

Phone Conversation between GiveWell/Good Ventures and the Children's Investment Fund Foundation (CIFF), May 30, 2012

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On Deworm the World's program in Kenya:

- CIFF's first investment in deworming was in Kenya, working with Innovations for Poverty Action (IPA) in supporting the government on a national school-based program. Over the next 5 years, the program will treat 4-5 million kids for both soil-transmitted helminths (STHs) and schistosomiasis. CIFF is now considering national-scale programs in Nigeria, Mozambique, Ethiopia and India; they are considering various potential implementers in these countries (not just DTW).
- Originally, IPA's strategy was that they would simply broker relationships between a government that wanted to do deworming and a donor. However, in Kenya where IPA receives funding from CIFF, IPA staff sit in the Ministry of Health to help run the programs. The Kenya program is a 5-year program and structured so that IPA is high touch with government in first 2-3 years. In forming the Kenya program, CIFF wanted to put together an institutionalized worm control system so that the government would be able to take over and maintain low worm levels afterwards.
- It is CIFF's view that the deworming program in Kenya would not exist without IPA. They played a very active role in negotiating between Ministries of Health and Education; both ministries need to be on board for the program to take place.
- CIFF is not pursuing DTW as an implementing partner in Nigeria and Mozambique because DTW doesn't have an on-the-ground presence there.
- CIFF views DTW as part of Innovations for Poverty Action (IPA); a lot of DTW staff are paid through IPA. CIFF believes that IPA/DTW effectively handles their programs, training, and monitoring and evaluation. CIFF believes that IPA is committed to serious accumulation of monitoring and evaluation data, which is closely aligned with CIFF's goals.
- CIFF has a positive view of IPA/DTW, saying that it has demonstrated the greatest capability of effective school-based deworming.
- IPA/DTW has been CIFF's preferred funding partner for deworming programs. If IPA/DTW were present in a country in which CIFF wanted to implement a deworming program, CIFF would strongly consider funding IPA/DTW.

DTW's program in Bihar:

- DTW approached CIFF for funding for their Bihar program. CIFF's understanding was that the Bihar government - working with DTW - had already dewormed 17 million people (though CIFF has not verified these numbers) in year one. DTW needed \$650K in

further funding for a second round of deworming. CIFF decided not to support the program. The reason was that DTW needed the funds quickly, and CIFF did not have enough time to do due diligence. DTW talked to CIFF in February 2012 and required the funding by April 2012.

- It was communicated to CIFF by DTW that the Bihar government will do the second round of deworming whether or not DTW works with them. However, without DTW, the government would be unlikely to do monitoring of coverage i.e., whether the pills are administered; that would most likely be DTW's value-added in Bihar.
- CIFF thinks that it is a good idea that Good Ventures/ GiveWell investigate the opportunity to fund DTW in Bihar. They are not aware of the current funding situation there i.e., whether other funders have contributed.

The need for an organization like DTW to work with governments:

- There have been examples in which serious errors hurt deworming programs; these examples illustrate the need for a group like DTW to contribute their expertise to deworming campaigns.
- In Ghana, there was no accompanying education on deworming or campaign to involve parents. One child came ill to school and was given a deworming pill, and a media source published that a deworming tablet had caused him to have an epileptic fit and die. People refused to allow their children to take the pills after that, and the program was suspended nation-wide for several years. It's a general protocol for deworming programs now to never give deworming pills to children who are already sick.
- Reports for schools to fill out on whether the pills were distributed are often distributed but in some cases are never returned. Sometimes schools don't participate, and one school can re-infect the schools around it.
- If a school has low attendance (i.e., less than 50%), the deworming program isn't very effective, so it's necessary to get children who are not going to school to come to schools for deworming too. In many places, teachers assume that if a child isn't enrolled, he or she can't receive the deworming pill. DTW works to help bring in children who are not enrolled in schools, sometimes simply by advising governments that this should be a part of their programs.

Who else should GiveWell talk to about DTW?

- Karen Levy has been running the program in Kenya and has been involved in everything that DTW has done.
- If CIFF were going to investigate DTW's work in Bihar, they would speak to the health ministry and ask what DTW's value-added has been in Bihar in the first round of deworming.