A conversation with New Incentives and the Lampert Family Foundation, December 11, 2015

Participants

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Note: These notes were compiled by GiveWell and give an overview of the major points made by New Incentives.

Summary

GiveWell spoke with New Incentives and the Lampert Family Foundation to discuss New Incentives' enrollment dataset. Conversation topics included the interviews New Incentives conducts with beneficiaries, its data collection process, mechanisms for ensuring data quality, and the phase-out of the program's second cash transfer.

Enrollment dataset

New Incentives uses several forms to gather information about its beneficiaries at each stage of the program and to record information from interviews with beneficiaries. Each form whose label includes an "R" (ENR, T2R, T3R, T4R) is used to verify certain clinical behaviors. Many of the forms contain several questions intended to serve as internal quality checks, to ensure that New Incentives' field staff are gathering all necessary information.

Interview process

All interviews of beneficiaries are conducted over the phone except for ENR, the enrollment interview, which is done in person. Any form label ending in "H" or "C" indicates an interview conducted over the phone. Questions are asked in a prescribed order during each interview.

For participants in the program for the prevention of mother-to-child transmission (PMTCT) of HIV, field staff generally ask every listed question for each interview. Some questions, marked "not required," may be omitted if the interviewer runs out of time. Additionally, constraints at the clinics where interviews are conducted may require altering procedure. For example, if a clinic is very busy, or if many women are enrolling on a certain day, the field officer may give an overview of the program to the entire group of women, then conduct enrollment interviews with them individually.

The PMTCT program enrollment interview takes approximately 20–25 minutes. For its at-risk pregnancy (ARP) program, New Incentives has attempted to shorten the

enrollment interview. Some questions that are not essential to the program (but which provide data useful for learning purposes) are now asked to only a randomly selected subset of enrollees, rather than being asked in all interviews. The shortened ARP enrollment interview takes approximately 10-15 minutes.

All data from interviews is captured using a mobile app called doForms. Field officers, not beneficiaries, enter information into the app's interface. Most questions are structured as multiple-choice, although a few questions are open-ended.

Follow-up interviews

Interview process

The staff enter information from follow-up interviews with the same app used for enrollment interviews.

Duration

New Incentives tries to keep phone interviews with beneficiaries brief, about 5-10 minutes. The length of an "H" or "C" interview varies depending on the beneficiary's responses, as some give longer answers than others. The "C" interviews, which are used to confirm whether the conditional cash transfers (CCTs) are successfully collected, are usually very short unless the beneficiary has experienced problems getting the cash.

The T3H follow-up interview, which is conducted after a beneficiary delivers in the clinic, tends to be significantly longer (approximately 15 minutes). This is because the interview includes questions about the delivery, the woman's experience in the hospital, and any problems she had paying the hospital bill.

Reminder communications

Throughout beneficiaries' pregnancy and delivery, New Incentives sends them text and phone reminders about the various actions required to receive their CCTs. The text message reminders follow a standard template, greeting the women by name. To preserve privacy and avoid potential stigma, the message is specific enough to remind beneficiaries of the action required, but not so specific that anyone else who might read the message would understand it.

Pre-delivery reminders

Prior to delivery, in addition to a text, beneficiaries receive an automated reminder phone call and a phone call from a New Incentives staffer (a total of three pre-delivery reminders). The T3F form is completed after the call from the staffer.

New Incentives believes that contacting beneficiaries in multiple ways helps build relationships with them. In addition, many women do not have their own cell phones, so text messages may be received by another person. By calling the number on file for the beneficiary, New Incentives is more likely to get in touch with them (because if another person picks up, the New Incentives staffer can ask to speak with the beneficiary).

The T3F reminder is particularly important because it helps to reassure beneficiaries that their next CCT is forthcoming if they proceed with the facility delivery (facility delivery is the most crucial component of the program). New Incentives aims to ensure that all women get the T3F call, but currently it is only reaching a portion of beneficiaries with T3F calls because some beneficiaries are not reachable by phone.

Early Infant Diagnosis (EID) HIV testing reminders

In the past, beneficiaries received a second personal phone call reminding them to take their babies to the hospital for EID testing (data from this call is logged in the T4F sheet of the dataset). However, because EID testing for babies does not face the same degree of community opposition as facility delivery, the T4F calls are no longer a default requirement and completed only when there is extra field staff capacity. All beneficiaries continue to receive EID text reminders.

