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Disclaimer

This is not a rigorous, well-formatted or highly thought-through document. I have put minimal time into editing as this is intentionally a rough MVP to clarify for myself what qualities the best charities usually inhabit so I may understand the forces behind those patterns and attempt to emulate their success in preparation for the Charity Entrepreneurship Incubator program.

Overview Details

Hypothesis: Certain ‘theoretically ideal’ strategic qualities will appear most frequently across the Charity Entrepreneurship (CE) and GiveWell endorsed charities - those charities being effective/high impact.

Purpose: This is a ‘back-of-the-envelope’ qualitative overview of some strategic charity qualities which I felt would help me quickly comprehend the strategic priorities of CE compared to GiveWell’s, the possible reasons therein and the general character of effective/high impact charities.

Benefits: Aside from the utility for other Incubator applicants, this information may be useful for CE and GiveWell to examine what mechanisms are behind the **strong** trends and assess whether they are hindering the charity’s cost-effectiveness (such as case-by-case interventions prioritised over systemic interventions due to donors wanting immediate returns) or helping (such as being savvy to utilise available concepts and technologies rather than innovative interventions due to the fear of risk or limitations of expenses).

Strategic Qualities: These qualities are strategic decisions made during the planning of an intervention. Each quality is a binary state representing either extreme of a spectrum, the first quality of which is the ‘theoretically ideal’ quality I expected to have the strongest frequencies across effective/high impact charities. The qualities are chosen due to my best guesses at effectiveness indicators. The descriptions beneath attempt to validate the importance of each.

1. **Self sustaining/Dependant**

Finance into the intervention circulates to make more interventions (such as Give Directly’s loans which use the interest to develop more loans) or does the intervention only work when the charity is investing in it (such as Against Malaria Foundation’s antimalarial nets)? This is a common ask from donors and coming from a business background it seems more cost-effective to have the donations produce more donations through the charity’s strategy.

2. **Community/External**

Working closely with the community to help them develop solutions (such as Shrimp Welfare Project working with shrimp farmers first) or injecting the intervention into the community from an external source (such as Doctors Without Border’s medical interventions)? Many accounts from books (such as An Imperfect Offering) and documentaries (one being Of Fathers And Sons)

document the beneficiaries of charities demanding cultural and personal integration of charity aid/interventions as highly important.

3. **Direct/Indirect**

Focused on directly helping the beneficiaries (such as Canopie's digital platform intervention) or solve through correlated variables or through mediators (such as Centre For Alcohol Policy Solutions' taxation advocacy on alcohol)? Though Indirect suggests a Systemic strategy, helping beneficiaries Directly theoretically suggests faster feedback, testing and more interaction with the experience and problems of the beneficiaries.

4. **Systemic/Case-By-Case**

Is the strategy to solve for the root causes (such as LEEP's policy advocacy to disallow lead paint in homes across the world) or is the strategy to solve for secondary issues (such as Fortify Health's wheat flour fortification intervention to solve for the lacking nutrition in India)? While Systemic solutions are far more risky, harder to research and slower to see significant progress within, Case-By-Case solutions are more beholden to circumstance, scalable only within initial circumstances and ensure charities will always be spending resources on catching up to circumstantial changes in secondary issues.

5. **Product/Service**

Is the strategy to make a product (such as The Happier Lives Institute's charity intervention research) or is the strategy to make a service which solves for the targeted issue (such as Small Enterprise Foundation's financial services for poor individuals)? Products can be modelled, tweaked and relied upon to be relatively consistent across users whereas services require more management, oversight and training to maintain the reliability.

6. **Conditional/Unconditional**

The intervention provided on some condition for the benefactors to uphold (such as Training For Good requesting that trainees donate money to effective charities on a regular basis in exchange for the free training) or provided with no questions asked outside of fitting the target demographic (such as Evidence Action's Deworm the World initiative wherein at-risk children are provided anti-parasitic drugs)? While a contentious topic given that beneficiaries of charities are already in need of support rather than asking more of them, theoretically Conditional strategies can have a magnified effect and can even ensure the right people are getting the intervention (food aid conditional on helping grow a local garden has been a discussed solution to militia members appearing as in-need individuals at aid camps).

