

A conversation with Svetha Janumpalli and Patrick Stadler, December 16, 2016

Participants

- Svetha Janumpalli – Founder and Chief Executive Officer, New Incentives
- Patrick Stadler – Chief Strategy Officer, New Incentives
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Svetha Janumpalli and Patrick Stadler.

Summary

GiveWell spoke with Ms. Janumpalli and Mr. Stadler as part of an analysis of New Incentives. Conversation topics included an update on New Incentives' conditional cash transfer (CCT) immunization incentive pilot, lessons learned and challenges encountered in the program to date.

Immunization incentive pilot program

Since November, New Incentives has a) phased out its previous CCT facility delivery program, b) received approval to conduct a pilot immunization incentive program in 12 clinics located in four Nigerian states, and c) trained staff to operate in those clinics.

About 4,500 infants are currently enrolled in the immunization pilot, and New Incentives plans to continue enrolling new infants through the end of February 2017. It will continue tracking the retention of program participants at least nine months after February. If the pilot is successful, it will continue enrolling new infants in the program.

Program staffing

New Incentives employs staff to visit clinics on designated immunization days, disburse cash, and monitor the program (as described below), in addition to other activities. Most of the 12 clinics in the pilot are served by one designated New Incentives staff member, though some staff members visit multiple clinics. There are 10-12 staff members working on the pilot overall. Some work on both the previous CCT program for facility delivery and the new immunization pilot. Others were hired for and work exclusively on the immunization pilot.

Program procedures

The immunization program procedures were developed based on multiple site visits and field-testing. The following considerations were especially important in setting up the program:

1. **Ensuring accuracy of vaccination records** – New Incentives staff in the pilot clinics observe vaccination days and verify that the vaccines recorded on each child’s health card are administered to the child. One clinic nurse writes the date on the child’s health card when a child enters the clinic to receive vaccination. After the vaccine is administered, a nurse marks the child’s health card. New Incentives staff members check for this mark to ensure that parents do not receive a CCT unless their child was vaccinated. To ensure that parents do not take children to multiple pilot facilities to vaccinate and receive CCTs, nurses look for a Bacillus Calmette–Guérin (BCG) vaccine mark on the child’s arm. This mark is a prominent indicator that a child has already been vaccinated and does not fade as the child ages. The mark and the child’s age along with the Child Health Card that tracks vaccinations indicate what stage of the vaccination cycle the child is in.
2. **Reducing enrollment time** – New Incentives has worked to ensure that each field officer can enroll approximately 100 children in the program per day. Some field officers can enroll up to 150 per day. New Incentives has reduced enrollment time by creating a process in which the field officer collects minimum data and takes a photograph that is sent to freelancers to transcribe. This ensures that the program is able to collect the same amount of data while allowing field officers to focus on enrolling more children.

Monitoring CCT disbursement

To ensure that only parents of vaccinated infants – and not program or facility staff – receive the CCT, New Incentives monitors the CCT disbursement process in the following ways:

1. Program staff members report via a photograph how much cash they have available for immunizations after disbursing CCTs.
2. Program staff members take photographs of beneficiaries with their cash and the participant card/form. They also register the cash handed out in the beneficiaries’ electronic file. Freelancers count the cash and mark how much has been disbursed. New Incentives compares the value from the first check to this value.
3. Staff report daily on how much cash was disbursed per the number of immunizations facilitated.

New Incentives believes these checks have been effective. This process was able to catch some discrepancies. In the future, an auditor may be hired to visit facilities sporadically and determine whether any bribes or tips have been observed.

BCG vaccine for children born in pilot facilities

Women who deliver infants in pilot facilities must return to the facility on a separate vaccination date so that their children can receive the BCG vaccination. Most clinics offer BCG to infants up to 12 months, and a few offer it for infants up to six months. However, BCG is not typically administered on the day of birth at Primary Health Centres.

Mothers can have their children vaccinated with BCG and receive the CCT incentive in pilot clinics, regardless of whether their children were born in those clinics.

Historical facility data

New Incentives has also looked at 35 months of historical data on baseline vaccination rates. This analysis has been completed for 10 of the 12 pilot facilities.

Data quality

There is a high degree of variation in the historical vaccination data of different facilities. Some facilities show clear trends, with less than 8-10% difference in data from 2014 and 2015. However, in other facilities, there are major differences between 2014 and 2015 data – e.g., a 2014 incentive program in one facility led to vaccination rates of over 90-95% that year. New Incentives has also observed differences in service quality and data tracking in different facilities.

The most useful point of historical comparison for the pilot will likely be the 2015 data, due to low variation in that dataset.

Program monitoring

On immunization days, New Incentives staff members perform checks of the quality and availability of vaccines at the pilot facilities. This includes monitoring for stock-outs – e.g., when vaccines are not available at all – and cases when stocks run out throughout the course of the day. If the program increases demand for vaccines, it is important for New Incentives to understand whether supply is able to keep pace.

