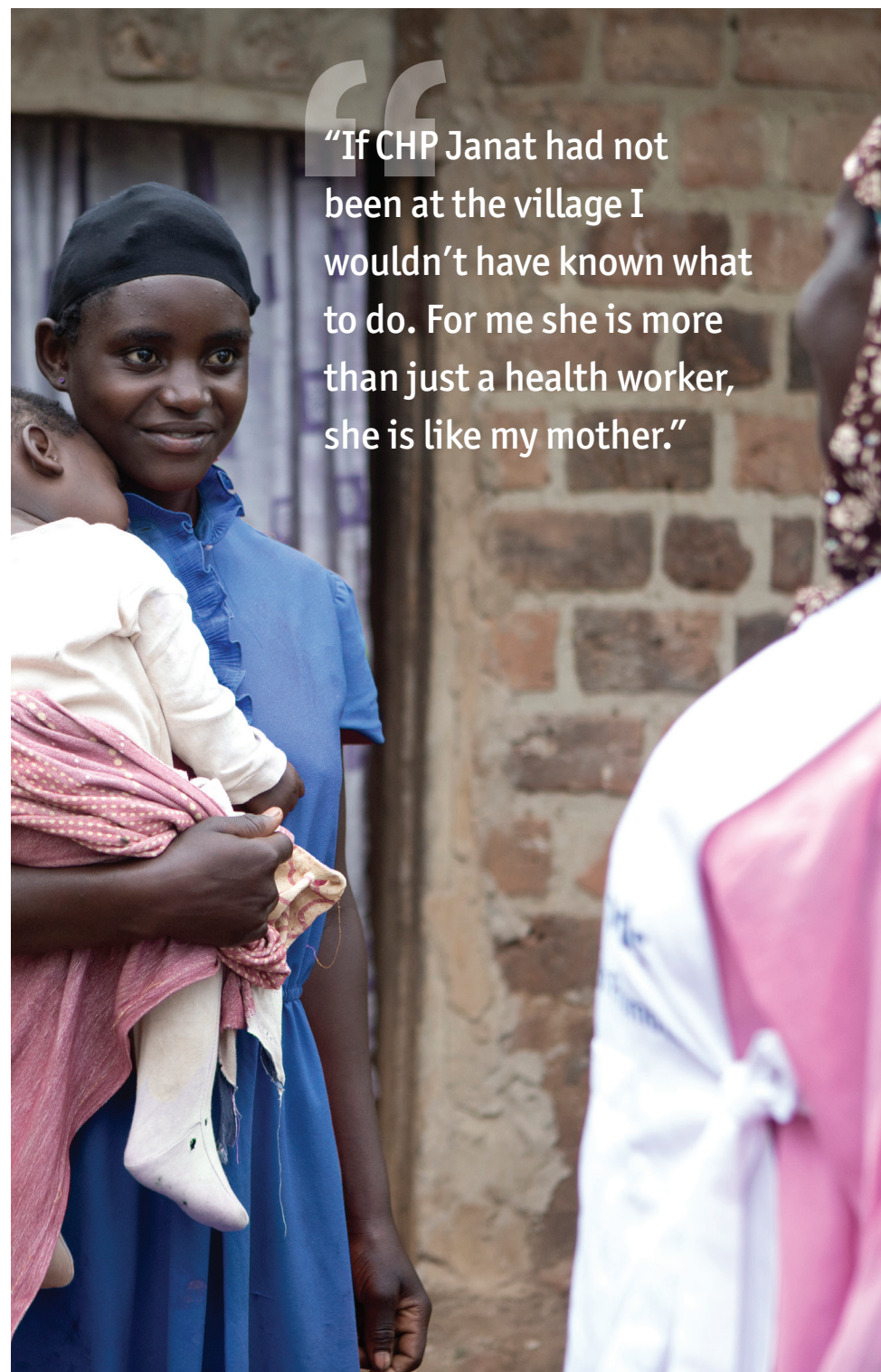
We are aware of the potential challenges in Sierra Leone—including low health spend, donor-reliant funding, and low community health worker literacy level—and will structure our partnership strategy and implementation plan with these factors in mind. Our experience adapting the Living Goods platform across a range of geographies and contexts over the past decade has prepared us well for this opportunity.

