

BRIEFING NOTE FOR BREAKOUT SESSION – IMPACT MEASUREMENT

The session will focus on Impact Measurement and Management (IMM) tools developed by the UBS Optimus Foundation (OF), in particular the Impact Rating Tool, that informs decision making and management priorities. Participants will have the opportunity to apply the tool using a case study and share their feedback at the end of the session. UBS Optimus Foundation’s IMM approach and tools are derived from publicly acknowledged tools/principles such as the Impact Management Project’s five categories of impact, the Operating Principles for Impact Management, the Global Impact Investing Network’s IRIS+ indicators and lessons learned in impact evaluation within international development.

The Impact Rating Tool (see extract of first category below) was designed in 2022/2023 (and expected to be piloted in 2024) to help investment decision-making and improve impact transparency. It can be completed at different stages of an investment/grant cycle (application, management and closure) but only the application stage will be tested during the breakout session.

Tool Overview (further guidance will be provided during the session:

- The tool has three ‘Impact Categories’, which are weighted equally to give an overall impact rating from AAA (strongest) to CCC (weakest), much like mainstream credit ratings.
- Each Category is made up of several ‘Elements’ that are scored on a three-step scale – either A, B or C.
- The assessment is made on a best fit basis, with rubrics provided for each potential option (A, B or C for each Scoring Element).

Impact categories	Scoring Element	Questions	A	B	C
Breadth of impact	Alignment with portfolio/fund strategy	<ul style="list-style-type: none"> • Main and other outcomes? • Alignment with strategy? • Address relevant key gap or need? 	Targeted outcome fully aligned and addresses a key gap or need of the UBS-OF’s strategy.	Targeted outcome aligned but does not address a key gap or need of the UBS-OF’s strategy.	Targeted outcome not aligned and does not address a key gap or need of the UBS-OF’s strategy.
	Level of need	<ul style="list-style-type: none"> • Address gap or need in local context? • Unique characteristics? 	<p>Target groups most under-served in relation to outcome.</p> <p>Those with greatest need are the most at risk of not having access to health care or schooling or other basic service.</p>	<p>Target groups under-served in relation to outcome.</p> <p>Well-being of groups not within sustainable range.</p> <p>Sustainable range can be considered in terms of Availability, Accessibility, Acceptability and Quality.</p>	Target groups already well-served in relation to outcome.
	Inclusion	<ul style="list-style-type: none"> • Address gaps/inequities in community(e.g., gender, income, age)? • Disaggregated demographic data? 	<p>Addresses inequities and provides disaggregated data for key inclusion metrics.</p> <p>Disaggregation by gender, income, people with disabilities, children in care or other historically marginalized populations.</p>	Addresses inequities but unable to provide disaggregated data for key inclusion metrics.	No ability/intent to address inequities or provide disaggregated data.

Note: some scoring elements and guiding questions may not be applicable/relevant as they are specific to UBS Optimus Foundation and/or the available background information might not be sufficient to answer suggested questions.

Participants are encouraged to familiarize themselves with the case study by reading the background information¹ (next page) they will use to practice the impact rating tool during the session.

¹ A wide range of documents are expected to be used to complete the impact rating, including: grant application form, Theory of Change, detailed list of KPIs, etc. Due to time limitations, participants will use a summary background information document (5 pages) that is based on real examples of UBS Optimus grants and has been adapted accordingly.

Case study: Real Health²

Combining community and clinic care for maximum results, **Lao PDR**

Real Health (RH) saves lives in the world’s most neglected communities by integrating professional Community Health Workers (CHWs) with improved care in public clinics. This powerful combination transforms the poorest-performing government clinics into lifesaving centers of excellence. Real Health currently serves over 90,000 people through nine public clinics across northern Lao PDR. Over three years, a 50% reduction in child mortality has been observed in the pilot communities where Real Health works. Building on this success, Real Health is expanding to serve more people and scale the model nationally.

The problem

In Lao PDR, despite outstanding achievements in the health sector over the past 20 years, maternal and child health remains a development priority. 44 in 1,000 children die before his or her fifth birthday, and 126 women die per 100,000 live births. That’s 10 times the rate for developed countries. The five major killers of children in Lao PDR—malaria, dengue, diarrhea, tuberculosis and malnutrition—are all preventable or treatable at low cost. Lao PDR lacks the functioning healthcare system required to deliver effective treatments to women and children in need. Essential healthcare systems, including personnel, supplies, and training, are currently absent or insufficient throughout much of the country. As a result, a significant proportion of the Lao PDR population still lives without access to adequate healthcare.

