

FINAL RESULTS AND LESSONS LEARNED

Improving maternal and
newborn health care through
results-based financing

THE
UTKRISHT
IMPACT
BOND.

उत्कृष्ट



Executive Summary | The Utkrisht Development Impact Bond (DIB) demonstrates that impact bonds can be an effective mechanism for improving healthcare quality



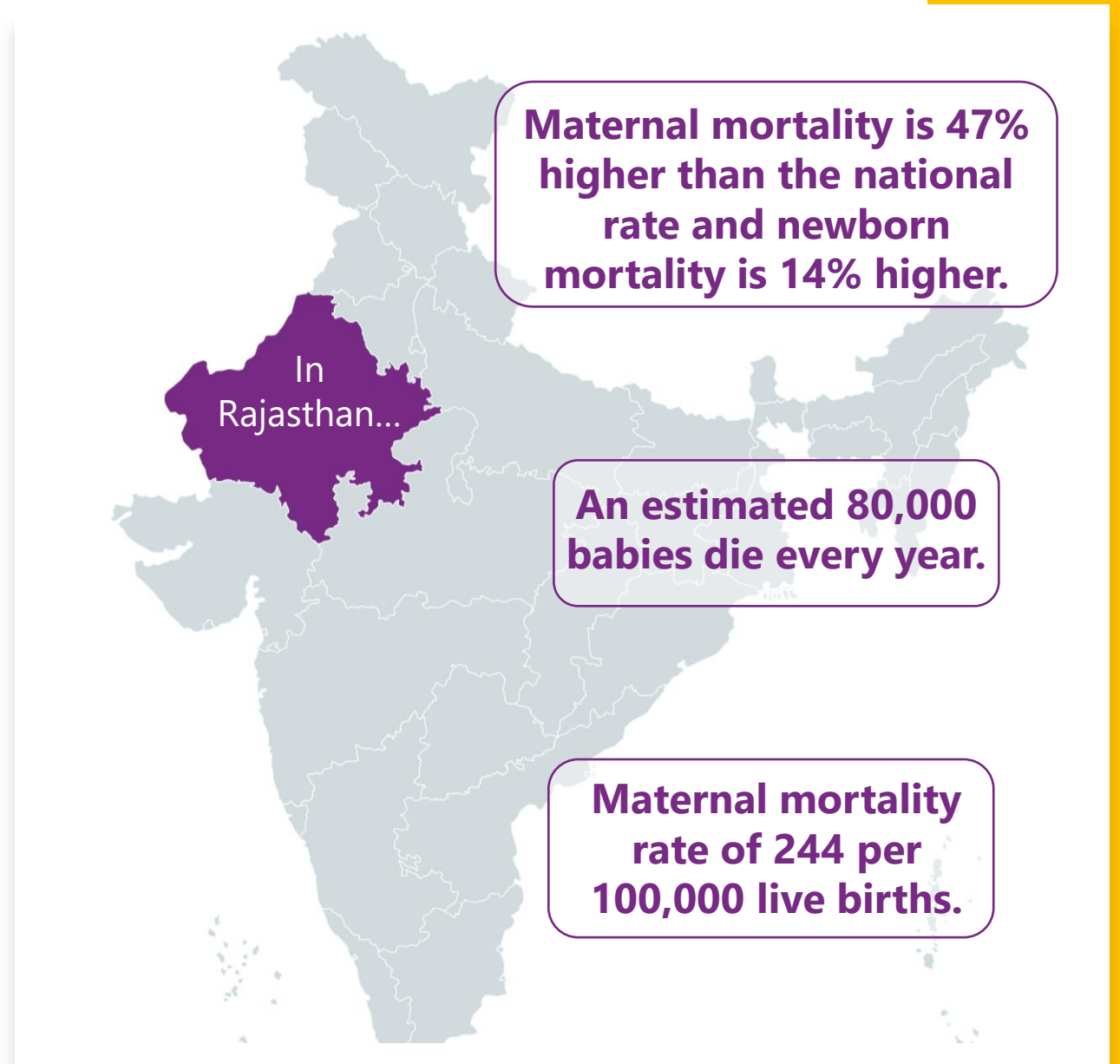
- **What did it do?** The Utkrisht program used results-based financing to improve the quality of maternal and newborn healthcare in private health facilities in Rajasthan, India.
- **Did it meet its objective?** The program achieved both its quality improvement (QI) and financial objectives:
 - **Improved the quality of maternal and newborn care in 405 small private healthcare facilities** throughout Rajasthan, reaching an estimated 450,000+ mothers and newborns, and saving an estimated 13,000+ lives in a 5-year period.
 - **Delivered a financial return for both its investor and implementation team** based on the achievement of the above health results.

