



Call for Proposals 4: Nimble Evaluations

Appendix of World Bank and DFID projects

The following World Bank and DFID projects have expressed an interest in building a nimble evaluation into project design and have committed to funding implementation of interventions to be evaluated and to facilitating data access to administrative and project-related data.

There are 10 projects related to early childhood development and nutrition, 24 related to basic education, and 11 related to health and health systems.

For each project we provide the following information.

ID	This is the ID of the project generated for SIEF’s Call 4. Please list this ID on the Screening 1 application form if you wish to propose an evaluation design for the project.
Country	This is the country where the evaluation would take place.
Policy problem	This is a brief description of a policy problem as articulated by the project task team leader. This problem may not appear in public documentation on the World Bank or DFID websites, as sometimes it is a problem that has surfaced after implementation of a larger project have started.
Timeline for results	Projects were asked to indicate the latest date they would need evaluation results or if the timeline is open.
Data access	A description of the data sources that project teams could give researchers access to, sometimes with an assessment of their quality.
Interventions already being seriously discussed?	An indicator for whether interventions to solve the policy problem articulated above have already been seriously discussed with government or main non-government partner. Project teams were also asked to indicate if they were open to new ideas as well, even if interventions are already being discussed.
Description of these interventions	A brief description of these interventions that are currently being discussed with government or main non-government partner. As some of these interventions are large scale programs, there should be opportunity to develop complementary interventions to increase take-up or adherence, for example, or to improve the quality of service delivery.

1. Early childhood development and nutrition

ID	WB-ECDN-01
Country	Burundi
Main partner	Ministry of Health
Policy problem	<p>The objective of the Burundi Investing in Early Years Project is to increase the coverage of nutrition specific and nutrition sensitive interventions among women of reproductive age and children, given the high prevalence of stunting and rapid population growth. Burundi benefits from a relatively strong health system and from existing community platforms.</p> <p>Rigorous evidence would help identify the most adaptable and efficient nutrition interventions amenable to community-based service delivery and inform scale up of interventions with high demonstrated impact on malnutrition. Evidence on the effect of advocacy and communication tools developed to raise awareness on stunting and the demographic dividend would also be helpful.</p>
Timeline for results	Timeline is open
Data access	Performance-based financing at facility and community level and independent verification of reported results generate regular high quality data. The project will also support data collection—e.g. a household survey on early stimulation practices and nutrition practices for pregnant/ lactating women and children under 3. A Nutrition Service Delivery Indicators (SDI) Survey is also being considered.
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	<p>Interventions considered for the project include:</p> <ul style="list-style-type: none"> • Integrated package of community-based nutrition and Integrated Management of Childhood Illnesses (IMCI) • Social and behavior change communication activities around nutrition and family planning • Community-driven projects to address the multisectoral determinants of stunting: e.g. kitchen gardens, small livestock husbandry, use of improved seed varieties and animal races, food conservation and transformation technologies • Capacity building and advocacy activities to raise awareness of stunting and fertility issues

ID	WB-ECDN-02
Country	Cameroon
Main partner	Ministry of Basic Education
Policy problem	<p>The Government of Cameroon is committed to expanding early childhood education, with a focus on 3–5 year- olds. There are several types of early childhood education, i.e., public pre-primary schools, private pre-primary schools and community-based. These schools are typically expensive and have poor coverage of rural and/or poor populations. To address this challenge, the Government prepared a new Early Childhood Development strategy and will pilot the expansion of pre-school education in rural areas through community pre-school centers. The impact evaluation would be useful in determining viable, sustainable, scalable approaches to improving the access and quality of these services.</p>
Timeline for results	Timeline is open
Data access	The administrative data on centers supported under the project (researcher will have an opportunity to advise on the requirements for the data), statistical yearbooks, independent verification agency data.
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	

ID	WB-ECDN-03
Country	China
Main partner	Department of Education
Policy problem	<p>The client is implementing a shared reading intervention in Zhanyi District of Yunnan province, delivering kindergarten-based training to parents/primary caregivers of enrolled children, with the overall objective to improve children's social emotional development and other skills. Parents/caregivers take home a set of books to engage children in play activities centered around the books, and switch these out for a new set of books every few weeks. Rapidly-generated evidence in the following areas will facilitate the process of adjustment and improvement of project design to meet the following objectives: (1) Among caregivers, sustain an acceptable level of attendance in training sessions and program completion rates. Also minimize differences associated with identity of primary caregiver (e.g. grandparents taking care of children of migrant workers may be less motivated to participate regularly). (2) Ensure use of program materials/books at home, and improve adherence to effective and positive parenting behaviors and practices covered in the trainings.</p>
Timeline for results	The initial set of results would need to be available by March 2019, in order to adjust the project design in a timely manner and improve impact of activities.
Data access	China has a fairly well-functioning Education Management Information System (EMIS) that collects administrative data at the school level, but quality of data varies from county to county. These data can be supplemented by data collected under the project's own M&E system.
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	

ID	WB-ECDN-04
Country	Djibouti
Main partner	Secretary of State for Social Affairs (SEAS)
Policy problem	The SEAS has two problems for which it could use evidence-based evidence: 1) finding the best way to encourage citizens to provide accurate information when applying for social benefits and to verify this information once provided; 2) how to encourage the quality of delivery and take-up by beneficiaries of a package of early childhood development interventions linked to a conditional cash transfer. A World Bank project is helping the Government on these questions but additional evidence-based support would significantly strengthen the project's impact.
Timeline for results	Timeline is open
Data access	Household data from National Social Registry Project administrative data Household survey data (TBD)
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	

ID	WB-ECDN-05
Country	Ecuador
Main partner	Ministry of Economic and Social Inclusion (MIES)
Policy problem	Ecuador is trying to reduce the rate of chronic malnutrition experienced by children. Qualitative and quantitative research has identified the primary barriers to improvements in nutritional status of children to be informational, behavioral, and structural. Informational and behavioral barriers include a lack of information about good nutritional practices such as attending regular health checkups, use of nutritional supplements and vitamins, exclusive breast feeding in the first six months, diet diversity, and application of good sanitation and hygiene practices.
Timeline for results	Timeline is open
Data access	Databases that can be used for sample definition and initial balance checks: (1) CNH, CIBV and Misison Ternura Program Enrollment data, which includes phone numbers of caregivers and the names, ages, and identification numbers of program participants (200,000 kids), (2) National registry of live births (3) National registry of national identification numbers (cedulas), (4) National CCT program database (Bono de Desarrollo Humano), (5) Detailed anthropometric data for households within a pilot program titled Mission Ternura. (6) SIVAN: national health record data that is collected at the health center level twice a year. This database contains levels of chronic malnutrition as well as the presence of anemia, frequency of health checkups. (7) ENSANUT: Upcoming national household survey that will provide provincial level nutritional status and health information, and could also include a question about program participation. (estimated implementation 2019) (8) Individual health record data collected by the ministry of health. Caregiver and child national ID numbers are unique identifiers.
Interventions are already being seriously discussed?	Yes
Description of these interventions	Some specific interventions discussed are: (1) scale up of text messages to encourage behavior change and improved home visits; (2) improvements to the home visits conducted by MIES targeted towards households that receive the Growing with Our Children (CNH) program.