The partner

Real Health is one of the few international organizations with a sustained presence in Lao PDR. RH currently serves over 90,000 people through nine public clinics across northern Lao PDR and is expanding to serve a total of 240,000 people by 2025. RH is simultaneously working with the Government of Lao PDR to scale the model nationally.

The philanthropic solution

RH has developed a model that integrates professional CHWs with improved care in public clinics—one of the few models that actively addresses quality at the clinic level. This powerful combination transforms the way primary healthcare is delivered and saves the lives of thousands of women and

children. RH’s integrated primary care model delivers a package of services designed to ensure high-quality, accessible, and patient-centered primary healthcare, including:

- Community Health Workers. Trained, equipped, supervised, and salaried CHWs conduct proactive case finding and provide home-based care to ensure population-level coverage.
- Clinical Capacity Building. A trained peer coach provides clinical mentorship to nurses and midwives in public clinics to ensure competent care providers and effective care.
- Supply Chain and Infrastructure. Pharmacy managers are trained in supply chain management, and basic infrastructure improvements are made to ensure that providers have the tools they need.
- User Fee Removal. Point of care fees for pregnant women and children under five are removed to eliminate financial barriers.

Together this package of services creates a seamless system of healthcare delivery that can be replicated at a recurring annual cost of USD 10 per capita.

The evidence

The pilot of RH’s integrated primary care approach in four clinics serving a population of roughly 30,000 demonstrated the initial effectiveness of this model. Programmatic data shows 85% of deliveries occurred in a facility over one year, up from as low as 37% at baseline, and contraceptive coverage reached 20%, up from as low as 4% at baseline. Furthermore, preliminary data from an interrupted time series study revealed a 32% reduction in under-five mortality in the communities where RH works over 3 years. To date RH has scaled the model in Lao PDR to 9 clinics.

The impact

RH’s five-year ambition is to intervene in two to three countries in Southeast Asia to serve more than 500,000 people through direct healthcare delivery, and to impact more than 10 million people through efforts to support governments to scale effective primary care innovations by 2028.

Location	Lao PDR
Target	49,940 children under 5
Group	163,374 children under 5, pregnant women, family planning-eligible women
Partner(s)	Lao PDR’s Ministry of Health
Co-sponsors	SEA Health Foundation Child Health International Association Individual philanthropists
Grant total	USD 800,000
SDGs	3
Duration	3 years
Program ID	47897X

² The organization name and information shared in this case study are fictitious and therefore do not necessarily reflect the reality.

Background information (case study)

The UBS Optimus Foundation is a grant-making foundation that offers UBS clients a platform to use their wealth to drive positive social and environmental change. The Foundation selects programs that improve children's health, education and protection, ones that have the potential to be transformative, scalable and sustainable as well as programs tackling environmental and climate issues.

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Background information (case study)

Gift ID:	47897X	
Name of Program	Real Health	
Portfolio strategy	Frontline Health	
Restricted/unrestricted grant	Unrestricted	
Client led: Y/N	N	
Country/ies	Lao PDR	
Grant Amount:	Total – USD 800,000	
Beneficiaries If adults are direct beneficiaries, explain how targeting them will benefit children.	Target child beneficiaries	
	Direct	Indirect
	49,940 children under 5 163,374 children under 5, pregnant women, family planning-eligible women	237,807
Program Overview		
<ul style="list-style-type: none"> – Real Health’s model integrates professional CHWs with improved care in public clinics. This combination is not seen in many other CHW models, which tend to focus exclusively on training and deploying CHWs with little attention to the quality of the local clinics to which CHWs are referring patients that need a higher level of care. Without attending to the quality of care in facilities, the impact of CHWs is likely to be mitigated. – RH’s model delivers a package of services designed to ensure high-quality, accessible, and patient-centered primary healthcare, including: <ul style="list-style-type: none"> – Community Health Workers. Trained, equipped, supervised, and salaried CHWs conduct proactive case finding and provide home-based care to ensure population-level coverage. – Clinical Capacity Building. A trained peer coach provides clinical mentorship to nurses and midwives in public clinics to ensure competent care providers and effective care. – Supply Chain and Infrastructure. Pharmacy managers are trained in supply chain management, and basic infrastructure improvements are made to ensure that providers have the tools they need. – User Fee Removal. Point of care fees for pregnant women and children under five are removed to eliminate financial barriers. – Over three years, a 32% reduction in child mortality has been observed in the communities where RH piloted this approach. RH is at a critical juncture of replication in order to facilitate the Government adoption of the model at national scale. – The \$10 per capita recurring cost required to implement the Real Health model represents a cost-effective investment toward which the Government of Lao PDR can direct a portion of its planned increase in health spend. – This additional investment will support RH's effort to further replicate the model within Lao PDR and support the Government to scale up the model nationally, as well as expand into new countries. – During a visit to Lao PDR in July 2023, [Donor X] observed strong community engagement and support as well as impressive improvements in the quality of care within the clinics in which RH has been working, even after only one year. The supervisory model which includes intensive (bi-weekly) supportive supervision during the CHWs first month of service is particularly robust. 		
Fit with strategy		
<ul style="list-style-type: none"> – The investment in Real Health is a flagship investment for the Frontline Health portfolio. Real Health’s model, which works to both strengthen frontline clinics and deploy and sustain a cadre of community health workers is precisely the type of model in which [Donor X] should be investing to achieve real impact on health outcomes. – RH is one of two partners in the Frontline Health portfolio that is demonstrating this holistic and integrated model of care. 		

