



Evidence
Action
/

2016 Annual Report

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SCALE

Our approach to impact fills the gap between research about what works and ensuring these solutions reach millions. We take rigorously tested anti-poverty interventions, design a cost-effective approach to deliver the solution at scale, and then develop the delivery systems and partnerships to improve the lives of hundreds of millions.

LETTER FROM THE CEO

It is my pleasure to present the 2016 Evidence Action Annual Report. I was thrilled to join Evidence Action as full-time CEO earlier this year and build on its tremendous record. My appreciation for the organization has only grown during my tenure. I am deeply impressed by the caliber of our people, the keen focus on results, and the scope of our ambitions and reach.

I am proud to share our 2016 impact with you. For the last four years, Evidence Action has operated two evidence-based programs at scale: Dispensers for Safe Water and the Deworm the World Initiative. In 2016, Dispensers for Safe Water achieved a remarkable 55% adoption rate while delivering clean water to nearly five million people in rural Kenya, Uganda, and Malawi. Meanwhile, the Deworm the World Initiative expanded its reach, partnering with governments across India, Kenya, Nigeria, Ethiopia, and Vietnam to support deworming of 201 million children - a fivefold increase in impact from 2014. These programs operate with a keen focus on cost-effectiveness. Dispensers for Safe Water provides safe water at less than \$1 per person per year, while it costs less than \$0.50 per treatment - and often much less - to deworm a child.

Our engine of innovation, the Beta function, made important strides in 2016. Beta identifies and pressure-tests the most promising new programming, enabling us to systematically incubate and scale-up evidence-based interventions that measurably reduce the burden of poverty. The Beta portfolio expanded to include projects like Winning Start, which addresses literacy and skill

gaps by teaching at the right level, and No Lean Season, a seasonal poverty intervention in the final stages of testing at scale in Bangladesh.

I am also pleased to announce increased investment in organization-wide systems to support our program activities. We have developed a robust set of organizational values and are improving core processes to further drive our efficiency and effectiveness. This investment provides an important foundation for Evidence Action to be a leader in the field of scaling up evidence-based and cost-effective programs worldwide.

Our commitment to building a world where hundreds of millions of poor people have better opportunities and their lives are measurably improved underpins all that we do. With further growth forecasted for Evidence Action, I look forward to working with our partners, funders, and staff to continue to expand our impact. Poverty does not wait - and neither should we. Thank you for your support of our critical mission.

With gratitude,

Kanika Bahl

*Chief Executive Officer
Evidence Action*

Board of Directors

AMRITA AHUJA

Chair of the board, Douglas B. Marshall, Jr. Family Foundation
Amrita Ahuja is a founder of Evidence Action. An accidental social-entrepreneur, she led the start-up of Dispensers for Safe Water, and chaired the board of Deworm the World as it grew to reach 30 million children. She leads the Douglas B. Marshall, Jr. Family Foundation, an innovative funder of international education. Ahuja also worked as a Management Consultant for the Monitor Group where she led projects to evaluate market-based approaches to delivering products and services to the poor. There she developed consumer marketing strategies, distribution models, and best practices for health and other products. Ahuja brings experience in marketing and distribution of consumer goods in the public and private sectors in India and Africa as well as significant experience with innovation and evidence in international development. She holds a Ph.D. in Business Economics from Harvard University.

KANIKA BAHL

CEO, Evidence Action

Kanika Bahl is CEO of Evidence Action where she has been on the Board since 2015. Previously she served as Managing Director at Results for Development (R4D), where she established and led the Market Dynamics practice. The practice has increased access to products such as childhood pneumonia treatments and malaria bed nets for millions of individuals in Africa and Asia. It achieves this by aligning the interests of manufacturers, donors, and country governments to develop and execute healthcare solutions for underserved markets at scale.

Kanika is on the Board of TechnoServe and previously acted as Market-Shaping Co-Chair for the UN Commission on Life Saving Commodities. Prior to R4D, Kanika served as an Executive Vice President at the Clinton Foundation Health Access Initiative (CHAI). Kanika received her MBA from the Stanford Graduate School of Business and her BA in Mathematical Economics from Rice University.

SHIKHAR GHOSH

Professor of Management Practice, Harvard Business School
Shikhar Ghosh is currently a Professor of Management Practice at Harvard Business School. Shikhar has been a successful entrepreneur for the last 20 years. He was the founder and CEO or Chairman of eight technology-based entrepreneurial companies and was the past Chairman of the Massachusetts Technology Leadership Council and The Indus Entrepreneurs. He was selected by Business Week as one of the best Entrepreneurs in the US, by Forbes as one of the ‘Masters of the Internet Universe’ and by Fortune as the CEO of one of the 10 most innovative companies in the US.

JOHN B. GIANOLA

CPA, CGMA

John Gianola is a retired partner from Ernst & Young, one of the leading global accounting firms. During his 38 year career, 27 as an audit partner, he had supervisory responsibility for engagements involving accounting and auditing for a variety of industries including banking, insurance, energy, mining, manufacturing, technology, not for profit and governmental entities. John’s clients were both publicly and privately owned, ranging in size from small entities to multinational Fortune 500 companies with subsidiaries operating in multiple jurisdictions around the world. John lead continuing education courses for Ernst & Young executives, was a guest lecturer in college classrooms, and served as an adjunct professor of accounting at West Virginia University. John is a member of the American Institute of Certified Public Accountants, the West Virginia Society of Certified Public Accountants, the Board of Advisors of The College of Business and Economics at West Virginia University and the West Virginia University Foundation.

DINA POMERANZ

Assistant Professor, Harvard Business School

Dina Pomeranz is an expert on impact evaluations and studies public policies in developing countries, with a particular focus on taxation and public procurement. She is a faculty research fellow at the National Bureau of Economic Research (NBER), an affiliate professor at the Abdul Latif Jameel Poverty Action Lab (J-PAL), the Bureau for Research and Economic Analysis

of Development (BREAD) and the Center for Economic Policy Research (CEPR). She is also a member of the International Growth Centre (IGC) and the HBS Social Enterprise Initiative. Besides her academic interests, she serves on the boards and advisory boards of a number of social enterprise ventures committed to translating research into practice.