ID	WB-ECDN-06
Country	Mauritania
Main partner	Ministry of Health
Policy problem	The client is trying to improve access to quality health services with a focus on both demand and supply side of reproductive, maternal, newborn, and child health (RMNCH) services by: (1) Improving the uptake of immunization services through cash transfers and transport vouchers; and (2) Improving the quality of health services delivered through payment for performance. The evaluation could target the demand side interventions, supply side interventions or both.
Timeline for results	The roll out of the project will begin between September 2018 and January 2019. First evaluation results would be useful by end of 2019. Latest 2021.
Data access	Routine data from the health facilities will be available. Their quality is estimated to be average to poor, but the roll out of the World Bank project should help improve the quality of the data in many areas, such as facilities reporting, timeliness of reporting, and reliability (performance-based financing implies review of the data). Program data will be available. The social protection scheme will have tablets at the community level for CCT purposes.
Interventions are already being seriously discussed?	Yes
Description of these interventions	On the supply side, the project will pay bonuses to community health workers (CHWs) and facilities, according to their performance. On the demand side, the project will provide conditional cash transfers (CCTs) to poor households, according to their utilization of Reproductive, Maternal, Neonatal and Child Health (RMNCH) services—specifically vaccination.

ID	WB-ECDN-07
Country	Serbia
Main partner	Ministry of Education, Science, and Technological Development
Policy problem	<p>One of the aims of the Inclusive Early Childhood Education and Care project, a collaboration between the Government of Serbia and the World Bank, is to increase parental (particularly paternal) investment and involvement in early stimulation and valuation/approval of early childhood education and care (ECEC). To that effect, the program includes an outreach component (communications, awareness raising and training) to improve uptake (registration and enrollment) by parents of children of preschool age (3–5) and to improve parental (particularly fathers’) investments in their young children (0–5). The specific intervention we are aiming to evaluate and improve is early stimulation at home, particularly men’s parenting behavior. As the evidence suggests that there are incremental gains from combining improved parental stimulation and early education and learning, the team wants to support the government with an improved design of the communications/ outreach component towards fathers.</p>
Timeline for results	2020
Data access	<p>Project monitoring data</p> <p>Administrative data on enrolment and other activities can be collected, including data on exposure to media.</p> <p>2018 Serbia Multiple Indicator Cluster Survey (MICS) could be used to do follow-up.</p> <p>An important restriction is that for the evaluation no direct data collection with children will be done (as per specific government request), hence the evaluation will need to be based on reported behaviors by parents and/or proxy measures of development with children.</p>
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	<p>No specific details have been planned, the team is open to ideas. However, main interventions are related to wide-reach or direct information campaigns and outreach to parents (fathers).</p>

ID	WB-ECDN-08
Country	Sri Lanka
Main partner	Ministry of Women and Child Affairs
Policy problem	<p>Sri Lanka has around 17,000 early childhood development (ECD) centers serving around 513,000 children in the 3-5 year age group. Evidence from a national survey of ECD centers indicates that less than half of the ECD centers in the country meet basic requirements for ECD instructional quality. The coverage of ECD services is also low with only 65 percent of the children in the 3-5 age group enrolled in ECD centers while the country has already achieved universal primary education. ECD provision in Sri Lanka is largely dependent on the non-state sector, and public expenditure on ECD is significantly lower than that the expenditures in other middle-income countries. Recognizing the importance of the role of ECD in achieving the country's long-term development goals, the government decided to increase its support to the sector; the country is trying to enhance equitable access to and improve the quality of ECD services across the country.</p>
Timeline for results	Timeline is open
Data access	There are some administrative data available, which includes Census for ECD centers (some missing data) and Household Income Expenditures Survey (HIES) various years (reliable).
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	<p>Key areas supported by a World Bank project include: (a) a country wide national census on ECD centers; (b) development of child development assessment tool kits for children aged 3-4 and 4-5; (c) development of in-service teacher training program; (d) development of modules for parental awareness program; (e) delivery of age appropriate teaching and learning material to ECD centers; (f) national diploma and certificate program in child development/pre-school education management; (g) tuition fee support to students from poor households; (h) replacement and renovation of ECD centers and play areas; and (i) capacity development for governments staff working on ECD.</p>

ID	WB-ECDN-09
Country	Tanzania
Main partner	Minister of Health, Community Development, Gender, Elderly and Children; & President's Office Regional and Local Government
Policy problem	There are various cadres of officers (e.g., community development officers, nutrition officers, child welfare officers, agriculture extension workers, etc.) available in the early childhood development (ECD) relevant sectors to provide services that can improve demand for essential services and positively influence ECD knowledge, attitudes and behaviors. However, most of these cadres have limited numbers, capacity (with no/little training), and financial/material resources to effectively provide ECD services. Thus, volunteers have often been engaged to deliver targeted services, but sustainability becomes an issue when funding ends. Before the full scaling up, the client and Bank task team are trying to determine the cost effectiveness of salaried community health workers vs community health volunteers to improve coverage and quality of ECD services with a focus on nutrition and early stimulation.
Timeline for results	Timeline open, but preferably before June 2020
Data access	The Government of TZ routinely collects/compiles health service utilization data through DHIS2, but the quality is sub-optimal. In addition, the Star Rating data (service readiness) are also available.
Interventions are already being seriously discussed?	Yes
Description of these interventions	Under the Community Based Health Program (CBHP) established in 2014, the government plans to deploy two salaried community health workers (CHWs) per village (in total 30,000 CHWs) by 2025 to provide nutrition, hygiene/sanitation, social welfare and child protection services at/close to the community level. So far, about 3,700 CHWs have been trained and an additional 4,267 students are currently in training.

