



Proof of Concept RCT



LivingGoods

Delivering Data-Driven Health Care, Door-to-Door.

A Randomized Controlled Trial (RCT) is considered the gold standard for research design, and the best way of accurately determining the causal effects of a given intervention to learn what works and what does not. In an RCT, we use a comparison group to understand what would have happened without the program. Villages, households, or individuals are randomly assigned to either receive a program (or intervention) or not such that we have confidence the impact we see is due to the program and not to other factors.

RCTs can be expensive and time-consuming, and we do not plan on conducting large-scale RCTs of our overall program routinely. However, having an RCT embedded in our roll-out was crucial in giving us evidence and confidence early on that our community health program was having an impact. [Learn more about RCTs here.](#)

A large-scale, randomized evaluation of Living Goods' and our partner [BRAC's community health program in Uganda](#) showed substantial impact in reducing unnecessary deaths. After three years, results demonstrated a 27 percent reduction in under-five mortality at an estimated average cost of \$68 per life-year saved. Infant and neonatal—under 1 month—mortality were also significantly reduced by 33 and 27 percent, respectively. The Children's Investment Fund Foundation funded the independent evaluation led by a team affiliated with IPA and J-PAL.

The RCT found that the community health program improved other intermediate outcomes as well, including improved health access, health knowledge, and behaviors. For example, households with a newborn baby were 71 percent more likely to have received a visit in the first week after birth.

Resources



[Publication in American Economic Journal: Applied Economics](#)



[J-PAL Policy Briefcase](#)