Whilst primarily focused on improving healthcare quality in Rajasthan, the Utkrisht program was also envisioned as a learning DIB. Its success provides evidence that results-based financing instruments can effectively improve healthcare quality. The learnings detailed throughout this document can inform future impact bonds, in health, and contribute to the adoption of results-based financing structures.

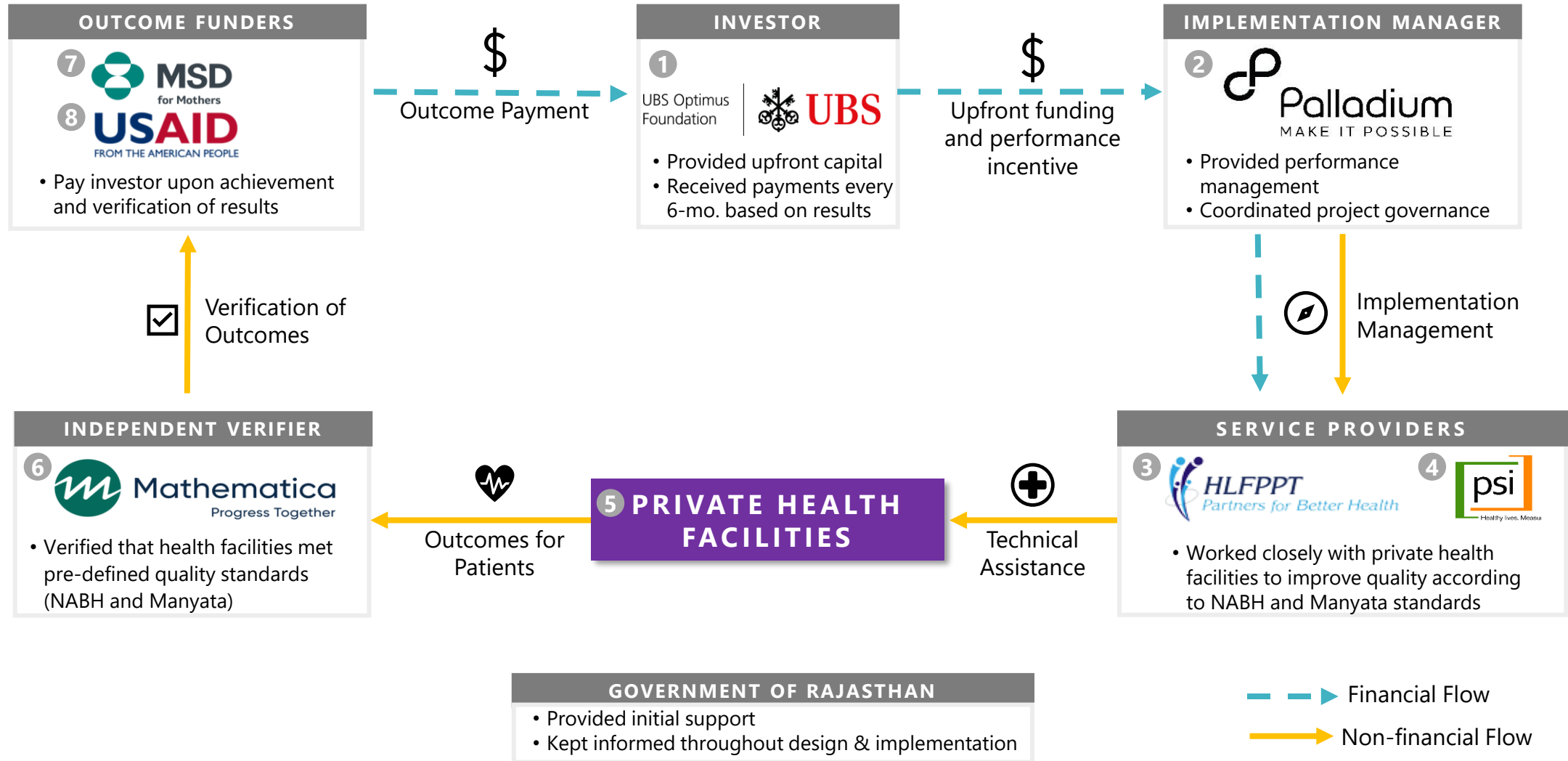
Background | Maternal and child health in Rajasthan

