

IDinsight - GiveWell Initiative Update Providing monitoring support for SCI

April 8th, 2015

Proposed goals and deliverables

The overarching goals of the IDinsight – GiveWell initiative are to provide:

- 1. Indicative evidence of whether at-scale implementation of SCI's deworming program a "proven" public health intervention is generating social impact comparable to that found in the original deworming evaluations
- 2. Evidence of the quality of SCI's own monitoring activities
- 3. Recommendations to improve the implementation quality of SCI's deworming programs

To achieve these goals, we recommend prioritizing the following two deliverables:

	Deliverable	Objectives	Activities	Notes
1.	Estimate of deworming coverage of Ethiopia's October MDA in select districts	 Measure MDA performance quality Compare IDinsight's coverage estimates to SCI's coverage estimates to triangulate/validate SCI's methodology 	Independent, village level coverage surveys	To be decided whether estimate will representative at the national or district level
2.	Quantitative and qualitative report on the quality of MDA implementation	 Triangulate coverage survey data with school-level data on implementation quality Explain why performance was low/high, and investigate drivers of differential performance in different regions Provide implementation recommendations to SCI 	 Random spot-checks and/or back-checks at MDA points (schools and villages) with: Quantitative observation checklists Quantitative surveys of MDA implementers, teachers, and/or students Qualitative surveys of MDA implementers, teachers, and/or students If applicable, follow-up surveys with government officials, MDA staff, and teachers to investigate especially high-performing and/or low-performing areas 	Qualitative surveys can be conducted alongside quantitative monitoring at low marginal cost



Potential additional activities

In addition to or in lieu of the above, we could:

- 1. Audit SCI coverage surveys
- 2. Conduct quantitative and/or qualitative process monitoring of additional points in the activity chain (e.g. trainings, supply chain, community sensitizations, etc.)

At present we do not recommend auditing SCI coverage surveys, as this will increase costs by requiring us to extend our presence in the country to 2-4 months post-MDA without providing much additional information (beyond what independent coverage surveys will already provide).

Additional process monitoring could generate actionable information for SCI, but random spot-checks of MDAs with qualitative interviews may provide much of this information at lower cost.

Proposed timeline

We recommend launching in Ethiopia in October, with a trip earlier in the summer to investigate costs, meet with stakeholders, and observe SCI's operations. (June may be ideal from our perspective, contingent on SCI's advice and preferences.) There are sufficient funds in the current grant to support this visit, so we would aim to submit a budget for the next phase afterwards (ideally July, so long as this provides sufficient time for GiveWell to approve by mid-August).

In April – early May, we will develop and share a more detailed proposal, which we will submit to GiveWell and which will inform our activities during our Ethiopia trip. We will be in contact with SCI to obtain the requisite information for this proposal in April.



Detailed timeline

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
SCI timeline in Ethiopia			Coverage survey		Process eval		3rd MDA		Coverage survey		
IDinsight timeline											
Develop initial proposal, plan for first trip											
Initial IDinsight trip to Ethiopia											
Submit detailed budget and proposal to GW											
BUDGET APPROVAL											
Develop detailed protocols, survey tools											
Prepare for launch in Ethiopia											
Spot checks, coverage surveys in Ethiopia											
Analysis and report writing											

Color code							
Mass drug administration	SCI coverage survey	SCI process evaluation	IDinsight activity	GiveWell activity			