# Healthy Entrepreneurs

Uganda



60\_decibels February 2024

# Welcome To Your 60dB Results

We enjoyed hearing from 271 beneficiaries who interacted with your Community Health Entrepreneurs (CHEs) – they had a lot to say!

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## **Appendix**

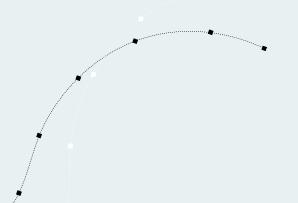
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# Top Insights

CHEs are reaching beneficiaries who did not have previous access to similar healthcare support.

72% of beneficiaries are accessing a healthcare support like that provided by CHEs for the first time. 85% also would not be able to find a good alternative to it. 25% of beneficiary households live on less than \$2.50 per day. This indicates that CHEs are reaching an under-served base of relatively less well-off beneficiaries and providing them with a unique service. There is an opportunity to further diversify this base by reaching more low-income individuals in rural areas.

See slides 9 – 11.



2 CHEs have enabled beneficiaries to access better quality healthcare, which has improved the health in households and enhanced the overall quality of life.

96% of beneficiaries say they access better healthcare services due to CHEs' support. They have higher confidence in the medication they receive, find it effective, and feel empowered to ask questions about the services provided. The time and effort taken for beneficiaries to get the treatment they need has also decreased. Consequently, 94% of beneficiaries report improved health in their household and a similar proportion say their quality of life has improved.

See slides 13 - 20.

Those receiving diagnostic or preventive care from CHEs report a deeper impact and better experience compared to others.

Beneficiaries who received diagnostic tools, nutritional or preventive products are more likely to say that the health in their household and overall quality of life 'very much improved'. The satisfaction among this group is also higher (NPS is 55 vs. 34) compared to their peers accessing other products.

See pages 30.

Beneficiaries are very satisfied with the service received and resolving challenges could boost satisfaction.

57% of beneficiaries would recommend the CHEs' healthcare support to friends and family. The main drivers of satisfaction are affordable medicines and personalized / caring healthcare. 19% of beneficiaries faced a challenge—the top issue reported is medicines being out of stock. This is also a complaint among Passives hence resolving this issue may convert them to Promoters and boost NPS.

See slides 22 - 25.

Healthy Entrepreneurs outperforms 60dB benchmarks for similar business models in almost all relevant metrics.

Healthy Entrepreneurs performs particularly well against 60dB Health benchmarks in providing a unique service in an underserved market that has a positive impact on its beneficiaries' overall quality of life.

See pages 32.

# Performance Snapshot

CHEs are servicing underserved beneficiaries and creating a positive impact on their quality of life and the health of their household members.

Poverty Profile

0.82

Inclusivity Ratio

• • • • •

Impact

70%

quality of life 'very much improved'

• • • •

What Impact

- 54% report better access to medication
- 47% talk about lower healthcare expenses
- 29% mention reduced travel to access healthcare

Contribution

72%

first time accessing service provided

• • • • •

Net Promoter Score®

51

on a -100 to 100 scale

• • • • •

Challenges

19%

report challenges

• • • •

Quality of healthcare

72%

report they received 'much better' healthcare Contribution

60%

report 'very much improved' health in their household

#### Beneficiaries Voice

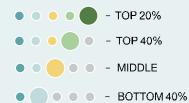
"I used to travel long distance to seek medical services but with community health workers health care support, services are now nearer." – Female, 47

#### Data Summary

Company Performance: 271 beneficiaries, phone interviews in December 2023 – January 2024, in Uganda.

Quintile Assessment compares Healthy Entrepreneurs Performance with 60dB Health Benchmark comprised of 24 companies, 11 countries, and 4k+ respondents. Full details can be found in Appendix.

#### Performance vs. 60dB Benchmark

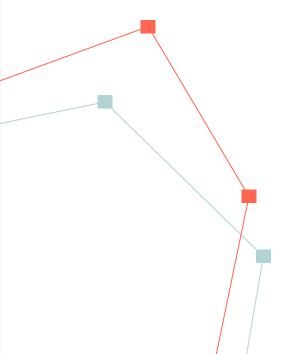


● ● - BOTTOM 20%

# **Beneficiary Voices**

We love hearing beneficiary voices.

Here are some that stood out.



## **Impact Stories**

96% shared how CHE support has improved their quality of life

"It is now easy to access health services at any time of the day or night. I am also able to save money that I used to use in going to the clinics. I also save some money on drugs because [the CHEs'] drugs are much cheaper than those at the clinics." - Male, 35

"I call them in case of night emergencies, and they come very fast. I credit them for that." - Male, 34

"At first, my children used to get sick but when CHE came and taught me on how to prevent some diseases, the rate of sickness has reduced, and sanitation has improved." - Female, 26

Opinions on CHE's Support Value

Op
Proposition

Op

57% were Promoters and highly likely to recommend

"Their medicine is very effective, and it works fast. When you call him, he responds quickly and he delivers medicine at home. Another thing is that he can help when you don't have money and you pay later."- Male, 50

"They provide good services like sensitization campaigns on immunization and hygiene. They make health services more accessible for us rural people." - Female, 49

"My family health has improved especially that of my children because they do not usually fall sick during rainy season like they used because our CHE taught me and my wife how to dress them and what tablets to give them when they are not feeling well." – Male, 33

"Because of his advice, I now have a pit latrine and hand washing facility." - Female, 32

"[CHE] has taught us a lot. Because of his advice, I now know how to prevent malaria by sleeping under mosquito nets and seeking early treatment for children and adults." - Female, 28

### **Opportunities For Improvement**

79% had a specific suggestion for improvement

"There is a challenge of moving from one household to another. So if they can provide like motorcycles to CHEs to ease the movements. Sometimes supply of the products tends to get delayed so it can be improved a bit." - Male, 33

"Our community health worker has few drugs, for example the tube for cracked feet is usually not enough for all the clients." - Female, 38

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"I no longer have fears of mosquitos at home since everyone has a net." -Male, 36

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# Demographics

On average, beneficiaries reside in households with 7 other members.

