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# Insights from the implementation of the Living Goods results-based financing programme

*Engaging with Evidence Session 18*  
*20 July 2023*



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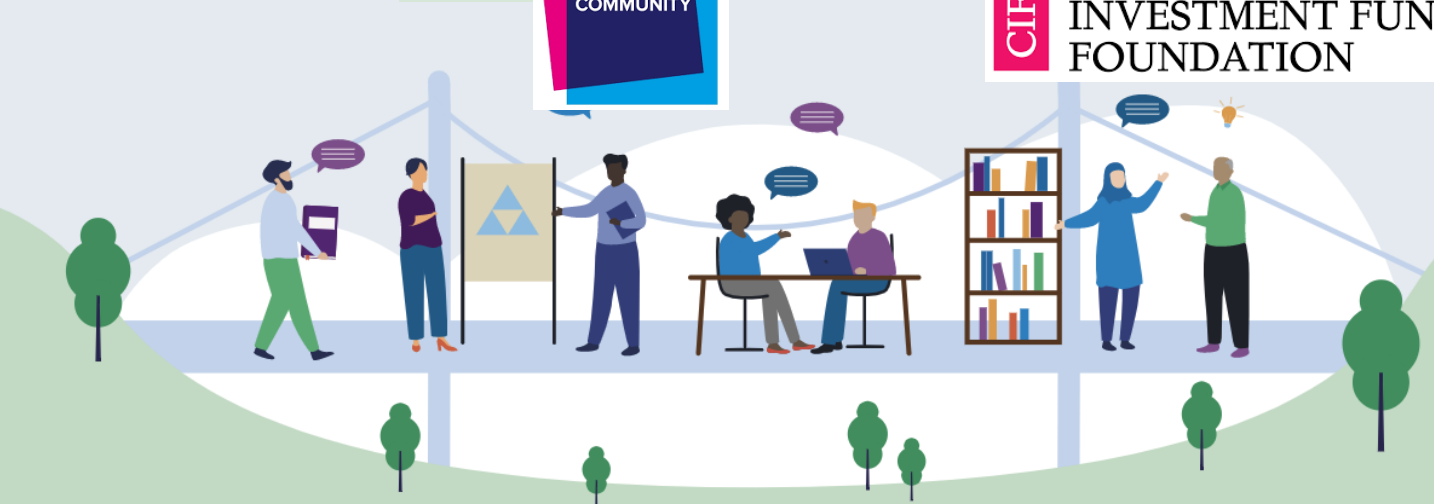
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# The Government Outcomes Lab (GO Lab)



This block contains several logos and statistics. On the left is the Department for Culture Media &amp; Sport logo, featuring the Royal Coat of Arms. Below it is the 'Public Money &amp; Management' logo. In the center is a world map with colored dots representing different regions. To the right is the GOV.UK logo with a search bar and navigation links. Below the map are three blue boxes with white text: '206 Impact bonds', 'USD 458m+ Capital raised', and '846k+ Users'. Below the GOV.UK logo is a screenshot of a webpage titled 'Evaluation Strategy for the Life Chances Fund'.

This block contains logos and article information. On the left is the European Investment Bank logo. In the center is the UKaid logo with the tagline 'from the British people'. To the right is the CHILDREN'S INVESTMENT FUND FOUNDATION logo. Below these is a small illustration of two people sitting at a table. On the far left, there is a small text block with the title 'Walking the contractual tightrope: a transaction cost economics perspective on social impact bonds' and the authors 'Clare FitzGerald, Eleanor Carter, Ruth Dixon &amp; Mara Airolidi'.



Established in 2016

Partnership between UK Government & University of Oxford

We investigate government's role in unlocking fruitful cross-sector partnerships to improve social outcomes

# Welcome to the eighteenth session of the Engaging with Evidence series

An open platform for policymakers, practitioners and researchers around the world to engage with key findings from the latest research and evaluation work in the field

- Distillation of key research findings
- Practical insights from practitioners across different sectors and fields
- Honest and constructive dialogue



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Insights from the implementation of  
the Living Goods results-based  
financing programme

Today's session:

Part I: Overview of the Living Goods RBF programme, results & key learnings from the Learning Agenda report

Part II: Panel discussion - in-depth exploration of report findings & wider implications for health financing

Speakers



Jonathan Ng  
USAID



Dr Mara Airoidi  
GO Lab



Dorothy Mwengei  
Financing Alliance  
for Health



Nicole Pflock  
Instiglio



Sarah Riczo  
Living Goods



Paul Hamlin  
USAID

Moderators



Andreea Anastasiu  
GO Lab



Srinithya Nagarajan  
GO Lab



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## Our audience this morning



