

## **A conversation with the END Fund, October 7, 2016**

### **Participants**

- Ellen Agler – Chief Executive Officer, the END Fund
- Sarah Marchal Murray – Chief Operating Officer, the END Fund
- Warren Lancaster – Senior Vice President, Programs, the END Fund
- Natalie Crispin – Senior Research Analyst, GiveWell
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**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Ellen Agler, Sarah Marchal Murray, and Warren Lancaster.

### **Summary**

GiveWell spoke with the END (Ending Neglected Diseases) Fund as part of considering the END Fund as a potential top charity. Conversation topics included coverage surveys of programs funded by the END Fund, data quality analysis, and the role of END Fund staff in grantees' programs.

### **Coverage surveys**

Over the past year, the END Fund and its partners have been discussing the use of coverage surveys – i.e., surveys of children participating in mass drug administration (MDA) programs to monitor the delivery of a treatment. The END Fund has determined that coverage surveys will be required for all its substantial investments in neglected tropical diseases (NTD) programs. Coverage surveys have been scheduled for 11 of its grantees' MDA programs to treat schistosomiasis and soil-transmitted helminthiasis, and all other major NTD control and eradication programs it funds will do coverage surveys.

Smaller grants – e.g., several thousand dollars to a local government's ministry of health to help implement a program – will not be subject to the coverage survey requirement, but countries will always be encouraged to adopt good practice.

### **Rationale for requiring coverage surveys**

The END Fund has always been interested in using coverage surveys to monitor its grantees' programs. However, when the END Fund was created, it provided smaller grants that filled gaps in funding from other sources. At the time, it was not widely embraced as standard practice in NTD programs to include coverage surveys. Because local governments would eventually need to pay for the programs when grant funding ended, it was sometimes difficult to justify the added cost of coverage surveys. Along with other monitoring tools, this could make programs 30% more costly in some places, which might not be sustainable over the long term.

Since then, the END Fund has been able to offer larger grants, becoming the primary funder over multiple years for some programs and leading to the creation of others. World Health Organization (WHO) guidelines have also evolved, and coverage

surveys are now considered standard practice. As the END Fund has learned more about program monitoring and evaluations, its interest in making coverage surveys a requirement has increased.

### **Countries and programs to receive coverage surveys**

11 programs in the following countries are scheduled to do coverage surveys:

- **Angola** – Two surveys will be conducted here.
- **The Democratic Republic of the Congo**
- **Ethiopia** – A coverage survey was recently conducted on a large MDA here. The survey results confirmed the accuracy of data collected as part of administering the treatment. The END Fund is now discussing whether future coverage surveys in the country should be at the same scale – i.e., in approximately 46 districts – or if the scale or frequency of surveying should be reduced. This has not yet been finalized.
- **Kenya**
- **Nigeria** – Surveys will be conducted in three provinces here.
- **Rwanda**
- **Yemen**
- **Zimbabwe** – The program here, a national school-based deworming campaign, is large and relatively new. An MDA was recently completed, and the END Fund will meet with representatives from the local ministry of health at a January planning summit to discuss when coverage surveys should be conducted.

The MDAs in these countries were carried out in September or are planned for October. Coverage surveys for most of these programs will be carried out between November 2016 and early 2017.

### **Conducting the surveys**

Broadly, the END Fund follows WHO guidelines. Members of the local ministries of health in the countries where programs are being carried out are responsible for conducting the surveys. Typically, these individuals are not directly involved in the MDA. An END Fund staff member may be sent to the country to be involved in the process.

The surveyors work in teams of two or three, with two to three teams per program.

#### *Training*

Some of the countries in which the MDA programs are being carried out – e.g., Kenya, Ethiopia, Nigeria, Rwanda, and Yemen – have local experts who can train ministry of health staff to conduct coverage surveys. Others, like Zimbabwe, may need external assistance. The END Fund ensures that ministry of health staff in those countries receive training from at least one of the following:

- **WHO** – Some training programs are offered during WHO annual regional meetings in Southern Africa. WHO may offer training on its coverage survey protocol to school-based directors of deworming programs during these meetings.
- **Experts from other organizations or countries** – may be brought in by the END Fund to conduct training.