CHRISTINA RIECHERS

Payment Partnerships, Square

Christina Riechers is passionate about building innovative business models with social benefit. In her current role she makes commerce easier for small businesses at Square, the financial services and payments start-up. A co-founder of Evidence Action, Christina was previously Evidence Action’s Director of Global Programs as well as Director of Business Development and Strategy. In these capacities, she was a key player in Evidence Action’s start-up phase, generating resources for the organization, creating a vision for growth, and establishing organizational systems. Prior, Christina worked with *d.light* design to make solar lighting affordable to rural households in India. She was also a management consultant for Bain & Company where she advised clients on strategy and operations.

Christina has a MBA from MIT Sloan and MPA/International Development from Harvard Kennedy School.

SAM TAYLOR

Equity Analyst, Fidelity

Sam Taylor is an equity analyst at Fidelity, where he identifies attractive investment opportunities for ownership across Fidelity’s family of funds. His research leverages expertise in business strategy and accounting, as well as regional specialization in African and Latin American markets. Previously, he was a management consultant at Oliver Wyman and Mesoamerica Investments, advising clients in the U.S., Mexico, and Central America on business strategy. Sam Taylor holds an MBA from The Wharton School.

BURDEN OF POVERTY

We aim to measurably reduce the burden of poverty for hundreds of millions of people by scaling proven solutions backed by rigorously tested evidence. We address poverty on the same mass scale at which it exists, designing multiple interventions that give people the chance to reach their full potential.

VISION Building a world where hundreds of millions of poor people have better opportunities and their lives are measurably improved.

MISSION Evidence Action aims to be a world leader in scaling evidence-based and cost-effective programs to reduce the burden of poverty.

VALUES **Evidence first.** We are led by the facts. We go where the data takes us. Robust, rigorous evidence informs our choices and decisions.

Think big, act urgently. We are unrelenting in our pursuit of results at scale. We know that poverty does not wait. We act so that the best ideas deliver benefit to millions.

Iterate, again. We reflect constantly and adapt accordingly. We test, measure, and improve to ensure impact. If we can do something, we can do it better.

Economize without compromise. The biggest impact at the lowest cost is what we are after. We ensure value for money for all our stakeholders, but know there is no substitute for quality.

Challenge convention. We ask “why” and “why not” in equal measure. We are sincere in our skepticism and incessant in our search for solutions.

Passion throughout. We are driven to lessen inequality, to improve lives. We take action, converting impatience into impact.





Evidence Action aims to impact hundreds of millions of lives, seeking to approach the challenges of poverty on the same scale at which they exist across the globe. Our approach fills the gap between research on “what works” and implementing solutions for millions of people in need. Our agenda involves interventions that are cost-effective on a mass scale, with current programs ranging from global health to safe water access to micro-financing. Starting with rigorous research and using a cost-effective approach, we design mass-scale interventions that provide the biggest impact for investment. In 2016, we operated programs and projects in ten countries across the globe and positively impacted the lives of hundreds of millions in a measurable way.

Our 2016 Annual Report demonstrates the value of our strategic approach to reducing the burden of poverty and the results achieved to date.



In 2016, we operated programs and projects in ten countries across the globe and positively impacted the lives of hundreds of millions in a measurable way.

Beta

Building on the success of our flagship programs, we launched Evidence Action Beta in 2014 as an in-house incubator of new programs. The Beta team is dedicated to designing a program pipeline that identifies evidence-based interventions and scales them up while maintaining fidelity to the research findings. The result is not only high-impact programs, but an ability to maximize cost-effectiveness at scale.

Over the last two years, Beta has developed a diverse portfolio of projects that include a series of initial experimental innovations tested at varying levels of scale to determine potential for impact, cost-effectiveness, and complete scalability. In 2016, we made significant strides with these projects and learned a myriad of lessons that have informed and strengthened the Beta process.

How the Beta process works

Evidence Action continues to refine and standardize its process of developing new programs. Currently, that process involves three key stages: sourcing evidence based ideas, pressure-testing interventions for viability, and designing and building for scale.

Every pilot tested by Beta is premised on rigorous research. Beta identifies ideas that have passed an initial “proof of concept” phase and goes on to pilot and pressure test

these interventions to gauge whether they work outside the controlled environment of research studies and in the dynamic conditions of the “real world”. Beta fully expects that some interventions will fold under pressure and prove incapable of scaling up to measurably improve the lives of millions of people. We believe this is an important part of the pressure-testing process; finding what doesn’t work can be as useful as finding what does—so long as we are able to learn from it.

Projects that successfully pass the pressure-testing phase go on to be tested at scale and Beta continues assessing impact by gauging the interventions’ broader impact on markets and populations that are indirectly affected by the project. In anticipation of this, Beta also designs and builds a logistically sound delivery platform with the right partners and systems to test projects at scale and, if the project is successful, expand exponentially thereafter.

2016 impact

In 2016, Evidence Action Beta oversaw field testing and exploratory activities for promising interventions in Kenya, Pakistan, Botswana, and Bangladesh. The portfolio of projects included micro-finance, education, and public health interventions. Two of those programs, No Lean Season and G-United, are highlighted below.





About No Lean Season

No Lean Season is a high-potential project in Evidence Action's Beta portfolio. Based on research carried out by Yale Professor Mushfiq Mobarak and published in a 2014 issue of the leading economics journal *Econometrica*, No Lean Season offers a potential solution for one of the most pervasive but under-explored problems facing the world's poor: seasonal poverty.

Every year, hundreds of millions of people globally experience pronounced hardship during the "lean season": the period between planting and harvesting when agricultural jobs are scarce and food stocks are low. No Lean Season offers "a bus ticket out of seasonal

poverty". We give agricultural laborers a conditional, soft loan of \$20 and encourage them to migrate during the lean season to a nearby town or city where jobs are more readily available. No Lean Season connects people in need of work to temporary employment opportunities, while mitigating their risk.

Research has shown that investing in temporary migration during the lean season can increase household incomes by up to 19 percent and household caloric intake by up to 700 calories per person per day - the equivalent of an additional meal each day for every member of the family. If No Lean Season proves successful, its potential for global impact is immense!

