**CEGA Non-Resident Fellowship Request for Applications**

Release Date: May 26, 2021

The Center for Effective Global Action (CEGA) invites researchers interested in developing their skills in impact evaluation to apply for a **12-week Non-Resident fellowship** to be completed **starting July 19, 2021**. Selected researchers will have a chance to remotely audit courses at Berkeley or other universities, develop skills in impact evaluation, have access to a personalized mentorship program to develop their research ideas, and build their research networks.

* To be eligible, researchers must be East or West African nationals (see full list under eligibility) who hold a staff or student position at a research institution, university, or other organization headquartered in Africa and have completed a Master’s degree within the last 10 years in economics, statistics, epidemiology/public health, or another social science discipline.

The application deadline is **5:00 pm GMT on June 21, 2021**

**About the Non-Resident Fellowship**

The CEGA Non-Resident Fellowship seeks to equip early career African social scientists with the skills needed to carry out rigorous evaluations of economic development programs. Selected researchers will have a chance to remotely audit courses at Berkeley or other universities, develop skills in impact evaluation, and have access to a personalized mentorship program to develop their research ideas. Each non-resident fellow will be paired with a faculty mentor affiliated with the Center for Effective Global Action (CEGA), a research center based at UC Berkeley. A list of CEGA faculty affiliates is available online [here](https://cega.berkeley.edu/user-type/faculty-affiliates/). CEGA staff and PhD students will provide additional mentorship during the fellowship.

CEGA Non-Resident Fellows will be engaged remotely for **12 weeks, at about 15-20 hours per week**. Fellows will receive a stipend to support their internet data costs and their time spent on the fellowship. CEGA non-resident Fellows will be considered a member of the [East Africa Social Science Translation Collaborative](https://cega.berkeley.edu/initiative/east-africa-social-science-translation-collaborative/) (EASST) network. They will also be invited to join the [Network of Impact Evaluation Researchers in Africa](https://nieraglobal.org/) (NIERA), an association of African scholars seeking to advance decision-focused impact evaluation of development programs through capacity building, evidence generation and policy outreach. Through these networks fellows will have access to annual research grant competitions, online and in-person convenings, training workshops, and more.

The CEGA Non-Resident Fellowship complements CEGA’s in-person Visiting Fellowships under CEGA’s EASST Collaborative and [Development Impact West Africa](https://cega.berkeley.edu/initiative/diwa/) (DIWA), and non-resident fellows will benefit from engaging with EASST and DIWA in-person fellows throughout the 12 weeks and beyond. The CEGA Non-Resident Fellowship may serve as either a precursor or alternative to the EASST and DIWA in-person fellowships.

**FELLOWSHIP ACTIVITIES**

*During the 12-week fellowship, non-resident fellows will:*

* Actively audit a course at UC Berkeley or another University (UCLA, Harvard etc.) through the Remote Student Exchange, such as a doctoral-level seminar in impact evaluation;
* Participate in modules on research transparency and reproducibility and cost-effectiveness analysis;
* Carry out an independent research project under the mentorship of a CEGA faculty member, CEGA staff, and an Africa based mentor (projects can use existing data for retrospective analysis or set-up a study design for future data collection);
* Meet and collaborate with faculty and students in multiple academic departments;
* Present their own research during online seminars and workshops;
* Attend online CEGA conferences and other relevant events

**Eligibility**

*Applicants to the non-resident fellowship program must:*

* Be a **national** of East or West Africa (includes Tanzania, Kenya, Uganda, Rwanda, Burundi, Ethiopia, South Sudan, Benin, Burkina Faso, Cape Verde, Côte D'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo);
* Have completed a **Master’s degree** **within the last 10 years** in economics, statistics, epidemiology/public health, or another social science discipline; or be pursuing a PhD; or have completed PhD in last 10 years;
* Have a current affiliation with a research institution, university or other research organization **in Africa**, preferably one that supports policy-relevant, quantitative social science research;

**Selection Criteria**

*Successful candidates must:*

* Demonstrate **strong analytic skills**, with past coursework in **economics or statistics**;
* Have participated in or have familiarity with **impact evaluation research** (either randomized or quasi-experimental studies), policy analysis, and micro-level field data collection;
* Demonstrate a commitment to and experience with **engaging policy-makers** and implementing bodies and **disseminating research findings;**
* Demonstrate a **commitment to building the capacity** of African research institutions/universities;
* Demonstrate a commitment to **institutionalizing rigorous evidence** within their institution;
* Submit a clear and **innovative research proposal** to evaluate a **specific public policy or program in Africa**, using a randomized controlled trial or quasi-experimental methodologies;
* Be **computer literate**, **fluent in English**,and a strong public speaker.

Female applicants are strongly encouraged to apply. Preference will be assigned to fellows who have a doctoral degree in progress or have already completed a doctoral degree (PhD) in a relevant field of study.

