

IDinsight – GiveWell Initiative Concept Note

Providing monitoring support for SCI

March 9th, 2015

Purpose of memo and recommendation

This concept note outlines IDinsight’s proposed monitoring activities to help GiveWell and SCI assess and improve the effectiveness of SCI’s deworming efforts. We seek input on each of the strategies mentioned in this note to determine:

1. Whether monitoring SCI’s programming, broadly, still appears to be a strong fit for the GiveWell-IDinsight initiative
2. Which strategies appear to be most valuable, and what direction(s) they should take
3. Which country would be most appropriate for a pilot engagement

Broadly, our recommendation is to **conduct performance and process monitoring**, with the following goals:

1. **Primary goal:** provide GiveWell with additional data on the effectiveness of SCI-supported mass drug administrations (MDAs)
2. **Secondary goal:** provide SCI with recommendations on how to improve A) its performance and process monitoring protocols and B) its programming and implementation strategy

We recommend conducting this monitoring concurrently with a mass drug administration (MDA). The most appropriately timed 2015 MDAs will occur in **July-August in Zambia** and **October in Ethiopia**. Given GiveWell’s country priorities, we recommend focusing on Ethiopia, and potentially using Zambia’s MDA as an opportunity to test and refine monitoring protocols.

Problem Statement

The movement for evidence-based decision-making in international development has largely focused on the identification of impactful programs through rigorous evaluation, and to a lesser extent, on replicating studies to determine an intervention’s external validity. However, far less attention has been paid to whether implementation of “proven interventions” is of sufficient quality when scaled up to create positive impact comparable to that measured in an initial impact evaluation. The lack of high quality ongoing monitoring data of large-scale health programs makes it difficult to gauge service delivery quality, identify problems, improve implementation, and compare between funding opportunities of “proven interventions.” These challenges, in turn, inhibit GiveWell’s ability to gauge the effectiveness of charities that support national health programs.

SCI, one of GiveWell’s top-ranked charities, supports government-implemented MDAs to treat parasitic worms in Africa. The monitoring data collected by governments during these administrations appear to be of highly variable quality. SCI conducts its own studies to assess treatment coverage rates and worm prevalence in its areas of operation, but it has indicated that it would benefit from monitoring support from a social science research organization to help it improve its programming and evaluation strategy. GiveWell has asked for additional monitoring of SCI’s programming to provide greater clarity on impact when “proven interventions” are scaled up.

Monitoring approaches

Broadly, we see three types of monitoring relevant to SCI's work:

- 1. Performance monitoring:** Assessing the percentage of individuals in the target demographic receiving deworming treatment in the proper doses via MDAs.
- 2. Process monitoring:** Quantitatively and qualitatively analyzing the discrete activities that are performed during preparation, implementation, and post-implementation of MDAs.
- 3. Health impact monitoring:** Assessing the prevalence of parasitic worms before and after MDAs

Due to IDinsight's expertise in social science research, **we believe we can most add value via performance and process monitoring.** We also believe the link between providing deworming treatment and reducing worm prevalence is sufficiently established that coverage rates may serve as a strong proxy for prevalence reduction. We recommend prioritizing process monitoring, which aligns most closely with our primary goal of providing information on SCI's effectiveness, while incorporating process monitoring as time and resources allow.

Proposed strategies

Outlined below is our current thinking on the types of strategies and activities that such an engagement might entail. These are preliminary thoughts that will continue to evolve as we learn more about SCI's operations in the selected country.

We envision this engagement taking one or more of the following strategies, listed in order of prioritization:

1) Conducting external performance monitoring

- Our understanding of SCI's current coverage monitoring activities:¹
 - SCI currently conducts coverage monitoring surveys 3-6 months after MDAs, in which it asks individuals in its target population (predominantly school-aged children) if they recall receiving deworming medication. SCI has also added modules to assess the knowledge, attitudes and practices of respondents in some of its coverage surveys.
 - GiveWell notes that SCI's coverage surveys in Cote d'Ivoire and Malawi were conducted in only a small number of districts (4 in Cote d'Ivoire and 2 in Malawi).
 - SCI's enumerators ask the size, taste, and doses of drugs taken during these surveys, but these data have not been systematically recorded or analyzed (in the countries we have reviewed).

¹ This assessment are based on our review of the following documents:

- SCI's Malawi baseline and year 1 health impact survey
- SCI's 2012 Malawi performance survey
- SCI's 2014 Cote d'Ivoire performance survey
- SCI's coverage survey protocol and Malawi KAP study protocol
- SCI's Malawi MDA District Reporting form
- GiveWell's conversation notes with Sarah Nogaro
- GiveWell's published review of SCI

