

## **Notes from GiveWell visit to Living Goods' program in Uganda, October 22-24, 2014**

### **GiveWell staff on this site visit:**

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- Josh Rosenberg, Research Analyst

### **Summary**

GiveWell staff visited Living Goods' program in Uganda as part of its 2014 review of Living Goods. Site visit activities included:

- Visiting Living Goods and BRAC branches
- Accompanying Living Goods' Community Health Promoters (CHPs) as they visited customers
- Visiting a health training for CHPs and branch managers
- Having extended conversations with several members of the Living Goods and BRAC teams

**Note:** These notes were compiled by GiveWell and give a summary of the major observations and information learned from the site visit.

### **Day 1**

On the first day of the site visit to Living Goods (LG), GiveWell staff:

- Discussed the LG program with Alfred Wise (Uganda Country Director) and Lisa McCandless (Director of Development)
- Visited an LG Branch in Mpigi
- Joined Community Health Promoters (CHPs) as they visited customers in the field

### **Morning discussions with Alfred Wise and Lisa McCandless**

GiveWell learned more about LG's program during discussions with Alfred Wise (Uganda Country Director) and Lisa McCandless (Director of Development). Particularly important details from these conversations will be included in the Living Goods review.

### **Visit to Living Goods Mpigi branch**

#### *Mpigi branch background*

- The LG Mpigi branch is about one hour away from Kampala by car.
- Mpigi is a peri-urban town with a total population of about 40,000 people.
- LG's Mpigi branch has been in operation for about four years. It was one of the two LG branches included in LG's randomized controlled trial of its program.
- About 55-60 CHPs currently work at the Mpigi branch. LG eventually plans to scale up this branch to have about 120 CHPs.

- Mpigi's sales performance is roughly in the middle of all LG branches – it is neither one of the highest-performing nor lowest-performing branches.
- LG chose to show us the Mpigi branch on the site visit because it is the branch closest to Kampala that has begun using Android phones as part of its operations. All of Mpigi's CHPs are now using Android phones. LG is piloting its new Android system in four of its eight branches.

#### *Tour of Mpigi branch*

Betty Kyazike (Regional Field Manager), Stella Kanyesigye (Mpigi Branch Manager), and Gracious Nabwire (Mpigi Assistant Branch Manager) gave us a tour of the Mpigi branch, including the front of the branch (a storefront area) and the stockrooms (where products are stored).

- The front of the LG Mpigi Branch building has large, clear, colorful signage indicating that it is a Living Goods branch.
- Betty Kyazike, Stella Kanyesigye, and Gracious Nabwire were very enthusiastic about LG's program and seemed to have a strong grasp of the proper branch procedures as laid out by LG.
  - For example, the expiration dates of drugs in the stockroom were very clearly tracked and displayed. The branch seemed to have plenty of each drug remaining and no drugs were in danger of expiring within the next several months. We checked the expiration dates on the drugs' packaging, and they matched the summaries of expiration dates that the branch had displayed.
- LG recently began selling HealthyStart, a nutrient-fortified porridge that is the first Living Goods-branded product. Mpigi staff told us that it has sold very well, accounting for roughly 30% of Mpigi's sales by revenue and about 80% of Mpigi's sales by unit in the previous month. The previous fortified porridge product typically only accounted for 5% of Mpigi's sales in a month by revenue. Customers have been very happy with this product. LG staff told us that some customers have reported that their children look healthier and seem to be growing better after consuming the product.
- A couple of products that community members are sometimes hesitant to purchase are zinc (due to lack of awareness about what it is) and water filters (because people are skeptical that they could drink water without needing to boil it).

#### *Discussion with four CHPs*

We spoke with four CHPs about their backgrounds and what their experience working for LG has been like.

- Two of the CHPs began working for LG in 2010 while the other two began working for LG in July 2014. LG intentionally chose two more experienced and two less experienced CHPs so that we could see how CHPs with different experience levels were handling the shift to the new Android system.

- Two of the CHPs (the two who had started recently) work as farmers outside of their work at LG (this is their only other source of income). One CHP also currently works as a teacher and a farmer, and the other CHP also works as a farmer, tailor, and caterer.
- Two of the CHPs generally work for LG for 2 hours per day for 5 days per week, one works for LG for 3 hours per day for 5 days per week, and the other works for LG for 5 hours per day for 5 days per week.
- One CHP first heard about LG from another CHP, and three heard about it because they were referred to work for LG by their Local Councilman, a local political leader.
- The CHPs said that the number of customers that they can visit in a day varies, because some visits take longer than others. For example, if someone has a new baby, CHPs may spend about 30 minutes educating them about how to care for the baby. One of the CHPs who works 2 hours per day said that she is usually able to visit 5-7 households in a day.
- CHPs maintain a family register that contains information such as: whether a pregnant woman, child under 1 year old, and/or child under 5 years old lives in a household, the household's phone number, and the last time the CHP visited the household. The CHPs said that at the beginning of their work day they check the register and prioritize visiting priority households (e.g., households with young children or pregnant mothers) that they have not visited recently. In the future, the family register could be kept on CHPs' Android phones exclusively. Currently, some CHPs still use paper registers because they have not transferred all of their records to their phones.
- One CHP said that LG has helped her by giving her business training. Now she knows how to balance accounts and has better spending and saving practices.

