

Living Goods Replication and Influence Strategy - DRAFT September 2014

Scaling Impact by Leveraging Operating Partnerships, Collaborating with Governments, and Influencing Major Funders and Thought Leaders in Community Health

Introduction

From the very start, Living Goods has aimed to drive impact at a societal scale. This vision carries with it three vital imperatives enshrined in our guiding principles:

- 1) **Impact:** We must deliver meaningful impact for families in need, focusing on child health
- 2) **Sustainability:** We must be highly financially sustainable – as impact without sustainability cannot scale or endure.
- 3) **Partnership /Influence:** We can't do it alone. To move mountains, we must collaborate effectively with the largest and best institutions in society.

LG aims to improve the health and wealth 50 million people in need over the next 10 years. To reach that scale we must continue to grow and improve our own operations, but more importantly, we must help others learn from and adapt our proven model. Over 100 organizations have already asked for our help. Now the recently completed randomized control trial (RCT) provides compelling evidence the LG model is saving lives, and when the results become public, we expect to see an even greater wave of interest in replication. The time is now to seize the agenda. We must start planning now to maximize the potential for growing and spreading our impact. Our path to success will require changing the way local governments, the biggest NGOs, and major public and private funders plan, finance and deliver community health. Our shared success will help the biggest funders of public health to achieve the greatest return, measured in lives saved, for their limited resources. This note outlines our strategy for scaling impact through two pillars: influence and smart partnerships.

We plan to help launch replications of our model in two to four countries in the next three years, with the aim of reaching three to five million people in each country, or a total of over 10 million served. To succeed in each replication country we must have four solid legs to support the table:

- 1) A highly capable operating partner – with strong management chops
- 3) A supportive, engaged local government
- 2) The right financing
- 4) The Living Goods model and advisory team

Living Goods has ample skills and capacity to manage large, complex partnerships and collaborate effectively with government structures. Big partnerships are core to our DNA as LG started as a collaboration with BRAC in Uganda. Over the last five years we have learned much from, and with, BRAC. We have overcome challenges large and small, and made continuous course corrections. In doing so we have learned how to support and influence one of the largest NGOs in the world. We have also collaborated diligently and successfully with the Uganda Ministry of Health at both the national and local level. We have earned of the trust of key officials, won permission to expand the range of regulated products we offer, and responded deftly to regulatory challenges. In addition to BRAC, Living Goods has helped three other major multi-national NGOs pilot variations of the Living Goods model: Population Services International, The Clinton Foundation and Marie Stopes. To support these and future collaborations we have created a separate, robust division to drive our influence and partnerships strategy. We have assembled a highly capable five-person team with deep experience across public health, business, partnerships, consulting, and communications (see appendix for bios). Over time we seek to make the partnership function itself financially sustaining with advisory fees paid by partner projects. In the near term, we seek funding to cover the costs of the team to build the pipeline of for new projects.

To achieve scale through partnerships, Living Goods proposes creating a **Community Health Promoter Model Replication Fund** to finance the design and scale-up of this model through partnerships in new

countries. We estimate it will cost approximately \$10-15 million per country to fund initial implementation and scale up. We seek seed funding of \$5 million of co-financing per country for up to three new country CHP platforms – a total commitment of \$15 million. These funds will be releasable only when three key conditions are in place:

- 1) LG and BRAC are meeting agreed milestones for the Uganda scale up
- 2) The funder(s) and Living Goods are aligned on new country and partner selection
- 3) The four requirements for success are in place for a given country: a strong implementing partner, solid collaboration with government, substantial matching funding from new sources, and LG's capacity to support the partnership

Securing commitment for such a fund up front will increase the odds of attracting the best partners and co-funders, and importantly, speed the process for approving and launching replication sites. This presents effectively a no cost 'option' for CIFF – approving the fund costs nothing today, but will help generate options for CIFF to invest in projects with big potential in the future. Clearly this endeavor is no small task, and is not without risks. There are executional risks, financing risks, political and regulatory risks. Our plans must account for and plan to mitigate these risks. Together we are pursuing great change at great scale, and bold changes rarely come without risk.