Various characteristics made Rajasthan an opportune environment for a quality improvement intervention:

- Poor maternal and newborn health outcomes despite private health facilities increasingly filling gaps in public healthcare.
- 25% of births occur in private facilities, including mothers and newborns from a wide range of socio-economic backgrounds.
- Existence of national certification standards (NABH and Manyata) that can be applied uniformly across private facilities.
- Government interest in improving the quality of maternal and newborn healthcare.



Framework | The program brought together partners committed to improving quality healthcare



Objective | The program shifted the focus from funding inputs to paying for health results

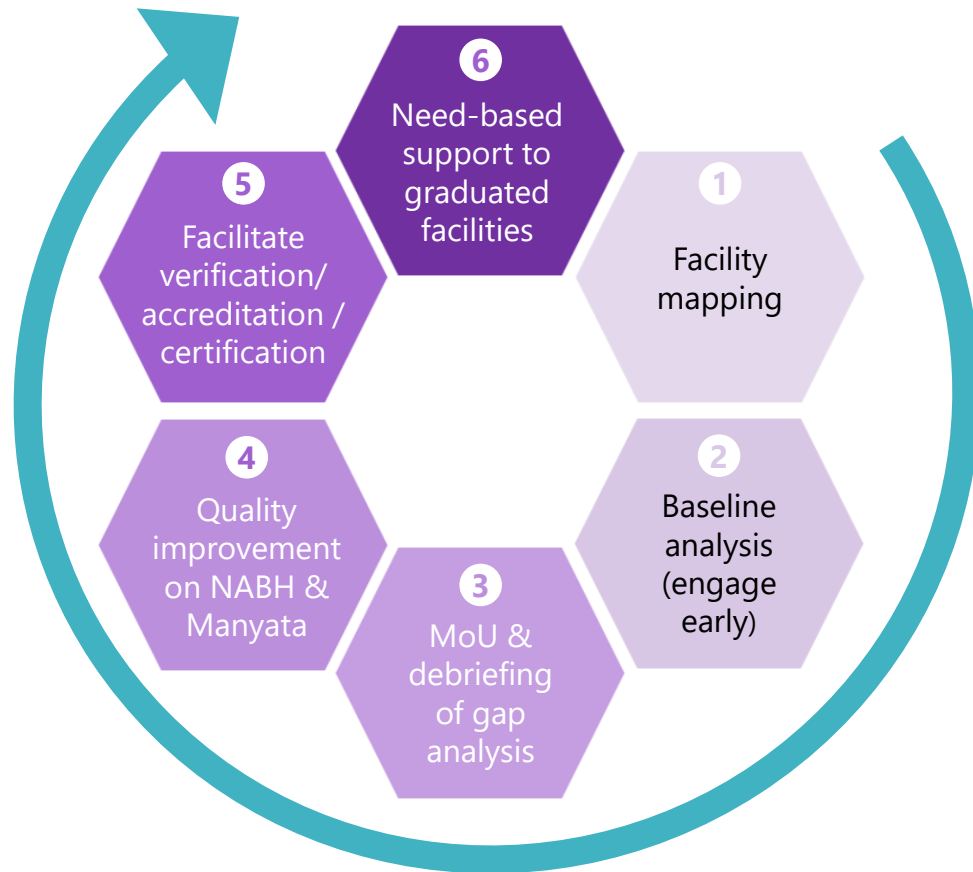


Key Characteristics:

- The **focus on outcomes allows flexibility** for service providers to adapt implementation **to promote greater efficiency** and effectiveness of the intervention.
- The key outcome of quality improvement was chosen based on evidence that **improved quality is correlated with** the program's ultimate, yet difficult to measure, goal of **reducing maternal and newborn mortality**.
- **Outcome funders only pay when results are achieved**, thus providing a financial incentive for implementation teams to achieve results.
- **The risk of not achieving outcomes transfers to an investor** and the focus of development work shifts from inputs – such as budget or technical assistance – to outcomes, in this case, the achievement of quality standards.

Program delivery | With a focus on results, the program allowed flexibility on how to achieve those results.

Strong program design....