Background information (case study)

Organization strength

- Real Health has been operating in Lao PDR since 2004. It is one of the few international organizations with a sustained presence in Lao PDR.
- Real Health partnered with the MOH to build and scale one of the most effective malaria care programs in Lao PDR. In 2015, at the request of patients and the MOH, RH launched the pilot of the integrated primary care approach in four clinics with 27 CHWs serving a total population of roughly 30,000. RH has since expanded into an additional five clinics.
- Real Health has an ambitious goal of growing to 20 clinics serving a total population of 240,000 by 2025. This will require them to raise \$12m over the next four years, and increase their operating budget by an average of 15% per year. RH, however, has demonstrated capacity to raise additional funds, increasing its operating budget by over \$1m from FY17 to FY18.
- As observed during a site visit in July 2023, RH is working in tandem to establish institutional processes and procedures, and make key hires like COO and in-house finance manager, that will ensure they are prepared and well-equipped to handle this organizational expansion as well as provide technical assistance to the Government of Lao PDR as they consider if and how to adopt the model nationally.
- Dynamic Laotian leaders occupy senior leadership positions including Country Director; Medical Director; Operations Director; and Monitoring, Evaluation, and Quality Improvement Director. These individuals have extensive experience in civil society and public health. RH also has local representation on its Board of Directors. [Donor X] met with the program leadership in Lao PDR in July 2023 and was very impressed with their level of professionalism, knowledge, and strategic thinking.
- Real Health has 92 staff members, of whom 88% are Laotian and 70% are women.

Program evaluation and measurement

- RH aims to inform the global community of health practitioners and policy makers working to strengthen primary healthcare. RH is engaged in ongoing research and evaluation efforts that will be published through peer-reviewed journals in order to provide the highest possible standard of evidence for other practitioners and policy makers. Specifically, RH is using implementation science to document not just whether a given program was effective, but if so how that effectiveness was achieved.
- The key impact measure RH tracks is the under-five mortality rate, which is calculated annually. RH also tracks several key metrics in order to measure the effectiveness of the facility systems-strengthening approach.

Potential for scale

- In July 2022 RH successfully completed its replication throughout six Northern Lao PDR provinces, expanding its reach to over 90,000 people and nine public clinics. This replication phase was designed to inform a national scale up of RH's approach through public sector adoption. To this end, RH is working closely with the MOH at the national level and is currently supporting the Government to implement the Wou program (national maternal health reform), a key priority of Lao PDR, the design of which is rooted in the RH model. RH also is facilitating the process of CHW professionalization in Lao PDR, another priority for the Government of Lao PDR.
- Beyond Lao PDR, RH sees this model as highly applicable in comparable settings, such as neighboring Cambodia and Myanmar, where existing weak health systems, especially in remote communities, provide a tremendous opportunity to transform primary healthcare delivery and save lives.

Background information (case study)

Performance to date

- RH has been an exemplary partner. Most recently, the Government of Lao PDR committed to include prenatal care, facility delivery, and post-partum family planning in the national maternal health benefit package. This milestone reflects years of discussion and demonstration by Real Health, and mirrors the Real Health model.
- RH is currently on track to exceed most of its pediatric and maternal health targets such as effective pediatric referrals (91% vs. 80% target) or Postnatal Consultation Coverage (83% vs. 70% target).
- Real Health reached an exciting milestone in transferring ownership of the integrated Primary Care Program to the Government in Lao PDR.
- RH has officially signed a partnership agreement with the Ministry of Health (MOH) in Cambodia to solve critical challenges in the implementation of the national community health strategy. Further, Real Health kicked off the district selection process for direct service delivery. Real Health and the MOH have co-developed terms of reference for the selection process.

Safeguarding Risk Mitigation

- No risks identified per Safeguarding Checklist. No history of safeguarding incidents.