Influence Strategy

The Living Goods model represents a substantially new approach to community health that combines the best practices from public health and business, providing powerful incentives to community health workers. For our replication plan to succeed at scale will require persuading leaders across sectors to open up to new ideas and ways of working. To build this crucial support we plan to carry out a well-targeted influence and communication effort. Our influence plan targets the following key constituents: the major bi-lateral, multi-lateral and foundation funders, program leaders from the top global NGOs working in community health, ministries of health in our target countries, and leading academics and consultants working in the field. For the past three years we have been building relationships with many of these key actors. To support the effort, and to create a pipeline of real replication opportunities, LG has been growing a comprehensive network and database (using Salesforce) of the key leaders in each of these fields. The database already has over 4,000 contacts across hundreds of organizations and entities. Our go forward influence and communications plan will include:

- One-on-One meetings
- Workshops and Convenings
- Immersive field visits to Uganda
- Public Relations
- Digital Tools: Email, Blogging, and Social Media

The publication of the RCT results by our research partners at J-PAL represents a major opportunity to bring attention to the LG model and get key players to the table. LG will plan a substantial communications effort to publicize the results using all of the above tools.

Replication Approach

The following sections outline how Living Goods will implement the replication and partnership strategy. The key elements of the process include:

- 1) Rigorous screening of potential replication countries and partners
- 2) Creating partnerships for success by aligning operating partners, local governments, and co-funders
- 3) In each country we start with program design, move to pilot and refining stage, then to scale up.

Country Selection and Collaboration

The process of picking countries and partners go hand in hand. We must have a strong fit on both partner and country to win. We created our first country screen well before we launched in Uganda in 2008. We have continually refined the country criteria since. In short, we look for countries with high under-5

mortality rates, large populations to drive impact and economy of scale, cooperative stable governments, and just enough family spending power to support sustainability.

Firm support and collaboration with government is a vital foundation for success. Living Goods brings new and different ways of working that may be challenging to many. We won't win over everyone from day one. So we need a few champions in local ministries of health who can help remove barriers, and win over reluctant bureaucrats. Successful government collaboration also requires building strong relationships at all levels – ministers, yes, but also department heads, district managers, and village leaders. The LG model must fit sensibly into the current landscape of CHW strategies, bi-lateral donor initiatives and existing NGO health worker programs. Wherever possible we hope to modify and improve existing platforms, and help drive expanded coverage. As noted above, LG will make a concerted effort to engage and advise the major bi-lateral and multilateral funders to align their evolving strategies and funding priorities to support impactful, integrated and sustainable approaches like ours. To succeed at that, we must work closely with these key funders at both the mission, and head office levels.

In Uganda LG's success grew in a context of a 'weak but willing' health system – i.e. where government is failing to deliver adequate community health services, but open to try new approaches. We are focusing our selection now on the many countries with a similar context. At the same time, Living Goods is also open to advise governments that are 'strong and willing' – ie where capable health leaders are rolling out well-managed CHW systems at scale, but where LG's successful approach can help deepen impacts, and improve much-needed financial sustainability.

It is also important in particular to have permission for CHWs to dispense the medicines needed to defeat the biggest killers of young children (e.g. where countries embrace CHW led ICCM). In some places where this model can make a big difference, current policies may not be open enough. So at times, we may have to be patient, start small, and demonstrate the quality and effectiveness of the model, in order to get governments to adapt and open their policies. In fact, that is very much the path that led to LG's success in Uganda.

Of course, the strong RCT result in Uganda does not guarantee the model will work elsewhere. So to maximize the odds of success, we are looking for countries (or large enough regions within a country) that match, as closely as possible, the parameters in which the LG model is working. The table below outlines our key criteria and we include an appendix with detailed data on each factor.