Seasonal migration is an under-exploited coping mechanism for families affected by the lean season - possibly because some people are simply too poor to afford the bus ticket they need to migrate, and the risk - however minimal - that they will not successfully find jobs is potentially catastrophic. That is where No Lean Season comes in.

2016 impact

Following successful initial testing, Evidence Action spent 2016 working with RDRS, our implementing partners in Bangladesh, to build the program's design and structure to be 'scalable'. We also further defined and advanced the program's learning agenda for 2017. Some of the biggest milestones of 2016 included:

- Entering into a partnership with an implementing partner, RDRS - a Bangladeshi organization with more than 40 years of experience working with the rural poor in the economically -vulnerable Northern region.
- Building a program delivery protocol consisting of several standardized tools - including a series of questionnaires and scripts - to be used by our implementing partner to identify households eligible to receive subsidies, issue offers to prospective migrants, and disburse and recover loans. We also digitized these tools to enhance the scalability of the project.

- Issuing over 5,000 travel subsidies and observing roughly 87 percent of subsidy recipients migrate, over 99 percent of migrants find temporary jobs at their destinations and over 96 percent of loan recipients pay back their loans.

- Beginning to lay the groundwork for testing at scale in 2017 including creating an initial learning agenda for 2017 and a preliminary evaluation design to help us answer questions about the project's impact on labor markets, social costs and benefits, and private costs and benefits to beneficiary households, when operated at scale.

- Identifying Indonesia as a potential site for testing No Lean Season.

- Commissioning a qualitative assessment of the program by an independent researcher to gauge beneficiaries' experience with the program with a view to improving program design.



About G-United

In 2014, Evidence Action partnered with the Government of Kenya to launch G-United, a national youth volunteering program. G-United is designed to improve literacy and numeracy among primary school children by recruiting recent university graduate volunteers to facilitate after school remedial sessions and teach the children based on assessments of their actual skill level.

G-United tackles illiteracy and innumeracy by using youth volunteers to provide after-school remedial sessions to children in Kenya. Over a decade of rigorous research has shown that using lightly trained volunteers to conduct remedial sessions according to a child's actual learning level dramatically improves learning outcomes. Using standardized assessment tools developed by the program, volunteers assess children's skill level and group them by skill level for the remedial sessions.

In turn, the youth volunteers - who are deployed outside their countries of origin- benefit from a rich service-based learning and cultural immersion experience that supports their personal growth and professional development. It is anticipated that the professional development skills youth gain from the program will enhance their employability, while volunteers' growth in cultural sensitivity skills will, ultimately, contribute towards enhanced social cohesion.

2016 impact

G-United deployed its second cohort of youth volunteers to schools country wide. One hundred and fifty volunteers were deployed to 82 schools in 10 counties including Kisumu, Busia, West Pokot, Samburu, Nyeri, Machakos, Kilifi, Kisii, Kajiado and Meru. Building on the last year, Evidence Action developed a host of tools to improve program delivery and monitoring:

- A learner test book was designed, drawing from assessment tools developed by education non profit UWEZO. The test book was created

to enable volunteers to identify struggling learners in their classrooms and group them into level based groups. The test book was also developed as a tool to track student progress through endline assessments.

- A volunteer record book was developed to help volunteers plan remedial sessions and document the progress of student participants.
- A set of guidelines for conducting remedial sessions was developed and codified. These guidelines were aimed at enabling volunteers to conduct standardized remedial sessions (allowing for better monitoring and evaluation of the program).
- Evidence Action developed a road map to navigate the process of setting up a trust fund dedicated to the program, and initiated conversations with stakeholders within National Government.
- G-United collected program data as monitoring and evaluation processes were developed and implemented.

Dispensers for Safe Water



Impact Snapshot:

Provides 4.8 million people access to safe water

Averted over 800,000 diarrheal episodes in 2016 across 3 countries (equating to ~\$4.8 million savings in averted medical costs)

Saved over 650 children's lives in 2016



How it works

According to UN reports, 783 million people lack access to clean drinking water. About a third of those are in sub-Saharan Africa and tend to live in rural, hard-to-reach communities. The severity of the problem is clear: childhood diarrhea caused by unsafe water and poor sanitation is the second leading cause of childhood mortality.

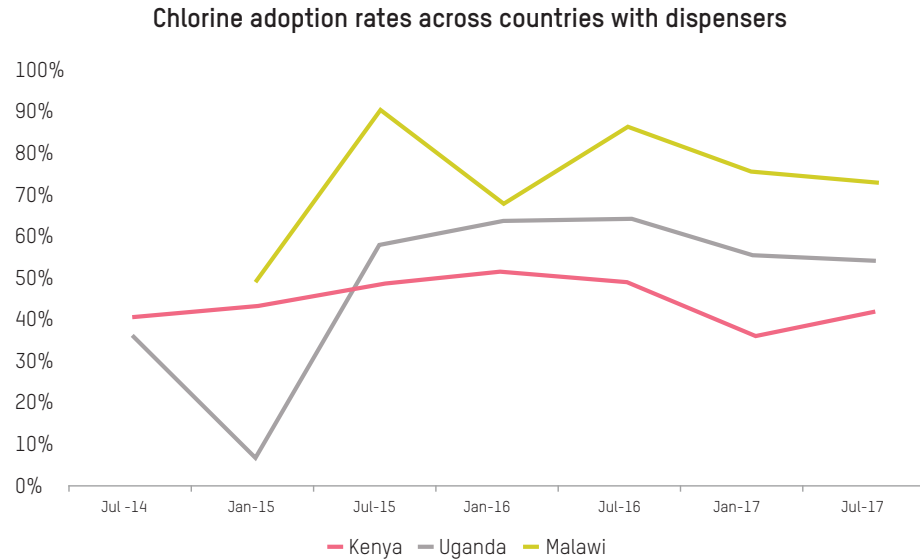
Dispensers for Safe Water is a proven, innovative, and low-cost approach to increase adoption rates of chlorination for safe drinking water. Chlorine disinfects drinking water against most bacteria including those causing cholera and diarrheal disease while protecting water from recontamination for up

to 72 hours after dosing. Chlorinating water also means that people do not need to boil their water to disinfect it, saving time and preserving natural resources.