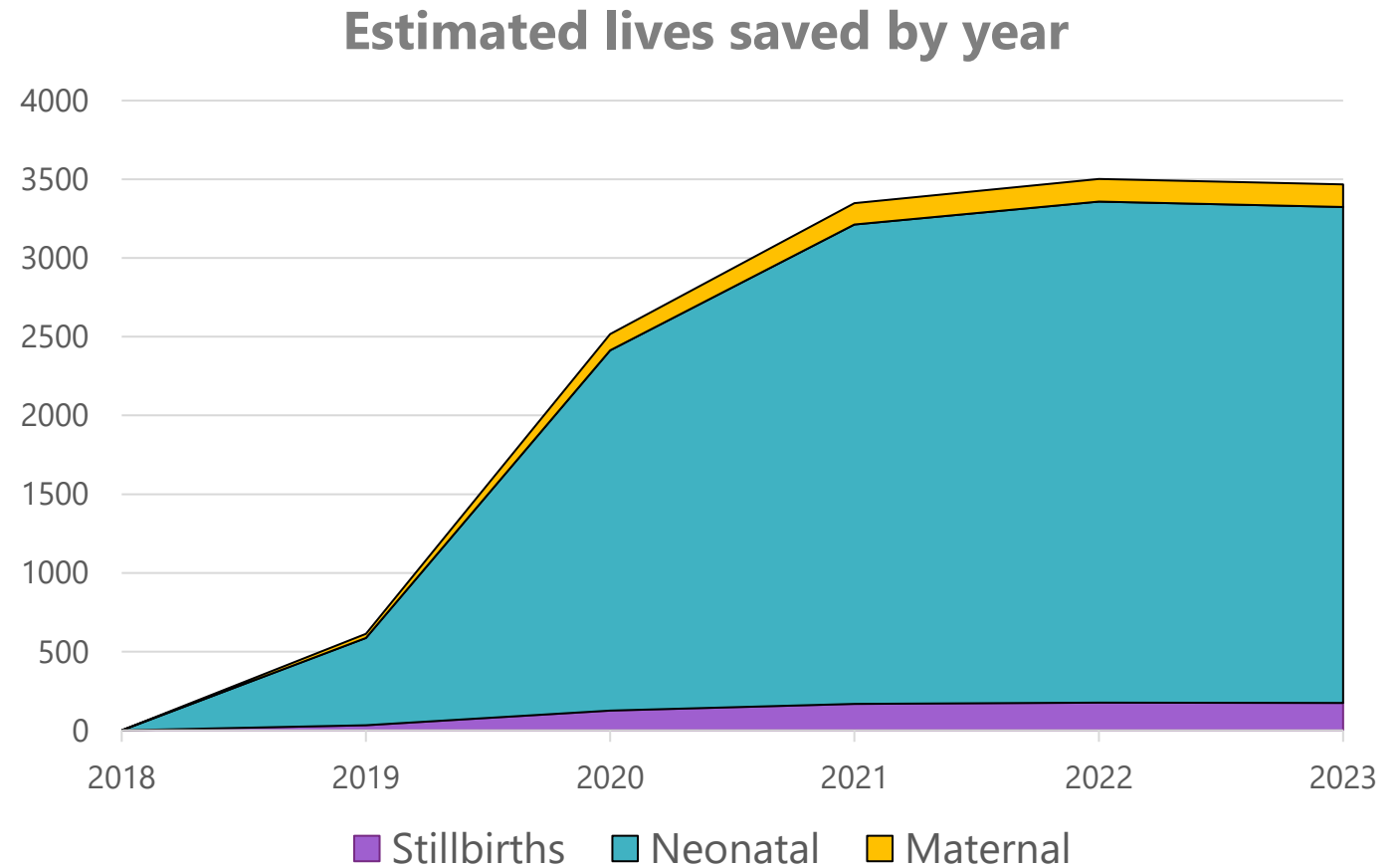


Complemented by adaptability throughout implementation

- **Adjusting eligibility criteria:** Facility eligibility criteria (see final report) were defined at the outset of the program. However, the facility mapping process determined that there were not enough eligible facilities in Rajasthan due to recent policy changes. Facility eligibility criteria were revised to ensure an adequate number of participating facilities.
- **Changes to verification process and outcome payment triggers:** Differences were discovered among the verification methodology carried out by Mathematica and the Federation of Obstetric and Gynecological Societies of India (FOGSI). To resolve this issue, the Implementation Steering Committee (ISC) agreed to accept select FOGSI certifications as an outcome payment trigger.
- **Elimination of interim payments:** The original design of the Utkrisht program called for progressive payments based on progress toward quality standards. However, Service Providers found it challenging to work with such a large number of facilities simultaneously. This challenge, combined with ongoing complications in the verification process, led the implementation team to drop the phased approach and instead focus on full achievement of quality standards.
- **Adaptations to COVID-19 pandemic:** As the result of the COVID-19 pandemic, verification of some facilities was delayed. Following successive lockdowns, the Utkrisht team developed a remote verification process and provided blended (in-person and remote) technical assistance when COVID-19 rates were lower.