Category	Factors / Metrics	Notes
Need / Impact	<ul style="list-style-type: none"> • Under-5 Mortality Rate • Total Under-5 Mortality • Total Population 	<ul style="list-style-type: none"> • <5 Mortality rate over 50/1000; • Causes can be addressed by para-skilled CHPs - malaria, diarrhea, ARI, neonatal. • High counterfeit drug rates, high drug prices • Low penetration of filters, stoves and solar lights
Policy and Governance	<ul style="list-style-type: none"> • Support from MoH • Openness to NGO partners • Security 	<ul style="list-style-type: none"> • Health leaders who are open to experimenting with partners on new approaches. • Permission for CHWs to offer key regulated products in areas of maximum impact. • Sensible fit in CHW strategies and programs • Buy in from other major health donors and stakeholders • Absence of high security risk: e.g. civil war, unchecked terrorist activity
Economics / Sustainability	<ul style="list-style-type: none"> • Out-of-pocket spending per capita 	<ul style="list-style-type: none"> • Reasonable purchasing power. Even in poor countries like Uganda, the avg family can

	<ul style="list-style-type: none"> • GNI/Capita • Total Population • Population Density • Growth Rate 	<ul style="list-style-type: none"> • spend 20%+ of their income on health. • Countries over 15 million in population will be easier to achieve economy of scale AND large impact. • Higher population density lowers distribution and other field costs, and increases agent income potential.
Current Partner Presence	<ul style="list-style-type: none"> • PSI, BRAC, Clinton Foundation, Marie Stopes, Etc 	<ul style="list-style-type: none"> • Building on the trust and know how of current relationships can speed implementation and improve the odds of success • See appendix for matrix of partner presence by country.

Based on the criteria above, **countries emerging on our short list of possible priorities include Nigeria, India, Ghana, Zambia, Kenya and Myanmar.** Given the size and regional diversity in Nigeria and India, we are focusing down on specific states where our model has the best chances for success. For Nigeria, the short list states include Ondo, Ogun, Ekiti and Osun in the Southwest. In India we are looking closely at Bihar, Uttar Pradesh, and Madhya Pradesh, among others. LG is assessing fit and partnership opportunities in several other countries as well, among them: Tanzania, Senegal, Ethiopia, Malawi, Madagascar, Pakistan, Nepal, and Bangladesh.

Partner Selection

The influence and communications plan builds awareness, interest and leads. The next task is to convert that interest into real projects with potential for big impact. Living Goods will be highly selective, focusing our replication bets on strong, aligned partners with whom we can structure high-engagement collaborations in attractive countries. We review all partnership opportunities against the following key criteria:

- **Strong Teams:** We look for strong leaders and teams with proven execution ability, private sector experience, and senior level buy-in. Having a solid, senior internal champion is vital.
- **Impact Alignment:** We look for organizations focusing impact on reducing under 5 mortality. Our partners must be highly aligned with LG impact goals, and committed to increasing access to impactful products and services, measured in a rigorous manner.
- **Commitment to Sustainability:** Partners must be focused on cost-effectiveness and long-term sustainability. This will typically mean commitments to a business/ market mind set, to charging for most products and services, making some margin to cover operating costs, avoiding non-sustainable product subsidies, and of course, a tight control on costs.
- **Ability and Ambition to Scale:** We seek out partners with the ability to scale nationally. We see particularly big potential with multi-national INGOs who can expand from a successful roll-out in one country, to multiple countries within their networks. Among the INGOs, those with stronger central strategic planning and greater program consistency across countries may have greater leverage potential (eg BRAC). We aim to reach 3-5 million served in each country.
- **Access to Funding:** We aim to partner with organizations with proven success winning and implementing large projects funded by bilateral, multilateral, and private sources. In the best cases partners will already have funding sources available or targeted.
- **Good Government Collaboration:** Partners must have solid working relationships with local government. Proven ability to help shape community health policy will be a major plus.

Key Learnings from Living Goods first Partnerships

From our early experiments in partnering with BRAC, Marie Stopes and others, we gleaned many key learnings: quality and professionalism of the ground team is paramount to success, short-term light touch projects don't lead to big, long-term wins, and high alignment on key outcomes is critical. Thus, going

forward we intend to build partnership replications with clear and close alignment on the key outcomes, and where LG commits to high engagement support over two to four years from design through scale up. While accounting for differences in context, we will endeavor to make each replication follow as closely as possible the program elements that are driving the success proven in Uganda. Below is a quick overview of some of the key learnings from the partners we have supported the last several years

Set Up

- Set clear, ambitious goals for impact, sustainability and scale.
- Ensure there is strong alignment among all the players. Focus on opportunities that are close replications of the success in Uganda and take most advantage of what has made LG work, especially in light the clear results of the RCT. But also accept that partnerships in new places will never become exact duplicates of the Uganda operation.