### *Survey protocols*

Because the local ministries of health in each country implement programs, they determine which protocol will be used to conduct coverage surveys. The END Fund acts as an advisor in the process of selecting a protocol, but will recommend WHO protocol in first instance. The protocol that will be used for the 11 programs differ based on the location of the program:

- Six of the programs will use the new WHO protocol
- Two will use the protocol developed by Evidence Action
- One will use the protocol developed by the Schistosomiasis Control Initiative (SCI)
- One will use the protocol developed by Helen Keller International

These protocols are all similar in methodology and scope, though there are some differences – e.g., in the number of survey questions. SCI protocol recommends a larger set of questions, while WHO recommends a short survey in order to lower the cost for the countries conducting it. Different protocols can be chosen based on the issues that need to be addressed by the survey.

### *WHO protocol*

If there is no strong preference for a particular protocol in a country, the END Fund generally recommends the WHO protocol for all areas of program work, including coverage surveys. WHO's guidelines help implementers demonstrate progress towards eliminating NTDs over time.

The WHO coverage survey protocol is still being finalized and is in the late draft stage. It contains the following recommendations:

- **Verification** – Children are shown the pills that were administered as part of the MDA and asked to verify that they took them.
- **Randomization** – It is recommended that surveys be administered randomly at the sub-district level – i.e., within a community or household. At the district level, the protocol offers two options: 1) randomize the districts where the survey is administered, or 2) target specific districts that require additional monitoring, in order to uncover the issues there. Most of the 11 programs will receive targeted rather than randomized surveys at the district level – e.g., based on the knowledge that coverage was low in some districts of the Zimbabwe program, 10 out of the 63 districts will be surveyed in order to learn what factors contributed to the low coverage.

- **Responders** – The protocol is designed to ensure that responses come directly from the children, not their parents, though there may still be cases where parents answer for their children.

The protocol does not include recommendations on resurveying a portion of respondents to audit the quality of data collected in the coverage survey. However, the END Fund would be open to considering this approach if it were useful.

Because the protocol is focused on surveying at the district and sub-district level, the number of districts that need to be surveyed for each program will be determined in each case based on the aim of the survey. Statisticians may be needed to help determine the appropriate number of districts.

The END Fund is sending a team member to the WHO headquarters in Geneva to be trained on the use of this protocol, in order to provide an additional layer of monitoring and oversight for its programs.

#### *Cost*

It costs about \$5,000 per district to conduct a coverage survey.

#### **Publishing survey results**

Results of surveys conducted in 2016 are expected to become available in the first or second quarter of 2017.

Any data collected as part of program implementation or monitoring belongs to the local governments, so the decision to publish coverage survey data rests with them. They would need to either release the results themselves or agree for another entity to release them. In the past, governments have made other data – e.g., NTD mapping – available by request, and those needing the data have not had trouble getting access. But data have typically published for a broader audience.

The END Fund has a high level of confidence that a brief summary of the results and conclusions drawn from the data by those who conducted the survey can be made publicly available. It has not yet discussed this with local governments but would be open to doing so. The outcome may differ based on the country.

#### **Timeline for future surveying**

Going forward, the END Fund expects that coverage surveys will be conducted approximately once every two years per program. However, it does not have a fixed policy on this and expects that the frequency will depend on the results of the surveys as they come in. If inconsistencies are uncovered as part of the surveying process, more frequent surveying may be necessary.

#### **Data quality analysis**

Data quality analysis – i.e., inspecting the data collected during treatments and ensuring that it was collected and aggregated correctly – is another program monitoring tool that the END Fund is considering, in addition to coverage surveys. It

has not yet commissioned data quality analysis for the programs it funds, but it expects this to become a routine part of program monitoring in the future. Data quality analysis will likely be conducted on an as-needed basis rather than annually, and it will be done using the tool developed by the ENVISION project.

### **Role of END Fund staff in programs they support**

The END Fund requires that its grantees accept a substantive amount of involvement from END Fund staff. END Fund program directors are required to visit each of their programs at least once a year, but most visit more often, around 2-3 times a year. Program implementers also meet with END Fund staff at gatherings of non-government organizations and researchers focused on NTD control and elimination – e.g., the upcoming Annual Meeting of the American Society of Tropical Medicine and Hygiene.

#### *Technical assistance*

The End Fund recognizes the importance of having staff with technical experience in NTD program implementation, fieldwork, and program monitoring and evaluation.

The END Fund offers its grantees a range of technical assistance – e.g., connecting them to experts in various fields, or contracting support for disease mapping, coverage surveys, and financial management.

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