ID	WB-ECDN-10
Country	Lao PDR
Main partner	Ministry of Health, Ministry of Public Works and Transport and Ministry of Agriculture and Forestry
Policy problem	About 44 percent of children under five in Laos are estimated to be stunted, and the poor, ethnic minority groups, and upland areas of the country are disproportionately affected, where child stunting rates are upward of 60 percent. The causes of malnutrition are multi-sectoral and mainly related to food insecurity (poor access, availability and utilization of food), poor access to health services, sub-optimal maternal and child caring practices, as well as poor access water and sanitation and personal hygiene. There is a need for rigorous evidence on how to best tackle malnutrition.
Timeline for results	Timeline open (subject to further discussion)
Data access	Several administrative and routine survey data sources exist including administrative monitoring data from an ongoing Health and Nutrition operation, village level monitoring data from the Poverty Reduction Fund, household census (2015), MICS (2017) and Lao Consumption and Expenditure Survey (2012–2013). The multi-sectoral project also anticipates receiving funding for primary data collection on project outcomes and impacts.
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	The World Bank has supported multi-sector action through the Water Supply and Sanitation Project, the Reducing Rural Poverty and Malnutrition Project, the Early Child Development Care Project, and the Health Governance and Nutrition Development Project. These projects have a common goal to support the government through activities that seek to reduce the direct and indirect determinants of undernutrition and stunting. Activities planned under the Reducing Rural Poverty and Malnutrition Project focuses on nutrition-sensitive demand-side interventions, including cash transfers to households with pregnant women and children aged 0-2. The Water Supply and Sanitation Project will try to interrupt fecal-oral routes of transmission among infants and young children 0-24 years. While the main project interventions have been defined, the proposed evaluation would ideally focus on innovative mechanisms / approaches for delivery of social behavioral change and communication messages to maximize synergies across sectors.

2. Education

ID	WB-Educ-01
Country	Argentina
Main partner	Subsecretaría de Educación Provincia de Buenos Aires
Policy problem	<p>The client wants to maximize the take-up of a new school dropout prevention program that is currently at the design stage, a common challenge faced by this type of interventions. The program will provide intense math tutoring and cognitive behavioral therapy to at-risk students. While evidence from the United States showed that these interventions have a tremendous potential to improve high school graduation, a recent adaptation to the context of a developing country (the PODER program in México) faced low take-up rates by the students. This was related, among other things, to the extra-time that students have to spend in the activities of the programs (therapy and tutoring) and to the potential stigmatization associated to school dropout prevention programs. The team would like to explore interventions or twists to the design that could improve the take-up of the Argentinean adaptation of the program. There would be two different instances to design and test them: a pre-pilot and a pilot</p>
Timeline for results	End of 2019
Data access	<p>The team has access to high quality administrative data plus an additional budget to collect tailored data for the evaluation. The administrative data are quite comprehensive and will be a key input for this evaluation: the two main outcomes—dropout and learning—can be measured with administrative data. Among the datasets available we have: student administrative records (including census-level standardized tests in Math and Spanish); school administrative records; specific Surveys (students, teachers, school principals); data collected for the project (project implementation, socio-emotional skills, etc.)</p>
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	

ID	DFID-Educ-01
Country	Bangladesh
Main partner	Due to a need to find sustainable funding sources, in 2016 BRAC started to charge fees for primary schools. We are keen to understand the impact of this introduction of fees over the past year in terms of student enrolments, attendance, and learning outcomes and to find ways to overcome challenges in these areas that have been identified.
Policy problem	
Timeline for results	Timeline is open
Data access	BRAC has strong monitoring data
Interventions are already being seriously discussed?	No
Description of these interventions	

ID	WB-Educ-02
Country	Bangladesh
Main partner	Ministry of Education
Policy problem	Three problems in secondary education: 1. How to increase teacher skills and motivation for Math, English, and Science 2. How to use learning measurement data for improving classroom practice and education policy 3. How to improve management and leadership skills of head-teachers
Timeline for results	Timeline is open
Data access	Student assessment data Education Management and Information System (EMIS) data
Interventions are already being seriously discussed?	Open to ideas.
Description of these interventions	

ID	WB-Educ-03
Country	Brazil
Main partner	Ministry of Education
Policy problem	Improve the quality of public school management and measure the effect on students learning. Some research questions of interest would be: Can training about leadership and management for result for principals of secondary schools improve the practices and quality of management of schools at scale in Brazil? Can coaching and a school based management model intervention contribute to the effectiveness of the training program?
Timeline for results	As soon as possible
Data access	There are a plenty of high quality administrative data in Brazil public education, but we may also need to apply specific instruments to measure some intermediate results.
Interventions are already being seriously discussed?	Yes
Description of these interventions	The main type of intervention is a combination of a face-to-face training, distance-learning program coaching and implementation of school-based management model. The focus of this training will be on school leadership and management for results.

ID	WB-Educ-04
Country	Brazil
Main partner	Ministry of Education
Policy problem	The quality of education, as measured by international standardized learning tests, has improved in the last 15 years, but remains below that of regional peers; the 'value for money' has also fallen. The Brazilian upper education system displays low internal efficiency, with the highest repetition rate in LAC, pervasive age distortions, and some of the lowest completion rates in the region. Overloaded curricula, insufficient instruction time, and a perceived lack of relevance for insertion into the labor market and higher education are some of the main drivers of dropout.
Timeline for results	Flexible timeline, but first pilots will be implemented in 2018 and at least 10 states should have pilots in 2019.
Data access	All Brazilian Education and Socioeconomic administrative data, as well as some restricted data from the Brazilian Ministry of Education.
Interventions are already being seriously discussed?	Piloting agreed during preparation for the pay-for-results project. Initial discussion with the ministry of education team on possible randomization and/or clear definition of criteria selection.
Description of these interventions	The main type of intervention is a combination of a face-to-face training, distance-learning program coaching and implementation of school-based management model. The focus of this training will be on school leadership and management for results.

