A conversation with New Incentives, February 26, 2015

Participants

- Svetha Janumpalli – CEO and Founder, New Incentives
- Patrick Stadler – Chief Strategy Officer, New Incentives
- Mark Lampert – Founder, Lampert Family Foundation
- Katherine Clements – Director, Lampert Family Foundation
- Ben Rachbach – Research Analyst, GiveWell
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Ms. Janumpalli and Mr. Stadler.

Summary

GiveWell spoke with Ms. Janumpalli and Mr. Stadler of New Incentives about its conditional cash transfer (CCT) programs. Conversation topics included updates on New Incentives' CCT program to prevent mother-to-child transmission (PMTCT) of HIV and its plans for a new CCT program to incentivize facility delivery in high-risk pregnancies.

PMTCT CCT program updates

1. The health worker strike has ended and enrollment for the PMTCT program is back to expected levels.
2. The presidential election was pushed back from March to April. Due to security concerns, Ms. Janumpalli will be working from abroad until after the elections. She is in close communication with staff in Nigeria.
3. New Incentives is planning on implementing a more secure and efficient token cash transfer system. Under this new system, cash tokens will go from New Incentives management to beneficiaries directly over a text message platform, without field staff having access to the tokens. The 80% of beneficiaries who have access to a phone will be eligible for this new system.
4. New Incentives now plans to cover the cash transfers for the randomized controlled trial (RCT) of its PMTCT program from its operations budget. It plans to use the extra funds that this frees up from the study budget to conduct additional research to complement the RCT and to pay someone to oversee all the research activities. The study will start in May.
5. New Incentives plans to operate its PMTCT program in a minimum of eight clinics in the state of Akwa Ibom in the next year. It could expand to up to 11 clinics in Akwa Ibom if it starts a high-risk pregnancy (HRP) program and that program attracts more HIV positive women.
6. New Incentives plans to expand the PMTCT program to another state in Nigeria in 2016, likely with a similar number of clinic sites as in Akwa Ibom. It will take a few months to build the necessary relationships and put a field team together. Without the HRP program, New Incentives might consider

building relationships in a new state a few months earlier (in August/September rather than October/November).

New Incentives is continuing to focus on improving retention and facility delivery rates for its PMTCT program. It recently made several changes to improve its performance on these indicators. It will take a few months to measure any effects of these changes. New Incentives is not planning to make any additional changes to the PMTCT program once it begins to implement the HRP program. It does not expect the HRP program to weaken the PMTCT program.

Potential complication

Some beneficiaries have reported that they are using the cash transfers to pay for certain hospital costs that are supposed to be provided for free by the government. Ms. Janumpalli and Mr. Stadler have been considering the possible consequences of this pattern. It may not be sustainable to effectively subsidize government services, but it's also possible that this is a benefit because it means New Incentives programs are not just adding burden to state hospitals but also providing some financial benefit. Ms. Janumpalli and Mr. Stadler will continue to think about this dilemma as New Incentives expands.

Staffing plans

New Incentives plans to hire a part-time field director for South South Nigeria. If New Incentives moves forward with the HRP program, the field director may be hired full-time. The field director will work on both the HRP and the PMTCT programs and will be responsible for some management tasks, including:

- Completing clinic audits
- Completing initial reviews of clinic records to confirm eligibility for and approve cash transfers
- Managing New Incentives' relationship with the Ministry of Health
- Managing expansion to smaller clinics
- Helping with expansion to a new state

Ms. Janumpalli will still review the most important components of each clinic record. Currently, she reviews every component of each record, but this is not sustainable as New Incentives' programs expand. She is working on identifying what components field staff can review.

Most of the operational issues that Ms. Janumpalli and Mr. Stadler work on would affect both the HRP and the PMTCT programs, such as:

- Improving systems for reviewing records
- Figuring out how to track cash transfers on a weekly or daily basis

The HRP program won't take away from the senior staff time needed to monitor and maintain the PMTCT program.

New Incentives needs to decide what state it will expand to before it can hire a field director so that it can hire the field director with the language skills and networks to succeed in that state.

Proposed HRP program

New Incentives plans to implement its HRP CCT in 10 clinics by March 2016. It will manage and monitor this CCT similarly to the PMTCT CCT. Because both programs require New Incentives to work closely with labor and antenatal clinic nurses, there are many opportunities to apply learning from one program to the other.

The Ministry of Health is enthusiastic about the HRP program. It wants to increase facility delivery rates in the general population. The state already runs SURE-P, a national program for pregnant women. New Incentives is not actively advocating for SURE-P to adopt its CCT program in Akwa Ibom because:

- SURE-P's CCT component doesn't operate in Akwa Ibom.
- It is not clear what will happen to SURE-P after the upcoming elections.
- There are some reports that women have not received their cash transfers. The government may have run into challenges in implementing the program.
- Advocacy is currently not the primary objective of New Incentives.