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**Part I: Overview the Living Goods RBF programme, its results & key learnings from the Learning Agenda report**

Sarah Riczo, Living Goods  
Nicole Pflock, Instiglio

# Scaling-up Results-Based Financing for Community Health

*July 2023*



**DEERFIELD**



**01** **Background & RBF design**

**02** **Key Results & Insights**

**03** **Lessons Learned & Recommendations**



# Background & RBF design



## Our Mission

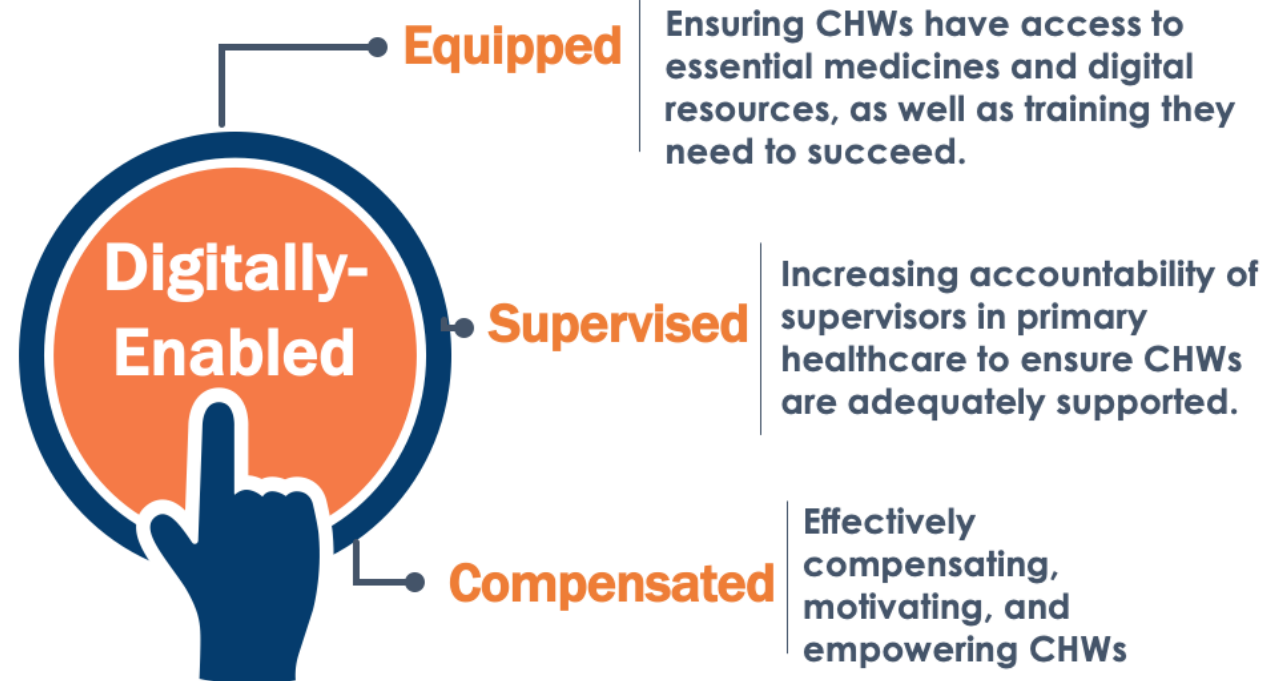
Living Goods **saves lives** by supporting digitally empowered Community Health Workers (CHWs) to help families in need easily get the care they need.