ID	WB-Educ-05
Country	Cameroon
Main partner	Ministry of Basic Education
Policy problem	The client will be piloting the introduction of performance-based financing grants for primary public schools. The team is seeking support to advise the Government on design of the approach, e.g. piloting different amounts of school grants, criteria etc, and on the design of the impact evaluation.
Timeline for results	Timeline is open
Data access	The administrative data on schools in the intervention (performance-based-financing (PBF) group) and any control schools, statistical yearbooks, qualitative and quantitative data from partner agencies supervising the implementation of the PBF (researcher will have an opportunity to advise on the requirements for the data), and a community assessment (researcher will have an opportunity to advise on the design of the assessment)
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	

ID	WB-Educ-06
Country	Guyana
Main partner	Ministry of Education
Policy problem	The client is undertaking an ambitious reform of curriculum and pedagogy from the pre-primary to lower secondary levels, with an initial focus on early grade mathematics and reading. The goal is to improve learning outcomes by effecting a shift away from didactic, content-focused teaching and toward interactive, differentiated, and skills-based teaching. The client has agreed to pilot the new curriculum and teacher training and to randomize the pilot schools.
Timeline for results	Curriculum and teacher training would begin to scale in Sept 2020, but intermediate results between now and then would help guide the process.
Data access	Teacher classroom observation data and student learning outcomes data. On the classroom observation, we will work with the client to adapt TEACH, the Bank's new open-source classroom observation instrument. Our hope is that TEACH could be mainstreamed as much as possible into regular school visits from education officers. Guyana has relatively good school-level data on national examination scores (grades 2,4,6, and 9). Since the exams themselves will change as part of the project, there will be a consultancy funded under the operation to revise the exams, including anchor items to measure learning outcomes consistently before and after the exams. The IE would likely focus on grade 2 outcomes. One potential weakness of these data are that the grade 2 exam was briefly included in the formula for secondary school placement, which is normally determined by the grade 6 exam. This may have infected the grade 2 exam with some "high-stakes" characteristics, even though the policy has since been reversed.
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	The basic outlines of the interventions have been agreed upon: curriculum framework, subject-specific outlines and teaching guides, teacher training, and teaching and learning materials. But there will be opportunities to tweak or test variations on any and all of these as the project develops.

ID	WB-Educ-07
Country	India
Main partner	Department of Women and Child Development and Social Services (DWCDSS)
Policy problem	The Tejaswini project aims to socially and economically empower adolescent girls and young women in select districts of Jharkhand. The Government of Jharkhand launched the Tejaswini project in 2017 to improve completion of market-driven skills training and secondary education for adolescent girls and young women.
Timeline for results	The client would benefit from evaluation results on a periodic basis, including at mid-term review (2019 and at project closing (2021/2022).
Data access	The project is expected to have a Management Information System (MIS) which will house all administrative data for the project. We expect that it would contain individual level data on all project beneficiaries, including the types of services received, beneficiary attendance (collected using biometric devices), and completion of education and/or skills training courses. We also aim to collect and analyze cost data. The project also can facilitate access to a high-quality data set from a 2015 statewide survey of youth in Jharkhand.
Interventions are already being seriously discussed?	Yes
Description of these interventions	The project finances the formation and capacity building of community-level young women's groups, life skills education, and community mobilization and communication. In two selected districts, the project will pilot a more intensive community-level service delivery model including a local full-time designated safe space ("cluster center"), and interventions for enhanced outreach to hard-to-reach populations. The project also funds vocational skills training and non-formal education for a subset of project beneficiaries, and cash transfers (\$150 per beneficiary) to about 15% of the total beneficiaries. The project is already under implementation, with the first two to four districts expected to roll out in 2018. Since the project plans to roll out in a phased manner, eventually reaching 17 of the 24 districts in the state, there are still opportunities to conduct one or more rigorous and nimble evaluations. However, the possibility of altering the design of the project or the larger interventions to be offered are likely more limited at this stage.

ID	DFID-Educ-02
Country	India
Main partner	
Policy problem	<p>Despite, all the legal frameworks and policy discourse, children with disabilities in India, continue to experience different forms of exclusion. The 2011 Census highlighted that 28 % of children aged 6-13 identified with a disability were not accessing schools. There are delays in special/ resource teacher recruitment, absence of modified Teaching Learning Materials (TLMs), limited dispersal of Inclusive Education for Disabled (IED) grants, and lack of capacity building of teachers. Evidence is needed of 'what works' to build enabling educational environments in order for the country to take appropriate action to reach SDG 4.</p>
Timeline for results	Timeline is open
Data access	<p>Good administrative data from SERP http://www.serp.ap.gov.in/SHGAP/ and excellent open database from Young Lives longitudinal study https://younglives-india.org/about-young-lives-india</p>
Interventions are already being seriously discussed?	Some ideas but further work required
Description of these interventions	<p>Society for Elimination of Rural Poverty (SERP) has been working through its neighbourhood centers and community based organisations to support and empower persons with disabilities.</p>

ID	DFID-Educ-03
Country	India
Main partner	
Policy problem	Increasing parental and community participation inside and outside schools
Timeline for results	Timeline is open
Data access	Robust administrative data
Interventions are already being seriously discussed?	Yes
Description of these interventions	<p>Interventions have been under way for 2 years but are flexible to try new things. See http://saajha.org/ for more detail.</p> <ol style="list-style-type: none"> 1. State level training of Government trainers in partnership with DoE of Delhi Government and DIET. 2. Events such as Mega Parent-teacher meetings across all schools in Delhi, Community Reading Melas, and Summer camps 3. Facilitating a dialogue between parents and decision makers via SMC *Sabhas'—a constituency level platform, where school-related issues are raised and timeline for their resolution is provided 4. Technology-based solutions – In partnership with Mindtree, a mobile-based application, which provides tdecision makers with real-time and relevant school-level data has been developed. The app is currently operational and is accessed by all SMC members across schools in Delhi. 5. Mechanism for admissions in schools and designing processes for conducting SMC elections across 1,000+ schools under Delhi Government.

ID	WB-Educ-08
Country	India
Main partner	Department of Education, a State Government in India
Policy problem	The State Government in one of the low-income States in India is attempting to improve the effectiveness of elementary school teachers (grades 1 to 8) in public schools. The government's program relies heavily on technology interventions, and has implemented an online distance learning program to train teachers, established basic technology infrastructure in teacher-education institutions, and is exploring methods to improve in-service teacher training. Another key priority of the government is to identify how to integrate the use of technology tools in the delivery of classroom instruction by the teachers to improve their efficacy. While a number of 'products' exist in the market promising better learning outcomes, the government wants to better understand what works within the context of the State using specific pilot interventions and assessing their outcomes.
Timeline for results	Timeline is open
Data access	The World Bank is engaged closely with the State government, and it is feasible for the team to access relevant data related to education system in the State available with the government. This includes existing databases such as U-DISE (Unified District Information System for Education), and results of various surveys/studies conducted by the State government. The quality of data available is fair, though a more robust data collection and triangulation exercise may be helpful as part of any proposed study.
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	As part of its efforts to integrate the use of technology tools in the delivery of classroom instruction by the teachers, the government is in conversation with an external vendor to conduct a technology-enabled instruction pilot in a select number of elementary schools. With a clear intent of using low-cost, sustainable solutions, this is one such model under consideration. The government, however, is open to other ideas that might be helpful in achieving its larger objectives. For the proposed evaluation, the World Bank team will also be interested in exploring the use of tools to facilitate nimble tech-evaluations (such as http://brook.gs/2bKeyiJ), if the design of the study allows for it.