- District-level government-reported statistics in Cote d’Ivoire and Malawi appear to be of questionable quality.²
 - It is possible that more immediate monitoring (through self-report or otherwise) could reduce recall error and provide more precise information on the doses and drug types provided.
 - Coverage data could be validated through techniques that do not rely on self-report, as well as via systematic collection and triangulation of additional data points recorded during surveys (e.g. size, taste, and doses of drugs; use of dose poles; etc.)
 - Given high variation in coverage rates across districts, it is possible that conducting surveys in a larger number of districts could also add value.
- Potential deliverables:
 - Robust estimate of MDA coverage and implementation quality at scale, based on a representative monitoring survey
 - Measure of discrepancy between independently collected performance monitoring data and Government-reported data
 - Measure of discrepancy between independently collected performance monitoring data and SCI performance monitoring data
 - Potential activities:
 - Conducting rapid surveys of target populations immediately following a reported distribution, at the school or household level
 - Conducting and analyzing more thorough questionnaires on the nature of drugs provided and the activities taken during MDAs
 - Triangulating self-reported data via random spot-checks at schools during distribution
 - Analyzing discrepancies between data sources at district and sub-district levels

2) Process monitoring to recommend improvements to SCI’s process monitoring and program implementation

- Our assessment of SCI’s current activities:³
 - After initial challenges with district-level reporting, SCI has been piloting a process monitoring form in Malawi. Upon first review, this form appears to present a promising approach.
 - Given highly variable rates of district-level coverage, we anticipate there would be substantial value in improving SCI’s ability to monitor and improve MDA processes.
- Potential deliverables:

² This assessment is based on the following observations:

- In Cote d’Ivoire, 2 out of 4 districts reported coverage rates outside of the 95% confidence interval found in SCI’s coverage study
- In Malawi, 1 out of 2 districts reported coverage rates outside of the 95% confidence interval found in SCI’s coverage study (by a substantial margin – Mangochi district reported 88% overall coverage, whereas SCI’s survey found only 63.6% coverage for PZQ and 32.5% coverage for ALB)
- In Malawi, key elements of district measurement and reporting, such as definition of the numerator and denominator, were not standardized, and various other discrepancies were found in district data

³ This assessment is based on our review of SCI’s 2012 Malawi performance survey, SCI’s Malawi MDA District Reporting form, and email correspondence with Fiona Fleming.

- Qualitative report assessing implementation challenges and providing recommendations for programmatic improvement
- Qualitative report assessing thoroughness of SCI's process monitoring protocols and providing recommendations for methodological revisions
- Revised process monitoring forms and protocol documents for SCI's use
- Potential activities:
 - Help SCI continue to develop, pilot, collect feedback on, and revise its own process monitoring protocols
 - Embed IDinsight research staff into SCI activities to conduct qualitative and quantitative process monitoring
 - Conduct random spot-checks to observe and evaluate trainings, drug administrations, community sensitizations, and/or surveys
 - Conduct random back-checks at schools and communities to verify that drug administrations occurred as planned, and to collect qualitative feedback on the manner in which these administrations were conducted
 - Closely track the storage, transportation, and use of key materials (such as registers, training booklets, dose poles, sensitization materials, and drugs) in a random sample of sites
 - Conduct qualitative interviews with SCI staff and implementing partners to identify areas of improvement for SCI's direct support to governments

As a potential third strategy, we could also offer advisory services and capacity building to improve government monitoring and reporting procedures. Deliverables for such work might include revised government data collection protocols or government staff training programs. This work would be significantly higher risk and would require strong government relationships and buy-in. As such, we recommend focusing on the above two strategies at this stage, while taking the opportunity to scope out potentially deeper engagements with government stakeholders in the future.

Country selection

In selecting the first country for this engagement, we should optimize across the following criteria:

1. **Value add**
 - a. Need for additional monitoring support
 - b. Size of MDA and baseline worm prevalence (direct social impact)
 - c. Proportion of budget covered by unrestricted funds (relevance to GiveWell)
2. **Feasibility**
 - a. Level of government commitment and willingness to facilitate additional monitoring
 - b. Quality of SCI's relationship with government and implementing partners
 - c. Complexity of stakeholder environment
3. **Expense**
 - a. Geographic scale of MDA
 - b. Labor and transportation costs
4. **Timing**
 - a. Alignment with MDA timing

Timeline

Ethiopia, Malawi, and Mozambique are slated to launch MDAs in April, 2015. We expect this is too soon to launch IDinsight-led monitoring activities, given the amount of design and preparatory work still required.

The following MDAs will occur in **July-August in Zambia** and **October in Ethiopia**. Given that GiveWell sees greater value in monitoring Ethiopia than Zambia, we suggest focusing on Ethiopia's October MDA for this initiative, contingent on it being a strong fit across the above criteria. However, given that IDinsight already has an office in Zambia, the Zambia MDA may present an opportunity to test and refine monitoring protocols in advance of the Ethiopia MDA.

SCI implementation and monitoring timeline, 2015

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Ethiopia			2nd MDA						
Malawi			4th MDA						
Mozambique			5th MDA						
Zambia						3rd MDA			
MDA	Performance		Process			Health Impact			

Next steps

We propose the following next steps:

1. GiveWell and SCI to provide general feedback on the strategies discussed in this concept note
2. SCI to provide any new information on how Malawi, Ethiopia, Mozambique, and Zambia rank on the above criteria, and when Malawi and Mozambique will have their next MDAs after April
3. SCI, GiveWell, and IDinsight to agree on an overall strategy and first country
4. IDinsight, in collaboration with SCI, to conduct further research on operations in the selected country to flesh out a more detailed plan