

A conversation with the Abdul Latif Jameel Poverty Action Lab and Evidence Action, December 22, 2014

Participants

- Rachel Glennerster – Executive Director, Abdul Latif Jameel Poverty Action Lab (J-PAL)
- Alix Zwane – Executive Director, Evidence Action
- John Floretta – Deputy Director, J-PAL South Asia
- Elie Hassenfeld – Co-Founder and Co-Executive Director, GiveWell

Note: These notes were compiled by GiveWell to give an overview of the major points made by Dr. Glennerster, Dr. Zwane, and Mr. Floretta.

Summary

GiveWell spoke with Dr. Glennerster, Dr. Zwane, and Mr. Floretta as part of its investigation into programs that provide financial incentives to parents who ensure that their children are immunized. Conversation topics included details about an immunization incentives program in Pakistan and an update about an immunization incentives study in Haryana, India.

Incentives for Immunizations in Pakistan

Interactive Research and Development (IRD) operates a program in Pakistan that provides financial incentives to parents in order to encourage them to have their children immunized. The Abdul Latif Jameel Poverty Action Lab (J-PAL) and Evidence Action are seeking funding to assist IRD in scaling up and evaluating its program.

IRD's immunization incentives program

In Pakistan, the IRD team has been directly engaged with Expanded Programme on Immunization (EPI) at the provincial and national level in Pakistan since 2000. IRD is currently working with WHO on scaling up a mobile-phone based electronic vaccine registry linked to conditional cash transfers to mothers and vaccinators in the form of a lottery under a UN Secretary General's Innovation Working Group (IWG) grant funded by the Norwegian Agency for Development Cooperation (Norad).

Parents can enter these lotteries if their children have been immunized. A computer server runs the lottery and vouchers are delivered electronically to the mobile phones of lottery winners. IRD works with local shopkeepers so that the lottery vouchers are redeemable through its tech infrastructure for goods and services. The

registry allows healthcare workers to access online medical records using quick response (QR) codes or radio frequency ID (RFID), send out patient reminders, and tracks when patients receive immunizations. Furthermore, the built-in decision support system also guides vaccinators on routines and catch-up immunization schedules for every child.

IRD is still developing some aspects of its program, particularly around the incentives. IRD is considering:

- Whether to continue using a lottery system to distribute incentives
- How large the incentives should be
- Whether larger incentives should be distributed at the beginning or end of a child's immunization schedule

IRD has yet to formally study the impact of its program.

IRD has been supporting this program with its limited core funding. Without outside funding, the program will shut down.

Support from J-PAL and Evidence Action

J-PAL and Evidence Action are interested in supporting IRD's program. Their support would allow IRD to expand its program and for an evaluation to be conducted on the expanded program. J-PAL would provide support for the design of the evaluation. Evidence Action would provide support focused on the practical issues around scaling the program, similar to its work on deworming and on migration in Bangladesh.

Proposed evaluation

The timeline and size of the proposed evaluation are dependent on a variety of logistics that have yet to be determined, such as:

- The number of arms of the treatment to include
- How to monitor shopkeepers who accept the vouchers issued as incentives

More information on the size and timeline of the evaluation should be available in the next month and a half or so.

After these decisions are made, the evaluation should proceed quickly. Baseline data will not be collected before the evaluation starts. Instead, participants will be enrolled as they walk into participating clinics and data collection will start right away. Enrollment will continue for six months or so. After enrollment is complete, the evaluation will run for approximately two years, which is when the last of the children enrolled in the evaluation will receive their final vaccinations.

Funding need

IRD needs funding quickly to continue its program. J-PAL is working to find funding for the proposed evaluation; funding has not been secured yet. A budget for the study should be available in the next month and a half. J-PAL has committed to submitting the study proposal quickly. Some potential funders, such as Development Innovation Ventures (DIV), will likely take a substantial amount of time to respond.

Evidence Action has committed to contributing \$150,000 to the project. This funding covers approximately 50% of a current postdoc's time and the time that other staff have contributed to the project. Evidence Action may seek a modest amount of resources to cover some of these costs, which are currently covered by its unrestricted funding.

Transparency

GiveWell's vision of transparency for evaluations includes pre-registering an analysis plan and sharing the data, analysis code, and results. Dr. Glennerster is amenable to writing a pre-analysis plan but needs to check with her co-authors before committing them as well. She believes that IRD will not have any issues with GiveWell's vision of transparency in the research process.

Haryana, India: Replication RCT Evaluating Immunization Incentives and SMS Reminders Program at Scale

Summary

The study will use a randomized controlled trial (RCT) design to evaluate the effectiveness of incentives and SMS reminders in increasing full routine immunization coverage in the Indian state of Haryana. The evaluation will test the scalability of this approach through the government. The immunization incentives program is based on an evaluation of one the most successful and policy-relevant studies J-PAL has implemented the last ten years. This replication-at-scale study has been designed through a year of intensive policy outreach in the state culminating in a memorandum of understanding (MoU) with the health department and support of top officials. USAID has committed to providing funding for the program and part of the evaluation through a Development Innovation Ventures (DIV).

Seven districts in Haryana which have immunization rates are particularly low according to the official data (DHLS4 data 2012/2013) have been selected for the study. The full age-appropriate immunization coverage in these districts ranges from 27 percent to 63 percent. The study will include 140 Primary Health Centers (PHC), nearly all PHCs in these districts, which cover approximately 7.5 million people, including an estimated 125,000 children under 24 months.

The study will integrate incentives into the government routine immunization framework through a direct collaboration with the National Health Mission (NHM) in the state. It will cover a total of 140 Primary Health Centres (PHCs) across the seven low performing districts of the state. These 140 PHCs will be randomly divided into two groups. One group of 70 PHCs, the treatment group, will receive non-cash incentives to distribute with the regular supply of vaccines at the immunization camps. Nurses will distribute incentives to the parents who have their children immunized at the sessions. A more expensive incentive will be provided when the child completes the full course of five routine immunizations. Impact will be measured by comparing full immunization rates to a second group of 70 PHCs which will not run the incentives program.

Haryana Funding Update

USAID has approved \$1.26 million for J-PAL's immunization incentives study in Haryana (a state in India). This amount will not fund the whole study (as originally planned) because the study team has to perform an unanticipated census of nearly 1,000 villages preceding a baseline survey before the intervention begins. USAID's DIV has approved the study to go ahead, with J-PAL's commitment to raise the remainder of the funding – approximately \$423,000 before the endline survey in order to run the ideal version of the study.

To date, Good Ventures is the only donor J-PAL has discussed the study with.

Challenges to raising additional funds

Timing issues may be a challenge to raising additional funds for this study. As the study is beginning immediately, it is essential to secure funds for the endline survey by the end of the year.

Lengthy funding cycles may also be a challenge to raising additional funds for this study. Many government-supported funders that J-PAL would typically approach for this sort of work have slow funding cycles. For example, J-PAL has worked with a donor for a year and a half to secure initial funding for this study. It submitted a letter of intent 18 months ago and a proposal 14 months ago. Its proposal was accepted in principle 12 months ago, and J-PAL has just been able to clear all of the administrative hurdles that would release the funding and start the study.

Study timeline

The anticipated study timeline is as follows:

- March-June 2015: Mapping, census, and baseline
- July 2015-June 2016: Intervention
- July-October 2016: End-line

- Winter 2016: Preliminary results

All GiveWell conversations are available at <http://www.givewell.org/conversations>