A total of two fellows will be accepted in this RFA, for a fellowship starting July 2021.

**To Apply**

Please see Appendix A for application instructions. Please submit completed versions of all required documents by the submission deadline. No information and/or documents will be accepted after the closing date.

**Estimated TIMELINE**

*Thank you for your patience with the review process. Please refrain from sending us an email unless you’re experiencing a technical difficulty or have a question before the submission deadline.*

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| May 26, 2021 | Release of Request for Applications |
| **June 21, 2021** | **Application deadline** |
| June 21-July 2, 2021 | Application review and short impact evaluation test  |
| July 5-9, 2021 | Interviews with shortlisted candidates |
| July 12, 2021 | Notification of final selections |

**APPENDIX A: DETAILED APPLICATION INSTRUCTIONS**

**Required Documents:**

*Please ensure that all supporting documentation is submitted in English.*

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| 1. **Personal Statement** (1 page): Please describe your personal motivations for applying to the CEGA Non-Resident Fellowship--of all fellowships available to you, why are you particularly interested in this one? What do you hope to accomplish during the 12 weeks and beyond? Please also comment on your ability to commit to 15-20 hours a week for the 12-week fellowship and how this will fit into your current commitments.
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| 1. **Curriculum Vitae/Resume**
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| 1. **Research Proposal:** Not to exceed 2 pages. Refer to Appendix A “Instructions for Research Proposal” and Appendix B “Research Proposal Example” below. During the fellowship, you should work on the proposal you have submitted, unless you decide to change it (with agreement from CEGA staff and your mentor).
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| 1. **Reference Letter:** Please choose a referee who can comment on your research capacity and analytical skills, as well as your communication and networking skills.
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| OPTIONAL: You may attach one **working paper** or **publication.** |

**All documents should be submitted at the following link by June 21, 2021:** [**https://cega.submittable.com/submit/195417/2021-cega-non-resident-fellowship-application**](https://cega.submittable.com/submit/195417/2021-cega-non-resident-fellowship-application)

Note: If you are unable to access the online system, please email cdowns@berkeley.edu your entire application.

**INSTRUCTIONS FOR LeTTER OF RECOMMENDATION**

Please choose a referee who can comment on your research capacity and analytical skills, as well as your communication and networking skills.

Please send the provided recommendation template to your referee and have them return the completed letter to you. Applicants must include this letter of recommendation in their final submission (through the online portal). Note that will not accept recommendation letters via email, unless there are exceptional circumstances.

**INSTRUCTIONS FOR ReSEARCH PROPosal**

Applicants must submit a research proposal of no more than 2 pages along with their fellowship application. Your research proposal should lay the groundwork for a full research project, to be further developed over the course of your fellowship. The proposed project should be a quantitative (or mixed-methods) impact evaluation in an African country related to economic development, infectious disease, agriculture, financial inclusion, or a related topic. While the research questions should be very clear, demonstrating your ability to think through a rigorous research design, the 2-page proposal need not be fully fleshed out with details about your partner(s), specific outcome measures, and field research plan.

The proposal must not exceed **two pages** and must include the following seven sections (do not leave any section blank):

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| 1. **Problem statement**

Clearly state the problem that is addressed by the program or project to be evaluated. Is there quantitative evidence of the development challenge to be addressed? Explain whether the evaluation will test an existing program or new intervention.  |
| 1. **Contribution to learning**

Succinctly describe the evaluation questions you seek to answer. How will this evaluation teach us something new about social or economic development? Include a very brief literature review and explain the project’s unique scientific contribution. What knowledge gap are you addressing, and how will it advance the field?  |
| 1. **Description of program(s)**

Describe the intervention that you will design and/or evaluate. Explain the theory of change and potential implementing organization(s) or governments that will participate in the proposed evaluation. Include existing quantitative and qualitative data in support of your hypotheses, models and/or theories of change. |
| 1. **Target population**

Characterize and describe the population that the intervention will impact. Do other populations face the same conditions as your target group, and could they potentially benefit from the intervention(s) to be evaluated by you?  |
| 1. **Evaluation Design**

Describe the evaluation design. What is the goal of the study and your research questions? What is your identification strategy? How will you identify the counterfactual? What are the units of analysis (e.g. individual, household, village, etc.)? What are the intermediate and final outcome indicators? How will these be measured? When will you time measurements, and how frequently will data be collected? What are your initial power calculations and pre-analysis plans? What are the foreseeable threats to the internal validity of this study? (e.g. compliance, attrition, spillovers, etc.) |
| 1. **Policy Translation**

Provide evidence that the evaluation is likely to be used by development practitioners. Consider the cost-effectiveness of the intervention that you will evaluate. Which other implementing organizations are likely to incorporate this intervention into their operations, if proven successful? How will other implementers become aware of the results of this evaluation?  |
| 1. **Current Status of the Research**