ID	DFID-Educ-04
Country	India and Uganda
Main partner	
Policy problem	We need to learn more about how we can support government partners to create an enabling environment for teachers to improve their intrinsic motivation and performance in the classroom. How can we (1) provide an impetus for teachers to try new practices, (2) motivate local and district level education officials to help teachers improve their practice, and (3) complement other technical interventions (particularly around reading).
Timeline for results	Timeline open—hoping to test potential interventions early 2019
Data access	<ul style="list-style-type: none"> • STIR Education programme monitoring data (e.g. teacher attendance and quality of monthly teacher network meetings, whether or not teachers are implementing new practices, participation of system officials in training events, etc.) – this data is collected and entered rapidly and is of high quality • Ministry of Education administrative data (e.g. teacher attendance, time on task, retention, student attendance, etc.) – this data is of reasonably high quality, although this differs between the geographies that we operate in • Additional evaluation data regularly collected by STIR and / or its evaluation partners (e.g. teacher motivation, teaching practice, and student learning related data) – this data is of high quality • Student learning data (particularly reading and math) collected by partner organizations such as ASER, Uwezo as well as the Ministry of Education.
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	Some ideas will be tested in 2018 in pilot areas, but we want to test these (and other) ideas at greater scale from early 2019

ID	WB-Educ-09
Country	Kuwait
Main partner	Ministry of Education
Policy problem	The client is trying to enhance student learning and achievement through comprehensive reforms in the areas of teachers, leadership, policy, curriculum, and standards.
Timeline for results	August 2019
Data access	Access to Ministry of Education data.
Interventions are already being seriously discussed?	No idea what to do, open to ideas.
Description of these interventions	

ID	WB-Educ-10
Country	Lebanon
Main partner	Ministry of Education
Policy problem	The client is trying to improve the effectiveness of teacher support programs through strengthening how standalone trainings are combined with ongoing in-school guidance and coaching for teachers to improve teacher performance and most importantly student academic, cognitive, and socio-emotional learning. The teacher support programs will have a focus on inclusive education, differentiated instruction, and the use of formative assessment.
Timeline for results	October 2019
Data access	Primary data to be collected from schools through teacher observation and assessment of students' cognitive, academic, and socio-emotional skills.
Interventions are already being seriously discussed?	Yes
Description of these interventions	The teacher support program will have a focus on inclusive education, differentiated instruction, and the use of formative assessment and will combine with ongoing in-school guidance and coaching for teachers. It is being designed by the Ministry of Education and is nearly complete.

ID	WB-Educ-11
Country	Madagascar
Main partner	Ministry of Education
Policy problem	Trying to recruit better (literate) teachers.
Timeline for results	Elections are in December. We will then have an 18 month window for serious policy formulation.
Data access	<p>2016 Service Delivery Indicators survey</p> <p>Planned teacher census</p> <p>Planned application of teacher entrance test</p> <p>Admin data on teachers by age, status (contract, civil servant), location, gender</p>
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	<p>Application of this entrance test. Relatedly, empowering local education offices in recruitment of teachers (despite fact that communities will continue to finance). Relatedly, there's a whole host of training that is planned, since a huge number of teachers are not trained. There's also a 'contract standardization' that is underway. Finally, there will (hopefully) be a very comprehensive teacher policy reform that will be launched in full force with the incoming government. This will include new criteria for converting from community teacher to contract (gov't financed) teacher, and from contract teacher to civil servant. This might also include performance elements.</p>

ID	WB-Educ-12
Country	Mongolia
Main partner	Ministry of Education; Ministry of Labor and Social Protection
Policy problem	<p>Save the Children, Japan will implement a school-based, community-driven program for supporting acquisition of entrepreneurship skills among the most vulnerable, disadvantaged youth in rural Mongolia. Participation is not mandatory, and students will choose whether to enroll or not. The project will include a competitive small grant mechanism offering seed capital to enable participants to practically apply entrepreneurship knowledge acquired through the training. Rapidly-generated evidence in the following areas would facilitate the process of adjustment and improvement of project design: (1) How to ensure adequate uptake of/enrollment in the skills program and sustain an acceptable level of attendance in training sessions and program completion rates and how also minimize gender gaps in each of these; (2) How to identify the more effective mode of delivery for the skills training, e.g. by school teachers vs. less-skilled teachers at lifelong learning centers attached to project schools; (3) How to improve the number of high quality seed-capital funding proposals received and identify any gender differences.</p>
Timeline for results	The initial set of results would need to be available within year 2 of the project, i.e. before June, 2020, in order to adjust the project design in a timely manner and improve impact of activities.
Data access	Mongolia has a well-functioning Education Management Information System (EMIS) that collects administrative data at the student and school levels. These data can be supplemented by data collected under the project's own M&E system, which will include at a minimum data on select social and economic characteristics of participants and changes in skills, attitudes, and desired behaviors associated with entrepreneurship during the course of the program.
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	

ID	WB-Educ-13
Country	Low-income Latin American country [identity anonymized for call-for-proposals only]
Main partner	Ministry of Education
Policy problem	The Ministry of Education is strongly interested in improving teacher's knowledge, competencies and pedagogical practices as a way to increase student learning.
Timeline for results	There is flexibility, but we would like to have a pilot start in late 2018/ early 2019 and a full evaluation would start early in 2020 or a bit earlier.
Data access	We would have access to all relevant microdata from schools, teachers and students. At the school level, the Ministry has a comprehensive yearly school census that is adequate. The teacher payroll has useful information on teacher characteristics, but school placement accuracy can be an issue. At the student level, the data is typically very reliable and high quality. In the last few years, the Ministry revamped its student enrollment information system. The Ministry also has a learning student assessment system for students in fourth, sixth, ninth and eleven grades, although the tests are administered only every 3 to 4 years. The Ministry also has special topic surveys that could be relevant, as well as a newly piloted national children development and quality of learning environment measurement system. Finally, we have developed a new standardized classroom observation instrument focused on pedagogical practices that has been validated in a pilot of 170 classrooms, and will be rolled out in phases.
Interventions are already being seriously discussed?	Yes
Description of these interventions	<p>A teacher mentoring or coaching program that will focus on improving pedagogical practices in primary and secondary level.</p> <p>A one-year teacher training scheme for primary school teachers focused on increasing mastery of core subjects (math, language, social studies, natural science) and their instruction.</p>