Beneficiaries were asked about their locality and the majority said they live in a village or countryside (88%) while the rest live in towns (12%).

Results in this report have been segmented by tenure of engagement and region of residence. Statistically significant differences have been reported. Given the small sample size of beneficiaries residing in the Northern region (n = 15), these results are not externally valid to the larger population of beneficiaries serviced in this region.

The N value signifying sample size may vary based on the survey logic and the number of beneficiaries who chose to skip the question or were unable to answer it.

56% of beneficiaries interviewed were male, mostly residing in Central or Eastern Uganda, who had interacted with the CHEs for 21 months, on average.

## About the Beneficiaries We Spoke With

Data relating to HE beneficiaries. (n = 271)

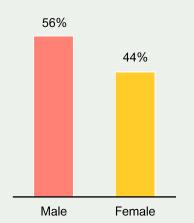
Gender

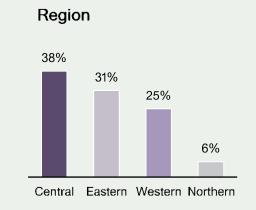
Age

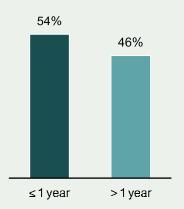
Average years

**Tenure of Engagement** 

Average months







# **Products Received**

Over half of the beneficiaries accessed diagnostic tools (e.g., test kits for HIV and malaria). A similar proportion report receiving nutrition and preventive products (e.g., milk, mosquito repellent).

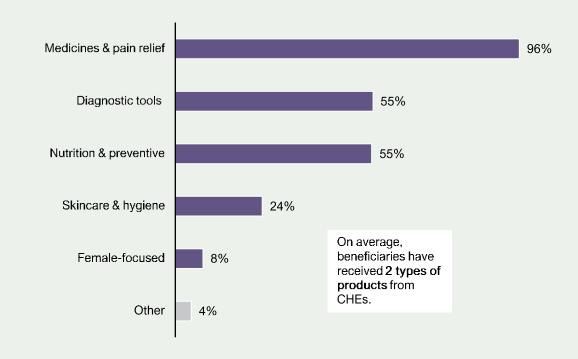
Beneficiaries located in the Central region are more likely to have availed of diagnostic tools compared to others (66% vs. 46%).

On average, beneficiaries received 2 types of products from CHEs. Almost all report receiving medicine or pain relief products.

#### **Products Received**

Q: What products do you use from CHE? Select all that apply. (n = 271)

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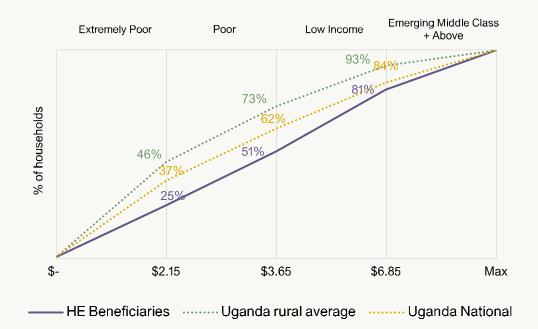
25% of all beneficiaries live on less than \$2.15 per person per day, which is the poverty line recommended for Uganda by the World Bank. The resulting Inclusivity Ratio against the national averages is 0.82 which is slightly higher than the 60dB Health benchmark of 0.74.

Given that most beneficiaries reside in rural areas however, Healthy Entrepreneurs could aim to further its inclusivity by serving the poorest segments in these localities.

CHEs are doing a good job of reaching relatively less-off beneficiaries.

## Income Distribution of Beneficiaries Relative to Uganda Average

% living below \$xx per person / per day (2017 PPP) (n = 266)



#### **Inclusivity Ratio**

Degree that Healthy Entrepreneurs is reaching low-income beneficiaries in Uganda



We calculate the degree to which you are serving low-income beneficiaries compared to the general population.

1 = parity with national average

> 1 = over-serving

<1= under-serving.

See Appendix for calculation.

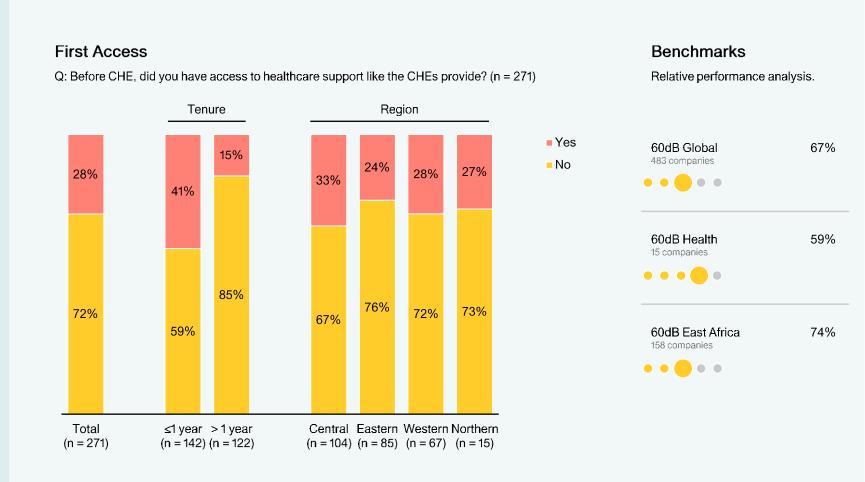
# First Access

60 \_ decibels

72% of beneficiaries are accessing healthcare support like that provided by CHEs for the first time. This is higher than the 60dB Health benchmark of 59%.

The high percentage of beneficiaries who are accessing healthcare support like that provided by their CHE for the first time suggests that Healthy Entrepreneurs' CHEs are catering to an under-served beneficiary base.

Those who have interacted with CHEs for a year or less are more likely to have had prior access to similar healthcare support.