7. **Ongoing/Singular**

The intervention on an Ongoing basis the maintain and monitor its effectiveness (such as Family Empowerment Media's radio broadcast for sexual education) or a time-limited or event-limited intervention (such as the Malaria Consortium's multiple courses of malaria treatment for children under the age of 5)? While Singular strategies are likely cheaper, the longitudinal data available and adjustments which can be made to Ongoing strategies seems more cost effective to make a reliable impact.

8. **Periodical/Lump**

Is the total intervention split into segments given at different times (such as Animal Advocacy Careers's online courses which deliver teaching in instalments) or is the intervention provided as a whole with each deployment (such as Giving Green's donation guides which provide the entire guide at once). While Lump strategies allow for immediate impact, Periodical strategies allow for adjustments along the way and the potential of testing many ideas at once (RE: advice from How To Launch A Nonprofit).

9. **Reusable/Disposable**

Can the content of the intervention be readministered (such as Animal Asks's Ask Prioritisation program's content) or must the content be recreated for each application (such as New Incentives' cash transfers to caregivers)? Though circumstantial to establish, donors and charities alike have expressed the desire for the content of interventions to be reusable. Aside from the research and other byproducts of the intervention, reusability seems hard and perhaps costly to build into the strategy.

10. **Innovation/Available**

Strategy based on new systems/technology (such as Charity Science Health's/Suvita's SMS immunisation reminders requiring a new system for connecting its user base) or existing systems/technology beneficiaries only requiring reliable access to it (such as Healthier Hens's feed fortification which provides access to current techniques and technologies for farmers). Though Innovations aren't based in research with a great deal of evidence and thus are highly risky, they do move all of the nonprofit world forwards if they pay off. As Toby Ord expressed in the 80,000 Hours Podcast, a 80% chance of failure for ten highly impactful charities means that two will be worth the risk and investment of the others failing. Contrasting this is the cheaper and more reliable expertise, support, known impact, donor interest and accessibility of strategies based on Available systems.

11. **Precaution/Prescriptive**

Solve for future issues (such as Evidence Action Accelerator distributing iron supplements to all school-age children as a precaution against iron deficiency) or current issues (such as Evidence Action Accelerator's No Lean Season providing interest-free loans to support seasonal labor migration). While providing an excess of an intervention to mitigate future issues is a common method of Precaution strategy, there is also training, policies, improving nutrition across the board and psychotherapy as examples of Precaution strategies which don't cost more than Prescriptive strategies. The challenge is that they have a delayed effect and the impact is hard to measure if the intervention is successful compared to Prescriptive strategies.

Limitations

1. **Limited sample size**

Statically insignificant, thus wide summary categories at 20% intervals for two scales across the same spectrum.

2. **Human error**

Though double checking, my judgement may be impaired due to misunderstanding the charities or mis-clicking.

3. **Lack of knowledge**

Working from brief descriptions only rather than knowing each charity deeply.

4. **Not rigorous**

The qualities chosen are not themselves rigorous or necessarily correlational to a charity's effectiveness -though patterns therein I hoped to have gleaned.

5. **Shades between**

As these qualities are binary extremes, there are shades in between which this qualitative overview do not capture. A common example being Direct/Indirect wherein a charity will often work directly with the beneficiaries as well as through governments to help those beneficiaries indirectly.

6. **Quality or type of strategy?**

Some qualities are more suggestive of the type of strategy such as Periodical strategies often deliver training, and so the quality doesn't represent equally an aspect of the strategy but instead the type of strategy. This is also the case with Systemic solutions which often deliver policy campaigns. However, I have left them in as strategies to consider compared to the reality of their frequency in effective/high impact charities.

Frequency of Strategic Qualities (table)^{1,2}

The Green, Yellow, Grey, Orange and Red below signify the frequencies of the strategic qualities outlined above. These colours depend in increments of 20% in order of proximity to my expected ‘theoretically ideal’ qualities; Green = between 80-100% frequency of strategic quality. While the ‘theoretically ideal’ qualities may not be practically ideal, I have coloured them as such to reflect my hypothesis.