One of the CHPs did a demonstration of how she uses her Android phone to diagnose patients. The phone has a Living Goods app that walked her through the questions she needed to ask and then provided a diagnosis. The app also tells the CHP what drug to provide for a certain illness and in what dosage. We made up some mild symptoms in response to the diagnosis questions, and the CHP seemed to easily use the app to fill in our responses. The app determined that our fake mild symptoms were not significant enough to require treatment.

We asked a CHP how she would respond to someone who favors “traditional,” or herbal, medicines over LG treatments. She said that she would tell such a person that traditional healers will only “eat your money” and that LG treatments would actually be effective. One CHP explained that she gained a pregnant customer’s trust by more accurately predicting her baby’s due date than another community health provider (it may have been implied that this other provider was using more “traditional” methods).

We asked a CHP what she would do if she came across symptoms that she could not diagnose. She said she would call her manager and, if the problem was beyond LG’s knowledge, she would refer the patient to a clinic. However, she said that cases where she is unsure about someone’s medical problems are fairly rare and that she has not heard of any misdiagnoses made by a CHP.

Finally, we asked the CHPs how they get feedback from customers. They explained that they are easily recognizable in their Living Goods uniforms, so people will come up to them and give them feedback. Then, they pass the feedback on to their supervisors. One common type of feedback is requests for new products.

### **Field visits with CHPs**

We visited several households with two different CHPs. We observed the CHPs' work and asked the customers questions. When necessary, LG staff translated for us.

#### *CHP #1 - Pauline*

There were 5 people who joined this visit, including 2 CHPs (Pauline, who led the visits, and Cici, who was shadowing Pauline to learn), Betty Kyazike, Alfred Wise, and Josh Rosenberg. Pauline has been an LG CHP since 2010.

We walked about 5 minutes away from the branch into a nearby neighborhood, where Pauline lives. The neighborhood seemed generally very poor, with tightly packed, small (one-room) houses with metal roofs, poor-seeming sanitation, and households with seemingly few assets. However, wealthier families with large houses seemed mixed among the small houses.

#### Customer #1:

- Woman who appeared to be in her 20s. Her under-5 year old daughter had diarrhea earlier in the day and it was the daughter's first day with diarrhea.
- The mother purchased Zinc+ORS for her daughter and Pauline explained the recommended dosage.
- If LG were not an option, the mother said she would have had to go to a public clinic to get a diagnosis and then would likely have purchased treatments from a private seller.
- She prefers to buy from LG because:
  - LG's products are less expensive. For example, she bought a full course of Zinc+ORS treatment for 200 UGX from LG. The same treatment would have cost about 800 UGX from a private seller.
  - Pauline has worked with her for many years--since before her currently sick child was born.
- She did not have any suggestions about how LG could improve its program.

#### Customer #2:

- Family seemed to be relatively wealthy. For example, they had a garage with a car in it, multiple rooms in their house, and a small television. Customer was a young mother with a 4-day-old newborn. This is her first baby.
- Pauline explained that the mother should practice exclusive breastfeeding for the first 6 months of the baby's life. Also, she said that if the baby has an infected cord, is breathing quickly, has a fever, or won't breastfeed, then the mother should rush the baby to the hospital right away because LG cannot help in those cases.

- When asked about why she uses LG's services, the mother explained that at first she felt negatively about LG. She knew LG as a seller of cook stoves but did not know about its other services. Pauline tried to visit her when she was pregnant, but she told Pauline to go away in a rude way. However, Pauline was able to get her phone number from her and signed up the mother for LG's pregnancy-related text message system. The mother appreciated the text reminders about how to stay healthy during pregnancy and this built her trust in LG. (The texts came in English and the mother was able to read English.) This visit was the first time that she purchased products from LG.
- The mother bought about 20,800 UGX worth of goods - according to Mr. Wise, this was an unusually large purchase for one customer. She bought HealthyStart for herself to eat, diapers, and other products.

#### Customer #3:

- While we were walking to see another customer, a woman yelled out to Pauline to ask to buy some MixMe (a nutritional supplement for children similar to Sprinkles).
- This woman did not have time to talk, but Pauline explained that she previously sold a cook stove to this woman. She uses the cook stove to keep her baby chicks warm at night.

#### Customer #4:

- This family seemed relatively wealthy. They had a large house on a compound with high walls and a gate. Pauline had never visited this house before because the gate is always locked, but today it happened to be unlocked because we were passing by at the time when school ended, so the gate was unlocked for the family's children.
- We spoke with one of the mothers of the household. She was holding a baby and seemed to have several other children.
- She did not purchase anything from LG but said she may contact Pauline in the future if she has any needs.
- Currently, she goes to private clinics and pharmacies for all of her health needs. She did not know about LG until this visit.
- The Android customer registration system enables CHPs to store a photo of each customer. However, this customer did not want to have her photo taken because it is against her religion (she said she is Muslim).

#### Customer #5:

- Woman who appeared to be in her 20s. She had a 5-day-old newborn baby.
- She found out about LG when Pauline was walking by, saw that she was pregnant, and started talking to her about LG.
- She delivered her baby in a public health clinic. She purchased a Mama Kit (a clean delivery kit) from LG before she delivered and needed it at the public clinic because the clinic did not have the materials that were provided in the kit.
- She bought a cook stove from LG over a year ago and is satisfied with its quality.
- When asked for suggestions about what LG could do better, she said that she would like LG to open a hospital.