Outcomes | It is estimated that DIB quality improvements will lead to 13,449 lives saved between 2018 to 2023

- The Utkrisht DIB used the Lives Saved Tool (LiST) to assess the potential impact of DIB facilities' quality improvement
- LiST is a predictive model that assesses the potential impact of implementing various maternal and child interventions on averting maternal and neonatal deaths







Outcomes | Improvements in healthcare quality led to improved health outcomes, and payments for results

Health results for mothers and newborns

 405 Facilities meeting quality accreditation standards	 13,000 Estimated lives saved over 5 years
 450,000+ Mothers and newborns received improved care*	 6,000+ Healthcare workers trained

... and payments for improved quality care

 \$7,500,000 Outcome payments	 \$1,500,000 Financial surplus after costs
 8% IRR for Investor	 \$522,000 Outcome payments above the base case performance

*estimated

Lessons Learned | Quality improvement

Success factors:



A collaborative partner work/governance structure, fostered by the colocation of the implementation team in a Jaipur office created a strong working relationship among the organizations.



Commitment of the facility leaders was crucial to improving services. The attitudes of senior management /clinicians, along with the facility's baseline scores, set the pace of progress towards meeting quality standards.



The pressure to achieve results encouraged a strong pace of work. The number of facilities where quality was improved was very high for 3 years; without the pressure to achieve results, results may have been lower, especially considering COVID-19.