Dispensers for Safe Water is one of the most effective ways to save lives and improve the health of people in poor rural communities. In 2016 the program sustained its reach and impact, providing access to safe water for 4.8 million people across Kenya, Uganda, and Malawi while reducing costs and continuing to deliver high-quality service.

The program's success stems from four key drivers: community engagement, last-mile service, low program expenses, and high quality execution focused on iterative learning. These factors allow us to achieve an adoption rate of 55% on average (see figures below), compared to a ~10% rate for comparable interventions. Dispensers for Safe Water is a labor of love, made up of local teams who see it as their responsibility to improve the communities they live in. This ownership keeps staff motivated by the mission and eager to continuously improve the model, allowing us to provide access to safe water for less than \$1 per person served per year.

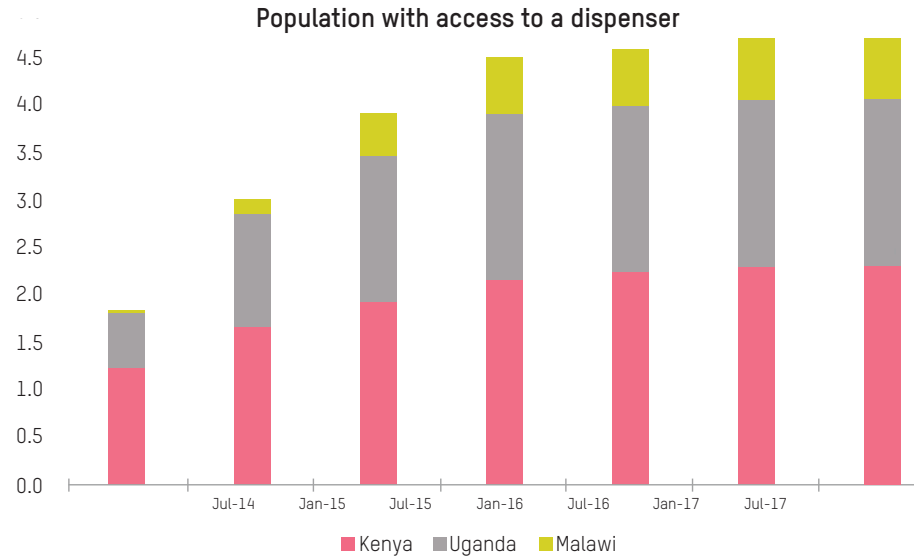




The drivers of success

- 1. Community Engagement:** Dispensers are installed at the community water source, where a local volunteer promoter is elected to maintain the dispenser and educate the community. Thoughtful and layered community engagement from the project outset is key to maintaining industry leading adoption levels.
- 2. Last Mile Service:** Remote areas have the greatest unmet need historically in global development. They are costly and difficult to reach, which is why Evidence Action has built an

efficient hub and spoke maintenance and supply chain model to reach the last mile in Kenya, Uganda, and Malawi. It is centrally managed, globally sourced, and geared towards procurement of dispenser parts and chlorine. Nearly 70 ‘circuit riders’ support dispenser maintenance and deliver chlorine to over 28,000 village water points. Local community promoters correspond with circuit riders over mobile phones. Villagers are trained to use the dispenser and carry back chlorinated water to their homes.



- 3. Extremely Cost-effective:** Many public health interventions can be costly when they require factors like specialized, individualized treatment. In contrast, dispensers are simple and scalable, affecting the shared water supply of a village. The program now provides access to safe water for less than \$1 per person per year.
- 4. Quality Execution:** Our teams bring a clear-eyed focus on impact and efficiency. We have implemented numerous improvements over the years, with more to come. Some examples of recent innovations

include re-engineering our supply chain to drive down costs of dispenser parts. Overall annual per dispenser cost in Kenya was driven down from \$162 to \$138 over 3 years. We’ve implemented mobile technologies to track adoption rates, immediately troubleshoot issues, and track maintenance. Finally, we have achieved efficiencies on transportation, leveraging a network of motorbikes which effectively reach remote areas at lower cost than traditional vehicles.

2016 impacts

Dispensers for Safe Water operated 29,000 dispensers reaching 4.8 million across Kenya, Uganda, and Malawi in 2016. Our dispensers experienced average adoption rates of 55 to 60% across our three countries throughout the year. In total, the use of our dispensers prevented over 800,000 cases of diarrhea and over 650 deaths in children under the age of five.

What’s next?

Our last-mile distribution network presents opportunities to “layer” additional interventions on top of our existing infrastructure. Currently, we have been exploring the possibility of distributing zinc and oral rehydration salts (ORS) to reduce the severity of diarrhea when it does occur as well as malaria bed-nets in regions where prevalence is either low or quality of existing nets could be improved. We are also exploring partnerships with local governments and national ministries in all three of the countries where we operate, which we hope will yield government support both in the form of in-kind and financial contributions toward the Dispensers program.



Deworm the World Initiative

Impact Snapshot:

Supported the deworming of over 201 million children by governments in India, Kenya, Ethiopia, Vietnam, and Nigeria

Helped further scale India's National Deworming Day - the largest single-day public health intervention in the world - to reach 179 million children

Expanded technical assistance to Nigeria and launched a nationwide prevalence survey to understand the worm burden in Pakistan

Maintained outstanding cost-effectiveness, with program costs less than \$0.50 per child per treatment round

Named a GiveWell top-rated charity for a fourth year in a row



How it works

Globally, over 835 million children are at risk of infection for intestinal worms.

These worms, known as soil-transmitted helminths (STH) and schistosomiasis, are detrimental to children's health, education, and

economic potential. They disproportionately affect children and poor households, and are easily transmitted in areas with inadequate sanitation. However, regular treatment in the form of a simple pill is universally recognized as a safe and scalable solution.

The Deworm the World Initiative works in close partnership with governments around the world to eliminate the public health threat of worms by supporting scale up of school-based mass deworming programs.

- We advocate for school-based deworming to policymakers, and provide technical assistance to governments to launch, strengthen, and sustain large scale school-based deworming programs.