Vaccine availability and quality checks

- **Availability and quality check** – New Incentives staff members check their facilities' vaccine stocks at the beginning of an immunization day to ensure stock is available in sufficient quantities. They also check a sample of vaccine vials to ensure that they are not expired and have not been exposed to heat. All clinics in Nigeria use vaccine bio-monitors that indicate when a vaccine has been exposed to heat. So far, there have been no issues with accessing the vials and no issues with vaccine quality or expiration.
- **Stock check during payout** – The supply of vaccines is also monitored through the CCT disbursement process. Beneficiaries collecting their CCT present program or facility staff with a vaccine booklet that also reveals which vaccines are not available that day or have run out over the course of the day.
- **Monitoring facility record keeping** – Program staff ensure that nurses are keeping track of vaccine stocks during vaccination and CCT, and that they are using the clinic's vaccination register. Some facilities have multiple vaccination days, and program staff members try to be present for all of them because this is important for retention. There was an exception at the start of two pilot sites where a staff member was only present at one of the two weekly immunization days for the first three weeks. When they are present

in the facility, program staff review the nurses' data at the end of the day to ensure that the number of vaccines administered corresponds to the vaccines used. All of these data are recorded in New Incentives' metrics dashboards.

So far, stock-outs have not been a significant issue at most clinics, but vaccines have run out during immunization days in some facilities. Nurses in some clinics have also been hesitant to open a new vaccine vial for a small number of infants. In order to incentivize clinics having vaccines available and nurses opening new vaccine vials according to protocol, the program does not issue CCTs for vaccines affected by stock-outs.

Text message alerts about stock-outs

New Incentives has set up a text messaging service that notifies nurses, local immunization officers, Cold Chain Officers, and state immunization officers about stock issues. In case of consecutive stock-outs – which are expected to occur as demand increases – the text message system may reduce the frequency of their occurrence.

General operations and service quality monitoring

Program staff members monitor the facility at the operational level – e.g., ensuring nurses are properly entering information on children's health cards and immunization registers, and checking for immunization marks on health cards before disbursing CCTs. They also track the service quality of the program. Issues observed in this area include long lines and wait times in some facilities, as well as some limited parental refusal of vaccines (i.e. refusal to accept the CCT and be enrolled in the program) in a small number of mostly Southern states. The latter has occurred several times due to the photograph requirement.

Timeline for program data

Some retention data from the program are expected to be available between January and late February 2017.

Lessons and challenges from the immunization pilot

Learning to date

Concern from partners

Some partners have expressed concern about the sustainability of the program. They are urging New Incentives to focus more on supply-side funding. New Incentives is planning a presentation to these partners early next year.

Outreach programs

New Incentives has experimented with participating in and providing incentives during outreach programs outside of the clinic. These are a popular strategy for reaching more rural populations. New Incentives may experiment more with this work in the future. However, instead of participating directly, it may be more

valuable for New Incentives to provide small transportation stipends of \$6-7 per facility, so that the clinics can perform outreach more regularly. Currently, clinics are supposed to perform two outreach sessions a month, but in practice, this happens irregularly. About 30% of the clinics in the pilot have not conducted outreach since October, some for longer.

Challenges

- **Government pushback** – One state has pushed back on the immunization program and considered halting operations due to the phasing out of New Incentives' facility delivery CCT program. The state was concerned that New Incentives' programs were aimed solely at collecting data, and the newness of the organization raised some questions. New Incentives will be working to identify and reach out to relevant stakeholders to address these concerns. It had not initially anticipated working in this state (due to indications that the state already has high rates of measles vaccination delivered via campaigns) and does not consider the pilot facility there to be critical for the success of the overall immunization program. However, the state is important in terms of national influence and location.
- **Accuracy of daily cash disbursement** – In the last few weeks, New Incentives has produced new tools to address ongoing discrepancies in the amount of cash tracked as disbursed in the CCTs. As a result, errors have been reduced significantly. However, small ongoing discrepancies are still being observed.
- **Establishing a baseline for measles vaccination** – The measles vaccine is not typically reported on children's health cards or in vaccination registers when it is administered as part of a campaign, so it difficult to obtain a baseline estimate of how many children have received this vaccination.
- **Migration impacting retention data** – Some women leave pilot clinics and complete the vaccination cycle elsewhere, and some come to pilot clinics from non-pilot clinics. Both of these factors lead to inaccurate retention data. New Incentives is considering ways to improve data collection to capture these migration flows. It is discussing this with IDInsight and may, e.g., conduct surveys in villages to gather better data.
- **Operational challenges** – In the first few weeks, the program experienced an issue with the new data collection instruments, which led to the loss of some photographs and impacted retention data for about 200 infants. The program has improved in these areas since then and has not encountered these issues again.

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