### Stories of Impact

Aisha is a 14-year-old orphan who lives with her grandmother in Uganda. After being abandoned by the man who got her pregnant, she and her grandmother sought pregnancy advice and support from their local CHP Janat.

*“When I had to deliver it was CHP Janat who was with me because my grandmother was too weak to take me there. If CHP Janat had not been at the village I wouldn’t have known what to do. For me she is more than just a health worker, she is like my mother. We talk often about many things and she advised me to go back to school. I now want to become a teacher and a better person in life and also be in the position of supporting my family in the future.”*

~ Aisha, Living Goods client





## Living Goods Q2 2017 Key Metrics

	Living Goods-Uganda			BRAC- Uganda*			Living Goods-Kenya		
	Q2 2017 Target	Q2 2017 Actual	Q2 2016	Q2 2017 Target	Q2 2017 Actual	Q2 2016	Q2 2017 Target	Q2 2017 Actual	Q2 2016
<b>Impact Metrics</b>							<i>malaria endemic / non</i>		
Pregnancies Registered / CHP per month	3.0	3.6	8.3	3.0	3.1	2.9	2.0	1.4	2.4
Under-1 Assessments / CHP per month	4.0	4.5	5.3	4.0			4 / 3	4.7 / 3.6	5.5 / 3.7
Under-1 Treatments / CHP per month	4.0	2.8	4.8	4.0	4.1	3.9	4 / 3	2.1 / 0.8	3.9 / 1.4
Under-5 Assessments / CHP per month	18.0	19.0	17.4	18.0	18.6		18/12	19.1 / 9.1	19.8 / 10.0
Under-5 Treatments / CHP per month**	14.0	12.4	16.4	14.0	13.5	12.2	14 / 9	10.9 / 3.7	14.6 / 4.2
Active CHPs	1,855	1,911	1,114	4,065	3,586	2,787	954	1,060	299
Total Pregnancies Registered	13,367	18,398	24,088	34,756	46,001	23,786	4,603	4,110	1,939
Total Under-1 Assessments	17,822	22,592	14,732	46,341			8,862	13,264	4,062
Total Under-1 Treatments	17,822	14,354	13,057	46,341	44,771	32,665	8,862	5,930	2,636
Total Under-5 Assessments	80,201	96,446	48,518	208,535	206,027		39,359	53,228	14,092
Total Under-5 Treatments	63,378	62,973	45,545	162,194	148,898	101,771	30,497	30,257	9,747
% On-Time Referral Follow-Up	65%	80%	49%	65%	89%		65%	80%	43%
% Postnatal Care Visit in first 48 hours***	85%	51%	71%	85%	91%	90%	85%	61%	44%
% of 'High Impact' Items in stock	100%	99.7%	100%	100%	98%	95%	100%	100%	100%
<b>Sustainability Metrics</b>									
Wholesale Sales (USD)	\$245,058	\$159,936	\$111,856	\$365,850	\$104,320	\$204,800	\$80,559	\$62,084	\$22,234
Sales / CHP per month (USD)	\$55.00	\$27.69	\$35.37	\$30.00	\$9.43	\$24.57	\$35.00	\$21.89	\$28.57
Sales / CHP per month (local)	184,250	98,887	117,179	100,500	33,497	81,486	3,500	2,227	2,865
Initial Wholesale Margin	22.0%	17.6%	24.7%	10.0%	15.0%	6.6%	21.0%	19.2%	19.6%
Final Wholesale Margin	20.5%	16.6%	23.2%	9.0%	15.0%	6.6%	19.0%	18.2%	14.8%
Population Served	1,483,794	1,528,800	891,200	3,252,000	2,868,800	2,229,600	762,800	848,000	239,200
Net Cost per Capita Served (annualized)	\$2.36	\$2.25	\$2.87	\$1.01	\$0.99	\$1.03	\$3.79	\$3.18	\$6.09

\*Note 1: BRAC data from paper reporting, with plans to capture additional data when mobile roll-out completed in Q3.

\*\*Note 2: Under-5 treatments in Uganda have dropped year-over-year in large part due to the introduction of mRDTs, which enables more accurate diagnosis of malaria.

\*\*\*Note 3: The new mobile system calculates on-time PNC visits differently to better capture all pregnancies, and so results to previous periods and across mobile / non-mobile users are not comparable.