

## **A conversation with Grace Hollister on June 19, 2013**

### **Participants**

- Grace Hollister – Associate Director, Global Operations & Analysis, Deworm the World
- Elie Hassenfeld – Co-Founder and Co-Executive Director, GiveWell
- Timothy Telleen-Lawton – Research Analyst, GiveWell

**Note:** This set of notes was compiled by GiveWell and gives an overview of the major points made by Ms. Hollister.

### **Summary**

GiveWell spoke with Grace Hollister about Deworm the World's (DtW) activities in India. The main topics of conversation were the four states where DtW has been involved, what they did there, and the results so far.

### **Deworm the World's work in India**

DtW has been involved in deworming programs in four different states, and is still actively involved of three of those. Of the states DtW has worked with in the past, none of them had school-based deworming programs before DtW's involvement.

#### **Andhra Pradesh**

##### *Deworm the World's Advocacy and Catalytic Role*

In 2009, DtW and the World Bank had conversations with the Chief Minister of Andhra Pradesh, in which they advocated for a broad school-based deworming program, which hadn't happened before in the state. In a public announcement with health and education ministers following this interaction, the Chief Minister announced the plan to do so, and deworming became the flagship of the state's school health program.

##### *Prevalence surveys*

Six districts were identified within the state where deworming would be piloted. DtW conducted prevalence surveys in those six districts, finding that worms existed in less than 20% of the population in the districts, which is the World Health Organization-recommended threshold for treating all children. Nonetheless the government wanted to move forward with the deworming program.

##### *Deworm the World's contributions*

- Prevalence survey
  - Conducted the prevalence survey
  - Trained government technicians to conduct future surveys
  - Mentored one technician to become a lead quality control coordinator for the state for future surveys
- Operational support
  - Helped government develop operational plans and budgets
  - Coordinated cross-sectoral partners through the establishment of a State School Health Coordination Committee, bringing together health and education departments and other stakeholders (such as the microfinance partner SKS)
  - Coordinated drug donation made by Feed the Children

- Designed a monitoring and evaluation (M&E) system
- Created government tableau for community awareness
- Trainings
  - Conducted a master training session for program
  - Designed training cascade for the master trainees to train the rest of the implementors
  - Designed training materials
  - Developed materials and campaigns for community sensitization

### *Results and status*

The pilot deworming program ended up reaching 2 million children across the six identified districts, and the DtW program coordinator was successfully absorbed into the state government. The government of Andhra Pradesh said they would move forward with the program after the success of the pilot, and DtW ended its official involvement in the state by the end of 2009. Ms. Hollister wasn't immediately aware of whether the deworming program was still running in Andhra Pradesh, or whether the program coordinator was still working there.

## **Bihar**

### *Deworm the World's Advocacy and Catalytic Role*

In January 2010 the Jameel Poverty Action Lab (J-PAL) hosted a regional development and policy conference, at which evidence on school-based deworming was presented, as well as experiences from Andhra Pradesh. Immediately following the conference, discussions started among the state of Bihar, J-PAL, led by members of the DtW Board of Directors, and DtW about the possibility of a deworming initiative there. In August a memorandum of understanding (MoU) was formalized between DtW and the relevant players in Bihar (School Health Society Bihar and Bihar Education Project Council) for program implementation.

### *Prevalence Surveys*

DtW did two stages of prevalence surveys between August 2010 and February 2011. They found that over 50% of school-aged children had worms, a level at which the World Health Organization (WHO) recommends deworming twice a year, rather than just once a year. Bihar already had a statewide Lymphatic Filariasis (LF) program, which provides annual statewide albendazole treatment. Since albendazole is the same drug used to treat soil-transmitted helminths, only one annual school-based deworming was needed to reach WHO's guidelines of two deworming treatments per year.

### *Deworm the World's contributions*

Deworm the World's contributions to the deworming program in Bihar were similar to those in Andhra Pradesh (see above). In Bihar, DtW coordinated drug donations for Rounds 2 and 3 of the program through the WHO.

### *Monitoring and evaluation*

The first round of deworming in early 2011 was monitored by people who were employed by the WHO to monitor Bihar's polio program. Challenges were encountered in the use of these monitors, who monitor a small sample of the Bihar deworming campaign with 21 million kids at over 68,000 schools. For the second round of deworming in 2012, DtW increased the sample size of the monitors, learned to ask the questions better, and provided additional training to monitors that were independent of the government and focusing strictly on reporting.

A new group of independent monitors was identified for the second round in September 2012 and

monitored the process as well as the deworming activity itself. They go out to a sample of schools before the deworming day to check if the drugs are there, the posters are hanging, and the teachers know it's coming. Then they go to a different sample of schools the day-of to watch it happen, see if the kids are chewing the tablets, see if the tablets are being given to sick kids (which they're not supposed to). Then they go to a third sample of schools on mop-up day, held 3-5 days after deworming day to cover any previously absent or sick kids, to watch that process. Finally they go to another sample of schools after mop-up day to see if teachers filled out the forms correctly and ask the kids what the pills tasted like, as a means of validating program coverage.

