

A conversation with Faith Rose on November 4, 2014

Participants

- Faith Rose – Education Sector Team Manager, Children's Investment Fund Foundation (CIFF)
- Natalie Crispin – Research Analyst, GiveWell

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

Summary

GiveWell spoke with Faith Rose to learn about CIFF's work with the Schistosomiasis Control Initiative (SCI) and to understand why CIFF has funded Evidence Action, but not SCI, for implementation of deworming programs.

CIFF's work on deworming to date

CIFF mission is focused on children. It chose to get involved in prevention and treatment for soil-transmitted helminths (STHs) in part because it is a school-based approach that treats primarily children. Deworm the World Initiative (DtWI), a program now run by Evidence Action but what was then Innovations for Poverty Action, approached CIFF in 2011 about funding a combination (schistosomiasis and STHs) national school-based deworming program in Kenya. This was CIFF's first grant for deworming. At the time, CIFF did not compare DtWI to other providers of technical assistance or to other opportunities to fund deworming programs.

CIFF is one of the few funders that supports STH-focused programs and is a member of a coalition of STH stakeholders that is committed to achieving the global target of having 75% of school-aged children who are at risk for STHs being treated by 2020. CIFF has focused on Kenya, India, and Ethiopia because together these countries account for a large portion of the global burden. Launching a national program in India, for example would reduce the gap by 27%.

CIFF's relationship with SCI

CIFF first interacted with SCI to seek technical input on deworming more generally. In 2012, it made a grant to SCI for operational research to develop a theoretical model for transmission dynamics of Schistosomiasis and to conduct fieldwork in Liberia and Uganda to help inform the World Health Organization (WHO) protocols for treating schistosomiasis and STHs. As of 2015, the modeling work will be integrated into a broader NTD Modeling Consortium jointly funded with the Gates Foundation.

Ms. Rose believes there has been good progress during the grant. There have been some issues (mostly outside of SCI's control, such as Ebola in Liberia), but SCI has been helpful and thoughtful in responding to them. It has taken some time to get in sync on CIFF's requirements and expectations, such as quarterly reports and routine contact, but communication is improving. CIFF and SCI are working together to transition the structure of the grant to work for all parties.

About 2.5 years ago, CIFF considered funding school based deworming in Ethiopia. Survey data from 2007 suggested that the burden of STHs was very high (new mapping has confirmed this). SCI would have been a sub-grantee to provide technical assistance. CIFF decided not to move forward with this grant at the time. It is now reconsidering supporting the government of Ethiopia in their ambition to scale up deworming coverage. CIFF has spoken with the NTD Coordinators as well as Dr. Mike French, SCI's program manager for Ethiopia, about this work. As far as CIFF knows, SCI is not seeking additional funding for its schistosomiasis program in Ethiopia.

SCI has been undergoing a lot of organizational change in the last year. In the past, SCI was more distant from the programs it funded. Now it is starting to provide more in-depth technical assistance and, in one country (Ethiopia), has stationed a staff member (Dr. French) with the government program staff. SCI's emphasis for a long time has been on advocating for more funding for schistosomiasis, and it has been the leading organization on this. It has recently recognized the need for more focus on its operations. Ms. Rose has observed improvements in this area.

SCI has not approached CIFF for implementation funding, but CIFF would consider funding SCI implementation programs in certain contexts. CIFF has committed \$50 million to deworming over the next five years and is interested in new funding opportunities. CIFF would be looking for a program:

- In a country that could reach full national scale for treatment coverage with additional funding from CIFF.
- With a partner organization that can provide in-depth technical assistance, similar to what Dr. French provides in Ethiopia.
- With robust monitoring and evaluation that informs decision-making. It is particularly important for this to include data on disease intensity.
- With an implementing organization that will meet CIFF's reporting requirements (e.g. provide quarterly reports).

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