We asked Betty to evaluate Pauline's performance on these visits. She said that she thought Pauline did very well. Her only suggestion for improvement was that Pauline should have had new product catalogs on hand so that she could have given them to her new customers.

#### *CHP #2 - Teddy*

The group on this visit included 2 CHPs, Stella Kanyesigye, Lisa McCandless, and Eliza Scheffler. This group drove 20-30 minutes away from the branch on a dirt road to reach the neighborhood where Teddy works (nearby where she lives).

#### Customer #1:

- Pregnant mother and her child. The mother has 4 children.
- Teddy previously treated the child for fever and malaria. However, according to Teddy, the Android system only listed the symptoms from the past visit ("cough, fever") and not the diagnosis (malaria). It also did not log the treatment that was given on the past visit. LG told us that it plans to add such features to the app over time.
- Teddy had some difficulty getting the phone to display this customer's records. It took the other CHP and the Branch Manager (Ms. Kanyesigye) a couple of minutes to figure out how to bring up the records.
- Teddy asked the mother about her malaria treatment. She said she would provide the last dose to her child tomorrow.
- The mother reported dull birth pains. Teddy told her it was normal and that she could take painkillers if she would like.
- The mother sometimes goes to the nearby drug shop (which is a few doors down) when a CHP is not around, but she said that drugs are more expensive there. She said that the shop has all of the common drugs. When she believes that her child may have malaria, she first goes to the drug shop for a rapid diagnostic test (RDT), which costs 3,000 UGX, to confirm the diagnosis, and then purchases Artemisinin Combination Therapy (ACT) from a CHP.

#### Customer #2:

- Older man approached us while we were walking. He spoke English.
- He explained that his wife has hypertension and said that she was not getting the help she needed from the nearby clinics and hospitals. He said that she could go to Kampala for the treatments she needs, but that it would be expensive.
- Stella Kanyesigye said that LG does not carry the drugs he asked for but that she would pass the fact that he requested them on to her supervisor.
- He seemed to be relatively wealthy because he said that the solar lights that LG sells do not have enough watts to light up his large house (he said his house has 8 rooms).

#### Customer #3:

- Mother and her 3-week-old newborn. Mother attends university but came home to stay with her parents to deliver her baby. She spoke English.

- The family seems relatively wealthy. Assets in the home included a picture frame, 2 purses, a mattress, a coffee thermos, brick walls, a door with a lock, and an iron roof.
- Teddy reminded the mother to breastfeed exclusively. The mother explained that she is doing this but that if she does not eat before breastfeeding she feels poorly afterward. Teddy sold her some HealthyStart and told her that it would make her feel full because it is nutritious. Teddy also reminded her to maintain a balanced diet.
- The mother told us that she sees Teddy as a kind of doctor to her and that she has known her for a long time because Teddy was her teacher in grade school.
- She told us that she gave birth in a hospital and would have done this without LG's advice.

### **Visits to private clinic and pharmacy**

We visited one private clinic and one pharmacy in the area near the Mpigi branch to try to get a better understanding of the other health care options that are available to people living in this area.

Private clinic - "Lifecare Domiciliary Clinic":

- This clinic was located directly across the street from the LG branch.
- The clinic manager, who spoke English, showed us that he had multiple types of ACT for treating malaria. He explained that he administers an RDT before recommending malaria treatment. He said that he does not run out of malaria medication because he can always order more.
- We asked him about the expiration dates of his drugs. He found the dates after a few seconds and explained that if drugs expired then the clinic would dispose of them.
- He did not seem to recognize the name Living Goods or know about its program.

Pharmacy:

- We visited a pharmacy that was right next to CHP # 2's Customer #3's home.
- The pharmacy was private, but it was registered with the government and apparently audited by the Ministry of Health. It was not a clinic; it only seemed to sell medications.
- We spoke with a nurse who staffed the store. She explained that the store sells pneumonia medications and other antibiotics. It also carries RDTs and seems to do diagnosis and refers sick people to clinics.
- The shop is open about 3-4 hours per day because the nurse manages a different drug shop in the morning.

Other:

- We also noticed a larger, more formal-seeming drug shop on a main road nearby the neighborhood that we visited with CHP #2.

## **Day 2**

On the second day of the site visit, we:

- Had several conversations with Emilie Chambert (Director of Sales and Performance)
- Visited Living Goods' Tula branch
- Visited an education and sales event led by a CHP
- Visited a health training day for new CHPs and branch managers
- Spoke with Bernie Ssebadduka (Director of Health and Social Impact)

### **Conversations with Emilie Chambert**

GiveWell spoke with Emilie Chambert (Director of Sales and Performance) about LG's programs throughout the day. She joined us for all site visit activities during the day. Particularly important details from these conversations will be included in the Living Goods review.

### **Visit to LG Tula branch**

#### *Tula branch background*

- LG told us that it frequently brings donors to the Tula branch on site visits because the branch is very easy to reach from Kampala.
- Tula is one of the highest performing LG branches. The treatment targets for individual CHPs are higher at the Tula branch than at other branches because of its strong performance.
- This branch currently has about 50 CHPs. After the planned scale up, it will have about 115 CHPs. Tula is in the process of adding more CHPs; a group of new CHPs were in the process of being trained. Some of Tula's new CHPs will be men, which represents a change for Living Goods; previously, all CHPs had been women.
- This branch, like most LG branches, is open 2 days per week so that CHPs can restock. The other 3 days of the work week, the branch managers spend significant amounts of their time visiting the field in order to evaluate CHPs.
- Tula is the branch that piloted LG's new "Hub and Spoke" delivery system, which delivers LG products to CHPs who live far away from the branch. It has had this system for five months. CHPs who live far away still come to the branch once per month for mandatory refresher training courses.