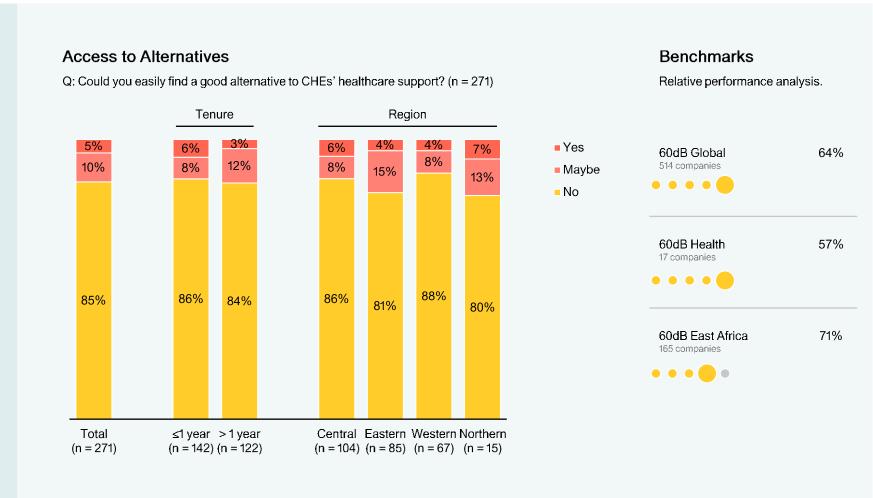
# Availability of Alternatives

The low proportion of beneficiaries with access to good alternatives suggests that the CHEs have a unique offering.

All beneficiaries—regardless of tenure—are equally likely to report lack of access to alternatives. This indicates that despite less tenured beneficiaries having had prior access to other healthcare support (as shown in the previous page) they may not view these other service providers as 'good' alternatives to CHEs.

Female beneficiaries are significantly more likely to not have access to alternatives compared to their male counterparts (91% vs. 80%).

85% of beneficiaries cannot easily find a good alternative to the CHE's healthcare support. This is in the top 20% of 60dB's Health benchmark.



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"My children's health has improved as a result of porridge from the health care support." - Male, 23

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# Access to Healthcare

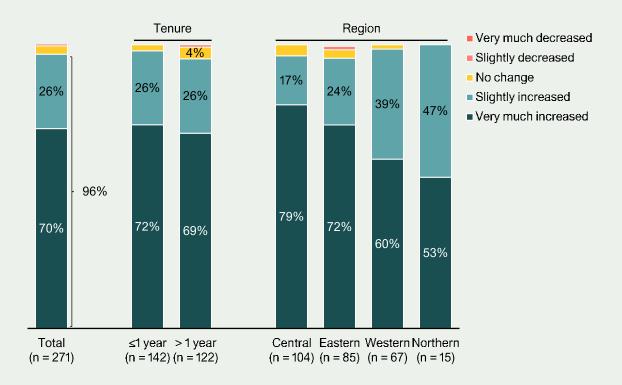
96% of beneficiaries report increase in their access to healthcare providers as a result of CHEs' support. 70% report a significant increase.

Beneficiaries from the Central region are more likely to report that their access to healthcare providers have 'very much increased' compared to other regions.

## Change in Access to Healthcare

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Q: Has how often you are able to access a healthcare provider for check-ups/if you fall ill changed because of CHEs' healthcare support? Has it:



# Quality of Healthcare

95% of beneficiaries report receiving better quality of health services due to CHEs' support.

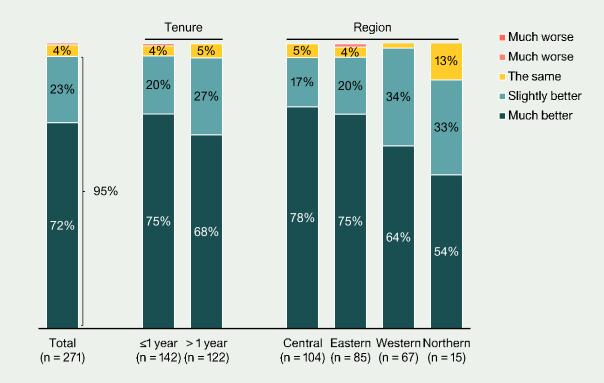
72% of beneficiaries say that CHEs' have helped them access 'much better' health services.

Like what we saw in the previous page, beneficiaries in the Central and Eastern regions are more likely to report access to 'much better' healthcare because of the CHEs' support compared to those in other regions.

## Change in Quality of Healthcare

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Q: Has the quality of the health services you receive changed because of CHEs' support? Has it:



# Treatment: Perceptions of Correctness and Effectiveness

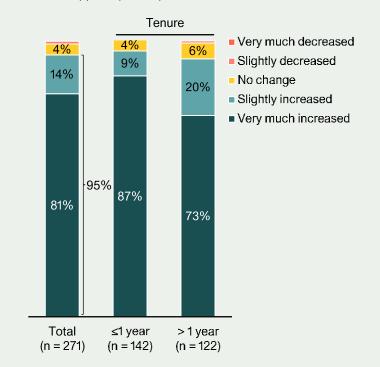
Almost all beneficiaries report an increase in confidence that their condition is being treated with correct, effective, and genuine medication because of the CHEs.

Beneficiaries with a tenure of 1 year or less are more likely to say that their confidence in both the accuracy and the legitimacy of the medication they receive has 'very much increased' compared to those with a tenure of more than 1 year.

There are no significant differences across region for both metrics.