## Our Vision

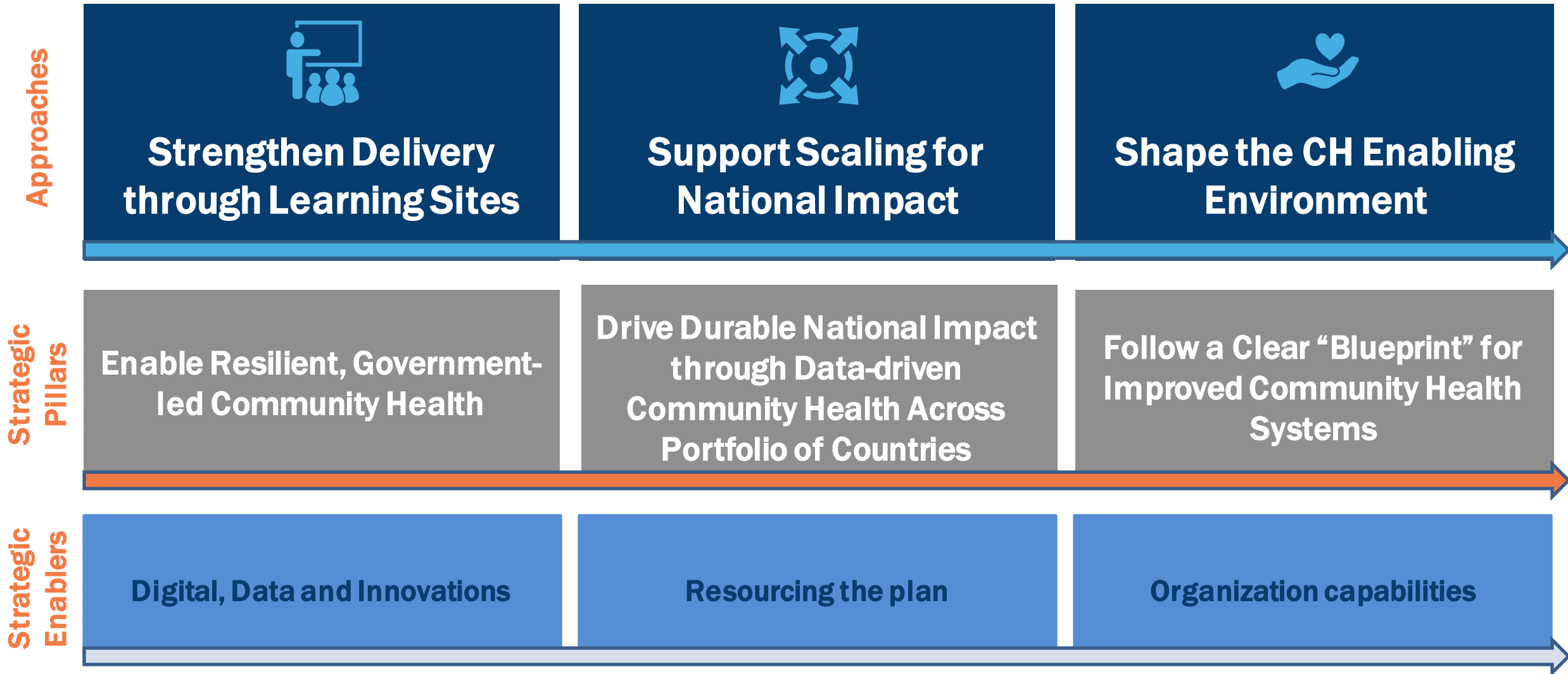
We envision a world where **every family** can easily access the healthcare they need to survive and thrive.

## Core Principles

CHWs Must Be...



# Living Goods Approach



# The Living Goods RBF Journey



**LG supports its CHWs to deliver high-impact, cost-effective community health services**

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What's next?  
➔



**Piloting RBF for Community Health**  
*(Deerfield, LG, IPA, Instiglio)*

---

**Location:** 2 districts in Uganda  
**Scale:** 322 CHWs  
**Duration:** 1-year  
**Financial size:** Approx. USD 500k

LG decides to scale  
➔



**Scaling-Up RBF for Community Health**  
*(USAID DIV, Deerfield, LG, GDI, IPA, Instiglio )*

---

**Location:** 5 districts in Uganda  
**Scale:** 1,968 CHWs  
**Duration:** 27 months  
**Financial size:** Approx. USD 3 million



**Overall, LG achieved 132% of the expected performance during the RBF pilot**

# Key objectives of the RBF scale-up

The scale-up program aimed to:



Drive **improved cost-effectiveness** of maternal and child health services delivered by LG<sup>1</sup>



Maintain or drive **quality of community health services**

In addition, the program sought to:



**Crowd-in RBF funding** and incentivize LG to secure sustainable funding

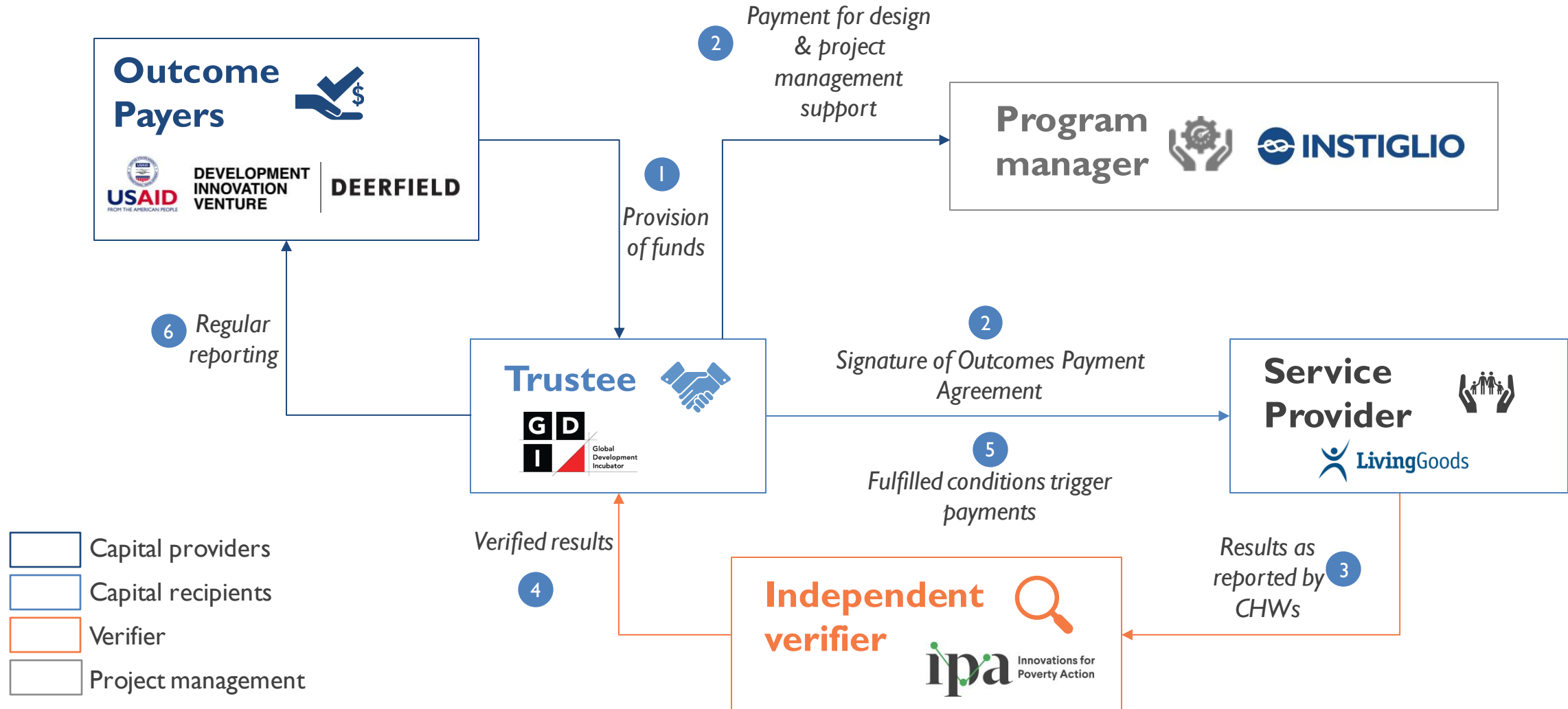


Drive **government engagement** and the eventual uptake of RBF

<sup>1</sup>The main channel through which the RBF intended to drive cost-effectiveness was by increasing the number of results delivered per CHW, in other words, their productivity.

# Key stakeholders

The Scale-up program was structured as an Outcomes Fund, with USAID DIV as the anchor outcome payer.



# Payment metrics and safeguards

9 Quantity metrics across four areas



Maternal Health



Newborns



Children under 5



Family Planning

**Payment per verified result**  
(e.g., pregnancy visit, ANC visit, U5 sick child assessment)  
**Target: 90% of total expected payment**

3 Quality metrics



Client Knowledge



Client Satisfaction



CHW Competence

**-21% to +15%** of payment on quantity metrics based on performance (sliding scale)

3 Quality safeguards



Overall patient coverage and targeting



CHW supervision



In-facility delivery and PNC coverage

**Penalty of up to 15% in case minimum thresholds were not met**

# Other RBF design features

The RBF program design included **nine design features** that aimed to promote performance by **drawing attention to the most impactful results** while **mitigating risks**, such as perverse incentives and the impact of external factors