Defining high-risk

New Incentives uses World Health Organization indicators to define a high-risk pregnancy. These parameters include:

- Whether the expectant mother has anemia, malaria, or high blood pressure at the time of the pregnancy
- Maternal age
- Past Caesarean sections

New Incentives also uses the additional criteria of the location of last delivery (i.e., in a clinic, church, or home) to define a HRP. New Incentives will test for malaria with a rapid test. Tests for anemia and high blood pressure are already routinely performed in the clinics. New Incentives will randomly verify the results of the clinics' tests. Women are also routinely tested for HIV at the clinics, and those who are HIV-positive will be offered enrollment in the PMTCT program rather than the HRP program.

As envisaged, New Incentives would use the clinic staff's assessment of whether a woman is considered high-risk in a first step (based on WHO criteria) and then randomly select women for program participation out of this high-risk pool. The random selection is to prevent potential fraud by nurses. It also ensures that the delivery wards do not become overburdened by the additional demand for facility delivery.

Clinic capacity

New Incentives evaluated local clinics' capacity to accommodate additional facility births by speaking with other NGOs in the area, the Ministry of Health, and some individual clinics. It asked about:

- Number of nurses employed
- Available supply of drugs, vitamins, and other antenatal essentials
- Available beds
- Current number of facility births

The ratio of available beds to current facility births is a key determinant of underutilization. New Incentives is developing a standardized assessment of clinic capacity.

Bed net distribution

New Incentives plans to distribute bed nets to beneficiaries of the HRP program. After it begins distribution with HRP program beneficiaries, it will also give bed nets to PMTCT program beneficiaries. New Incentives won't give bed nets to PMTCT program beneficiaries first because the bed nets might reveal their HIV status publicly if it is known that they were distributed as part of the PMTCT program.

Several NGOs already distribute bed nets in Akwa Ibom, but usage rates are very low. Based on data from the Demographic and Health Survey program, 40% of Akwa Ibom residents have bed nets, but only 15% of children under 5 are reported to have slept under a net the previous night. New Incentives believes that if it distributes bed nets as part of CCTs focused on maternal and child health, it can increase usage rates. It has spoken with an NGO that might consider donating the bed nets.

Cost-effectiveness

The HRP program will likely be less cost effective than the PMTCT program, perhaps significantly so. New Incentives believes that the HRP CCT is still a valuable program and is very effective compared with other HRP interventions.

Currently, only 20-30% of the HRP CCT target population is delivering in facilities. This is similar to the facility delivery rate in HIV positive women. Many women receive a single dose of preventative malaria treatment at their first antenatal care visit, but most women fail to complete the course of treatment.

Funding

Funding is the main bottleneck for this program. New Incentives is requesting $204,000 to fund a HRP CCT pilot. The pilot would operate in three clinics beginning in June or July of 2015 and would expand to an additional clinic later in the year.

The additional clinic is a high volume clinic that is also a site for the PMTCT RCT. New Incentives will wait until the RCT enrollment process is over before introducing the HRP CCT in any RCT site to avoid contaminating the trial. The RCT sites are the highest volume clinic sites in the state, attended by women from all

over the state who are unlikely to know each other. Therefore it is unlikely that women in the control group of the RCT will hear about the HRP program.

The additional funding for the HRP program will allow New Incentives to:

- Build a new data collection system
- Strengthen its relationship with the Ministry of Health
- Continue to assess clinics
- Hire new staff

If New Incentives only receives $100,000 for the HRP CCT, it will be difficult to complete these necessary tasks, but it will still implement the pilot.

HRP program staff

New Incentives is planning on hiring two field officers to administer the HRP CCT. After securing funding, hiring good staff is New Incentives' second biggest challenge. As it expands, New Incentives plans to hire a field officer for every 2 HRP CCT clinic sites. Current fieldworkers will remain focused on the PMTCT CCT. The staff of the two programs will audit each other's programs.

Complementarity between HRP and PMTCT programs

Increasing enrollment

New Incentives is hopeful that the HRP program will increase PMTCT program enrollment because it will attract more pregnant women to clinics, including HIV positive women. New Incentives will have a lower threshold for establishing a PMTCT program at a HRP clinic site, because it will save on transportation costs, which are a significant portion of field officer costs. In addition, the HRP staff could promote the PMTCT program, and vice versa.

Once a woman participates in a New Incentives program, she may not enroll again. For example, if she participated in the HRP program, she cannot enroll in the PMTCT program if she has another pregnancy. Initially, the Ministry of Health wanted beneficiaries to be eligible for a New Incentives program once every four years and to link the PMTCT program to an immunization program. That timing would also encourage birth spacing. However, it would be difficult to track if women had had any children in the intervening years. Now that New Incentives is also introducing the HRP program, the Ministry of Health is in agreement that each woman will be eligible only once in her lifetime.

Reducing stigma

Running the two programs simultaneously will reduce HIV stigma. Many women in the PMTCT program worry that when they go to the bank to receive their cash transfers, bank employees will figure out their HIV status. At the moment, bank staff only know that the PMTCT program is for pregnant women and don't know that it is associated with HIV, but as New Incentives grows, this could change. The Ministry of

Health is also concerned about HIV stigma and believes the HRP program will lessen the possible stigma associated with the PMTCT program.

Additionally, if New Incentives is able to successfully manage the HRP and the PMTCT programs, it will provide further evidence to other funders that New Incentives' work is sustainable and scalable.

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