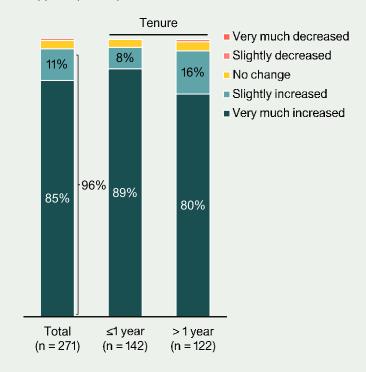
#### Perceived Correctness of Medication

Q: Has your confidence that you are receiving the correct medication to treat your condition changed because of CHEs' support? (n = 271)



### Perceived Legitimacy and Effectiveness

Q: Has your confidence that the medication is genuine and will do what it is supposed to do changed because of CHEs' support? (n = 271)

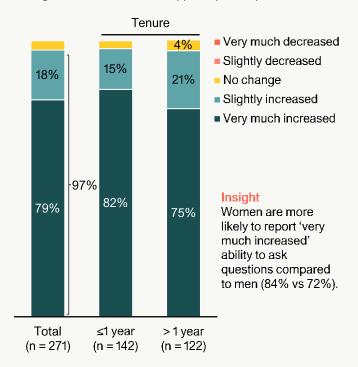


# Treatment: Access, Time Taken & Effort

CHEs' support is increasing beneficiaries' ability to ask questions about their treatment and decreasing the time and effort required to get them their required medication.

#### Access to Treatment Information

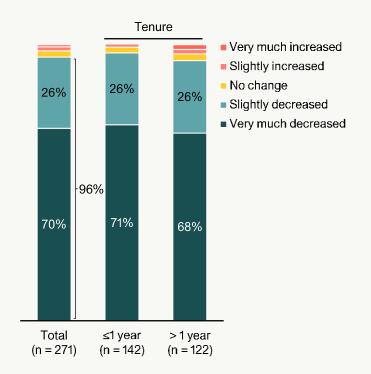
Q: Has your ability to ask questions or get information you would like, about the medication itself or how to take, changed because of CHEs' support? (n = 271)



#### **Treatment Time Taken**

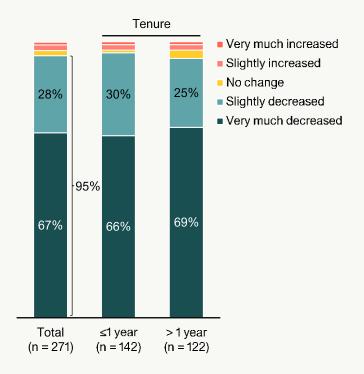
Q: Has there been a change in the time it takes to get the medication you need because of CHEs' support? (n = 271)

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#### Treatment Effort

Q: Has the effort it takes to get the medication you need changed because of CHEs' support? (n = 271)



# Health in Household: Overview

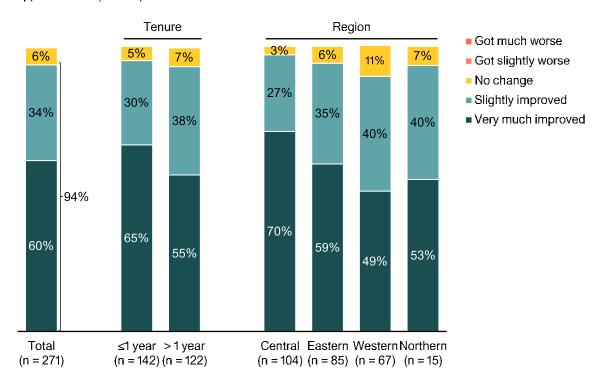
Although not a statistically significant difference, we observe that beneficiaries from the Central region are more likely to report significant improvements in household health are compared to other regions.

Similarly, those with a tenure of 1 year or less are more likely to say that their household's health 'very much improved' compared to beneficiaries with a tenure of more than 1 year.

94% of beneficiaries report improvements in the health household members after availing CHE's support. 60% report significant improvements.

## Change in Household Health

Q: Have you noticed a change in the health of household members since availing CHEs' healthcare support? Has it: (n = 271)



# Health in Household: Top Themes

Beneficiaries were asked to describe – in their own words – the changes they were experiencing in their household health because of CHE's support.

The top outcomes are shown on the right. Others included:

- Increased disease preventive practices (22%)
- Better nutrition (15%)
- Enhanced hygiene practices (12%)

Beneficiaries who report improved household health attribute this improvement to timely treatment of diseases, better management of children's health, and an overall reduction in diseases.

### Top Themes for 94% of Beneficiaries Who Say Household Health Improved

Q: Please explain how the members' health has improved. (n = 255). Open-ended, coded by 60 Decibels.

42% report timely treatment of diseases

(40% of all beneficiaries)

"The rate of sickness in my family has reduced because of their advice. In case of sickness, they give medicine early and this prevents worsening." - Female, 35

37% talk about better managing children's health

(35% of all beneficiaries)

"My children are healthy and fall sick less often because the community health worker trained me on how to handle, feed and take care of them which I was not doing well previously." - Female, 57

36% mention reduction of diseases

(34% of all beneficiaries)

"Since we started sleeping under mosquito nets my child and wife have never suffered from malaria like before. This has brought good health in our family. We are living happily." - Male

# Quality of Life: Overview

With improvements in access to healthcare and overall household health, beneficiaries are experiencing meaningful quality of life improvements.

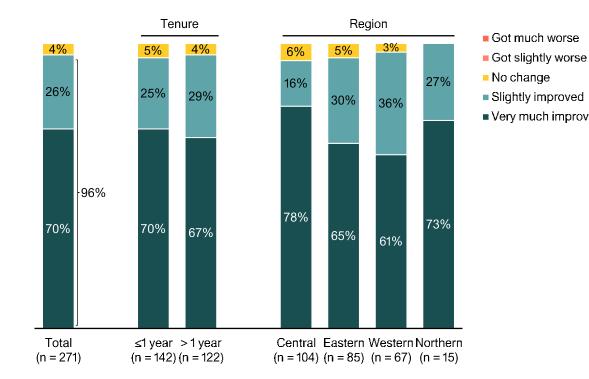
There are no statistically significant differences by tenure, region or gender.

Healthy Entrepreneurs ranks in the top quintile of 60dB's Benchmarks for quality of life. Find out more about what beneficiaries had to say on the next page.

Almost all beneficiaries report an improvement in their quality of life, with 70% reporting significant improvements. This is higher than the 60dB Health Benchmark of 46%.