Government Context

- Clear support and buy-in from government is critical. You need a few key champions. But you don't necessarily need wholesale conversion to the LG mode at the outset. Starting small, and somewhat under the radar, is less threatening and gives you time to build support and enthusiasm.
- Health and tax regulations can change quickly – either in your favor or against it. Stay closely tuned to policy changes and be ready to react quickly.
- Government officials and leaders change often. So it's important to build relationships and trust with new leaders. Be wary of the 'not-invented-here' syndrome.
- The bigger you get the more attention you attract, and the more vested interests may try to undermine the program. ("If they are shooting at you, you must doing something right"). So government relations become more important as you grow.

Partner Capacity and Mindset

- Execution is everything. Without capable leadership and strong management teams to run the operations – the program will never thrive. We must place topmost emphasis on selecting partners that have strong management chops, and prioritize helping them recruit top talent.
- Partners in the replication must have openness, and preferably significant experience, with revenue-generating approaches. Some private sector experience on the local senior team is vital.
- You need to build buy-in at all levels of the partner who will be involved in the collaboration. The longer the tenure of staff, the greater resistance to change.

Mode of Engagement

- We have tried some light-touch, short-term engagements. Not surprisingly, these have not lead to big wins (thought they did not cost much either). Our most successful partnership is with BRAC where have worked side by side for in country for five years. So, going forward we seek high engagement, long-term collaborations, with significant time on the ground.
- Our most successful partnership is also one in which the project funding flowed through Living Goods. This clearly made the partner more accountable for results, more motivated in the partnership, and more engaged. It also gives LG greater control where and when needed.
- There is no limit to what you can accomplish when you give the credit to others.

Country Implementation Process

A typical replication effort will span three phases:

1) Planning and Design

- a. Build alignment and ongoing cooperation with key government partners
- b. Clarify key impact outcomes and metrics based on local health needs
- c. Decide on initial products and services mix
- d. Build financial model and set clear sustainability goals

- e. Hire key staff as needed
- f. Adapt key systems and program elements: branding, agent recruiting and selection, agent finance, agent tool kits, training, inventory and supply chain systems, pricing, BCC and agent marketing tools, mobile tools (where appropriate), performance management, data collection / M&E, and accounting
- g. Create pilot work plan and approach for quickly testing, learning and improving. Set clear performance milestones to be met prior to scale up.

2) Pilot and Iteration

- a. Hire and train field staff
- b. Source products
- c. Recruit, train and support pilot cohorts of Community Health Promoters
- d. Track results and make rapid changes to improve health and sustainability metrics
- e. Develop scale up plan
- f. Secure co-funding to support reaching 3-5 million people

3) Scale Up

- a. Hire and field staff to support scaling
- b. Ensure key systems are ready for growth, especially procurement, data collection, ICT/mobile, HR, accounting/controls, etc
- c. Hit the gas
- d. ...Continue innovation, testing, and improvement

Update on Current Partnerships

Living Goods has helped six organizations in the last two years, of which three, BRAC, PSI and MSI, show promise for 2014 and beyond based on clear alignment, mutual interest, and mapping to high potential countries. We are actively exploring opportunities with these current partners across a variety of countries. Here are brief overviews of our two most active partners, BRAC and PSI:

BRAC	
Global Budget	US\$700+ million
Total Countries of Operation	11 operating countries
Existing CHW/Franchise Networks	Over 100,000 health volunteers in Bangladesh Uganda – 700 LG CHPs + ~1300 more partially equipped Afghanistan – 2000+ CHPS Pakistan - ~300+ CHPs (to be updated) Liberia - ~500 CHPs Sierra Leone – ~500 CHPs
Current Status of Engagement(s)	Existing Uganda partnership ending mid-2014; seeking additional funding for Uganda scale up; exploring new country opportunities now
Priority Partnership Countries	Bangladesh, Myanmar, Pakistan
Partnership Budget	Uganda - ~\$4.2 million per year for scale up
<p>Since 2008, BRAC and Living Goods have partnered in Uganda to build a network of entrepreneurial Community Health Promoters, leveraging BRACs vast experience in microfinance and health. CIFF became an anchor funder and key thought partner for this initiative beginning in 2010. Living Goods and BRAC are continuing to partner to expand the strong health results evidenced by the RCT and focus on strategies to improve sustainability. BRAC and LG currently collaborate on 24 branches supporting 700 CHPs. The next phase of the partnership envisions scaling to 128 branches, supporting over 4,000 CHPs reaching three million people in need.</p> <p>BRAC and LG are exploring expanding their partnership to other BRAC countries. BRAC has just launched microfinance activities in Myanmar and would like to add on a health component. As Living Goods is</p>	

