

A Conversation with Innovations for Poverty Action on March 17, 2014

Participants:

- Annie Duflo – Executive Director, Innovations for Poverty Action
- Sarah de Tournemire – Senior Director of Communications and Development, Innovations for Poverty Action
- Manasee Desai – Research Development Manager, Innovations for Poverty Action
- Elie Hassenfeld – Co-founder and Co-Executive Director, GiveWell
- Sean Conley – Research Analyst, GiveWell

***Note:** This set of notes was compiled by GiveWell and gives an overview of the major points made by Innovations for Poverty Action.*

Summary

GiveWell spoke with Innovations for Poverty Action about the possibility of funding studies of developing world interventions. The conversation included background on Innovations for Poverty Action and discussion of a number of different possible interventions to study.

Innovations for Poverty Action

Innovations for Poverty Action (IPA) works to create evidence for the effectiveness of interventions, and to make sure that the evidence gets used. There are three main issues surrounding the adoption of evidence in policy making:

- There are often outstanding questions about whether an idea from a study can be applied in different contexts, because ideas can be implemented in a variety of different programs. IPA's goal is to understand what concepts work, not what programs work.
- It is important to ensure that impacts get retained when programs are implemented at a large scale.
- Policymakers and practitioners often are unaware of existing evidence. IPA has country offices which can help develop relationships with country stakeholders and spread awareness of evidence.

Evidence Action is one of IPA's partners for scaling up programs, and IPA hopes to partner with Evidence Action on additional programs in the future, but Evidence Action is not IPA's only scale-up partner.

IPA's proposed studies

- Cash vs. a comprehensive package for the ultra poor. There are positive preliminary results from five countries in our seven-country study on graduating the ultra poor (<http://www.poverty-action.org/ultrapoor>). The questions now are around getting the cost of the package down and which components of this bundled approach are critical. One question, for example, is how do the impacts compare to cash transfers

alone? IPA is beginning to explore this question in Uganda, and we are actively raising funds for the project as it is a priority promising intervention.

- Eyeglasses. The study on the impact of eyeglasses on primary school performance (<http://www.povertyactionlab.org/evaluation/impact-eyeglasses-academic-performance-primary-school-students-china>) is very promising and replicable. Some follow-up questions may include whether or not it's as effective in countries where education quality is lower, how to increase take-up, and how to make it even more cost effective.
- Incentives for vaccines -- This study (<http://www.poverty-action.org/project/0306>) on incentivizing vaccinations through improving reliability of services and offering small non-monetary incentives is a promising intervention which leads to many new questions: does it still work in a place with higher vaccination rates and with better supply? What kinds of things could make it more effective in other contexts? What about incentives for different health interventions? How to operationalize these incentives?
- Migration incentives -- This study (<http://www.poverty-action.org/project/0399>) might be interesting in that a small grant of \$11 to farmers during the agricultural off season nearly tripled the percentage of farmers who migrated to cities for work, and improved the food security of the migrant's entire family. The longer-term impacts: the farmers received the incentive only once, and have continued to migrate. This is also promising for replication.
- Fertilizers: A study (<http://www.poverty-action.org/project/0408>) in Kenya showed that vouchers for fertilizers sold right after harvest (when farmers have cash) almost doubled the usage of fertilizers. The results suggest that this was due to a lack of a commitment mechanism, and that therefore offering farmers small, time-limited discounts on fertilizer may substantially increase usage at relatively low cost. A more recent study in Kenya is exploring this hypothesis. Replications would explore the most effective operational mechanisms to provide commitment mechanisms (vouchers, time-limited discounts) and also verify these findings in a couple of different contexts.
- Iron: Iron supplements can reduce anemia, but ensuring regular intake and widespread coverage is difficult. Fortifying foods with iron offers an attractive way to distribute supplementation widely; however, past evaluations (like this one (<http://www.povertyactionlab.org/evaluation/reducing-anemia-through-iron-fortification-grain-udaipur-india>) in India) suggest that the choice of fortified food and the channel for its delivery are important policy decisions. The food chosen must be easily and inexpensively fortifiable and widely consumed, while the delivery channels need to have wide geographic and socioeconomic reach. Replications (like this one (<http://www.povertyactionlab.org/evaluation/evaluating-impact-anemia-making->

[double-fortified-salt-available-bihar-india](#)) would explore which delivery mechanisms are most cost effective across different types of contexts, and what additional interventions may be necessary to complement these approaches.

Two other possible interventions funding could be used to study are remedial education and commitment savings.

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