**01** Quarterly  
Payment caps

**04** Relative Prices

**07** Safeguards

**02** Metric Specific  
Caps

**05** CHW Adjustment  
Factor

**08** Data quality  
penalty

**03** Price Kinks

**06** Payment function  
linking quality and  
quantity

**09** Renegotiation of  
targets



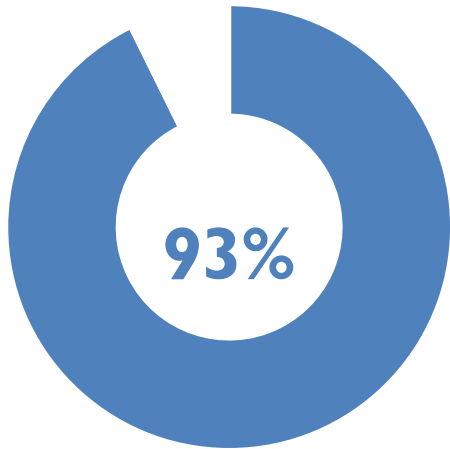
# Key results & Insights



# Performance snapshot



## CHW productivity Target achievement



## Quantity

On average, 1  
CHW conducted  
per quarter



A blue rounded rectangle containing four icons in white circles, each followed by a service description:

- 8 Pregnancy Visits
- 2 Newborn Visits within 72 hours
- 62 U5 Sick Child Assessments
- 38 Family Planning Visits

## Quality



Client knowledge: 88%  
(target: 70%)



Client satisfaction: 91%  
(target: 75%)

## Safeguards



92 unique households visited per  
CHW every quarter (coverage)



94% of CHWs had at least 1  
correctly administered supervision  
visit per quarter



92% women delivered in-facility  
following a pregnancy visit



79% of women who received at least  
1 pregnancy visit also received a  
PNC visit within 72hrs of delivering

# I. Impact of RBF on CHW productivity

**There is no evidence that the RBF led to improvements in CHW performance.**

While a target achievement of 93% on CHW productivity was a strong result, there is no evidence that RBF drove improvements in productivity over the status quo. Key factors that contributed to this include:

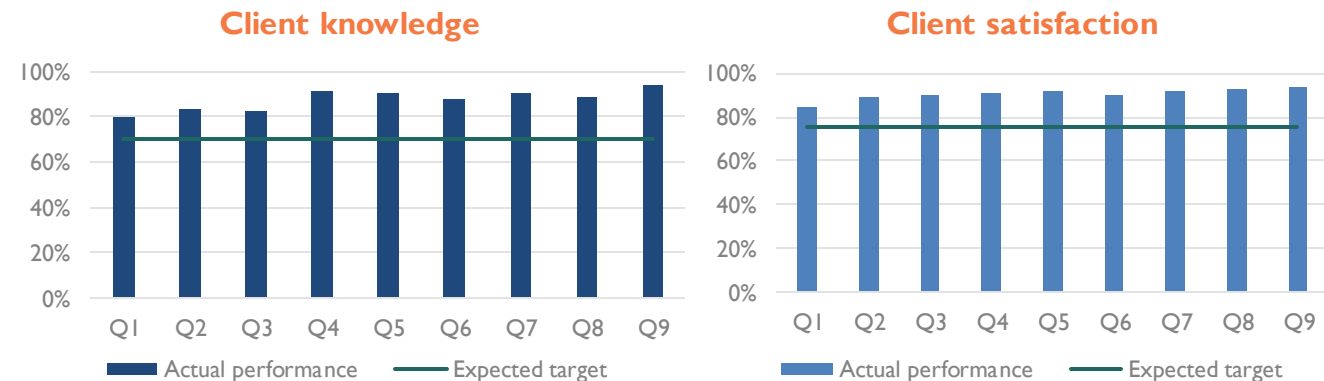
- 1** Increased focus on understanding reasons for the **high number of unverified results**.
- 2** Disruptions to operations due to **COVID-19** which affected key activities such as CHW training and supervision.
- 3** Pursuit of multiple objectives by stakeholders led to a relatively **complex RBF design** that included several design features that drew attention to different factors.

## 2. Impact of RBF on quality-of-service provision

As quality was partially incentivized through the verification of quantity metrics, it was unclear whether the incentives on quality-of-service delivery led to the consistently strong performance.

- This could be partly due to **how quantity metrics were verified**. In addition to requiring the service to be accurately recorded on the CHW app and submitted on time, verification also - to some extent - **assessed the manner in which the service was provided** (e.g., whether key topics were covered etc.)
- This made it difficult to assess whether incentives attached to quality metrics influenced the strong performance on quality and to assess or gather insights on the effectiveness of the quality metrics
- One **recommendation** is to disentangle the verification of quality of service delivery from quantity, which would allow to gain more insights into how to assess and incentivize quality of service delivery.