ID	DFID-Educ-05
Country	Pakistan
Main partner	Ministry of Education
Policy problem	How to get out-of-school adolescent girls, aged between 10 and 19, who have dropped out of or never attended school, into education and to gain skills relevant for employment and for improving the quality of their family lives. Southern Punjab focus.
Timeline for results	Evidence needed by Dec 2019
Data access	Programme monitoring data (unsure of quality) and government administrative data via the larger Punjab Education Sector Programme (2)
Interventions are already being seriously discussed?	Yes
Description of these interventions	The primary intervention is a programme being implemented from March 2018- March 2020 by local NGO ITA in Southern Punjab with expected 25,000 beneficiaries.

ID	WB-Educ-14
Country	Sierra Leone
Main partner	Ministry of Education, Science and Technology
Policy problem	<p>The government is piloting performance-based financing (PBF) with Bank support in select junior secondary schools to improve the teaching and learning environment in these schools. In parallel, the government (with DFID support) distributed lesson plans to teachers in Sierra Leone schools and is providing school-based support to aid in lesson plan implementation. Under PBF, junior secondary schools are disbursed school grants based on achievement on indicators related to student attendance, teacher attendance, use/delivery of lesson plans by teachers, etc. However, schools are slow to respond to some performance incentives - e.g. on indicator related to use/delivery of lesson plans. The questions of interest are whether financial incentives add value) to get schools meet PBF performance targets esp. related to use/delivery of lesson plans, and what other complementary measures need to be considered (or their design re-visited) to enable/ incentivize schools improve their achievement on lagging PBF indicators, in a cost-effective way?</p>
Timeline for results	2019
Data access	<p>Annual School Census Situation Room data (collected monthly from schools); West Africa Examination Council data for end of primary and junior secondary cycles; WB project data on PBF schools; moderate quality DFID project data on fidelity of implementation of lesson plans; DFID project data on learning assessment in junior secondary schools. Data quality varies depending on source. Project data is of better quality while data from situation room and examinations council need significant cleaning before they can be used.</p>
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	

ID	WB-Educ-15
Country	Tanzania
Main partner	Ministry of Education, Regional Administration and Local Government
Policy problem	Improving the teaching and learning of secondary school mathematics and science through: a. addressing gender constraints to learning b. increasing the skills and motivation of secondary school mathematics and science teachers through in-service training and teacher incentives c. using ICT to support mathematics and science teaching in the classroom
Timeline for results	2019/20 but flexible, it will influence decision making on the program up until 2022 but is expected to have influence beyond (e.g. ICT concept will be rolled out further)
Data access	Tanzania has a relatively good system of administrative data for education and also regular data on examinations. A new school quality assurance system is likely to provide additional information on learning processes within schools and particularly for low-performing schools. The program is also including the design of classroom observation tools to measure the impact of training and other interventions that the program is supporting.
Interventions are already being seriously discussed?	Interventions around ICT, teacher incentives, in-service training and an inclusive education model have already been included but the detail of these interventions is still open.
Description of these interventions	

ID	DFID-Educ-06
Country	Tanzania
Main partner	
Policy problem	How do we perfect school report cards (a holistic score of how the school is doing) to get the most understanding and engagement from the communities? What is the most effective way for to give feedback to teachers on their performance? Do school incentive grants (grants for best performing schools) incentivise schools to perform better? If yes, for which schools and how?
Timeline for results	Ideally by end 2019—programme runs to end 2020—this will support decisions around follow-on funding and design work
Data access	Can provide all data related to SQA (school quality assurance) as well as administrative school census data.
Interventions are already being seriously discussed?	Yes
Description of these interventions	The Equip-T programme is the umbrella programme that DFID is supporting in Tanzania. http://www.equip-t.org/about/

ID	WB-Educ-16
Country	Tunisia
Main partner	Ministry of Education
Policy problem	There are several planned interventions that could benefit from rigorous evidence to: 1) ensure that teacher training programs are effective in changing teacher practices to support student learning, 2) ensure that new principal development programs are effective in changing management practices to improve school quality, and 3) improve inputs for preschool education (teacher training and materials).
Timeline for results	Timeline is open
Data access	Administrative data sources are readily available and they are of relatively good quality.
Interventions are already being seriously discussed?	Yes
Description of these interventions	Professional development programs for teacher and school principal for more than 10,000 and 3,000 teachers and principals, respectively. Professional development programs for preschool education and provision of materials are also planned.

ID	WB-Educ-17
Country	Country in Latin America [identity anonymized only for call for proposals]
Main partner	Ministry of Education
Policy problem	School directors receive an amazing quantity of administrative data (including student-level *daily* data), but the use of these data for decision-making and school management is rather limited.
Timeline for results	Ideally by the end of 2019, but it would be still useful by the end of 2020
Data access	For this particular project, among other datasets, we will have access to: student-level academic records (panel), student-level standardized tests, student-level diagnostic test (panel), student-level daily data on attendance (panel), student-level application forms (including top alternatives choices between the different schools), teacher and school director administrative datasets (among tons of other variables). All administrative data has a unique student id that allows us to follow students across time and that can be linked to all the other datasets of the government (such as access to conditional cash transfer, social benefits, etc.)
Interventions are already being seriously discussed?	Yes
Description of these interventions	Improving the use of data for decision-making is one of the primary objectives of the projects. We have discussed several alternatives, but the two strongest are: * designing a cellphone app for school directors that helps to summarize/visualize the data in a more useful way (we are also supporting the design of apps for parents and teachers; and they are very popular in the country with thousands of downloads) * A brief training for school principals.