Digital platforms played a significant role in QI and the commitment of the facilities, especially in the wake of COVID-19.

Improvement areas:



While the Utkrisht program improved the quality of maternal and newborn care at a point in time, the sustainability of those improvements is not guaranteed. These are especially relevant questions given the staff turnover at these facilities. While the NABH certification scheme is incentivized by insurance, it is unclear whether facilities will seek to be re-certified by the Manyata quality accreditation. The Utkrisht program does not monitor quality standards after a facility is verified to have met them.



The higher-level health impacts (e.g., mortality) of the program intervention cannot be established with certainty. The ultimate impacts are often highly complex, longer term, and influenced by a myriad of factors beyond the scope of a single intervention.



A change in government administration created a less supportive policy environment. Changes in insurance schemes led to a decrease in births in private facilities.

Lessons Learned | Impact bond mechanism

Success factors:



A strong data engine, in this case PMIS, was a critical asset to field implementation planning and performance management by monitoring facility progress and trends to make strategic course corrections.



High level of adaptive management and continuous course correction allowed the program to flex with the changing circumstances.



The freedom of the impact bond approach allowed the implementation team to adapt approaches to achieve results as it saw fit and allowed the team to quickly adapt to the unforeseen COVID-19 pandemic.



Uniting the strength of each partner. Utkrishi's success was built on USAID's understanding of the Indian health system, MSD for Mothers' expertise in quality improvement, UBS Optimus Foundation's experience in structuring and managing impact bonds, as well as Palladium's commitment to effective project governance and performance management.

Improvement areas:



Passive performance management. Performance within the financial parameters could have been leveraged to reach more facilities, thus reducing the price per unit of outcome while achieving more impact. Furthermore, the program could have taken better advantage of HLPPT's superior performance by shifting more resources to it or applying its lessons learned to PSI.



Replicating a local process for verification proved challenging. Factors such as the qualifications of the assessors can lead to disparate results between verification and the local process.




Sustainability of the program. The program initially had a strong relationship with the Rajasthan government. Due to changes in the project management team and political changes this relationship became weaker, which limited the ability to pursue longer term sustainability of the program.

A baby is lying in a basket, looking up and smiling. The basket is lined with a patterned blanket. The background is a soft-focus floral pattern.