#### *Interview with Eddie Oundo (Regional Field Manager), Rosemary Lunkuse (Tula Branch Manager), and Namutebi Rehema (Tula Assistant Branch Manager)*

- Ms. Lunkuse previously worked in microfinance and is a marketer by profession.
- Ms. Rehema is a nurse by profession and previously worked in a children's hospital.
- Mr. Oundo previously worked at Coca-Cola and in the telecommunication industry. He has worked at LG for three months. He used to have the impression that NGOs just existed to provide handouts, but he feels that LG is a different kind of organization and is inspired by its work.
- Ms. Lunkuse explained that LG is the first organization where she has worked that encourages managers to discuss organizational progress and important decision making

with their supervisors. She feels free to speak her mind at LG and feels that her feedback is valued. For example, she convinced her supervisor to provide more money for transit payments to make it easier for her to visit all of her CHPs in the field.

- Ms. Lunkuse said that she also likes working at LG because it pays more than her previous job, pays her a salary, and pays more reliably--her previous job would often not pay her on schedule.
- Ms. Lunkuse said that some problems that CHPs experience are:
  - Around election times, CHPs are often more engaged in politics and have less time to work.
  - LG works with some HIV-positive CHPs, who are sometimes unable to work due to illness.
  - Many CHPs have dramatic inequality in their communities.
  - Some CHPs have problems with domestic violence and end up leaving LG because of problems at home. In an attempt to ensure that LG does not exacerbate such problems, LG tries to involve CHPs' husbands from the beginning of the hiring process. Some husbands are very supportive of their wives working as CHPs.
- Mr. Oundo said that a common misdiagnosis is that people think a child has malaria when they actually have pneumonia, so this distinction needs to be emphasized during training.
- LG is currently working with the national government to get approval to sell RDTs.
- Uganda recently had a distribution of bed nets intended to reach about 30 million people (Uganda's total population is about 38 million people).

We also asked these LG staff members about the other healthcare options that are available to people living near the Tula branch. Major points from this discussion were:

- This area is supposed to have Village Health Team members (government community health workers, called "VHTs"), but in practice they rarely work because they are not paid.
- If people do not use LG's services, they frequently go to government health centers, where treatments are free. However, these centers are frequently stocked out of essential medication (e.g. antimalarials) and travel to these clinics is often expensive. Some people have stopped trying to go to government health centers and begun using LG instead because purchasing from LG ends up being less expensive than traveling to the public clinic to get free treatments.
  - Mr. Oundo discussed one case in which a woman's young child had diarrhea and the child's condition was deteriorating, but the mother could not seek treatment because she did not have money to travel and her husband was out of town. LG found her by going door-to-door and provided treatment.
- According to LG staff, the cost of ACTs at different providers is roughly:
  - Private clinics: 12,000 UGX
    - Clinics are notorious for overcharging but they are often the only option far away from town centers.
  - Hospitals: 6,000 UGX

- Pharmacies: 5,000 UGX
  - Pharmacies usually have essential medication in stock but can be expensive. Also, it is often hard to find pharmacies far away from town centers.
- LG: 3,000 UGX
- Public health centers: free (but frequently out of stock)
- It would cost about 6,000 UGX to reach the nearest government hospital from this area – a significant amount of money for poor members of this community.

#### *Tour of branch*

- LG stores medicines in a separate room from other products due to Ministry of Health regulations.
- The expiration dates of drugs in the stockroom were clearly tracked and displayed. The branch seemed to have plenty of each drug remaining and no drugs were in danger of expiring within the next several months. We checked the expiration dates on the drugs' packaging, and they matched the summaries of expiration dates that the branch had displayed.
- The brand of ACT that LG sells, called Lumartem, is the same brand that the government uses in its clinics.
- The Ugandan government is currently carrying out advertising campaigns to encourage people not to believe in “traditional” medicine. However, Ms. Lunkuse estimated that only about 1% of people who live near the Tula branch prefer “traditional” medicine.
- LG began selling pneumonia medication in March 2014, when it got permission from the Ugandan government to sell antibiotics.

#### **Visit to education and sales event**

We drove about 15 minutes from the Tula branch to an educational and sales event that was being managed by a CHP. The event was held at a private clinic and was purposely held on a day when many mothers bring their babies to the clinic for immunizations. This event happens weekly. LG has had a partnership with this clinic since 2010 that enables LG to refer its customers to this clinic at a subsidized rate. The clinic benefits from the partnership by receiving more referrals and LG benefits by being able to hold events.

Observations and information learned from this event include:

- About 40 women were at the event, most with their babies. LG told us that fewer people attended the event than usual because it rained.
- The CHP gave a presentation that focused on nutrition and breastfeeding, and then she gave out samples of HealthyStart (LG's nutrient-fortified porridge) and sold it to audience members. The CHP and audience members spoke in Luganda.
- Some of the women seemed distracted with their babies but some seemed engaged in the event.

