A conversation with Svetha Janumpalli and Pratyush Agarwal, April 14, 2016

Participants

- Svetha Janumpalli – CEO and Founder, New Incentives
- Pratyush Agarwal – Board Member, New Incentives
- Elie Hassenfeld – Co-Founder and Co-Executive Director, GiveWell
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Svetha Janumpalli and Pratyush Agarwal.

Summary

GiveWell spoke with Svetha Janumpalli and Pratyush Agarwal of New Incentives (NI). Conversation topics included challenges NI is facing, NI staff, and program expansion.

Recent challenges

Scaling

One of New Incentives' biggest challenges is scaling up its programs and systems. Recent efforts to scale its programs have focused on finding more HIV-positive and at-risk women living near high-quality, underutilized clinics. NI plans to set internal standards for systematically selecting which new clinics to work in. NI could use improved operational controls to optimize its cost-effectiveness at each clinic, by adjusting factors such as the cash transfer amount or the proportion of HIV-positive women it enrolls, as well as by taking the clinic's baseline facility delivery rate into account.

The way in which these standards are set will have a significant impact on how NI decides which states to expand into, which areas of those states to work in, and what populations to target.

Corruption

Bribes

New Incentives is confident that its field volunteers do not take bribes from program participants because the field volunteers' data is reviewed and audited by other staff. NI relationship officers ask women whether staff of the bank, clinic, or New Incentives have solicited bribes. This is also assessed during random call audits conducted by New Incentives senior field officers.

Identifying fraud

Some women falsely claim that they have not received their cash transfers. It is important for New Incentives to catch attempted fraud by having checks and balances of clinic data and auditing a high percentage of transfers. NI is developing expertise in this area.

Evaluating clinics

Ensuring adequate supply of drugs and nurses

In order to ensure an adequate supply of drugs and nursing staff capacity, New Incentives does pre-assessments before expanding to a new clinic and continually vets its participating clinics.

The pre-assessment process involves visiting a clinic, talking to clinic staff, and evaluating factors including:

- the number of nurses
- whether nurses are present every day and arrive on time
- the cost of transportation to the clinic
- the availability of beds for delivery
- the availability of antibiotics and documentation
- whether the clinic works with an external implementing partner to review and validate its data

During the pre-assessment, NI staff ask probing questions about whether clinic staff attend their posts, where drugs are kept, whether they can see the stock of drugs, and what time staff arrive in the morning.

New Incentives has begun to vet its participating clinics on an ongoing basis. It plans to create standards to help determine when to discontinue its work in a clinic. Past evaluations have found problems at several clinics, but these are rarely significant enough for NI to discontinue its partnership with the clinic. New Incentives has discontinued or scaled back its work in clinics where its program has been less effective in increasing the rate of clinic delivery.

To date, NI has decided to work with about half of the clinics it evaluates, and has evaluated only a small percentage of all clinics in the states it operates in. It selects clinics to evaluate based on data from other non-governmental organizations (NGOs) and from the Nigerian government. NI prioritizes clinics that are public health facilities, have low ANC and delivery fees, serve many pregnant women, a sizeable percentage of which are HIV-positive, and have a low clinic delivery rate.

Measuring effectiveness

A clinic where the intervention increased the rate of clinic delivery by 5-10% would be deemed ineffective. To date, the most effective clinics have had increases of 40-50%.

NI plans to target a 30-40% increase in clinic delivery rate. NI believes that it is harder to change the behavior of HIV-positive women.

Ensuring that women only participate once

Because NI's program could incentivize women to have additional pregnancies, New Incentives uses biometrics to ensure that each woman only participates once, and communicates this rule to participants. NI staff test women's knowledge of this rule when they conduct audits and during transfer disbursement calls.

This system sometimes has false positives, which cause women who have not participated in the program to be rejected. While this is not ideal, NI believes that this is a better outcome than inadvertently allowing some women to participate twice.

Reducing disappointment

New Incentives works to reduce disappointment among women who are not chosen to participate by having nurses communicate that women are selected for participation at random, and that field workers have no control over who is selected. This message not only aims at avoiding disappointment, it is also correct as program participants are selected randomly among the pool of at-risk women.

Database

New Incentives uses Google Sheets for its database, which has enabled it to have a paperless office. Women are enrolled by filling in electronic forms on a mobile phone app. The forms are stored in the cloud. This system works well given NI's current enrollment, but as NI enrollment increases, it will need to switch to a database that is more scalable than Google Sheets.

NI continues to have some difficulty with unreliable internet, but recently moved to a new office where internet access is expected to be more reliable.

Staff

Currently, NI has a staff of 14:

- Ms. Janumpalli – CEO
- Patrick Stadler – Chief Strategy Officer
- A field manager, who reviews data, manages expenses, and conducts trainings at new clinics
- Two senior field officers, who do clinic work and auditing
- Five field volunteers, who work part-time in clinics, enrolling women and verifying data such as whether a woman has delivered or not
- Two field officers, who enroll women and disburse cash transfers
- Two relationship officers, who run the NI hotline and conduct follow-up calls to confirm that women have received cash transfers

Program expansion

New Incentives is focusing on simultaneously scaling its programs to new states and to new areas of states where it is already working. This is in part to reduce risks associated with working in a small number of states (e.g. the risk of a state-wide clinic strike significantly reducing total enrollment volume) and in part because it takes a long time to build relationships with the governments of new states. In the states where NI is already working, it prioritizes expansion to all rural clinics that meet its standards of serving a certain number of pregnant women and having low clinic delivery rates, an adequate supply of drugs, and sufficient staff capacity. However, as more people hear about New Incentives' program, more pregnant women are beginning to attend clinics that New Incentives previously ruled out for serving too few pregnant women, and it can now potentially expand to some of these clinics.

New Incentives is currently working in about 5% of all clinics in these states, but these clinics serve a large percentage of pregnant women. Due to a lack of good data on the total number of pregnant women in each state, New Incentives does not know what percentage of pregnant women are covered, but could obtain estimates of the percentage of pregnant women served in each community where it works.

New Incentives chooses not to work in some clinics that serve higher-income women, because these women are less responsive to financial incentives and more reluctant to have their photo taken and personal information recorded. Of the three clinics involved in the RCT, to date the one that serves higher-income women has had a 4 percentage point decrease of clinic delivery in the treatment group compared to the control group (40% compared to 44%), whereas delivery at another of the clinics increased by about 30 percentage points (48% compared to 18%).

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