ID	WB-Educ-18
Country	Latin American country [anonymized for call for proposals only]
Main partner	Ministry of Education
Policy problem	The governments wants to improve, using evidence on what works, the professional development program for primary school teachers in full time schools. In particular, they are thinking on a coaching scheme which would use the World Bank open source classroom observation tool to diagnose teachers' strengths and weaknesses. The coaches would then use this information to help teachers self-reflect on their practices and provide them feedback and advice them on techniques they can use to improve their teaching. The coaches would have regular meetings with teacher to observe whether they are implementing the changes and support them in this process. The question the government is interested in is if there a less expensive way of achieving and evaluating better teacher practices in the classroom?
Timeline for results	Timeline is open
Data access	We are collecting data on teacher practices using the new classroom observation tool as part of the studies component of the project and we will also be able to get student assessment data. We expect the quality of these data to be extremely high as we are working with the government on this and we will conduct the quality assurance. The government also collects student learning data.
Interventions are already being seriously discussed?	Yes
Description of these interventions	One cheaper and faster alternative would be to do a 5 day training and some virtual sessions for teachers on new teacher practices (using adapted techniques from Teach Like a Champion book) and assess the effect of those rather than propose a new coaching scheme.

3. Health and health systems

ID	WB-Health-01
Country	Azerbaijan
Main partner	National Health Insurance Agency
Policy problem	<p>The Azerbaijan health care system financing and organization continues to follow the Soviet Semashko model, a national-health-service-type system with centralized planning of resources and personnel, primarily public ownership of health care facilities, input-based allocation of funds, and no clear provider-purchaser split. The public resources that finance this system come from general government revenue. As a result of the low public expenditure on health, Azerbaijan has the highest out-of-pocket (OOP) expenditure on health in the region (72 percent). This difficult context, as well as continuous challenges in ensuring financial protection and access to services, has highlighted the need for health financing reform, as well as reform of the functioning and organization of the health system. In this context, the country recently renewed previous efforts toward the implementation of a Mandatory Social Health Insurance scheme, which was mandated in 2007, but only piloted in Mingachevir and Yevlakh districts. To contribute to the country's policy debates, the objective of an evaluation would be to assist the Government of Azerbaijan on evaluating the Mandatory Social Health Insurance pilot.</p>
Timeline for results	Timeline is open
Data access	Besides health expenditures data, patient level health service utilization data is available.
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	

ID	WB-Health-02
Country	Cote d'Ivoire
Main partner	MoH, MoF, health insurance agency (CNAM)
Policy problem	<p>The client has been piloting Performance Based Financing (in 17 out of the 82 districts) since 2016. The client is interested in scaling up the PBF and linking it to the rollout of a health insurance scheme. A Health Insurance Agency (CNAM) has been set up that will gradually take on the role as purchaser of an essential package of services, starting with the formal sector and the poor. The insurance scheme will be piloted in 3 districts in 2018, all of those also implementing the PBF. While there is general agreement on the need to avoid fragmented purchasing and align the financial incentives for providers, there is little technical agreement on how exactly to set up the payment function and link the fund flows. The main question is how to compensate providers adequately such that insured people are receiving the services they are entitled to while keeping the system on a budget and avoiding fragmentation. Specific questions are: How to integrate the fund flow from the PBF with that from the CNAM? Which combination of fee-for-service and capitation ensures most efficient use of resources? How to move towards a unified data reporting system? How to ensure sustainable verification (Blockchain pilot)? What is the most efficient strategy to cover the informal sector (identification, premium collection and coverage)?</p>
Timeline for results	Timeline is open
Data access	Data collection (baseline done, endline still needs to be done) for a larger impact evaluation of the PBF itself //SARA data collected in 2016 //DHS // MICS // HMIS (DIHS2) [Quality questionable] // Health Financing System Assessment currently being done.
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	

ID	WB-Health-03
Country	Estonia
Main partner	Estonian Health Insurance Fund, and Ministry of Health and Labour
Policy problem	<p>The Estonian Health Insurance Fund (EHIF) is trying to improve the quality of primary care through the “Enhanced Care Management” program, which consists of i) an algorithm to identify patients with complex needs that would benefit; ii) care management plans based on best-evidence; iii) tools that support proactive communication between enrolled patients and their primary care team; iv) peer-support for enrolled primary care teams. In pilot testing in 2017 (around 20 doctors and 450 patients), ECM was feasible and acceptable to both doctors and patients. The question now turns to how to implement ECM across more, and eventually all, of Estonia’s 800 primary care doctors. We do not know the best way to implement ECM at scale. Implementation in the pilot phase relied heavily on education to promote behavior change (using local coordinators, workshops, mentoring and webinars); incentives and regulation did not play a part. Can these generate better results at scale?</p>
Timeline for results	Timeline is open
Data access	<p>Survey of primary care doctors</p> <p>Structured interviews with patients to assess feasibility and acceptability of ECM implementation.</p> <p>High-quality and detailed routine administrative data (e.g. claims data) with unique identifiers for both patients and primary care doctors, allowing patients to be reliably linked to doctors; and individuals’ health care needs, activities, costs and outcomes to be linked over time.</p>
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	<p>The ECM intervention itself will undergo some minor refinement in light of feedback from a pilot, but is relatively fixed. Interventions to support wider implementation, however, are an early stage of discussion. One option is to try and replicate the resource-intensive pilot phase implementation strategy. This would essentially involve training current ECM practitioners to train subsequent cohorts, eventually cascading across all 800 primary care doctors. Other options could be to introduce financial incentives or regulatory approaches to drive wider implementation of ECM.</p>

ID	WB-Health-04
Country	India
Main partner	Nagaland Department of Health and Family Welfare
Policy problem	The state of Nagaland aims to improve community-level knowledge and behaviors, as well as local primary health care and nutrition services, through strengthening the capacities and financial resources of Village Health Committees. Village Health Committees, embedded in the tribal governance structure of this majority-tribal state, have legal responsibility for oversight and management of local primary health care services but their capacity and financial resources have been limited.
Timeline for results	End-2018 and early 2019 would help inform further scale up.
Data access	A baseline survey of targeted communities and health facilities was done in 2016 before any interventions were implemented. A follow-up survey is planned for the fall of 2018 (after the rainy season). The main additional source of data will be from reporting and monitoring as part of the results-based financing strategy. We have some trust funds for this work but are seeking both financial and technical support from SIEF in order to strengthen the evaluation. Evaluation results by the end of 2018/ early to mid 2019 will have an important impact on subsequent implementation and scale-up. Results will likely also be relevant to other states in India, where Health Departments have little experience with strategies that involve community and facility-level autonomy.
Interventions are already being seriously discussed?	Yes
Description of these interventions	The main interventions are capacity-building and results-based financing for Village Health Committees. Indicators chosen for the first phase of implementation relate to antenatal care, post-natal care, delivery services, birth registration, child health and nutrition services, behavior change communication efforts, and support to health service delivery. Committees are empowered to use these incentives for health and nutrition-related activities, including investments designed to improve performance in future rounds. Examples include improving health facility infrastructure, incentivizing health staff, contracting additional staff, filling gaps in supplies and equipment, encouraging behavior change in areas of health, nutrition and hygiene, etc. Implementation is currently in a first phase and will be scaled up progressively over the project implementation period (project closing is March 2021).