- The CHP collected phone numbers from many people at the event and gave out fliers so that they could follow up with her later. The fliers were in English, but LG is planning to make fliers in Luganda in response to customer feedback.
- Several mothers asked questions about breastfeeding, such as how long they should exclusively breastfeed and whether it would be okay to give their babies HealthyStart while they breastfeed. Ms. Lunkuse explained that babies should not be given HealthyStart until after they are six months old.
- The audience members seemed to be relatively wealthy. Some women's questions referenced having maids at home and they seemed to be wearing high-quality clothing and jewelry.
- Ms. Lunkuse led the discussion at the event for a while. She made a joke that sharing HealthyStart with your co-wife would relieve any tensions that exist. (Polygamous marriages are fairly common in this area of Uganda.)
- Mr. Oundo and Ms. Lunkuse frequently offer feedback to CHPs on these events. After today's event, they would have suggested that the CHP speak up louder and do a better job of keeping audience members' attention. However, it was the CHP's third presentation that day, so they think that might have contributed to her lower energy.
- Ms. Lunkuse told us that the CHP who gave this presentation is a widow with three children. She is HIV-positive and her husband passed away from HIV. She said HIV is very common in these areas. The CHP grows and sells mushrooms, makes bricks, and is a farmer and organizer in addition to working for LG. She is very active and hardworking.

### **Field visit with CHP**

We did more household visits alongside a CHP named Betty. Major points from these visits were:

- We visited 9 households total, most of which Betty had previously treated.
- The most common reason why people said they buy from CHPs is that LG's prices are lower than other options.
- Betty seemed especially helpful to a 17-year-old pregnant woman who was having a baby for the first time and knew little about antenatal care. Betty encouraged her to make an appointment at an antenatal clinic and said that she would follow up with her soon.

### **Conversation with Carol (CHP)**

We spoke with another CHP named Carol at the Tula Branch. Major points from the conversation were:

- Carol is one of Tula's highest-performing CHPs. She is the chairperson of the branch CHPs and has worked with LG for four years. She also works as an assistant pastor.
- Carol works for LG for 3-4 hours per day, 5 days per week and is able to cover about 300 households in total. She does not visit some of the larger houses near where she

lives because they are wealthy and do not need LG's products. She also is not able to reach some poor households in her area because they are very far away from her home.

- Carol's revenue last month was about 380,000 UGX. The average revenue for a CHP at this branch is roughly 160,000 UGX.
- Carol's profits each month usually range from 100,000-200,000 UGX. According to LG staff, a typical full-time government teacher makes about 150,000 UGX in a month and a teacher's income is less reliable than a CHP's.
- Carol refers a customer to a clinic about once per week.

### **Visit to LG health training day**

The full LG training course lasts 12 full work days and covers health (5 days), how to use Android (4 days), and business/sales (3 days). We visited an LG training event for the fourth day of health training, which focuses on treating diarrhea.

#### *Observation of training*

- This training seemed to have roughly 30 attendees. Some of the attendees were prospective CHPs and some were prospective branch managers.
- Overall, this training seemed to be high quality because:
  - The teaching methods seemed thoughtful – the trainer varied the way that she asked questions so that sometimes all of the trainees responded and sometimes individuals who seemed to be struggling or who were less engaged were asked to respond. She also had two trainees perform in a skit about treating diarrhea that seemed to keep trainees engaged. The training went through a series of diarrhea case studies that seemed nuanced and helpful.
  - It was very high energy – roughly every 30 minutes, there was a break to dance and sing together and all of the audience seemed excited during these breaks.
  - The training was held in a bright, cool room (kept cool by fans) and there was a projected presentation for trainees to follow along with.
- LG learned from experience to separate the Android training from the health training because people found it overwhelming to try to learn both at once.
- The training was partly in Luganda and partly in English. The PowerPoint was in English.

#### *Interview with Anita Owakunda (Health Trainer)*

- All LG trainers are full-time staff and have a health background. Currently, LG has two lead trainers and two assistant trainers. It plans to add another trainer and assistant trainer as it scales. LG caps the number of people who can participate in a training at 30 people and plans to continue to do this as it scales because it feels that it is important to be able to give each trainee enough attention during training.
- Attendance is required at every day of the training. If someone misses a day, they need to attend a separate session to make it up.

- Everyone receives a meal and transport refund for attending training but do not receive other payment. Usually, only about 5-10% of accepted applicants are unable to become CHPs because they cannot take the time to go through training.
- At the end of training, LG tests trainees' health knowledge and Android skills. Usually, about 5-10% of trainees fail these tests.
- In one branch where LG tried to hire many former government health workers (VHTs), it tried to give these former VHTs its final test without training. About 90% of the VHTs failed the test, so it asked the VHTs to go through its training program.

### **Conversation with Bernie Ssebadduka**

GiveWell spoke with Bernie Ssebadduka (Director of Health and Social Impact) about LG's programs. Particularly important details from this conversation will be included in the Living Goods review.

### **Day 3**

On the third day of the site visit, we:

- Visited a BRAC branch (Kalware)
- Spoke with BRAC staff about its programs
- Spoke with LG staff about BRAC, room for more funding, and its programs more generally

### **Visit to BRAC branch: Kalware**

#### *Branch background*

- BRAC has 128 branches with active community health promoters (CHPs). Until July 2014, 24 of these branches received funding from Living Goods (LG). These LG-BRAC branches provided augmented support and services, including cash incentives for CHPs and more CHPs per branch. BRAC plans to gradually expand these additional program components to its other 104 branches as part of the scale-up of the LG-BRAC partnership in Uganda.
- The BRAC branch that we visited is one of the 24 "BRAC-LG" branches.
- From this point onward, these notes will refer to BRAC CHPs that work at BRAC-LG branches as "BRAC-LG promoters," those that work at BRAC-only branches as "BRAC-only promoters," and the entire set of BRAC CHPs (including both BRAC-LG promoters and BRAC-only promoters) as "BRAC promoters."
- This branch is one of the highest performing BRAC branches in terms of sales, partly because it has 40 CHPs (whereas the average BRAC branch has about 20 CHPs) and partly because it serves a relatively dense peri-urban population.