- We focus on school-based deworming as it leverages existing education infrastructure and reaches children where they already are: in school.

- Teachers can be easily trained to administer medication, and are trusted members of the community. Drugs are safe, even for uninfected children.

- Treatment is cost-effective, and often leverages generous pharmaceutical donations. In fact, treatment of all children in at-risk areas is 4-10 times less expensive than individual case diagnosis and treatment.

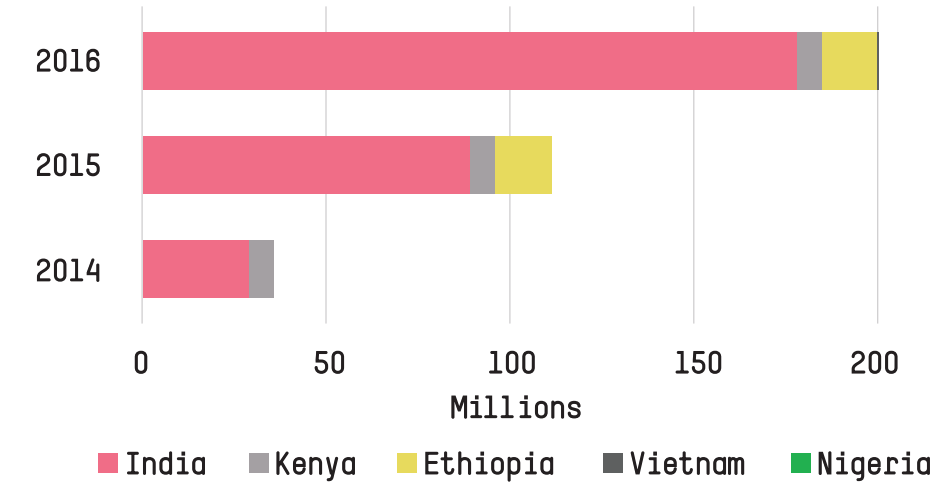
We employ an evidence-based approach to rigorously evaluate and learn from programs we support, iterating on program design alongside governments to maximize reach in a cost-effective manner.



Deworm the World Initiative Program Approach

Prevalence Surveys and Mapping	Work with local partners to assess prevalence and intensity and obtain data for targeted treatment strategies
Policy and Advocacy	Advocate with governments to launch programs, establish effective policies and build sustained capacity
Program Planning and Management	Design programs with joint Ministries of Health and Education ownership, develop plans and budgets and coordinate logistics
Drug Management and Coordination	Help governments evaluate treatment strategies, support procurement, and design drug distribution/tracking systems
Training and Distribution Cascade	Design and support training using local infrastructure through a multi-tiered approach from national down to teacher level
Public Awareness and Mobilization	Work with local partners to design locally appropriate awareness campaigns to increase public uptake
Monitoring and Evaluation	Help governments design monitoring systems, conduct independent monitoring, and evaluate impact

Children treated (millions)



The evidence for deworming

Rigorous evidence shows that school-based deworming improves children's health, education and long-term productivity. Children with intestinal worms suffer from nutritional impairment, which impacts their growth and physical development. Studies have shown that deworming leads to weight gains and allows more energy to be focused on growth and development.

Worms also limit educational outcomes for children. Not only are treated children more likely to be enrolled in

school, but they are also more likely to attend school and perform higher on testing. Finally, deworming has shown long-term benefits, resulting in higher earnings and economic opportunities.

2016 impact

Through our national level advocacy and high-quality technical assistance, the Deworm the World Initiative is playing a major role in closing the global treatment gap for children in need of deworming. Over the last three years, the Deworm the World Initiative has increased its reach over fivefold,

supporting the treatment of over 201 million children in 2016 at an average cost of less than 50 cents per child per treatment.

What's Next?

Poised to scale

- **India:** we will scale up our work to additional states in India and further expand reach of the national program

- **Nigeria:** we plan to expand our technical assistance to three new states in 2017, targeting 3.3 million additional children

- **Pakistan:** we will employ the results of the national level STH prevalence survey to advocate with the government for large scale school-based deworming in at-risk areas

Robust learning agenda

- In 2017, we will continue to drive improvements in the quality and coverage of our programs

- We look forward to initiating a randomized controlled trial in Vietnam to understand the added impact of hygiene education alongside deworming



Continued advocacy

- Deworm the World, in collaboration with key stakeholders, will continue to drive progress in achieving WHO 2020 STH treatment targets to reach 75% of at-risk children

- We will ensure continued emphasis on high quality programming and sufficient implementation resources to eliminate worms as a public health problem

Deworming the world

NIGERIA

In the first coordinated, large-scale neglected tropical disease (NTD) treatment effort in Cross River State, Nigeria, we partnered with RTI International to provide technical assistance to the State Ministry of Health and the State Ministry of Education. We supported the state to undertake school-based deworming for STH and schistosomiasis, while RTI supported community-based treatment for lymphatic filariasis and onchocerciasis. The school-based treatment reached all endemic areas in the state, treating over 527,000 children in the first round. 2016 also marked the beginning of our engagement with the Federal Ministry of Health, laying the groundwork to support development of a national-level deworming strategy and collaborate on further expansion of school-based deworming in Nigeria in 2017.

KENYA

We provide technical assistance and fiscal agency support to the Government of Kenya's National School-Based Deworming Programme. The program treated 6.4 million children for STH and schistosomiasis in 2016, exceeding its treatment targets for the fourth year running. From 2012-2017, CIFF and the END Fund have generously invested in school-based deworming. Government partners from the Ministry of Health and Ministry of Education at the national, county, and sub-county levels implement the program. Observed STH infections have steadily reduced, from baseline infection of 33.2% to 15.9% after three years of treatment (including 19% reduction in moderate-to-heavy intensity infections); schistosomiasis infection reductions have also been achieved.