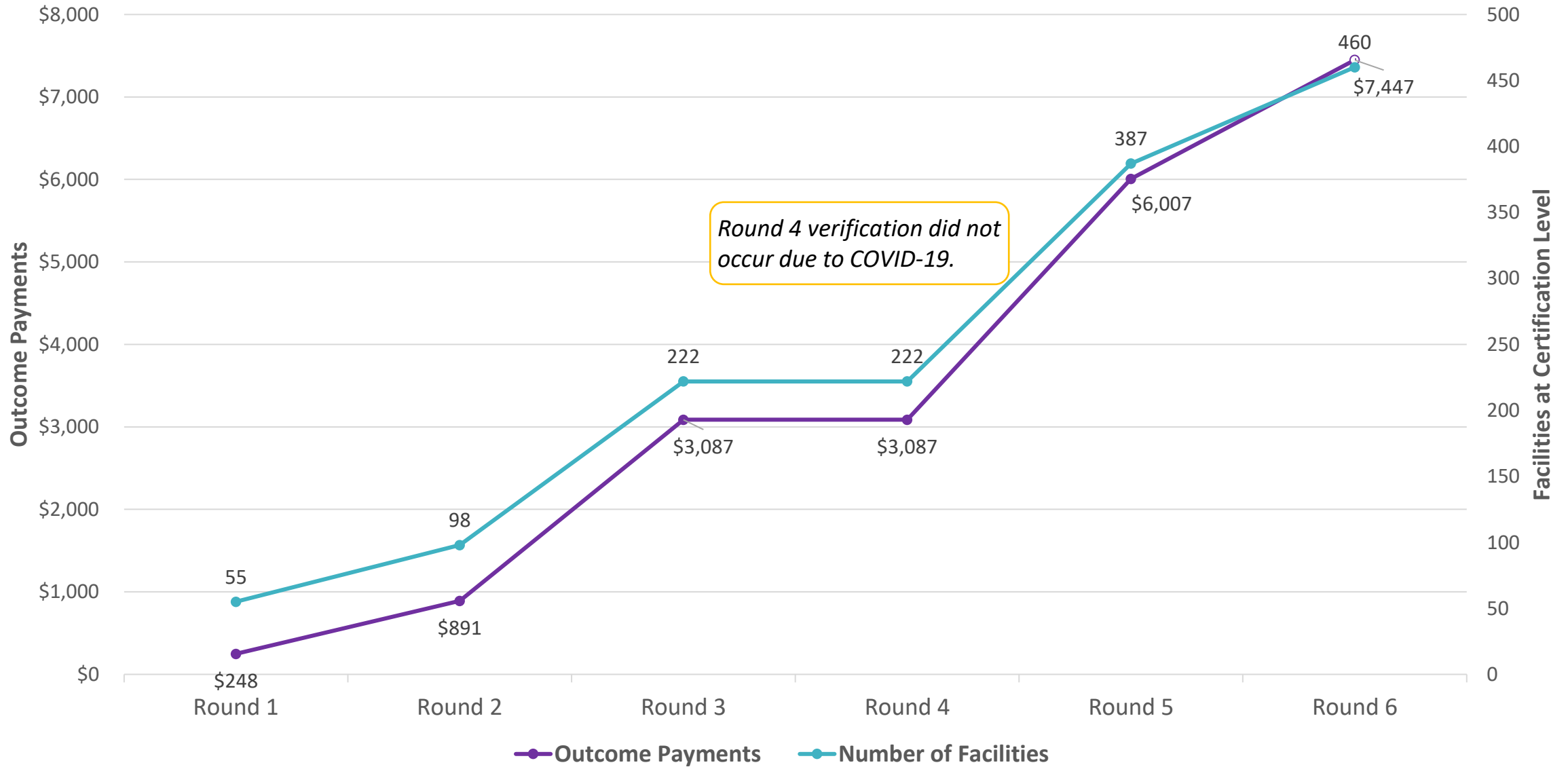
For more information, visit:

<https://www.ubs.com/global/en/ubs-society/philanthropy/optimus-foundation/what-we-do/maternal-and-newborn-health.html>

Key Partners | The committed partners brought extensive experience and complementary skill sets