already supporting PSI in Myanmar this could be efficient. BRAC has previously asked for help from LG to support and expand their CHP networks in Sierra Leone and Liberia. Both countries have significant under-5 mortality, but both have quite small populations, limiting impact and cost efficiency, and low personal spending levels that would limit cost recovery. Of course, the biggest opportunity with BRAC is its home country of Bangladesh where they support over 100,000 health volunteers (Shastho Shebikas). BRAC's Bangladesh health programs are broad and deep, successful on many levels, and with funding support in the tens of millions. With a population of 160 million there are likely regions in Bangladesh where applying the Uganda model could significantly improve sustainability and drive more focused, significant health outcomes.

Population Services Intl	
Global Budget	US\$546.4 million
Total Countries of Operation	69 countries with offices in Washington and Amsterdam
Existing CHW/Franchise Networks	Operates social franchise networks in over 21 countries in Africa, Asia and Latin America
Current Status of Engagement	In 2013 LG helped PSI Mozambique adapt elements of the LG model to support a B2B distribution for health commodities. In 2014 PSI Myanmar won a \$8 million grant from the 3MDG Fund (www.3mdg.org) to improve community health and asked LG to help them adapt our model there. More below
Priority Partnership Countries	Myanmar, India
Timing of Existing Partnership	Myanmar pilot through 2016, with plans to scale-up mid-2015
<p>PSI Myanmar recently won an \$8 million three-year grant from the 3MDG fund. The 3MDG Fund is financed by seven major donors, committing over US\$330 million from 2012 to 2016, with significant investment going to Maternal, Newborn and Child Health. Under this award PSI Myanmar asked Living Goods for help developing a cost effective network of community health entrepreneurs. PSI Myanmar currently operates the Sun Quality Health network of over 300 social franchised health clinics and the Sun Primary Health network of over 2,000 community health workers, supporting reproductive health, malaria, diarrhea and WASH activities. Living Goods is providing high-touch technical assistance to PSI to design and implement a replication of our Uganda model beginning in two townships in Myanmar. PSI sees near-term potential to test in additional sites and opportunity to rapidly scale thereafter. The contract with PSI provides roughly \$200,000 for LG technical assistance over three years – this amount covers most, but not all of LG's costs.</p> <p>Through our support, PSI will test new innovative ways to increase cost-effectiveness and health impact. If the pilot achieves its goals, PSI Myanmar's management hopes to scale in Myanmar by replacing its highly subsidized national Sun Primary Health Network, and creating a best practice model for PSI to replicate across country platforms globally. A full scale up in Myanmar will most likely require additional funding.</p> <p>Living Goods enjoys a close collaborative relationship with the CEO and senior PSI execs. PSI leaders are actively looking across its network for other counties to adapt the LG model, and there is preliminary interest from their India team.</p>	

Partnership Pipeline

Living Goods is developing a robust pipeline of highly aligned partnerships opportunities. The table below lists just some prospective well-aligned partners for Living Goods. We are actively engaging these potential partners to better understand the scope of current activities, confirm alignment, and learn more about what partnerships could look like. The field of potential partners is very broad and these examples represent just a

preliminary view. We are seeking input from all our stakeholders to both expand and refine the opportunity set.