ID	WB-Health-05
Country	Mali
Main partner	Ministry of Health
Policy problem	The client is trying to reduce maternal and child mortality, most of which is driven by communicable, neonatal, and nutritional diseases. In particular, malaria, diarrheal diseases, acute respiratory infections and neonatal asphyxia are responsible for a large part of infant and under 5 mortality rates.
Timeline for results	September 2019
Data access	Population survey data (DHS and MICS) are available and reliable. Routine administrative data would also be accessible and of reasonably good quality.
Interventions are already being seriously discussed?	Yes
Description of these interventions	Integrated community case management (iCCM) is a standard intervention relying on community health workers to diagnose, treat, and refer sick children in the communities in which they live. National efforts to scale iCCM have confronted significant challenges, and the benefits of the intervention have not been found in all contexts. A recent article published in the British Medical Journal (Johnson et al. 2018, Proactive community case management and child survival in periurban Mali) suggests that a proactive community case management (ProCCM) approach would have the potential to drastically reduce child mortality for a cost ranging from \$8 to \$13 per person per year. Johnson et al. (2018) show that after 7 years of ProCCM intervention, mortality in a periurban area of Mali decreased from 154 per 1,000 to 7 per 1,000. Albeit substantial, the impact of ProCCM was not causal and relied on a time series of repeated cross sectional surveys. A large scale RCT following 100,000 people has been designed and is expected to generate impact results on mortality in 3 years time. In the meantime, the client would be interested to conduct more nimble evaluation of ProCCM on intermediary outcomes in a shorter time frame (1 year).

ID	WB-Health-06
Country	Mali
Main partner	Ministry of Humanitarian Affairs and Solidarity
Policy problem	The client is trying to improve the impact of the cash-transfers on children health outcomes, particularly stunting.
Timeline for results	Timeline is open
Data access	EMOP 2016 Household surveys MICS 2015 SMART 2017 (nutrition indicators) Health Results Based Financing (RBF) project financed by the World Bank will collect data in some districts [Quality is good].
Interventions are already being seriously discussed?	Yes
Description of these interventions	We want to evaluate the impact of an additional cash-transfers specifically targeting mothers, weeks directly after mothers receive the extra cash transfer, compared with cash-transfer families whose mothers have not received the additional grant. An impact evaluation would allow us to see if and how mothers directly in charge of the cash invest more in their children well-being (stunting, diet diversity, health preventive and curative care). We want it to be iterative and directly assess the impact weeks after the transfer to eventually adapt the size and messages accompanying the extra cash transfer.

ID	WB-Health-07
Country	Pakistan
Main partner	Ministry of Health (EPI program)
Policy problem	Pakistan is trying to increase the uptake of immunization services among children in target lagging districts in Pakistan. A pilot Conditional Cash Transfer program will be introduced in these areas to incentivize the poor to adhere to the immunization schedule. An impact evaluation would be extremely useful in informing the decision makers as to the form of program that should be rolled out nationwide.
Timeline for results	By July 2020
Data access	The standard compliance monitoring data collected by the vaccinators and health facilities would be collected and shared with the IE researchers in a timely fashion through the federal EPI program. In addition, the enrollment and payment data will be also shared by BISP (the CCT program) whenever needed. The reliability of data is expected to be of good quality due to the limited size of the beneficiary population and the use of technology using this data. A verification and process evaluation agency will be also hired to ensure the quality of the process and data collected.
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	

ID	WB-Health-08
Country	Peru
Main partner	Ministry of Health
Policy problem	Improve quality of care in primary care clinics. Introduce and/or improve the use of clinical practice guidelines (CPGs) (depending on the type of condition, Peru may or may not currently have CPGs). Expand services to noncommunicable and chronic conditions. Monitor adherence to CPGs.
Timeline for results	Timeline is open
Data access	Health insurance claim data. Electronic health record data (limited number of health facilities)
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	

ID	DFID-Health-01
Country	Somalia
Main partner	
Policy problem	Trying to increase health service utilisation for ANC and delivery through an NGO-operated programme in Somalia.
Timeline for results	Ideally by March 2020. Programme runs until 2021
Data access	Programme monitoring data (good), HMIS (varying depending on partner)
Interventions are already being seriously discussed?	Yes
Description of these interventions	The programme implementers (PSI) are currently working on human-centred design investigations and formative work to design interventions to overcome barriers. During 2018 they will pilot some of these with the intention to scale some and continue to try others. There are 10–15 'prototypes' either being trialled or in the pipeline. But the programme is flexible to incorporate more.

ID	WB-Health-09
Country	Swaziland
Main partner	Ministry of Health
Policy problem	Improving quality of care in hospitals, as well as other important changes driven by changes in facility-level governance and management. There is also a continuum of care angle (across levels of care), with a focus on maternal and newborn health and selected NCD outcomes. This would focus on optimal detection, linkage to care, and treatment at the right level of care to inform service delivery. A nimble evaluation would contribute to inform the ongoing hospital G&M reform, hospital and health center performance, including on quality and efficiency.
Timeline for results	Within 1 year from start, optimally.
Data access	We are aiming to field facility-level surveys (provider and patient exit) and as much as possible link to HMIS and its evolving pilot extensions that are being rolled out. We will be exploring feasibility of household data, in collaboration or co-financing with others.
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	There are some ideas on quality of care and other attributes of G&M at hospital/health center level. These need to be packaged for piloting.

ID	WB-Health-10
Country	India
Main partner	Department of Health and Family Welfare, government of Uttar Pradesh
Policy problem	The client is trying to improve the quality of care in 175 district hospitals in the state.
Timeline for results	Timeline is open
Data access	There are administrative resources available, we are currently conducting technical work to assess their validity that will be concluded in August 2018.
Interventions are already being seriously discussed?	Some ideas discussed, but open to other ideas
Description of these interventions	A Bank loan is currently funding the work needed to get 50 hospitals towards National Accreditation Board of Hospitals entry-level certification. However, the accreditation approach is long, burdensome and has some critical flaws. Therefore the government and Bank task team are exploring new approaches that can be used in addition to or instead of NABH accreditation. Potential interventions include using cutting edge design principles to revamp the physical space, processes and technology, management reforms as well as stakeholder developed improvement plans and peer monitoring.