ETHIOPIA

We and the Schistosomiasis Control Initiative (SCI) provide technical assistance to the Ethiopian Schistosomiasis and Soil-Transmitted Helminthiasis Control Program to ensure high quality implementation, evidence-based decision making, and capacity building. 2016 marked the second round of national deworming within the five-year program, treating 15 million children for STH and 4.6 million for schistosomiasis, surpassing both therapeutic coverage targets and reaching 100% geographic coverage. This unique program is led by the Federal Ministry of Health in partnership with the Ministry of Education and the Ethiopian Public Health Institute, with funding by a consortium of partners including The END Fund, the Children's Investment Fund Foundation (CIFF), SCI, UK Department for International Development, as well as a range of private donors.

PAKISTAN

We, in collaboration with Interactive Research and Development (IRD), the Indus Hospital, and the Institute of Development and Economic Alternatives (IDEAS), supported a nationwide survey on STH prevalence and intensity in Pakistan in November 2016. The survey results indicate that approximately 17 million school-age children require treatment. We plan to support the Government of Pakistan to initiate a school-based deworming program to treat in at-risk areas.

INDIA

As a result of our extensive advocacy efforts with the national government, India rolled out National Deworming Day in February 2015, a government-led effort to deworm all children aged 1-19 through schools and *anganwadis* (preschools). In February 2016, the Government of India treated 179 million children across 32 of 36 states and expanded the program to private schools – a first for any government program in India. Efforts by the Government of India to increase coverage over time has resulted in a significant increase in global coverage of STH. Supported by CIFF, the END Fund, Dubai Cares, and other generous donors, we increased our on-the-ground technical assistance to eight state governments. In 2017, we will target expansion into additional states that could benefit from technical support.

VIETNAM

Supported by Dubai Cares, the Deworm the World Initiative partnered with Thrive Networks and the Government of Vietnam to conduct two rounds of deworming in four provinces in 2016. The program treated approximately 700,000 children in each round, reaching over 90% of all children in need of treatment. We also supported STH surveys in 21 provinces where prevalence data was not previously available, contributing important data for the development of a national deworming strategy.

Where we work

EVIDENCE—BASED

Our process for scaling proven interventions is grounded in evidence-based decision making. We only implement programs in which we have confidence of the impact based on rigorously conducted scientific research. Once scaled, our programs continue to follow the evidence in order to best deliver the intervention to those in need.

Monitoring, Learning, and Information Systems

What is MLIS?

The Monitoring, Learning, and Information Systems team (MLIS) works with programs across Africa to deliver cost-effective, operational models for monitoring, evaluation and analysis. MLIS supports program teams to interpret data collected for a range of uses including accountability, learning, and evidence-based decision making.

What services does MLIS offer?

MLIS supports programs by:

- Setting up standards, systems, and processes for monitoring, evaluation, and analysis
- Supporting ongoing program monitoring needs, including the design of data collection tools, data collation, cleaning, analysis, and reporting
- Providing tailored analysis and research to support program improvements

MLIS is made up of five strategic areas that work together to provide the services and deliverables required by program teams:

- 1. Data collection design and training:** MLIS supports programs to design monitoring and evaluation frameworks and research methodologies.
- 2. Program data management:** MLIS designs data collection tools, collects, collates, and cleans data to provide accurate datasets for programs.

3. Data analysis: MLIS carries out analysis on program datasets to ensure that program findings are appropriately presented.

4. Management information systems: MLIS works with program teams to conceptualize, design, and implement applications and systems to ensure that programs have timely access to and useful data for day-to-day planning and decision making.

5. Data reporting: MLIS supports program teams with timely information in innovative, useful, and clear ways. The team translates analyses and research into outputs that can be used by program teams for evidence-based decision making.

What data does MLIS collect?

MLIS collects both quantitative and qualitative data for process and performance monitoring.

In 2016, MLIS conducted 4,502 spot checks on installed chlorine dispensers across Kenya, Malawi, and Uganda to assess the functionality of installed dispensers. They also visited 30,983 households and interviewed 3,810 community promoters to assess community chlorine use and the key drivers behind household chlorine adoption.

In 2016, MLIS collected and analyzed process monitoring data on the Deworm the World Initiative's program activities in Kenya and supported the development



of processes for monitoring Deworm the World Initiative-supported programs in Nigeria.

In Kenya, MLIS collected monitoring data from 41 sub-county and 55 teacher trainings prior to Deworming Day. The team also interviewed 295 schools and 849 parents of both enrolled and non-enrolled students on Deworming Day.

Spotlight: collecting data for Dispensers for Safe Water

MLIS supports the Dispensers for Safe Water program in collecting data at all stages of program implementation, from identification of suitable water points, to dispenser installation and monthly performance monitoring.

Performance monitoring of Dispensers for Safe Water is done on a monthly basis by MLIS data monitors across Kenya, Uganda and Malawi. Data is collected from a randomized sample of all installed dispensers to ensure an 80 percent confidence interval and a 10 percent margin of error. The sampling is stratified by geography, by program, country, and field office.

The MLIS monitors interview eight households at every water point visited.

The MLIS monitors collect data electronically using smartphones with the Open Data Kit (ODK) software installed. The MLIS data collection team does an initial spot check at the sampled water point to check that the chlorine dispenser is functional and contains chlorine. They then conduct household surveys to measure rates of chlorine adoption in the community. This is done using a chlorine testing kit which tests for the Total Chlorine Residual (TCR) in household water.

The MLIS data management team cleans any incoming data from the field and it is then passed onto the data analysis team. Every two months the analyzed data is shared with program teams. The results are broken down by field office, country program, and overall adoption results. Results are also shared with teams on the online MLIS management information system so that all staff have immediate access to the uploaded data.



What's next?

The MLIS team continues to seek innovative ways to significantly reduce the cost and turnaround time of data collected from the field. This includes moving to electronic data collection across all programs and identifying

ways that can reduce hours spent in the field collecting data. This includes looking at ways in which target populations can self-report their own data or installing technology on chlorine dispensers that would allow real time data on dispenser functionality.

A world map is shown in the background, split into two halves. The left half is dark grey, and the right half is light grey. The map shows the outlines of continents and countries.

COST-EFFECTIVE

By going where the evidence leads us, we can produce programs that give the biggest bang for your buck. We calculate the costs of all aspects of implementation and delivery, and factor this into our decision-making process on an ongoing basis. We bring needed interventions to hundreds of millions of people across the world while ensuring value for money for all stakeholders.