**Conversations with Sharmin Sharif (Program Manager, Health, BRAC Uganda), Rakib Bhuiyan (Manager of Operations, Health, BRAC Uganda), Edgar Bakadde (Manager of**

## **Operations, Health, BRAC Uganda), and Nakigudde Anita (Regional Health Coordinator, BRAC Uganda)**

Note: we had two conversations – one with Ms. Sharif, and one with Mr. Bhuiyan, Mr. Bakadde, and Ms. Anita – but the conversations were on similar topics, so we combined the notes for the conversations below.

*In Uganda, BRAC operates various programs in health, agriculture, education, girls' empowerment and microfinance. Basic information about BRAC's health programs in Uganda:*

- BRAC promoters focus on immunization and family planning in addition to standard Integrated Community Case Management (ICCM) activities (which largely focus on treating malaria and diarrhea, while identifying and making referrals for pneumonia).
- BRAC promoters are all women.
- Differences between standard BRAC-LG branches and BRAC-only branches include a more robust set of services and support for the former, including:
  - Although all BRAC promoters make a profit from the sale of health commodities, BRAC-LG promoters have additional incentives that BRAC-only promoters do not have (see below).
  - BRAC-LG branches have 40 CHPs per branch as opposed to 20 at BRAC-only branches
- Each BRAC-LG promoter is able to reach about 100 households in her treatment area. An average BRAC-LG promoter is typically able to visit about 10-12 households per day.
- Each BRAC-LG promoter is expected to conduct health forums about three times per month. Many such forums are held at BRAC microfinance group meetings and are also open to people outside of microfinance groups. A BRAC Program Assistant (PA) attends each CHP's health forum at least once per month to provide feedback and to ensure that the CHPs are providing accurate information.

*BRAC incentives for BRAC-LG promoters:*

- If a BRAC-LG promoter registers and supports 14 pregnant women in a month, she receives 2,000 UGX (about \$0.74). She receives 500 UGX for each additional registered pregnancy.
- If a BRAC-LG promoter treats more than six diarrhea treatments in a month, she receives 200 UGX for each additional diarrhea treatment over the threshold of 6.
- A BRAC-LG promoter receives 5,000 UGX for escorting a sick child under 1-year-old to a government health facility. She can receive this incentive for up to two cases per month. To receive the incentive, she must have a doctor's signature on a medical form that says she referred the patient.
- Before paying incentives, BRAC staff visits every relevant patient that the CHP served. More details on this process are below.

*BRAC promoters recruiting and training:*

- BRAC generally recruits promoters by:
  - Advertising in a village and collecting applications from interested people.
  - Asking Local Councilpeople (local political leaders) for recommendations.
  - Advertising the position to BRAC microfinance borrowers and asking borrowers to recommend others for the position.
- BRAC's criteria for hiring promoters are similar to LG's criteria. For example, it looks for women ages 25-45 who are literate and do not have a child under 2-years-old. BRAC does not have a written application process, but compiles a list of interested potential CHPs and interviews them.
- About one-third of BRAC promoters are also Village Health Team workers (government community health workers).
- BRAC does a 10-day health training program for its CHPs. Its health training program has more components (e.g., immunization and family planning) than LG's health training program. The BRAC country office designed this training based on Uganda Ministry of Health guidelines and internationally approved guidelines and procedures.
- BRAC administers a written test at the end of the training program. After the training ends, a PA also evaluates each CHP's health knowledge by observing them in the field. All PAs have a background in health. A PA has the authority to dismiss a CHP if her health knowledge is lacking.
- The most common reason why CHPs stop working for BRAC is that they lose interest and do not spend enough time working. However, BRAC tries to keep its attrition rate below about 10%. BRAC has many CHPs who have been working for BRAC for more than 1-2 years.

### *BRAC's monitoring*

#### Program Assistants:

- BRAC has roughly one PA per 20 CHPs (i.e., roughly one per branch at BRAC's current scale)
- Each month, PAs do field visits with all CHPs in their branches and observe whether CHPs are diagnosing and treating properly. PAs note problems that they observe and provide feedback to CHPs. PAs maintain separate registers for each CHP that include information such as which households they visited and whether there were any problems.
- Each month, PAs:
  - Visit all pregnant women that were newly registered by their CHPs in order to verify that they exist.
  - Randomly visit at least 3 households per CHP, who received treatment from a CHP, to verify that high-quality care was provided.
  - Visit about 20 households in each CHP's treatment area per month. PAs visit households systematically so that in 5-6 months they will have visited all of the households that CHPs treat.

- Produce a monthly performance report on their findings that is submitted to their Area Coordinators (ACs).
- If a mother has delivered a baby within the last 48 hours, the CHP tells the PA and then they visit the mother together.