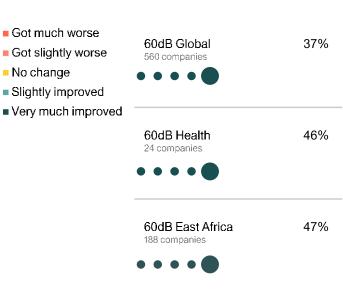
## Change in Quality of Life

Q: Has your quality of life changed because of CHEs' healthcare support? Has it:



#### **Benchmarks**

Relative performance analysis



mention reduced travel to

access healthcare

(28% of all beneficiaries)

29%

# Quality of Life: **Top Outcomes**

The top quality of life outcomes are shown on the right. Others include:

- · Access to emergency healthcare (17%)
- Increased knowledge of good healthcare practices (15%)
- Improved nutrition in children (13%)

Among the beneficiaries reporting 'no change' in their quality of life, the majority talk about lack of healthcare services for adults and unavailability of medicines.

Beneficiaries talk about improved access to medication and lower healthcare expenses as the top drivers of improved quality of life.

## Top Outcomes for 96% of Beneficiaries Who Say Quality of Life Improved

Q: Please explain how your quality of life has improved. (n = 259). Open-ended, coded by 60 Decibels.

| 56% | report improved access to medication (54% of all beneficiaries)       | "The medicine they give is effective and it really works with not many side effects when used rightly. This has helped me and my family live a happy and healthy life." - Female, 35                        |
|-----|---|---|
| 49% | talk about lower healthcare<br>expenses<br>(47% of all beneficiaries) | "I have been able to save money because now medicine are provided by community health workers. This has allowed me to cater for my households needs as well as pay school fees for my children." - Male, 51 |

"I used to travel long distances to access

time consuming. Since CHEs came into our community, my life and that of my family has

improved." - Female, 25

medical care, which was tiresome, expensive and

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"Our community health worker is very trustworthy. She works on time and is always on duty in case of anything. She gives you attention in case you go to her with a medical problem." - Female, 25

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# Challenge Experience: Overview

Beneficiaries who have interacted with CHEs for 1 year or less are more likely to report challenges compared to their tenured counterparts.

Beneficiaries located in Northern [small sample size] and Central Uganda are more likely to report challenges with their CHE, compared to those located in Eastern or Western regions.

The top challenges reported are listed on the next page.

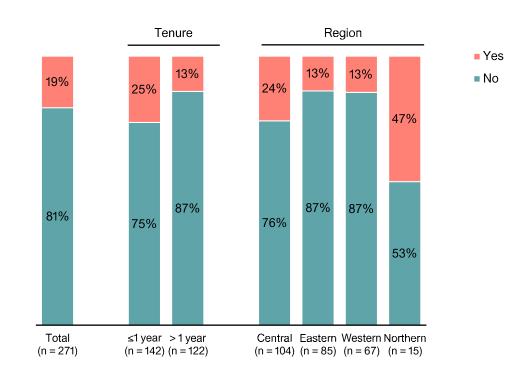
#### Insight

Of those experiencing challenges, 94% say their challenge is yet to be resolved. Consider focusing on challenge resolution mechanisms to strengthen beneficiary satisfaction.

19% of beneficiaries experienced a challenge with their CHE's healthcare support.

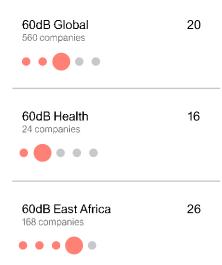
## **Beneficiaries Reporting Challenges**

Q: Have you experienced any challenges with CHE healthcare support? (n = 271)



#### **Benchmarks**

Relative performance analysis.



# Challenge Experience: Top Issues

We ask the challenges question as framed by beneficiary experience rather than fault. Therefore, challenges can sit in three different themes and can be best addressed in different ways. Often the beneficiary (and our Research Assistants) won't know which category the challenge fits into:

- Technical fault there is something wrong with the service.
- · Mismatched expectations the beneficiary says the service isn't working because they expected it to work differently but it is working as intended.
- · Misuse the beneficiary isn't using the product properly; often not deliberately but through lack of awareness/training.

Medicines being out of stock is the top challenge reported by beneficiaries.

## Most Common Issues for 19% of Beneficiaries Who Say They've Experienced a Challenge

Q: Please briefly explain the challenge you have faced. (n = 52). Open-ended, coded by 60 Decibels.

| 64% | mention medicines being out of stock (12% of all beneficiaries)      | "Drugs take a long to be restocked once they are over, and we have to wait for over a week after she (CHE) makes an order." - Female, 25             |
|-----|--|--|
| 33% | talk about limited range of<br>services<br>(6% of all beneficiaries) | "They cannot manage serious illnesses and they end up referring you to the big hospitals or making calls to inquire about what to do."  - Female, 22 |
| 14% | report unaffordable medical costs (3% of all beneficiaries)          | "[CHE] sells the drugs expensively in that that they are almost the same price as clinics." - Male, 34   |

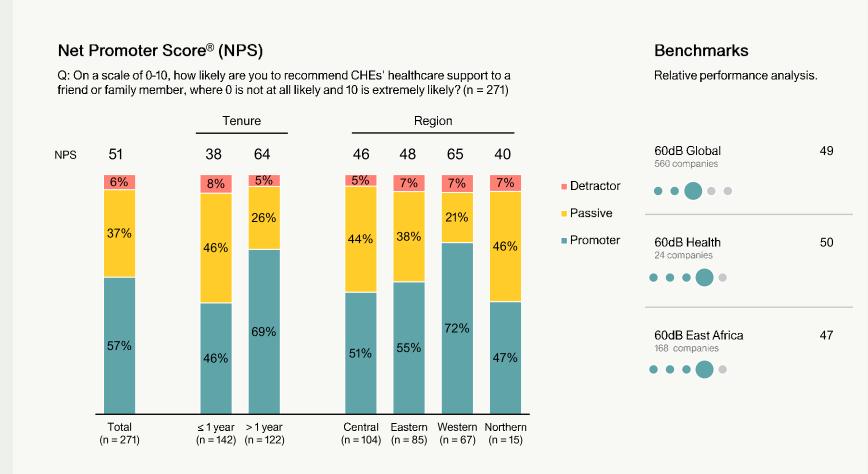
The Net Promoter Score® for CHEs' healthcare support is 51, which is excellent and at par with the 60dB Health Benchmark.