Aggregate (AGG) data

The AGG sheet in the enrollment dataset includes clinical information related to the beneficiaries. The only information in this sheet that is gathered in the beneficiaries' presence is the results from HIV retests or pregnancy retests. The rest of the AGG data tracks rates of pregnancy and delivery in New Incentives' program and at the clinic overall. The AGG data helps New Incentives to understand trends in delivery, EID, and antenatal care (ANC) at the clinic and notice any significant changes. For example, if one clinic usually has a 10% rate of HIV-positive women, and data from recent retesting shows that 20% are HIV-positive, this could indicate fraud at the clinic (a negative sign), or it could indicate that knowledge of New Incentives' program is spreading (a positive sign).

Monitoring and verification of field staff's work

HQ approval sheet

The HQ approval sheet is used to record field manager approvals after field staff submit an enrollment document or a document verifying that a delivery or EID test has taken place. The field manager reviews the photo of this document (e.g., the delivery register), confirms that the New Incentives beneficiary's name is there, checks other basic information, and approves it or follows up with field staff to resolve any issues. This step is intended to verify field staff's work and to ensure quality data. Field officers and relationship officers submit raw data on a weekly basis, which is then reviewed and approved or rejected by field managers. Weekly or biweekly, Mrs. Janumpalli or other international management-level staff review arbitrarily selected records and code them to note whether the beneficiary delivered.

New Incentives also uses the HQ approval sheet to record miscarriages, death of women during childbirth, and death of infants after birth. This helps ensure accurate retention statistics. For example, when calculating the percentage of women who have had their babies tested for EID, New Incentives uses these records

to ensure that infants who died during or shortly after birth are not included. Similarly, when calculating the rate of delivery in the clinic, these records allow New Incentives to exclude women who have miscarried.

Clinic audits

New Incentives conducts audits at clinics to ensure that the enrollment process is executed correctly. For these audits, a senior field officer accompanies a more junior officer to the clinic to supervise his or her work. Previously, New Incentives did not have a standard protocol for conducting clinic audits. In the future, a form will be used to record information from these audits.

Call audits

New Incentives also randomly calls beneficiaries to confirm that they received the transfers indicated by the notes in New Incentives' database. As of August 2015, New Incentives uses a form to systematically record information from these audits.

Elimination of second cash transfer (CCT2)

New Incentives is phasing out CCT2, a 6,000 Naira (approximately $30) transfer originally intended to incentivize beneficiaries to pick up antiretroviral drugs (ARVs) prior to delivery.

Challenges of verifying drug pickup with patient cards

New Incentives has found it difficult to verify that women have picked up their ARVs, as the patient cards that document pickup are often scattered among the various locations in the clinic where these drugs may be obtained, such as the pharmacy or the ANC unit. For instance, if a woman is a long-term HIV patient, she may pick up her drugs at the ARV counseling unit and rely on a certain counselor to fill her order every time, while a newly diagnosed woman may pick up her drugs elsewhere. The patient cards are usually folded and sometimes filed by patients' last names, but more often are kept in a large stack, ordered by date of last visit. To locate the cards it needs, New Incentives had to rely heavily on help from clinic nurses, to an extent that may have interfered with the nurses' work and compromised New Incentives' ability to collect data independently.

New Incentives does not want to rely on a beneficiary's self-report to verify drug pickup and has never distributed a CCT based only on self-reported compliance. However, New Incentives also does not want to disappoint or break its commitment to beneficiaries who report pickup by denying them transfers because documentation is not easily obtainable. Realizing that CCT2 was not able to be easily verifiable has proven a valuable lesson as New Incentives tries to strike a balance between incentivizing good behavior and requiring reliable confirmation of that behavior.

Although patient cards are usually not well organized, at the time of a beneficiary's delivery, nurses are able to find the card and verify payment of ANC registration fees and other patient information. It is not clear why nurses are better able to locate the

cards at delivery than at earlier times. New Incentives believes this may be because the pressure of knowing a woman is in labor pushes nurses to find the card, whereas New Incentives' request for the card at another time does not create a similar sense of urgency.

Timing of phase-out

New Incentives decided to phase out CCT2 shortly after it began its randomized controlled trial, and the phase-out began in November 2015. Although it had become clear two or three months before this that the transfer should be eliminated, New Incentives wanted to try other possible mechanisms of verifying pickup of ARVs before deciding to phase out ARVs. Beneficiaries who were promised CCT2 prior to the phase-out will still receive it.

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