#### M&E officer:

- Currently, an M&E officer who is part of the CHP program also checks a sample of all registered pregnancies and reported treatments each month to verify the accuracy of reported data to provide incentives at the 24 branches on pregnancy, treatment and escorting of severely ill children.
- This officer also solicits feedback from the household about the quality of CHPs' care and asks if the treated person has recovered.
- M&E officers perform these duties at each branch once per month and produce reports on their findings, and based on it, the CHPs receive their incentives. M&E officers' reports act as a check on CHPs' and PAs' reports. At the beginning of the incentive system, these officers' reports found some over-reporting. Underreporting has been found mostly during field visits by health staff and discussed during monthly refreshers and staff meetings. There appears to be a tendency to record diarrhea treatments and pregnancies that have incentives attached to them while ignoring other treatments and activities.

#### Area Coordinators:

- Each Area Coordinator (AC) supervises about five branches. Each week, an AC visits two to three branches and joins PAs on their field visits with CHPs and provides feedback. Over the course of 6-7 months, an AC does a field visit with all CHPs at the five branches under their management.
- ACs also randomly visit households in a CHP's treatment areas without PAs and CHPs and compare what they learn to what has been recorded in CHPs' registers.
- ACs also check the reports that PAs compile about each CHP and note any problems.
- ACs produce summary reports on all of these activities and submit them to their Regional Coordinators.

#### Regional Coordinators:

- Each Regional Coordinator (RC) manages about 5 ACs. Each RC also visits 2-3 branches per week and performs a similar role to ACs.
- RCs record their findings, especially problems, and produce summary reports on them.

#### BRAC monitoring and evaluation (M&E) department:

- Additionally, a separate BRAC M&E team (from BRAC's M&E department) monitors activities of CHPs, PAs, ACs and RCs and provides reports on their findings for the program team to review and improve by taking actions. This team aims to check activities of staff and CHPs quarterly.
- The BRAC audit team also audits all branches at least once per year (it audits the 50 largest BRAC branches twice per year).

- The audit includes checking that a branch's stock matches up with BRAC's records of its purchases and sales, checking for drugs' expiration dates and drug shortages, reviewing a branch's financial reports, etc. The audit is primarily based on financial information.
- The audits have found minor financial problems, such as discrepancies between a branch's stock and branch sales, cases where a branch sold goods to a CHP on credit and then the CHP migrated without repaying, and overbilling. However, these problems have been reduced significantly over the last two years. BRAC's new cloud-based debit and credit system and revolving fund provides a strong check on most financial activities

Other monitoring information:

- Program managers are expected to spend about 40% of their time visiting CHPs, but Ms Sharif aims at spending more time visiting CHPs in the field.
- In the past, BRAC's monitoring report for its incentives system has caught cases where CHPs over-reported pregnancies. However, this has significantly reduced due to regular checking (by staff, M&E officers) and counseling CHPs that they will only get incentives for the ones that M&E cross-checks. Particular staff and M&E officers can easily identify such cases of over-reporting. The problem occurred more at the initiation of incentives and now has drastically reduced.
- Monitoring reports are collected and summarized at each level of the organization and flow up all the way to the BRAC country office. The BRAC country office analyses and summarizes findings from these reports and discusses them at a monthly meeting. It also uses these reports to identify areas to focus for improvement in the subsequent month and to adjust targets.

### *BRAC's monitoring plans*

In the future, BRAC aims to:

- Increase staff for M&E and improve the M&E system overall
- Use smart phones to improve its data collection methods
- Always use computers instead of paper to compile its various monitoring reports
- Improve its data analysis at each level of the program

### *BRAC's scale up*

Among Ms. Sharif's concerns for the BRAC-LG partnership scale-up:

- Maintaining the quality of the CHP program as it scales.
- Strengthening BRAC's procurement supply chain. Sometimes BRAC branches experience stock-outs, as BRAC currently has just one truck to supply all 128 branches. This is also due to unavailability of the products at source or delay from distributors. Ms. Sharif would like the program to try to reduce the prevalence of these issues.

### *BRAC's funding*

BRAC's primary source of funding for its health program is a grant from The MasterCard Foundation for 104 branches out of 128 branches. This grant ends in March 2015.

BRAC needs about \$1.5 million per year to continue to operate its programs at their current scale and mode of operation with existing staff. It would need an additional \$3-4 million per year to add the components now used in the BRAC-LG branches to all its branches, including increasing the number of CHPs per branch to about 35.

Some of BRAC's funding prospects depend on joint applications that it has submitted with LG. Aside from these funding opportunities, BRAC has also applied for a grant from the United Nations Population Fund.

### **Conversation with BRAC CHPs**

GiveWell spoke with four BRAC CHPs about their experiences working for BRAC.