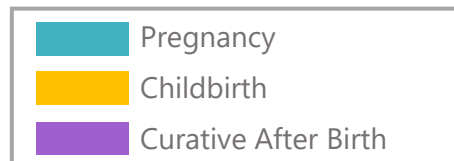
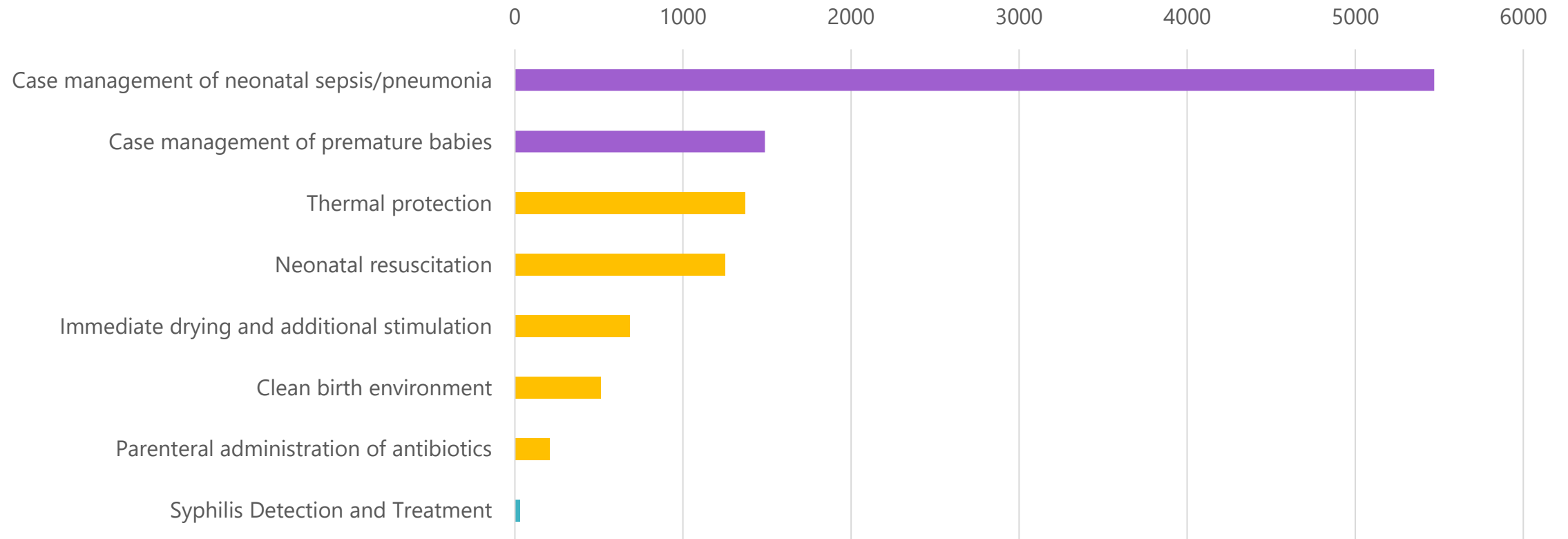
Role	Partner	Experience
Investor		<ul style="list-style-type: none"> • An expert grant making foundation established by UBS. It connects philanthropists to transformational and sustainable programs designed to deliver measurable, long-term benefits to the world's most vulnerable children • It was the investor in the first ever Development Impact Bond in education in 2015
Implementation manager		<ul style="list-style-type: none"> • A global leader in Positive Impact, currently working in 90 countries • It has been designing and implementing USAID contracts for over 40 years, predominantly in the health sector, including a major contract in India to support private health clinic development
Service providers		<ul style="list-style-type: none"> • A global network of over 60 local organisations dedicated to improving health in the developing world, with over 40 years experience in India that includes the Better Birth Project collaboration with Harvard and Gates Foundation • It currently works on reducing maternal mortality in 14 Rajasthan districts as part of its Women's Health Project
		<ul style="list-style-type: none"> • An Indian health franchising and social marketing organisation with 600 employees • It is focused on delivering better health outcomes and has partnerships with the Indian Ministry of Health and Family Welfare and 11 state governments • In 2007, it launched the Merrygold Health Network, an innovative public-private partnership that includes a franchise of 384 private hospitals in India providing services to the poorer members of society
Outcomes funders		<ul style="list-style-type: none"> • The leading US Government agency that works to end extreme global poverty. It has extensive experience improving maternal and child health in India
		<ul style="list-style-type: none"> • MSD's global initiative to reduce preventable maternal mortality worldwide • Since 2013, MSD for Mothers has supported Manyata — a quality certification for private maternity care providers based on a quality improvement model that significantly improves private providers' adherence to WHO-aligned quality standards

Cumulative Outcome Payments & Facilities at Certification Level by Round



Quality Improvement Outcomes

Cumulative Lives Saved by Intervention



Notes: To estimate the impact of quality improvement, we used the Lives Saved Tool (LiST). [LiST](#) allows users to estimate impact of changes in coverage of maternal and child health interventions on averting deaths. Interventions included in the tool have evidence of saving maternal and neonatal lives.

Source: O'Neil et al., 2021. [Maternal Health Care Quality Improvement in Rajasthan, India](#). Mathematica.