The Net Promoter Score® is a gauge of satisfaction and loyalty. Anything above 50 is considered excellent. A negative score is considered poor.

Tenured beneficiaries are more likely to be satisfied with their CHEs compared to those who have interacted with CHEs for a year or less. This may be partially driven by tenured beneficiaries' challenge experience as seen on page 22.

Similarly, beneficiaries located in the Western region are more satisfied than their counterparts in other regions.

Asking respondents to explain their rating provides insight into what they value and what creates dissatisfaction. These details are on the next page.



# Beneficiary Satisfaction: **NPS Drivers**

Promoters value the affordable medicines and personalized and caring service offered by CHEs. Passives would like to see a larger stock of medicines or resources available.

## 57% are Promoters : )

#### They love:

- Affordable medicines (64% of Promoters / 37% of all beneficiaries)
- 2. Personalized and caring service (39% of Promoters / 22% of all beneficiaries)
- 3. Accessible healthcare (36% of Promoters / 21% of all beneficiaries)

"The prices are very fair, and she cannot give you any drugs without testing your blood. This gives me confidence in her treatment. She is also very cooperative and understanding." - Male, 34

#### Tip:

Highlight the above value drivers in marketing.

### 37% are Passives

#### They like:

- 1. Good quality healthcare (41% of Passives / 15% of all beneficiaries)
- 2. Affordable medication (39% of Passives / 14% of all beneficiaries)

### They want to see:

1. Improved stock of medicines and tools (23% of Passives / 9% of all beneficiaries)

"When they came, they informed us that their medicine was for sale. So, we did not complain because they are of good quality and always readily available at any time one needs it." - Female, 40

#### Tip:

Passives won't actively refer you in the same way that Promoters will.

What would it take to convert them?

## 6% are Detractors

#### They want to see:

- 1. Improved stock of medicines and tools (8 beneficiaries)
- 2. Equitable distribution of healthcare support (3 beneficiaries)
- Increased health education for CHEs. (3 beneficiaries)

"Sometimes you want some medicine, and you can't find them. Secondly, the way the mosquito nets are distributed is not transparent." - Male, 36

#### Tip:

Negative word of mouth is costly.

What's fixable here?

# Beneficiary Suggestions

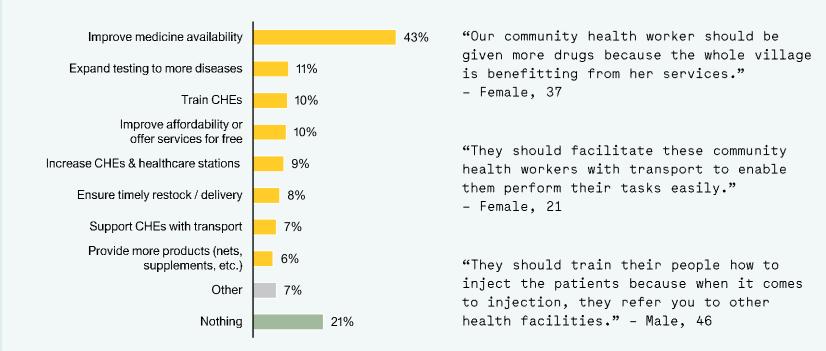
Of the 79% who had a suggestion to share, increasing medicine availability is the top improvement that beneficiaries want to see.

21% of all beneficiaries did not have a particular suggestion for improvement. Suggestions from the remaining 79% of beneficiaries are on the right.

The primary suggestion from beneficiaries aligns with the top challenge reported and the main request from Passives and Detractors. Beneficiaries would like to see an improvement in the stock and availability of medicines.

## Suggested Improvements

Q: What about CHE support can be improved? (n = 271), Open-ended, coded by 60 Decibels.



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"The rate at which my children used to fall sick changed. Now, they are healthy because the community health worker trained me how to handle, feed, and take care of them." - Female, 50

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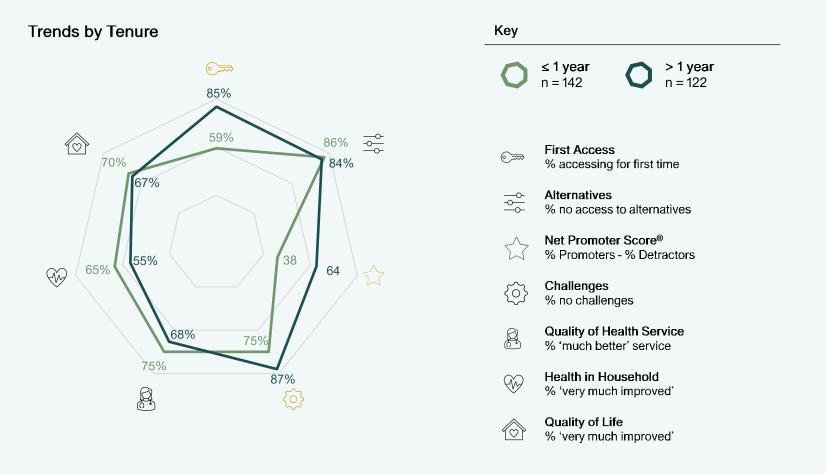
- > Challenge Experience
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- > Tenure Focus
- > Gender Focus
- > Product Focus

We checked for trends by beneficiary tenure across impact and satisfaction metrics.

Metrics that have statistically significant differences by tenure have been highlighted in yellow.