- Note: some of these CHPs worked for BRAC before this branch was converted to a BRAC-LG branch. For the sake of simplicity, these notes will refer to them as "CHPs."
- These CHPs' tenure at BRAC ranges from two to five years. The hours that they spend working for BRAC range from two to six hours per day (five days per week).
- Aside from working for BRAC, some of these CHPs also earn money by:
  - Farming poultry.
  - Running businesses. Two of the CHPs own retail shops where they sell health products and other goods. They said that they sometimes sell BRAC health products at these stores, either directly to patients or to caregivers of patients.
- Two of the CHPs said that working as a BRAC CHP has been beneficial to them because they:
  - Have been able to treat the illnesses of their children and the community.
  - Are proud and excited to be viewed by the community as "nurses."
  - Have improved their incomes. One CHP said that since she started working as a CHP she no longer goes hungry.
- The CHPs said that the most common treatments that they provide are related to diarrhea, malaria, deworming, family planning, cough, and flu.
- The CHPs told us that some people believe in witchcraft in the areas where they work. For example, some women do not want to reveal that they are pregnant during the first few months of pregnancy because they are worried that their co-wife will put a curse on them that could cause issues with their pregnancy. However, the CHPs said that belief in witchcraft is becoming less common due to government and media education campaigns. Nevertheless, it is still fairly common for people to use formal treatment alongside "traditional" remedies, such as herbs to reduce dizziness.
  - The CHPs said that they would respond to people who prefer to use traditional medicine by telling them that there will be adverse effects if they do not take the formal medicine, by referring them to someone with more knowledge (such as

their PA), and by using the counseling skills that they acquired during BRAC training.

- The CHPs mentioned a few problems that they encounter:
  - Sometimes, they run out of medicines. If the PA is coming to their village soon anyway, she can bring them more supplies. Otherwise, they go to the branch building to restock; they do not wait until the once-per-month refresher training to restock. However, travel to and from the branch typically costs about 5,000 UGX. If they are purchasing a lot of products, they may need to take two motorcycle taxis to get back to their home (and load up the second motorcycle with only supplies).
  - Sometimes, potential customers are too poor to buy the CHPs' products. One CHP said that it is common for customers to receive a diagnosis but then be unable to pay for the appropriate treatments. Another CHP said that this was fairly rare in her experience.
  - Sometimes, the CHPs lose customers when people relocate due to flooding.
  - There are public service announcements on television that tell people not to buy medical treatments from vendors, so sometimes people see the CHPs as vendors and do not want to buy their products. These incidents are low as CHPs are generally trusted members of the community.
  - There is a cultural expectation to provide gifts when visiting a home with a newborn baby, but CHPs do not have gifts to give. Because of this, some women are less interested in being registered with a CHP. This issue is exacerbated by the fact that CHPs at this BRAC branch previously gave baby hats to newborns as a gift but then their supply of baby hats ended.
- The CHPs said that they earn [revenues of] about 100,000-150,000 UGX per month. (We are assuming that these figures refer to revenues because LG told us that the average revenues for CHPs at its Tula branch were about 160,000 UGX per month.)
- The CHPs said that they usually do not hear negative feedback from clients.
- The CHPs said that if they do not know how to diagnose a case, they would refer the case to the government health facility. This happens most frequently with infants who are less than 3 months old.
  - The CHPs noted that services are free at government health facilities but that they frequently have stock outs.
- The CHPs said that drug shop owners sometimes buy drugs from CHPs when the owners' shops run out of drugs. They said that this only occurs once to twice per month (we are not sure if this means once to twice per month in total, or per CHP, or per drug shop). This activity is forbidden by BRAC-LG rules.

### **Conversation with Area Coordinator and two Program Assistants**

- One PA has a diploma in business administration; the other has a certificate in health.
- The PA has worked at BRAC for seven years. When she started, sales at this branch were low – about 500,000 UGX in revenue per month. Now, they are high – about 7 million UGX in revenue per month. One of the major changes is that people have grown

to trust the products (people previously believed that if the prices were low then the quality of the products must also be low).

- At the once-per-month refresher trainings, PAs review CHPs' work plans and set dates to visit them in the field.
- When PAs visit CHPs in the field, they observe their performance on household visits and check their bags to ensure that they are not selling any forbidden drugs (such as antibiotics, which BRAC is not allowed to sell). This PA has never found any drugs in a CHP's bag that she was not supposed to have.
- PAs also talk to households about their experiences with the CHP when the CHP is not there.
- This PA repeated the previously mentioned problem that visitors to homes with newborn babies are expected to provide a gift. She said that sometimes she ends up buying a gift with her own money. Sometimes, mothers do not want to be registered unless they will receive a Mama Kit (clean delivery kit) for free.
- Sometimes the PA will bring visitors to the field who are white. Residents of the villages assume that the white people are there to give money and will accuse her of having taken the money but not sharing it with the community.

### **Tour of branch**

- The general atmosphere at this BRAC-LG branch seemed considerably different from the two LG branches we had seen. A couple of reasons for this may be:
  - The branch does not have a retail space or inviting signage in the front of the building.
  - The building was somewhat dark inside and was decorated more sparsely than LG branches.
- BRAC branch staff told us that when drugs expire, they call BRAC headquarters. Then, disposal of the drugs occurs only after verification by a three-person committee and is documented.
- Based on what we saw in the stock room, this branch seemed to sell fewer types of medication than the LG branches we had visited.
  - BRAC staff told us that BRAC does not yet have permission to sell antibiotics in Uganda, so it cannot yet sell treatments for pneumonia.
- This branch seemed to be running out of deworming pills (albendazole) when we visited. It had one package remaining in its stockroom. However, the branch could put in a requisition for more pills and refill its stock within one or two days.

### **Discussion with Alfred Wise and Lisa McCandless**

Following our visit to BRAC, we discussed some of what we saw with Mr. Wise and Ms. McCandless. We also spoke with Mr. Wise and Ms. McCandless about LG's programs and its room for more funding. Particularly important details from these conversations will be included in the Living Goods review.

*All GiveWell site visit notes are available at <http://www.givewell.org/international/site-visits>*