LG consistently **exceeded targets** (with limited room for improvement) **on client knowledge and client satisfaction**. **Safeguard penalties were only triggered once on the in-facility delivery safeguard indicator in Q9.**

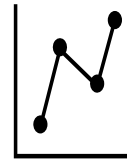
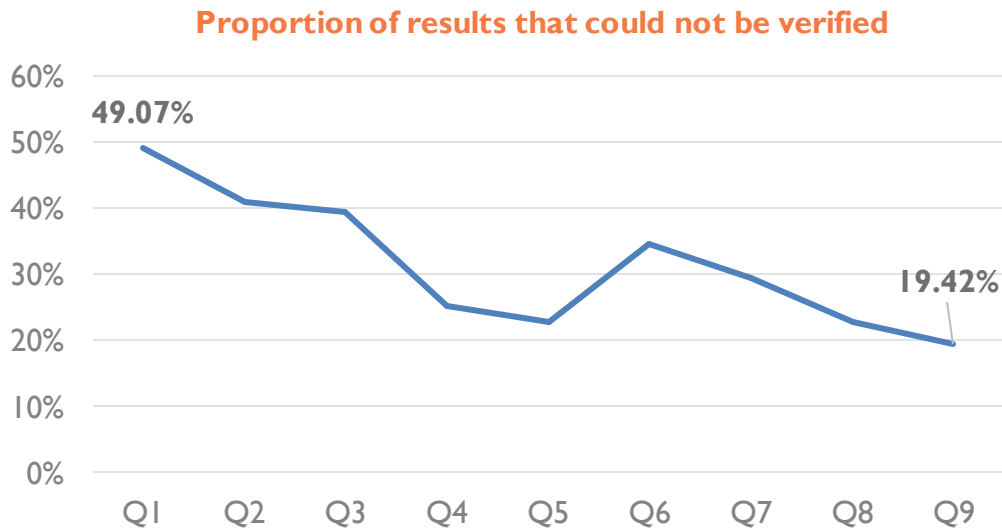


### 3. Impact of RBF on quality of programmatic data

The RBF mechanism led to measurable, scalable, and sustainable improvements in the quality of programmatic data on CHW performance.

**High verification error rates** observed at the start attributed mainly to challenges with the technology, knowledge gaps among CHWs, and the way the verification was designed.

Changes implemented by LG substantially **reduced the error rate**. They also proved to be **scalable** – as they were implemented in non-RBF branches – and **sustainable** – as they led to LG revamping internal protocols.



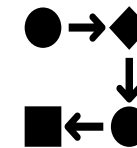
Developed a **data quality optimization plan**



Adopted **stricter penalties** for CHWs and supervisors to motivate a stronger focus on data quality



Improved training and capacity building of CHWs



Updated **Smart Health app workflows** to address challenges



Modified **target-setting strategy** to ensure targets better reflected expected performance based on contextualized factors e.g., disease burden.

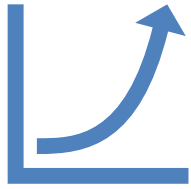


Upgraded the **Smart Health app** and revised **protocols** around syncing of data and hardware use to minimize errors

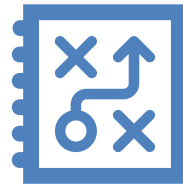
# Lessons Learned and Recommendations



# Lessons learned and recommendations



RBF mechanisms can deliver value for money through their ability to **accelerate learning**.



The **complexity** of RBF designs is contingent on **stakeholder needs** and **objectives, organizational capacity, and the context**



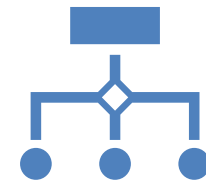
RBF mechanisms should seek in their design to **mitigate risks of underpayment to the service provider**.



To further improve the scalability of RBF, **reducing the cost of verification should be explored** e.g., by leveraging existing technology (GPS mapping) and processes (implementer's data quality processes with an audit)



Understanding how to **measure and incentivize the quality of performance** is an area that requires further research.



RBF governance structures should find the right balance in terms of the **flexibility provided for collaboration and collective problem-solving** to avoid creating inefficiencies or undermining the integrity of the RBF

# Panel Discussion



Part II - In-depth exploration of report findings & wider implications for health financing

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# Stay tuned for upcoming sessions...



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