Indicate if the research you have proposed is in the design stage, or has already begun. State if it is already supported by funds, and describe the sources and amount. State and describe if you have access to data sources.  |

**APPENDIX B: RESEARCH PROPOSAL EXAMPLE**

**Problem Statement:**

Hygiene is essential to the public health mission of reducing the transmission and consequences of disease. The two leading causes of childhood mortality worldwide are diarrheal disease and acute respiratory infections (Black et al. 2003). In addition, chronic parasitic infections and diarrhea can lead to anemia, which further hinders children’s development (Curtis and Cairncross 2003). Medical evidence suggests that the hands are the main transmitters of diarrhea and respiratory infections. As such, they constitute disease vectors carrying respiratory microorganisms and fecal material into the domestic environment of the susceptible child (Hendley et al. 1973, WHO 2003). Health experts recommend handwashing with soap as a critical action in protecting public health because it is a mainstay in infection control (Luby et al. 2005). Yet, rates of handwashing with soap at critical times remain low throughout the world, even when both soap and water are available (Scott et al. 2003).

**Contribution to Learning:**

Previous studies in the literature of handwashing promotion campaigns typically find that handwashing does reduce diarrhea in children under five years old, but those campaigns usually require intensive and controlled interventions. In a review of 14 randomized trials Ejemot (2009) concludes that handwashing programs resulted in a 39 percent reduction in diarrhea episodes in children residing in institutions in high-income countries and a 32 percent reduction in such episodes in children living in communities in low- or middle-income countries. Luby et al. (2001) also show that handwashing with soap reduces the incidence of acute respiratory tract infections, as well diarrhea, as a result of implementing an intensive and small-scale community-level intervention. However, these studies focused on interventions that impose controlled conditions in small populations over short time periods. Thus, although intensive handwashing interventions have proven effective in reducing diarrhea and acute lower respiratory infections (ALRI), it has not been proven that similar results could be obtained if those interventions were implemented at scale. This research, however, aims to study the effectiveness of a national handwashing campaign to learn the impacts of large-scale handwashing interventions in a real- world context on a wide range of health indicators.

**Description of Program:**

In response to the preventable threats posed by poor sanitation and hygiene, the NGO Water Now is launching a large-scale handwashing project to improve child health and welfare outcomes of rural households in Uganda. The Wash Your Hands Uganda Project borrows from commercial and social marketing to promote better hygiene. The intervention has two different components: i) a mass media communications campaign; and ii) a community and school intervention.

The mass media campaign will be implemented at the provincial level. The campaign will emphasize the importance of the availability and use of soap for handwashing, and the need to wash hands with soap before cooking/eating and after fecal contact (going to bathroom, changing diapers). The main communication channel is broadcast radio, print materials, and promotional events such as street parades, games, and local theater performances.

The community intervention is conducted at the district level, and includes, in addition to the mass-media campaign, handwashing education sessions with groups of mothers, caregivers, and children, during which community agents will demonstrate how to properly wash hands with soap, explain the critical junctures in which we must wash hands with soap, and provide information on its impacts on children’s health. Additionally, handwashing behavior will be introduced as part of the school curricula, designating a place in the classroom for soap and will perform regular handwashing practices in groups each day. This study aims to assess the impact of both treatments independently.

**Target Population:**

The project’s primary target audience consists of mothers of reproductive age (15 to 49 years), caregivers of children under five, and children up to 12 years old. Children under five are the most susceptible to serious consequences from diarrhea and respiratory infection. Thus, the project’s objective is to improve handwashing behavior among the target audience to better the health of children under five.

**Evaluation Design:**

*Research Questions*

The objective of this study is to assess the impact of the Wash Your Hands Project on handwashing *knowledge* and *beliefs*, and *accessibility* to soap; on handwashing *behavior*; and *children’s health and nutrition*.

*Identification Strategy*

To assess the causal impact of each of the project components we will conduct a controlled randomized trial comprising of the two components: mass media campaign (T1) and community and school intervention (T2). The study areas will be districts with populations ranging from 1,500 to 100,000 inhabitants. From the universe of Ugandan provinces, 80 provinces will be randomly selected, with 40 assigned to a first group and 40 to a second. From the first group of 40 provinces, 40 districts will be randomly assigned to receive the mass media province-level treatment (T1). From the second group of provinces, 80 districts will be randomly selected, with 40 randomly assigned to receive the district-level community treatment (T2) and the other 40 randomly assigned to serve as control group (C).

*Data and Outcomes of Interest*

Two rounds of surveys—baseline and endline—will be conducted to collect data on intermediate and final outcomes, which include: effectiveness of handwashing campaigns; determinants for handwashing behavior; handwashing behavior environmental and water contamination; diarrhea and ALRI; anemia; parasites infestations; and malnutrition.

