



Funding Proposal

February 2016

The weekly enrollment numbers in the New Incentives Conditional Cash Transfer Program for At-Risk Pregnancies (ARP) and PMTCT have **increased 4-8 fold** in the past year. In January 2016, we enrolled an average of **80 women per week** across our 16 clinics. Moreover, clinics saw **facility delivery rates double** since the launch of our program, based on a comparison with baseline data collected at each clinic.

Based on our progress measured against the four evaluation criteria of GiveWell, we hope to be considered for a grant of \$600,000 and the top charity process in 2016.

Evidence

- Conditional cash transfers (CCTs) incentivizing high-impact health behaviors are among the most effective and most-studied development interventions.
- Various studies support the impact of CCTs on facility delivery (see list below). A randomized controlled trial published in Lancet HIV in February 2016 specifically looks at the [effect of CCTs on PMTCT](#).
- Monitoring data by New Incentives shows that [facility delivery doubles](#) thanks to the cash transfers. This data will likely be backed up by midline results of the New Incentives RCT available by mid-June (measuring facility delivery with .95 statistical significance) and final results in 2017.
- The [Copenhagen Consensus](#) considers reducing neonatal mortality as one of the most effective health objectives, which can be implemented by “having nurses and clean facilities at birth, and then ensuring best practice child care techniques immediately after, such as ‘kangaroo care’.” [The Lancet](#) reiterates the focus neonatal mortality and facility delivery with a special series in 2014: “The five papers advocate for quality care at birth, which requires facility and community actions with a focus on the time of birth. This is the time when most deaths occur and when most lives can be saved...”

Cost-effectiveness

- Both addressing neonatal mortality through facility delivery and PMTCT are considered to be among the most cost-effective health interventions.
- GiveWell assesses the long-term return on investment of cash transfers to be between 30% and 60% based on previous RCTs.
- New Incentives started piloting the distribution of bed nets to its pregnant beneficiaries in late 2015 and expects to roll it out to all clinics in 2016.
- In sum, the New Incentives program is assessed to be cost-effective with its high-impact health intervention (facility delivery / PMTCT), the cash component and bed net.

Room for more funding

- New Incentives disbursed \$78,000 in cash transfers in 2015. We estimate that an additional \$46,000 will be disbursed to beneficiaries enrolled in 2015 once they fulfill the program conditions.
- While only 10-20 women per week were enrolled in early 2015, the average for January 2016 was 80 women per week. Based on detailed expansion plans, we expect to increase the number of women enrolled per week to 175 by the end of 2016 ([see expansion sheet](#)).
- We project to spend \$861,000 this year (excluding the RCT) and need \$679,000 for our operations to fill our budget gap through December 2016. In January, we spent approximately \$57,000 including money committed. We currently have approximately \$126,000 after taking into account money committed.
- Our goal is to raise \$600,000 from Good Ventures and the Lampert Family Foundation, our core donors with strong aligned values. We plan for the remaining \$80,000 to be covered by additional donors. A fundraising meeting in Silicon Valley will be held in April 2016 and an application to the Global Innovation Fund submitted in February/March.
- If we cannot raise at least \$475,000 this year, operations at our existing clinics would have to be severely cut back. This would not only stall our growth trajectory, but also constitute a major setback.

Transparency

- Our approach is to be fully transparent with GiveWell, Good Ventures, and the Lampert Family Foundation. This includes sharing all available raw data on our operations and openly addressing challenges and mistakes.

In conclusion, we believe that New Incentives is in a strong position regarding evidence, cost-effectiveness, room for funding and transparency and look forward to your assessment and funding decision for 2016.

Links - Impact of CCTs and Vouchers on Facility Delivery

- [Is demand-side financing equity enhancing? Lessons from a maternal health voucher scheme in Bangladesh.](#)
- [Impact of conditional cash transfers on maternal and newborn health.](#)
- [Learning effect of a conditional cash transfer programme on poor rural women's selection of delivery care in Mexico](#)
- [Improvements in coverage among 11 maternal health voucher programmes in 15 voucher studies](#)