FINANCIALS

EXHIBIT A STATEMENTS OF FINANCIAL POSITION AS OF DECEMBER 31, 2016 AND 2015

ASSETS

CURRENT ASSETS

	2016	2015
Cash and cash equivalents:		
Cash held in the United States	\$ 8,690,934	\$ 3,340,213
Cash held in foreign jurisdictions	<u>398,397</u>	<u>958,969</u>
Total cash and cash equivalents	9,089,331	4,299,182
Investments	8,599,742	1,500,000
Contributions and grants receivable, net of allowance for doubtful accounts of \$0 in 2016 and \$163,091 in 2015	1,291,056	2,394,778
Accounts receivable	416,356	477,734
Employee and other receivables	15,042	555
Prepaid expenses	243,695	267,310
Security deposits	<u>69,891</u>	<u>43,347</u>
Total current assets	<u>19,725,113</u>	<u>8,982,906</u>

FIXED ASSETS

Furniture and equipment	160,993	65,756
Vehicles	<u>39,055</u>	<u>39,055</u>
	200,048	104,811
Less: Accumulated depreciation	<u>(58,569)</u>	<u>(23,099)</u>
Net fixed assets	<u>141,479</u>	<u>81,712</u>

OTHER ASSETS

Contributions and grants receivable, net of current portion	<u>1,402,313</u>	<u>1,782,373</u>
Total other assets	<u>1,402,313</u>	<u>1,782,373</u>
TOTAL ASSETS	<u>\$ 21,268,905</u>	<u>\$ 10,846,991</u>

EXHIBIT A STATEMENTS OF FINANCIAL POSITION AS OF DECEMBER 31, 2016 AND 2015

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

	2016	2015
Current portion of long-term debt	\$ 204,999	\$ 20,000
Accounts payable and accrued liabilities	<u>651,724</u>	<u>306,744</u>
Total current liabilities	<u>856,723</u>	<u>326,744</u>

LONG-TERM LIABILITIES

Long-term debt	<u>3,074,950</u>	<u>2,579,950</u>
Total liabilities	<u>3,931,673</u>	<u>2,906,694</u>

NET ASSETS

Unrestricted (deficit)	(3,679,405)	3,294,931
Temporarily restricted	<u>21,016,637</u>	<u>4,645,366</u>
Total net assets	<u>17,337,232</u>	<u>7,940,297</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 21,268,905</u>	<u>\$ 10,846,991</u>

EXHIBIT B STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015

	Unrestricted	2016 Temporarily Restricted	Total
REVENUE			
Contributions and grants	\$ 994,288	\$ 23,500,720	\$ 24,495,008
Government contracts	-	-	-
Investment income	328,126	-	328,126
Contributed services and materials	164,292	-	164,292
Other revenue	298,036	-	298,036
Net assets released from donor restrictions	<u>7,129,449</u>	<u>(7,129,449)</u>	<u>-</u>
Total revenue and gains	<u>8,914,191</u>	<u>16,371,271</u>	<u>25,285,462</u>
EXPENSES			
Program Services:			
Deworm the World Initiative	7,649,423	-	7,649,423
Dispensers for Safe Water Program	4,728,297	-	4,728,297
Evidence Action Beta	<u>2,688,760</u>	<u>-</u>	<u>2,688,760</u>
Total program services	<u>15,066,480</u>	<u>-</u>	<u>15,066,480</u>
Supporting Services:			
Management and General	649,742	-	649,742
Fundraising	<u>172,305</u>	<u>-</u>	<u>172,305</u>
Total supporting services	<u>822,047</u>	<u>-</u>	<u>822,047</u>
Total expenses	<u>15,888,527</u>	<u>-</u>	<u>15,888,527</u>
Change in net assets	(6,974,336)	16,371,271	9,396,935
Net assets at beginning of year	<u>3,294,931</u>	<u>4,645,366</u>	<u>7,940,297</u>
NET (DEFICIT) ASSETS AT END OF YEAR	<u>\$ (3,679,405)</u>	<u>\$ 21,016,637</u>	<u>\$ 17,337,232</u>

EXHIBIT B STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015

	Unrestricted	2015 Temporarily Restricted	Total
REVENUE			
Contributions and grants	\$ 2,685,659	\$ 3,594,750	\$ 6,280,409
Government contracts	-	1,069,356	1,069,356
Investment income	14,357	-	14,357
Contributed services and materials	20,532	-	20,532
Other revenue	473,523	-	473,523
Net assets released from donor restrictions	<u>9,883,964</u>	<u>(9,883,964)</u>	<u>-</u>
Total revenue and gains	<u>13,078,035</u>	<u>(5,219,858)</u>	<u>7,858,177</u>
EXPENSES			
Program Services:			
Deworm the World Initiative	5,168,671	-	5,168,671
Dispensers for Safe Water Program	6,194,830	-	6,194,830
Evidence Action Beta	<u>1,280,545</u>	<u>-</u>	<u>1,280,545</u>
Total program services	<u>12,644,046</u>	<u>-</u>	<u>12,644,046</u>
Supporting Services:			
Management and General	915,279	-	915,279
Fundraising	<u>60,654</u>	<u>-</u>	<u>60,654</u>
Total supporting services	<u>975,933</u>	<u>-</u>	<u>975,933</u>
Total expenses	<u>13,619,979</u>	<u>-</u>	<u>13,619,979</u>
Change in net assets	(541,944)	(5,219,858)	(5,761,802)
Net assets at beginning of year	<u>3,836,875</u>	<u>9,865,224</u>	<u>13,702,099</u>
NET (DEFICIT) ASSETS AT END OF YEAR	<u>\$ 3,294,931</u>	<u>\$ 4,645,366</u>	<u>\$ 7,940,297</u>