# Gender Focus

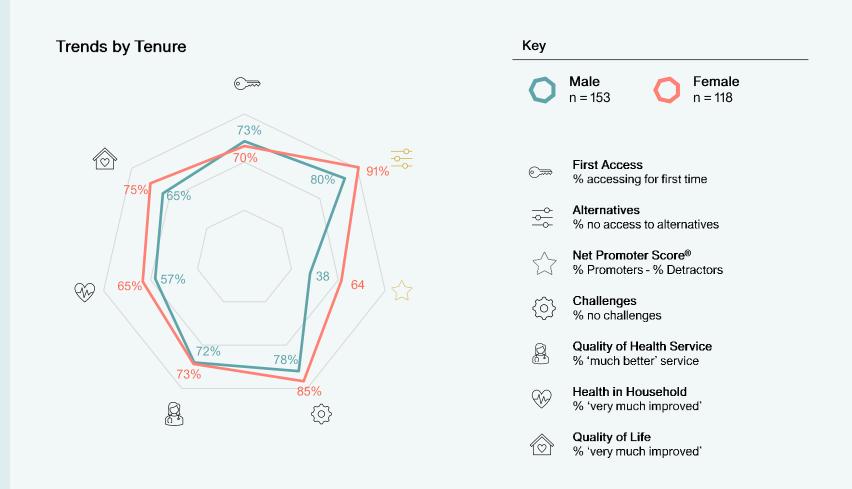
Female beneficiaries report higher satisfaction with the CHEs' healthcare support compared to male beneficiaries.

We checked for trends by gender across impact and satisfaction metrics.

The NPS for female beneficiaries is significantly higher than their male counterparts. This may partially be driven by them not having access to other alternatives to the offering.

Besides the metrics shown to the right, female beneficiaries are also more likely to report 'very much increased' ability to ask questions about their treatment compared to their male counterparts.

Metrics that have statistically significant differences by tenure have been highlighted in yellow.



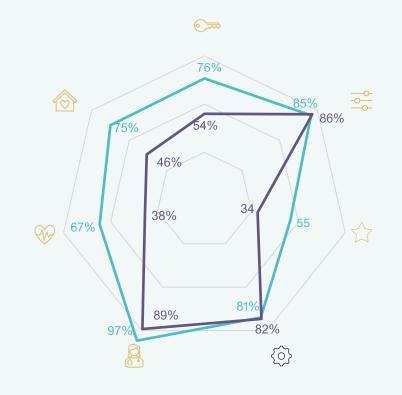
# **Product Focus**

Beneficiaries who received diagnostic or preventive care from CHEs report a deeper impact compared to others.

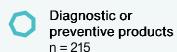
We checked for trends by the type of products the beneficiaries had received—diagnostic tools or nutrition and preventive products vs. other products [medicines, pain relief, hygiene, etc.]. Metrics that have statistically significant differences by have been highlighted in yellow.

Beneficiaries who availed of diagnostic or preventive care from the CHEs are more likely to report 'very much improved' health in their household, quality of life, and access 'much better' service. They are also more satisfied with the service offered and have a higher NPS relative to others.

### Trends by Type of Product Received by Beneficiaries



#### Key





Only other products



First Access % accessing for first time



**Alternatives** 

% no access to alternatives



Net Promoter Score®

% Promoters - % Detractors



Challenges % no challenges



**Quality of Health Service** % 'much better' service



Health in Household % 'very much improved'



Quality of Life % 'very much improved'

# What Next?

...& Appendix

# How to Make the Most of These Insights

Here are ideas for ways to engage your team and use these results to fuel discussion and inform decisions.

Example tweets or Facebook posts to share publicly

- 96% of our beneficiaries say the quality of their lives has improved since accessing CHE healthcare support. "Since CHEs came into our community, my life and that of my family has improved." #ListenBetter with @60\_decibels
- 94% of beneficiaries say the health in their household has improved because of our healthcare support programs. #ListenBetter with @60 decibels

#### What You Could Do Next. An Idea Checklist From Us To You :-)

| Engage             | П | Sometimes the best ideas come from unexpected places!   |
|--------------------|---|---|
| Your Team          |   | Set up team meeting & discuss what's most important, celebrate the positives & identify next steps  |
| Spread The<br>Word |   | Reach a wider audience on social media & show you're invested in your beneficiaries – we've added some example posts on the left  |
| Close The<br>Loop  |   | We recommend posting on social media/website/blasting an SMS saying a 'thank you to everyone who took part in the recent survey with our research partner 60 Decibels, your feedback is valued, and as a result, we'll be working on XYZ' |
|                    |   | After reading this deck, don't forget to let us know what you thought here!   |
|                    |   | Collate ideas from team into action plan including responsibilities   |
| Take Action!       |   | Keep us updated, we'd love to know what changes you make based on these insights  |
| ·                  |   |   |

# Detailed Benchmarking Comparison

Relative to 60dB benchmarks, Healthy Entrepreneurs performs well on impact and experience metrics.

Comparison to benchmarks can be useful to identify where you are underor over-performing versus peers, and help you set targets. We have aligned your results to the <a href="Impact Management Project framework">Impact Management Project framework</a> – see next slide.

Information on the benchmarks is found below:

#### Company Data

# Beneficiaries 271

#### 60dB Global Benchmark

# companies 649 # respondents 147k +

#### 60dB Health Benchmark

# companies 24 # respondents 4900 +

#### 60dB East Africa Benchmark

# companies 188 # respondents 49k+

## Comparison of Company Performance to Selected 60dB Benchmarks

| Dimension    | Indicator  | HE   | Global<br>Benchmark | Health<br>Benchmark | Africa<br>Benchmark |
|--------------|--|------|---------------------|---------------------|---------------------|
| Who          | Inclusivity Ratio                                  | 0.82 | 0.66                | 0.74                | 0.73                |
| 0            | % female   | 44   | 42                  | 75                  | 40                  |
| How Much     | % reporting quality of life very much improved     | 70   | 37                  | 46                  | 47                  |
| =            | % reporting access to much better healthcare       | 72   | -                   | -                   | -                   |
| Ξ            | % reporting health in household very much improved | 60   | -                   | -                   | -                   |
| What Impact  | % reporting better access to medication            | 54   | -                   | -                   | -                   |
|              | % reporting lower healthcare expenses              | 47   | -                   | -                   | -                   |
|              | % reporting reduced travel to access healthcare    | 29   | -                   | -                   | -                   |
| Contribution | % first time accessing service                     | 72   | 67                  | 59                  | 74                  |
| +            | % saying no good alternatives are available        | 85   | 64                  | 57                  | 71                  |
| Risk         | % experiencing challenges                          | 19   | 20                  | 16                  | 26                  |
| Experience   | Net Promoter Score                                 | 51   | 49                  | 50                  | 47                  |

60dR

60dB

60dR Fast

# Impact Management Project

We aligned your results to the Impact Management Project. We're big fans of the IMP – it's a simple, intuitive and complete way of conceptualizing impact.