### *Results and Status*

The first round of deworming was completed in three waves (February, March, and April of 2011) and treated 17 million children. The second round of deworming was completed in September 2012, and the results are still pending. A third round is anticipated later this year. DtW is also working to formalize the cost distribution across all of the deworming programs to be able to specify how much the program costs and which aspects are paid by DtW versus the government.

## **Delhi**

### *Deworm the World's Advocacy and Catalytic Role*

DtW leveraged its networks to engage the support of the Minister of Health, Women, and Child Welfare. Education stakeholders were also brought in so that the program could reach beyond preschool to older grades as well. DtW conducted a great deal of advocacy, maintaining continuous interactions and significant support among all relevant departments to bring the program to fruition. Due to the complicated agency system, there were many other government stakeholders as well, requiring a high degree of coordination by DtW to ensure program objectives could be achieved.

### *Deworm the World's contributions*

In addition to the standard contributions (see Andhra Pradesh, above), DtW helped set up a technical secretariat within the School Health Scheme of the Delhi government to support program monitoring. In Delhi, DtW coordinated drug donations for school-age children through Feed the Children.

### *Prevalence Survey*

In 2011 DtW conducted a prevalence survey throughout the National Capital Territory. The average infection rate was below the 20% threshold, although there were large disparities in prevalence between different areas of the city.

### *Results and Status*

The first round of treatment, in February 2012, reached a combined total of 2.65 million school-age and preschool-age children. The second round of treatment will be delivered on July 31<sup>st</sup> 2013. This second round will include stronger independent monitoring, as in Bihar.

## **Rajasthan**

### *Deworm the World's Advocacy and Catalytic Role*

After the deworming program launched in Delhi, Rajasthan saw the results generated by the DtW-supported program in Delhi and committed to doing a deworming program, allocating funding for it in their budget. In March 2012 they brought DtW in to help. In this case, the state already knew what it wanted and already had a school health program. They sought DtW's technical expertise, mapping ability, general program support, stakeholder coordination, etc. DtW coordinated signature of a MoU between the Departments of Women and Child Development, Education, and Health, UNICEF and DtW to guide program implementation, and helped establish of a technical secretariat housed within

the Education Department.

### *Prevalence Survey*

DtW's prevalence survey found that around 20% of the children were infected with at least one type of STH, particularly in the Western part of the state. Based on elevations and other climatic factors, it is estimated that hookworm is a lot more prevalent in the Eastern part of the state. Taken together, the data led DtW to recommend a mass treatment for the whole state once a year.

### *Deworm the World's contributions*

Direct advocacy to initiate the program was not part of DtW's activities in Rajasthan since they had already committed to the program before bringing DtW to the table; rather, the Government requested DtW's technical expertise to ensure a high quality program. Initially Rajasthan had been planning to deworming twice annually, which would have been unnecessary according to WHO guidelines. DtW's prevalence survey and recommendation to treat annually thus increased the efficiency of the program significantly, as well as decreasing the required government funding contribution. Additionally DtW successfully encouraged the government to include preschoolers in the program as well. DtW coordinated drug donations for school-age children through the WHO.

### *Results and Status*

The first round of treatment occurred in October 2012, and results are currently pending. A second treatment round is scheduled for October 2013.

## **Lymphatic Filariasis**

DtW is currently in discussions with additional states in India that it may work with in the future. It is not aware that any of those states have statewide LF programs, although it is not far enough along the process to expect they would know with any states other than the above. The LF programs in India are being scaled down now in many places because they've been going on for so long and might no longer be needed. It is also Ms. Hollister's understanding that no mass treatment for Soil-Transmitted Helminths (STH) is happening in India, outside of existing school-based deworming programs.

## **Fundraising**

The first round of Bihar treatments was funded by the World Bank and the Global Network of Tropical Diseases. DtW did a lot of outreach to look for an institutional funder for round two but was unsuccessful.

When it faced a funding gap, it turned to the Forum of Young Global Leaders at the World Economic Forum which was looking to do a crowd funding campaign with their alumni. They decided to fundraise for DtW, and that successful campaign, along with some other contributions, filled the gap for Bihar's second round of treatments.

This is GiveWell's summary of the chronology of DtW's funding needs and funds raised based on email correspondence.

- The 2012 Budget in Bihar (for Round 2 treatment) was \$420k. This was the budget gap Alissa Fishbane told GiveWell about in April 2012.
- \$80k of \$420k had been raised by April 2012
- \$295k of \$420k had been raised by August 2012.
- Management costs were covered by "core funding," and the rest of the Round 2 treatment was

successfully run on \$295k in September 2012.

- 2013 Budget in Bihar was \$695k in November 2012 (\$415k for Round 3, \$150k for prevalence survey, \$130k for preschool treatment). DtW told GiveWell about this funding gap in November 2012.
- The budget for Round 3 has since been reduced from \$415k.
- As of July 2013, DtW is looking to fill a gap of \$380k for Bihar Round 3 including management costs.

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