



Background

Malaria is a leading cause of morbidity and mortality in much of the developing world, especially Africa, with children under five representing a large portion of the population at risk. The World Bank, through its Booster Program for Malaria Control in the Africa and South Asia Regions, is joining in an aggressive campaign to take control of malaria, committing approximately US\$500 million over the next two years in International Development Association (IDA) funds to support countries ready to expand their malaria control efforts. The program is designed to scale-up anti-malarial efforts through enhancing the delivery of key disease control and treatment services (such as insecticide treated nets (ITNs) and effective anti-malarial medication (ACTs)).

While the causal link between use of effective anti-malaria services and improved malaria outcomes is well established, the relative effectiveness of alternative delivery mechanisms and intervention packages to induce a change in people's health behavior is not as well understood. Furthermore, little rigorous evidence has been collected on what works, and in which contexts, to inform and sustain a process of organizational learning and evidence-based programmatic choices.

With the objective of helping countries move to evidence-based programs to improve malaria outcomes, the Malaria Impact Evaluation Program is being launched to:

- generate evidence on what works to increase adoption and use of ITNs and effective anti-malarial medication, and assess the effectiveness of combined interventions
- build capacity in the country and among the program implementing organizations,
- promote a culture of dynamic learning and evidence-based programmatic changes and thus,
- secure longer-term effectiveness of those programs in reducing malaria morbidity and mortality.

Objective

The workshop will combine training in impact evaluation methods with hand sessions on methods with seminar for policymakers will be followed by methodological training to be applied to a series of program-specific "clinics". The objective of the clinics would be to define a concept for the evaluation of programs selected by the government for their importance in the current government plan. The evaluation concepts would be carefully tailored to the objectives and needs of those programs by incorporating key actors in the design.

The objectives of the workshop are to:

1. Establish priority impact evaluation questions driven by policy priorities and information requirements.
2. Discuss common set of indicators to be used across evaluations
3. Provide training on impact evaluation methods
4. Develop impact evaluation design concept notes for each intervention
5. Develop a work program and agree on a core support team for each impact evaluation

Proposed Agenda

The agenda is organized as follows:

1. Sessions to frame the policy discussion
2. Sessions to learn about impact evaluation
3. Break out sessions to develop different components of the plan
4. Sessions to bring the implementation plan together and agree on next steps

Workshop Outputs & Outcomes

The expected outputs of the workshop are documents and agreements on:

- Impact evaluation design for each intervention (5 concept notes)
- Common indicators and survey instrument (preliminary)
- IE operations including teams' composition, data collection requirements, capacity development need, and budget & financing.

Expected outcomes include:

- Improved skills for using IE as a tool to improve the malaria program over time
- Basis for well coordinated and executed impact evaluation
- Cross country learning

Preparatory work by malaria teams

Each participating country team would be asked to gather information on each intervention as a basis for workshop discussions. Information might include:

- Mapping of proposed interventions (eligibility criteria, unit of intervention)
- Roll-out plans (coverage, timing)
- Inventory of available data and information systems
- Program design issues and questions

Proposed Agenda

Monday April 30	
8:30 -9:00 AM	Registration
9:00- 9:30 AM	Welcome & Interactive Exercise <i>Plenary</i>
9:30-10:30 AM	Using Impact Evaluation for Results Based Policy Making <i>Plenary</i>
10:30-11:00 AM	<i>Break</i>
11:00-12:30 PM	International Experience: Evaluating Malaria Interventions <i>Plenary</i>
12:30-1:30 PM	<i>Lunch</i>
1:30-3:00 PM	Malaria Booster Program: Policy Questions and Knowledge Demands <i>Plenary</i>
3:00-3:30	<i>Break</i>
3:30-5:00	Clinic: discussion of policy and operational questions in the malaria program – formulation of key policy questions to be addressed <i>Group Work</i>
5:00-6:00PM	Plenary discussion: Policy Questions <i>Plenary</i>
Tuesday May 1	
9:00-10:00 AM	Groups: Interactive Exercise <i>Group Work</i>
10:00-10:30 AM	Interactive Exercise: Results and Discussion <i>Plenary</i>
10:30-11:00 AM	<i>Break</i>
11:00-12:30 PM	Measuring Impact: Causal Inference & Randomization <i>Plenary</i>
12:30-1:30 PM	<i>Lunch</i>
1:30-3:30 PM	Measuring Impact: Quasi-experimental methods <i>Plenary</i>
3:30-4:00 PM	<i>Break</i>
4:00-6:00 PM	Clinic – discussing country specific IE designs { alternative is to have an IE case study } <i>Group Work</i>
Wednesday May 2	
9:00-10:30 AM	Measuring Impact (continued) <i>Plenary</i>
10:30-11:00 AM	<i>Break</i>
11:00-12:30 AM	Cost benefit/cost effectiveness: using IE for policy making <i>Plenary</i>
12:30-1:30 PM	<i>Lunch</i>
1:30-3:00 PM	Intro to Sampling and Power/ indicators and survey instrument <i>Plenary</i>
3:00-3:30 PM	<i>Break</i>
3:30-5:00 PM	Clinics: indicators and survey instrument <i>Breakout Groups</i>
5:00-6:00 PM	Plenary discussion: Indicators and survey instruments

<i>Plenary</i>	
Thursday May 3	
9:00-10:30 AM <i>Plenary</i>	Operational aspects of IE: planning, budgets, contracting, etc
10:30-10:45 AM <i>Plenary</i>	Guidance for Clinics
10:45-11:15 AM	Break
11:15-12:30 AM <i>Breakout Groups</i>	Clinics
12:30-1:30 PM	Lunch
1:30-3:00 PM <i>Breakout Groups</i>	Clinics
3:00-3:30 PM	Break
3:30-5:00 <i>Breakout Groups</i>	Clinics
5:00-6:00 <i>Plenary</i>	Plenary discussion: Clinics
Friday May 4	
9:00-10:30 <i>Plenary</i>	Presentations & feedback
10:30-11:00	Break
11:00-12:30 <i>Plenary</i>	Presentations & feedback
12:30-1:30	Lunch
1:30-3:30	Implementation plans/agreements/next steps
3:30-4:00	Closing

Composition of Country Working Groups

<p>Democratic Republic of Congo (Themes:)</p> <p>Government team:</p> <p>World Bank and international academics: ▪</p>	<p>Eritrea (Themes:)</p> <p>Government team:</p> <p>World Bank and international academics: ▪</p>
<p>India (Themes:)</p> <p>Government team:</p> <p>World Bank and international academics: ▪</p>	<p>Malawi (Themes:)</p> <p>Government team:</p> <p>World Bank and international academics: ▪</p>
<p>Nigeria (Themes:)</p> <p>Government team:</p> <p>World Bank and international academics: ▪</p>	<p>Senegal (Themes:)</p> <p>Government team:</p> <p>World Bank and international academics: ▪</p>