We take pride in making the data we collect easy to interpret, beautiful to look at, and simple to understand and act upon.

We also align our data with emerging standards of best practice in our space, such as the <a href="Impact">Impact</a> Management Project (IMP).

The IMP introduces five dimensions of impact: Who, What, How Much, Contribution, and Risk.

These dimensions help you check that you haven't missed any ways of thinking about, and ultimately measuring, the positive and negative changes that are occurring as a result of an intervention.

IMPACT MANAGEMENT PROJECT

| Dimension         | Explanation  |
|-------------------|--|
| Who<br>O          | The Who of impact looks at the stakeholders who experience social and environmental outcomes. All things equal, the impact created is greater if a particularly marginalized or underserved group of people is served, or an especially vulnerable part of the planet protected. For the who of impact, we tend to work with our clients to understand poverty levels, gender and disability inclusivity.  |
| What Impact       | What investigates the outcomes the enterprise is contributing to and how material those outcomes are to stakeholders. We collect most of this what data using qualitative questions designed to let customers tell us in their own words the outcomes they experience and which are most important to them.  |
| How Much<br>≣     | How Much looks at the degree of change of any particular outcome.  |
| Contribution<br>+ | Contribution seeks to understand whether an enterprise's and/ or investor's efforts resulted in outcomes that were better than what would have occurred otherwise. In formal evaluation this is often studied using experimental research such as randomised control trials. Given the time and cost of gathering these data, this is not our typical practice. We instead typically ask customers to self-identify the degree to which the changes they experience result from the company in question. We ask customers whether this was the first time they accessed a product of technology like the one from the company, and we ask how easily they could find a good alternative. If a customer is, for the first time, accessing a product they could not easily find elsewhere, we consider that the product or service in question has made a greater contribution to the outcomes we observe. |
| Risk<br>△         | Impact Risk tells us the likelihood that impact will be different than expected. We are admittedly still in the early days of figuring out how best to measure impact risk – it's an especially complex area. That said, where customers experience challenges using their product or service, we do think that this correlates with a higher risk that impact does not happen (i.e. if a product or service is not in use then there's no impact). Hence, we look at challenge rates (the percent of customers who have experienced challenges using a product or service), and resolution rates (the percent of customers who experienced challenges and did not have them resolved) as customer based proxies for impact risk.  |

# Calculations & Definitions

For those who like to geek out, here's a summary of some of the calculations we used in this deck.

| Metric              | Calculation   |
|---------------------|---|
| Net Promoter Score® | The Net Promoter Score is a common gauge of customer loyalty. It is measured through asking customers to rate their likelihood to recommend your service to a friend on a scale of 0 to 10, where 0 is least likely and 10 is most likely. The NPS is the % of customers rating 9 or 10 out of 10 ('Promoters') minus the % of customers rating 0 to 6 out of 10 ('Detractors'). Those rating 7 or 8 are considered 'Passives'. |
| Inclusivity Ratio   | The Inclusivity Ratio is a metric developed by 60 Decibels to estimate the degree to which an enterprise is reaching less well-off customers. It is calculated by taking the average of Company % / National %, at the \$2.15, \$3.65 & \$6.85 lines for low-middle income countries. The formula is:   |
|                     | $\sum_{x=1}^{3} \frac{([Company] \ Poverty \ Line \ \$x)}{(Country \ Poverty \ Line \ \$x)} / 3$  |

# Methodology

271 phone interviews completed in December 2023 -January 2024.

Methodology

Survey mode

Country

Language

Phone

Uganda

English, Luganda, Runyankole,

Rufumbira

Dates January 2024

Random sample of 271

beneficiaries from a database of Sampling

597 beneficiaries shared by

**Healthy Entrepreneurs** 

Response rate 64%

Average time p/interview 20 mins

**Responses Collected** 

Beneficiaries 271 Accuracy

Confidence Level

~5%

~90%

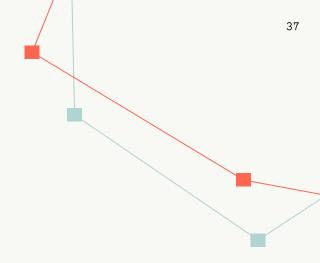
Margin of Error

With Us!

Thank You For Working

Lean Data Insights For Healthy Entrepreneurs

Let's do it again sometime.



#### **About 60 Decibels**

60 Decibels makes it easy to listen to the people who matter most. 60 Decibels is an impact measurement company that helps organizations around the world better understand their clients, suppliers, and customers. Its proprietary approach, Lean Data, brings customercentricity, speed and responsiveness to impact measurement.

60 Decibels has a network of 1300+ trained Lean Data researchers in 80+ countries who speak directly to customers to understand their lived experience. By combining voice, SMS, and other technologies to collect data remotely with proprietary survey tools, 60 Decibels helps clients listen more effectively and benchmark their social performance against their peers.

60 Decibels has offices in London, Nairobi, New York, and Bengaluru. To learn more, visit 60decibels.com.

We are proud to be a Climate Positive company.



#### Your Feedback

We'd love to hear your feedback on the 60dB process; take 5 minutes to fill out our feedback survey here!

### Acknowledgements

Thank you to Dean Luyinda, Juliette van Halst, and Stefan Wilhelm for their support throughout the project. This work was generously sponsored by Bayer Foundation.

My family is living a healthy life.

They no longer fall as sick.

We no longer fall sick so often because we learnt to

- > keep good hygiene
- > sleep under mosquito nets
- > eat healthy
- > and get quick medication.

## Project Team

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