6.1 Results Framework

The Bank’s Global Strategy and Booster Program is focused on impact in countries, with links to selected MDGs:

- Reduction of all-cause child (under five) mortality (MDG 4)
- Improvement of maternal health (MDG 5)
- Reduction of malaria-specific morbidity and mortality (MDG 6)
- Reduction of productivity losses attributable to malaria (MDG 6)
- Reduction of illness and absenteeism in school-age children and mitigation of other impediments to learning caused by malaria (MDG 2).

The Strategy and Program of Action are thus designed to be results-driven and to strengthen the country capacity for monitoring and evaluation. In this regard it is responsive to key recommendations of an independent evaluation of the World Bank’s approach to global programs, which called for greater emphasis on outcome and impact evaluation (World Bank 2004f). A results framework has been developed as the basis for a monitoring and evaluation system. It is conceived around the three main thrusts of the Program: (i) to improve the quality and intensity of the Bank’s (lending and nonlending) assistance to its client countries; (ii) to improve the quality and intensity of the Bank’s contribution to regional and global partnerships, in line with its comparative advantage; and (iii) to strengthen the Bank’s internal capacity to rise to the challenges of (i) and (ii).
These three thrusts are complementary and build upon one another. For this reason, results frameworks for each have been developed, and each framework presents a results chain of inputs, outputs, outcomes, and impacts. The impacts and outcomes of the Bank’s strengthened capacity are inputs to the results chain of the other two thrusts (support to countries and improved partnerships). They are presented in this section.

6.2 Steps to a Results-Based Monitoring and Evaluation System

The review, clarification, and confirmation of these results chains are an important first step in building a viable M&E system for tracking the performance and impact of the Bank’s Global Strategy and Booster Program. These results require the understanding and full engagement of all staff and managers involved in implementing and overseeing Program implementation. The final articulation of results will also benefit from the understanding and input of those standing to benefit from the Bank’s improved and intensified support—client countries and partners.

Once the results are fully defined and agreed, a number of other key steps will need to be taken to establish a viable M&E system. They include:

- Selection of key performance indicators to monitor outcomes
- Establishment of baseline data on indicators, including the collection of data and documentation of sources
- Quantification of targets
- Definition of modes and frequency of data collection, analysis, and reporting for each input, output, and outcome indicator (monitoring), and the instruments for analysis and reporting
- Definition of the types, timing, and levels of evaluations
- Definition of how the findings will be disseminated and utilized in decision making and incorporated into improved performance (for example, through reports to the Steering Committee and subsequent decision making)
- Definition of roles and responsibilities for carrying out the various tasks of the M&E plan and for its overall coordination.
In addition to developing a system for monitoring and evaluating the Bank's performance, the support to countries to improve their own M&E systems for malaria (in the context of health M&E systems) will be critical. Among many other advantages, decentralized, results-based, in-country M&E will help key actors and contributors to the fight against malaria take the following steps:

- Articulate their goals in various catchment areas based on challenges, opportunities, and baseline data
- Monitor their performance and improve their effectiveness as a consequence of the above articulation
- Build a local knowledge base and credibility that will, together, strengthen analysis of the malaria problem and its appropriate prioritization in cross-sectoral development strategies such as PRSPs, as well as mobilize additional funding
- Set the stage for the design of results-based (or performance-based) disbursements in the context of the Bank’s lending support and possibly, as well, in the context of technical and financial support of other partners. A detailed outline of the monitoring and evaluation framework is provided in appendix 1.

### 6.3 RBM Technical Strategies and Indicators of Population Coverage

The Roll Back Malaria Partnership Monitoring and Evaluation Reference Working Group has defined the core set of program indicators to monitor programs. For ease of use, technical rigor, and comparability in measuring outcomes, these indicators will guide clients and Bank task teams in the Booster Program. *They will be modified and adapted to each context as necessary.*

**Vector control via ITNs**

1. Proportion of households with at least one ITN.
2. Proportion of children under five years old who slept under an ITN the previous night.
**Prompt access to effective treatment**

3. Proportion of children under five years old with fever in the last two weeks who received antimalarial treatment according to national policy within 24 hours from onset of fever.

**Prevention and control of malaria in pregnant women**

4. Proportion of pregnant women who slept under an ITN the previous night.
5. Proportion of women who received intermittent preventive treatment for malaria during their last pregnancy.

**Proposed measurement tools**

Nationally representative, population-based sample surveys are the principal measurement tools required to collect the necessary data for constructing all five core RBM indicators for population coverage. Many different forms of these surveys are currently being routinely implemented; however, few of these surveys collect data on malaria-specific issues. Two large survey efforts that do currently collect data on malaria are the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys.

In addition to these ongoing survey efforts, the RBM partners have developed a standard Management Information System (MIS) package for assessing the key household coverage indicators. This includes a core questionnaire and data tabulation plan, as well as related materials for organizing and conducting fieldwork. This stand-alone survey is designed to be implemented in a similar manner to the DHS, producing nationally representative, population-based data from which all five core RBM outcome indicators of population coverage can be constructed. The MIS will also produce a wide range of data for in-depth assessment of the malaria situation within countries. It is designed to be shorter, less expensive, and quicker to implement than many of the more comprehensive national survey efforts. Where appropriate, surveys and other monitoring and evaluation modalities of this sort will form a core component of operations under the Booster Program.