CARE – Potential Partner	
Global Budget	US\$832 million
Total Countries of Operation	87 countries with 14 international affiliates
Existing CHW Networks	CHW and behavior change programs for MNCH and HIV in over 40 countries
Priority Country(s)	Zambia, others TBD
Current Status	We are in active discussions on an advisory proposal with Dennis O'Brien, Care Zambia's Country Director.
<p>CARE is one of the largest global NGOs working in public health. A few years ago CARE set a strategic imperative to develop and scale more sustainable, less donor dependent models delivering impacts in health and livelihoods. They created a CARE Enterprises unit to help drive this plan. Two years ago Living Goods was asked to present its model to the CARE board of directors as an exemplar. We have been in a dialog since looking for the right country team to partner with. Recently CARE Zambia approached LG for help. The Zambia team operates a volunteer 2000 agent CHW network as a part of the USAID-funded Partnership for Integrated Social Marketing Program (PRISM). The CHWs are not having the impact CARE needs, and the platform is costly and has high turnover. Care Zambia would like to try to scale a more effective entrepreneurial model throughout their whole CHW network within a three year time period, with a focus on health impact. The current USAID project finishes in 2014, but CARE is expecting a short extension. Care Zambia is actively preparing for the re-bid with Society for Family Health (SFH) Zambia, Jhpeigo, and some local NGOs in Zambia and feels well positioned. They are actively seeking funding from additional sources as well.</p>	

Society for Family Health (SFH) Nigeria - Potential Partner	
Global Budget	SFH Nigeria has an annual operating budget of US\$60 million
Total Countries of Operation	25 regional offices in Nigeria; other local-run affiliates in Namibia, South Africa, and Zambia
Existing CHW/Franchise Networks	Runs a volunteer CHW network and uses social marketing promoters for malaria, RH, and WASH. Also support traditional birth attendants.
Priority Country(s)	Nigeria, potentially Zambia
Current Status of Engagement(s)	Exploratory phase, follow up call scheduled
<p>PSI serves as a founding partner to a large number of public health-focused national NGOs, each called Society for Family Health (SFH). They employ a similar social marketing approach as PSI, and use networks of promoters trained on RH, WASH, malaria, HIV who provide community education/ BCC, and refer up to clinics. They also support TBAs. PSI's biggest success in developing national capacity and impact is SFH in Nigeria. SFH Nigeria has an annual budget of approximately \$60 million, more than 350 local staff and 17 satellite offices, and receives direct funding from USAID, DFID, Gates, Global Fund, major oil companies (Shell, Exxon, etc.) and private donors. Our dialog is very preliminary at this stage. Govt of Nigeria has stricter guidelines around scope and training for CHWs than Uganda. Still gauging the fit. Follow up call scheduled.</p>	

Save the Children - Potential Partner	
Global Budget	US\$1.9 billion
Total Countries of Operation	120 countries with 30 international affiliates
Existing CHW/Franchise Networks	CHW and promoter programs in 25 countries
Priority Countries	Focus on 10-12 highest burden countries including Bangladesh,

	India, Nepal
Current Status of Engagement(s)	In dialog with Save US leadership to develop pilot with their Child Sponsorship and Frontline Health Workers programs
<p>Chuck met head Save the Children International, Jasmine Whitbread, through the World Economic Forum. Jasmine connected us to Carolyn Miles, CEO of Save US, the largest donor affiliate. Carolyn is looking for more sustainable, impactful approaches to community health. She is keen on the LG model. Over the last five years Save re-organized to create more a central, focused and globally coordinated strategic planning system. They are focusing on 10 priority countries with the highest child and maternal mortality, and are heavily involved in the Frontline Health Workers project with funding from BMGF, USAID and DFID. They plan to use some undesignated money from child sponsorship to test new more sustainable approaches. Carolyn directed LG to work with Earl Moran to develop ideas for a pilot.</p>	

Plan International / NU-HITES Uganda - Potential Partner

Plan International implements the \$50 million USAID-funded Northern Uganda – Health Integration to Enhance Services (NU-HITES) project. NU-HITES works to increase communities’ use of quality health services and the facility and community level and to strengthen health systems in 15 districts in northern Uganda. The project is about a year and half into its five-year life and is experiencing challenges at the community level. USAID Uganda asked LG to help Plan apply its model as an experiment to strengthen the Uganda government village health teams (VHTs) in one sub district. NU-HITES project’s funds are all already allocated, so Plan will not fund LG directly. LG would use existing funds to open a branch in the Lira area and take over ~150 VHTs to start. This presents an opportunity to partner more directly with USAID and the Government of Uganda and could demonstrate a more integrated modus for future partnerships. We are in dialog on a MOU and a test is tentatively planned for fall 2014.

