

## **A conversation with Svetha Janumpalli and Patrick Stadler, March 9, 2016**

### **Participants**

- Svetha Janumpalli – Chief Executive Officer and Founder, New Incentives
- Patrick Stadler – Chief Strategy Officer, New Incentives
- Elie Hassenfeld – Co-Founder and Co-Executive Director, GiveWell
- Natalie Crispin – Senior Research Analyst, GiveWell
- Milan Griffes – Research Analyst, GiveWell

**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) program to increase the proportion of pregnant women who deliver in a health facility. Conversation topics included the program's potential benefits, how beneficiaries' wealth levels are assessed, efforts to prevent stock-outs, and HIV diagnosis for pregnant women in Nigeria.

### **Potential benefits of the conditional cash transfer program**

#### **ARV adherence**

For beneficiaries enrolled in the randomized controlled trial of its program, New Incentives collects data on how frequently they pick up ARVs at follow-up appointments. New Incentives does not collect data on what proportion of beneficiaries end up taking the drugs. Determining ARV adherence levels is challenging, as it requires assessing drug or virus levels in the blood. New Incentives is not aware of studies on ARV adherence in Nigeria, though some adherence research has been done in other African countries.

New Incentives believes that a significant proportion of beneficiaries are not regularly taking ARVs when they give birth. Previously, New Incentives asked beneficiaries about their adherence levels. This data collection proved too time-consuming, so New Incentives stopped asking about adherence. (Beneficiaries are still asked whether their infants received nevirapine (NVP) at delivery and whether the mother picked up a bottle of NVP for follow-up doses.)

New Incentives could obtain ARV adherence data by analyzing clinic records, and could also analyze the adherence data it collected for a subset of the program's early beneficiaries.

New Incentives believes that beneficiaries who were aware of their HIV status before their pregnancy might have higher adherence levels. As a result, they might be more likely to fulfill the conditions for the cash transfer. Beneficiaries who learned they were HIV positive at their first antenatal care (ANC) visit might have lower adherence levels, particularly if they have difficulty accepting their diagnosis

and are reluctant to pursue treatment. New Incentives could compare the ARV collection rates of these two groups.

### **Nevirapine (NVP)**

New Incentives believes that the administration of NVP to the infant (a dose at delivery followed by a daily dose during the infant's first six weeks) is the program's most effective intervention for preventing mother-to-child transmission of HIV. Given the uncertainty surrounding mothers' ARV adherence levels, the clinical standard is to administer NVP to all newborns with HIV+ mothers. New Incentives believes that NVP is most effective when administered within 72 hours of birth.

In Nigeria, NVP is only available at clinics. If the baby is not delivered in a clinic, NVP can be collected and administered after delivery. The program's randomized controlled trial (RCT) will include data on whether NVP was administered at the clinic directly following delivery, and on whether it was collected post-delivery.

### **Antenatal care**

Some beneficiaries are referred through their community, and come to a participating clinic with the specific intention of enrolling in the program. Because it selects beneficiaries via a lottery, New Incentives does not know what proportion of potential beneficiaries seek antenatal care with the primary aim of enrolling in its CCT program.

### **Wealth levels of beneficiaries**

In order to assess beneficiaries' wealth levels, the RCT endline survey will include a series of asset ownership questions. This data will be compared with national income averages using a Nigeria-specific wealth index. Income-based data tends to be a less reliable measure of wealth. For example, the average salary reported by program beneficiaries is \$1.50 per day, but beneficiaries sometimes do not have accurate information regarding their spouses' salaries.

### **Efforts to prevent stock-outs**

New Incentives makes the following efforts to prevent stock-outs (i.e. drug shortages) in participating clinics:

1. **Baseline assessment:** When considering a new partnership with a clinic, New Incentives conducts a supply-side assessment and collects information regarding previous stock-outs at the clinic. New Incentives generally does not partner with clinics who have experienced severe shortages.
2. **Feedback from field officers:** Field officers are trained to watch for stock-outs, and must immediately report any relevant information. They are well-positioned for this task, as they interact directly with counselors and nurses, and carry out their data collection directly in clinics and delivery wards. When two clinics experienced a week-long stock-out, other clinics contributed NVP to help address the shortage. The most

common cause of stock-outs is a change of supplier at the state level, or during suppliers' contract renewal periods. When suppliers are stable, supply is relatively consistent.

3. **Clinic audits:** In the coming weeks, New Incentives is rolling out a more thorough and regular clinic audit assessment. Senior field officers will visit clinics once every few months to supervise field officers and verify that the stock of supplies is adequate.

### **HIV diagnosis for pregnant women**

According to New Incentives Field Officers, in larger clinics, all women are tested for HIV at the point of delivery, with the possible exception of women whose HIV status is already known. Participating clinics use rapid diagnostic tests, so results are available in time to administer NVP treatment.

Some smaller clinics do not do point-of-delivery HIV testing. In cases where point-of-delivery testing is not practiced, nurses administer NVP based on the HIV status of the woman which is indicated in the patient card they received when she registered for ANC. There might be a small percentage of women who were negative when tested for HIV during ANC registration but became infected later.

On a weekly basis, New Incentives checks that beneficiaries get tested for HIV during their first ANC visit. Based on reports to date, HIV testing during the first ANC visit is standard and adhered to across all of New Incentives' partner clinics. An exception is if there is a stock-out of rapid HIV tests or confirmatory tests, in which case field officers immediately alert the New Incentives central office.

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