*Power calculations*

Using latest DHS data for Uganda, power calculations estimated that around 750 households with children under two years old per treatment arm would be necessary to capture a 15 percent decrease in diarrhea incidence. These estimates are based on the collection of 2 data points. An additional 20 percent will be added to the sample size to address attrition, thus the total sample size will be 2,700 households.

**Policy Translation:**

Previous studies of randomized handwashing interventions focus on intensive and controlled experiments, showing they are effective in reducing diarrhea and ALRI. Despite these results, handwashing with soap at critical junctures in continues to be low. This study will be the first to examine a large-scale intervention under real-world conditions. If the intervention is proven effective, handwashing campaigns could become a low-cost, preventive measure to improve child health in countries with a high incidence of diarrhea. This could have large policy implications for developing countries. The study will also be the first to assess all components of the causal chain, thus potentially identifying which components are more effective in changing behavior and improving children’s health.

**Other Funding Sources:**

The project implementation is fully funded by the NGO Water Now. The research study has currently no other sources of funding. If we are awarded the research grant, the funds would be allocated to conduct the baseline survey, and additional sources of funding would be explored for the follow-up survey.

**References:[[1]](#footnote-1)**

Black, R., S. Morris, and J. Bryce. 2003. Where and why are 10 million children dying every year? *Lancet* 361, 2226–2234.

Curtis, V., and S. Cairncross. 2003. Effect of washing hands with soap on diarrhea risk in the community: a systematic review. *The Lancet Infectious Diseases* 3 (5), 275–281, May.

Hendley, J., R. Wenzel, and J. Gwaltney. 1973. Transmission of rhinovirus colds by self- inoculation. *The New England Journal of Medicine* 288, 1361–1364.

Luby, S., M. Agboatwalla, D. Feikin, J. Painter, W. Billhimer, A. Altaf, and R. Hoekstra. 2005. Effect of handwashing on child health: a randomized controlled trial. *The Lancet* 366, 225–233.

Luby, S., A. Halder, T. Huda, L. Unicomb, and R. Johnston. 2011. The effect of handwashing at recommended times with water alone and with soap on child diarrhea in rural Bangladesh: An observational study. *PLoS Med* 8(6), e1001052; doi:10.1371/journal.pmed.1001052.

Scott, B., V. Curtis, and T. Rabie. 2003. Protecting children from diarrhea and acute respiratory infections: the role of handwashing promotion in water and sanitation programmes. *Regional Health Forum WHO South-East Asia Region* 7,42–47.

WHO. 2003. *Update 47—Studies of SARS Virus Survival, Situation in China.* Available at: <http://www.who.int/csr/sarsarchive/2003_05_05/en/> (accessed July 16, 2003).

World Bank. 2005. *The Handwashing Handbook: A Guide for Developing a Hygiene Promotion Program to Increase Handwashing with Soap.*

**APPENDIX C: ACADemic Recommendation Form**

*To be completed by the Referee*

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| --- | --- |
| Applicant Name: |  |
| Name of Referee: |  |
| Institution and Title of Referee: |  |
| Relation of Referee to Applicant: |  |
| Email address of Referee: |  |
| Mobile number of Referee: |  |
| Address of place of work of Referee: |  |

**Instructions:**

The applicant above is applying for the CEGA Non-Resident Fellowship. Selected researchers will have a chance to remotely audit courses at Berkeley or other universities, develop skills in impact evaluation, and access personalized mentorship to develop their research ideas. Each fellow will be paired with a faculty mentor affiliated with the Center for Effective Global Action (CEGA), a research network based in the United States. CEGA staff and PhD students will provide additional mentorship during the fellowship

In your recommendation, we ask that you comment on the applicant’s research capacity and personal qualities that would make them successful candidates for the CEGA Non-Resident fellowship. Include specific examples and address the applicant’s analytic skills as well as their ability to cooperate, communicate, and network effectively with peers/co-workers. We also ask that you provide us with your contact details, so that we can reach you for further information if necessary. Please **return your recommendation letter to the applicant.**

If you have any questions, please contact cdowns@berkeley.edu.

1. This example was prepared by Alexandra Orsola-Vidal, using the evaluation of a large-scale handwashing intervention in Peru. The project was implemented by the Water and Sanitation Program of the World Bank, together with the government of Peru. The evaluation was conducted by Professor Sebastian Galiani, Professor and CEGA’s Scientific Director Paul Gertler, and CEGA’s Global Networks Director Alexandra Orsola-Vidal. For more details please see: Galiani, S., Gertler, P. and A. Orsola-Vidal. 2012. Promoting Handwashing Behavior in Peru: The Effect of Large-Scale Mass-Media and Community Level Interventions. Policy Research Working Paper 6257. The World Bank, November 2012. [↑](#footnote-ref-1)