Budget

To serve our current partnerships with BRAC and PSI, continue building the pipeline of new partnership opportunities, and invest in our targeted communications and influence strategy LG needs a core team and budget. To date we have financed this from undesignated sources. The approximate budget for the partnership/influence team in 2015 is \$900,000. This includes four full time consultant/advisors, allocations for our communications and business development staff, travel and marketing. We will endeavor to earn at least a third of this cost back in fees next year, leaving a net funding need of around \$600,000 for 2015. Given the potential scale of impact that can come from these global partners, this function may easily deliver the highest social return on investment of anything Living Goods does.

Next Steps - Mapping the Way Forward

- Research and due diligence on potential countries including field visits
- Ongoing research and dialog on potential new country partnerships to hone in on best fit opportunities, focusing first on BRAC, PSI and CARE.
- Dialog with the LG board and key stakeholders to get input on the evolving strategy and specific opportunities
- Continue pilot program with PSI in Myanmar. Scope out what a scale up would look like and cost.
- Initiate communication planning to maximize the opportunity around publication of RCT results. Hiring a new Director of Communications to drive this.

Molly Christiansen, Director of Advocacy & Influence

Molly has been with the LG team from nearly the start. She brings over ten years of experience in public health, international development, and social enterprise to her work at Living Goods. She developed social impact assessments for Vision Spring and Hindustan Lever Limited's Project Shakti, and conducted diligence on Acumen Fund's health and water investments. Before graduate school, she directed community development programs for ProWorld in Peru and managed a rural sanitation program in Mexico. Molly earned an MBA and MPH from the University of Michigan, where she focused on market-based solutions for poverty alleviation and global health. She graduated Magna Cum Laude from Brown University with a BA in Community Health.

Jack Castle, Partnerships Manager

Jack comes to Living Goods with a wide range of experience in the private and non-profit sectors, working on issues related to finance, policy, advisory and public health. Jack started his career in investment banking at Citigroup in New York. Jack then began working with the Clinton Health Access Initiative (CHAI) in Zambia, where he advised the Ministry of Health on their strategic planning processes, a national public health insurance scheme, and efforts to achieve value for money in the health sector. Jack also worked on CHAI's Global Health Financing team, providing policy advice and financial analysis supporting governments across eight countries in sub-Saharan Africa. Jack has a BS in Applied Economics from Cornell, where he specialized in finance and international development.

Carey Carpenter, Partnerships Associate

Carey brings management consulting experience in strategy and operations to her Partnerships role at Living Goods. She began her career with Deloitte Consulting, where her projects included improving product visibility through the last mile at the United States Postal Service, supporting major corporate reform initiatives at World Bank Headquarters, and helping to design and implement an end-to-end supply chain transformation strategy for the Central Medical Stores in Mozambique. Before Deloitte, Carey led multiple research projects on social and economic issues in Brazil and gained firsthand knowledge of public policy while interning for the United States Senate. Carey graduated Summa Cum Laude from Wake Forest University.

Rashmi Pillai, Director of Strategic Partnerships

Rashmi joins Living Goods in June 2014 just having completed her Master's in Public Policy at Harvard's Kennedy School of Government. Prior to that, she worked for six years at Intellectap as Associate Vice President for the Initiatives Group, where she co-founded the very successful Sankalp Forum – an impact investment platform for social enterprises including 400 MSMEs and 250 investors, and successfully positioned Sankalp as a leading national and global brand. Previously, she headed the research and documentation team working on maternal and child health for MARAG-CRY in India. In addition to her Master's degree, Rashmi holds an MSc, MS, and BSc in Physics.

Lisa McCandless, Director of Business Development

Before joining Living Goods, Lisa spent five years at Chemonics International Inc., leading strategy and design for large-scale development projects in Africa across all technical areas, including global health, agricultural development, and economic growth. As Director of Business Development in East Africa, she managed relationships with donors, implementation partners, foreign governments, and the private sector. She secured numerous USAID funding opportunities up to \$50 million in value. Prior to Chemonics, Lisa coordinated programs for PlayPumps International and Save the Children. Lisa holds a BA in International Development Studies from the University of California, Los Angeles.

Director of Communications, TBD