CE Incubated	GiveWell Top 10	GiveWell Ineffective
Strongly Precaution	Strongly Direct	Strongly Direct
Moderately Self-Sustaining	Strongly Product	Moderately Product
Moderately Community	Strongly Precaution	Moderately Precaution
Moderately Ongoing	Moderately Ongoing	Moderately Singular
Moderately Periodical	Moderately Lump	Moderately Lump
Indifferent Direct/Indirect	Strongly Dependant	Moderately Disposable
Indifferent Systemic/Case-By-Case	Strongly External	Moderately Dependant
Indifferent Product/Service	Strongly Cace-By-Case	Strongly Cace-By-Case
Indifferent Reusable/Disposable	Strongly Unconditional	Strongly Aavailable
Indifferent Innovative/Available	Strongly Disposable	Strongly External
Moderately Unconditional	Strongly Aavailable	Strongly Unconditional

¹ Qualities assessed from CE’s Incubated charities comes from the brief descriptions on: <https://www.charityentrepreneurship.com/our-charities>

² Qualities assessed from GiveWell’s supported charities comes from: <https://docs.google.com/spreadsheets/d/1TG7WRU85p1SEjir-5qvlEg4kVG9a4Lnzdgwcub8aKSs/edit#gid=0>

Takeaways

Charity Entrepreneurship incubated charities:

Mostly Precaution interventions. Much more Self Sustaining and Community-oriented, and moderately more Innovative, Reusable, Systemic and Periodical interventions than GiveWell. However less Direct and scalable (via Product). This may be a reflection of the size and age of the charities or the incubator's openness to inexperienced/diverse trainees. It is a surprise they are so different given a similar philosophy (EA) and strategic priorities (research-based, RCTs, impact measured by DALYs).

GiveWell's Top 10:

Mostly Dependant, External, Direct, Case-By-Case, Unconditional, Disposable, Product Interventions which are already available which beneficiaries require access to. Slightly more Ongoing than GiveWell's ineffective interventions.

GiveWell's Ineffective/Discontinued List:

Biggest difference is interventions are more Singular events rather than ongoing. Other differences are slight: progress is less Dependant on the intervention, more inclined towards Services and efforts are less Disposable. This may be a reflection of the needs of donors to see progress or that it is risky/expensive to make self-sustaining interventions.

Tables

Percentages:

	CE Incubated	GiveWell Top 10	GiveWell Ineffective
Self-Sustaining	66.7%	10.0%	24.4%
Community	78.6%	10.0%	12.5%
Direct	57.1%	90.0%	90.0%
Systemic	57.1%	10.0%	15.0%
Product	42.9%	90.0%	65.0%
Conditional	21.4%	20.0%	5.0%
Ongoing	64.3%	70.0%	40.0%
Periodical	64.3%	30.0%	30.0%
Reusable	42.9%	0.0%	30.0%
Innovative	57.1%	0.0%	15.0%
Precaution	100.0%	80%	62.5%

Snapshot of my qualitative assessment method:

	Self sustaining / Dependant Community / External	Direct / Indirect	Systemic / Case-by-case	Product / Service	Conditional / Unconditional	Ongoing / Singular	Periodical / Lump	Reusable / Disposable	Innovation / Available	Precaution / Prescriptive		
Fortify Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Fortify Health prevents and reduces anaemia and its long-term effects at-scale in India by fortifying wheat flour with iron, folic acid, and vitamin B12. Fortify Health collaborates with state governments and the private sector industry to ensure their programs reach across all groups in their states. Government programs: Fortify Health is currently planning the rollout of a pilot program in government-run ashram schools in Maharashtra. Open market programs: In our confirmed 15 partner mills, Fortify Health estimates that the fortified flour they collectively produce when fortifying their flour at-scale will reach around 1.65 million people.</p>
Happier Lives Institute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>The Happier Lives Institute helps donors and policymakers to answer the following question: How can we use our resources most effectively to help people feel happier? Their research combines data from self-reported happiness and life satisfaction scores with insights from multiple academic disciplines, primarily economics, philosophy, and psychology. Their research pipeline includes a range of other promising interventions that may be more cost-effective than GiveWell's current top charity recommendations. HLI's meta-analyses e.g. comparing the impact of cash transfers and psychotherapy found that psychotherapy is 12 times (95% CI: 4, 24) more cost-effective in terms of increasing subjective well-being.</p>
Suvita	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>Suvita works to increase uptake of childhood immunizations to combat vaccine-preventable diseases through building a network of immunization ambassadors and sending SMS reminders directly to parents. Enrolled over 400,000 caregivers for SMS reminders about vaccinations. Recruited 555 immunization ambassadors in Saran district, Bihar, who are expected to reach over 8,000 children. Sent SMS messages</p>