EXHIBIT C STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2016

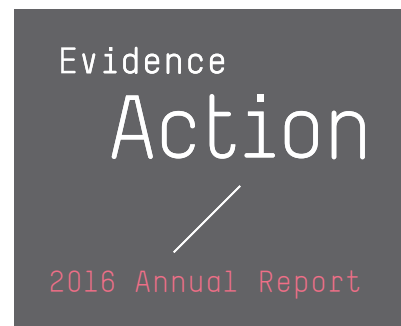
	PROGRAM SERVICES			SUPPORTING SERVICES				
	Deworm the World Initiative	Dispensers for Safe Water Program	Evidence Action Beta	Total Program Services	Management and General	Fundraising	Total Supporting Services	Total Expenses
Salaries	\$ 1,071,502	\$ 1,314,344	\$ 706,777	\$ 3,092,623	\$ 1,095,536	\$ 107,479	\$ 1,203,015	\$ 4,295,638
Payroll taxes	33,269	15,686	37,066	86,021	69,759	7,436	77,195	163,216
Employee benefits	134,967	195,477	112,256	442,700	137,965	14,308	152,273	594,973
Contract services	2,796,675	360,490	379,003	3,536,168	1,052,785	17,730	1,070,515	4,606,683
Occupancy	66,957	208,751	56,448	332,156	181,667	2,408	184,075	516,231
Office expenses	190,864	418,101	97,708	706,673	67,200	792	67,992	774,665
Program management and material	1,223,685	1,161,875	265,946	2,651,506	1,455	-	1,455	2,652,961
Travel	362,092	387,719	108,169	857,980	92,821	2,510	95,331	953,311
Information technology	18,320	17,124	27,008	62,452	63,599	19,508	83,107	145,559
Insurance	10,453	9,193	3,260	22,906	7,818	95	7,913	30,819
Conferences and meetings	108,628	13,863	38,878	161,369	18,082	39	18,121	179,490
Grant awards	531,741	(49,849)	463,145	945,037	4,54	-	454	945,491
Other	6,334	(27,620)	923	(20,363)	14,383	-	14,383	(5,980)
Depreciation	-	3,897	-	3,897	31,573	-	31,573	35,470
Subtotal	6,555,487	4,029,051	2,296,587	12,881,125	2,835,097	172,305	3,007,402	15,888,527
Management and general expense allocation	1,093,936	699,246	392,173	2,185,355	(2,185,355)	-	(2,185,355)	-
TOTAL	\$ 7,649,423	\$ 4,728,297	\$ 2,688,760	\$ 15,066,480	\$ 649,742	\$172,305	\$822,047	\$15,888,527

EXHIBIT D STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2015

	PROGRAM SERVICES				SUPPORTING SERVICES			
	Deworm the World Initiative	Dispensers for Safe Water Program	Evidence Action Beta	Total Program Services	Management and General	Fundraising	Total Supporting Services	Total Expenses
Salaries	\$ 1,024,101	\$ 1,432,031	\$ 539,412	\$ 2,995,544	\$ 800,738	\$ 37,056	\$ 837,794	\$ 3,833,338
Payroll taxes	85,397	53,464	82,521	221,382	56,887	-	56,887	278,269
Employee benefits	148,792	298,460	104,731	551,983	68,210	2,283	70,493	622,476
Contract services	594,462	46,518	99,789	740,769	162,300	12,205	174,505	915,274
Occupancy	67,560	264,010	40,342	371,912	79,904	-	79,904	451,816
Office expenses	157,391	500,585	40,346	698,322	44,429	1,083	45,512	743,834
Program management and material	563,923	1,830,779	23,427	2,418,129	-	-	-	2,418,129
Travel	266,818	805,589	111,494	1,183,901	120,962	4,141	125,103	1,309,004
Information technology	11,395	42,917	6,224	60,536	86,719	3,730	90,449	150,985
Insurance	685	9,989	488	11,162	4,740	-	4,740	15,902
Conferences and meetings	66,473	49,531	7,446	123,450	23,762	156	23,918	147,368
Grant awards	1,458,799	-	71,515	1,530,314	-	-	-	1,530,314
Other	64,862	181,359	8,667	254,888	930,114	-	930,114	1,185,002
Depreciation	-	-	-	-	18,268	-	18,268	18,268
Subtotal	4,510,658	5,515,232	1,136,402	11,162,292	2,397,033	60,654	2,457,687	13,619,979
Management and general expense allocation	658,013	679,598	144,143	1,481,754	(1,481,754)	-	(1,481,754)	-
TOTAL	\$ 5,168,671	\$ 6,194,830	\$ 1,280,545	\$ 12,644,046	\$ 915,279	\$ 60,654	\$ 975,933	\$ 13,619,979

EXHIBIT E STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015

CASH FLOWS FROM OPERATING ACTIVITIES	2016	2015
Changes in net assets	\$ 9,396,935	\$ (5,761,802)
Adjustments to reconcile changes in net assets to net cash provided (used) by operating activities:		
Depreciation	35,470	18,268
Net realized and unrealized gains on investments	(102,662)	(14,357)
Change in discount on long-term receivables	(80,713)	169,183
Change in allowance for doubtful accounts	(163,091)	163,091
Decrease (increase) in:		
Contributions and grants receivable	1,727,586	2,300,301
Accounts receivable	61,378	(223,111)
Employee and other receivables	(14,487)	18,663
Prepaid expenses	23,615	(37,009)
Security deposits	(26,544)	(30,225)
Increase (decrease) in:		
Accounts payable and accrued liabilities	<u>344,980</u>	<u>(22,007)</u>
Net cash provided (used) by operating activities	<u>11,202,467</u>	<u>(3,419,005)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of fixed assets	(95,237)	(83,071)
Purchases of investments	(7,033,003)	(1,534,615)
Proceeds from sale of investments	35,923	48,972
Net cash used in investing activities	<u>(7,092,317)</u>	<u>(1,568,714)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from long-term debt	699,999	1,800,000
Payments on long-term debt	<u>(20,000)</u>	<u>(132,450)</u>
Net cash provided by financing activities	<u>679,999</u>	<u>1,667,550</u>
Net increase (decrease) in cash and cash equivalents	4,790,149	(3,320,169)
Cash and cash equivalents at beginning of year	<u>4,299,182</u>	<u>7,619,351</u>
CASH AND CASH EQUIVALENTS AT END OF YEAR	<u>\$ 9,089,331</u>	<u>\$ 4,299,182</u>



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