

About Evidence Action

Our Approach to Development — Reducing poverty and spurring growth in developing countries requires strategic, high-value investment of scarce resources, whether they come from donors, governments, or communities. Interventions to reduce the burden of poverty need to be rigorously identified, tested, and scaled up to be cost-effective and have high impact. Evidence Action develops and de-risks models for such interventions that allow tens of millions of people to be served and return on investment be measured. We bridge the gap between rigorous research and pilot interventions on one hand, and institutionalized programs on the other. By focusing on promising approaches backed by rigorous evidence, we support programs that are measurably effective; by seeking to solve the challenge of scale, we provide cost-effective impact for many.

What makes Evidence Action unique is our process: we spend much of our energy identifying evidence-based interventions, pressure-testing them for scalable feasibility, and designing them to serve millions. We identify innovative, appropriate financing mechanisms and build best practice operational models. We voraciously self-evaluate, learn, and improve our models for scaling with a commitment to transparency on progress, impact, and value for money. We lead with our values, putting evidence first. By going where the evidence leads us, it allows our decision making process—how we choose which innovations to scale up and how to constantly evaluate them—to produce programs that have the largest impact for investment.

Contents

Vision.....	6
Mission.....	6
Values	6
1. Water	7
1.1. Installation.....	7
1.2. Cost.....	7
1.3. Delivery & Service	7
1.4. Engagement & Buy-In.....	8
2. Deworming.....	9
2.1. Policy & Advocacy.....	9
2.2. Surveying & Mapping	9
2.3. Planning & Management	9
2.3.1. Design.....	9
2.3.2. Plans & Budgets	10
2.3.3. Logistics	10
2.3.4. Support	10
2.4. Awareness & Mobilization	10
2.5. Training & Distribution	10
2.6. Drugs	10
2.6.1. Strategies	10
2.6.2. Procurement	10
2.6.3. Inventories & Events	11
2.7. Monitoring & Evaluation.....	11
3. Interventions.....	12
3.1. Evidence & Consensus	12
3.2. Review.....	12
3.3. Model	12
3.4. Scope & Design	13
3.5. Launch.....	13
3.6. Evaluation.....	13
Administrative Information.....	13

DEMONSTRATION ONLY



Evidence Action (EVACTION)

Description:

Evidence Action is a nonprofit 501(c)(3) organization in the United States, and contributions to us are tax deductible in the U.S. to the fullest extent allowable by law. Our EIN number is 90 087 4591.

Stakeholder(s):

Evidence Action Board of Directors

AMRITA AHUJA :

Chair of the Board, EVIDENCE ACTION | DOUGLAS B. MARSHALL, JR. FAMILY FOUNDATION — Amrita Ahuja is a founder of Evidence Action. An accidental social-entrepreneur, she led the the start-up of Dispensers for Safe Water, and chaired the board of Deworm the World as it grew to reach 30 million children. She leads the Douglas B. Marshall, Jr. Family Foundation, an innovative funder of international education. Ahuja also worked as a management consultant for the Monitor Group where she led projects to evaluate market-based approaches to delivering products and services to the poor. There she developed consumer marketing strategies, distribution models, and best practices for health and other products. Ahuja brings experience in marketing and distribution of consumer goods in the public and private sectors in India and Africa as well as significant experience with innovation and evidence in international development. She holds a Ph.D. in Business Economics from Harvard University.

KANIKA BAHL :

Chief Executive Officer, EVIDENCE ACTION — Kanika Bahl is CEO of Evidence Action where she has been on the Board since 2015. Previously she served as Managing Director at Results for Development (R4D), where she established and led the Market Dynamics practice. The practice has increased access to products such as childhood pneumonia treatments and malaria bed nets for millions of individuals in Africa and Asia. It achieves this by aligning the interests of manufacturers, donors, and country governments to develop and execute healthcare solutions for under-served markets at scale. Bahl is on the Board of TechnoServe and previously acted as Market-Shaping Co-Chair for the UN Commission on Life Saving Commodities. Prior to R4D, Bahl served as an Executive Vice President at the Clinton Foundation Health Access Initiative (CHAI). Bahl received her MBA from the Stanford Graduate School of Business and her BA in Mathematical Economics from Rice University.

SHIKHAR GHOSH :

Professor of Management Practice, HARVARD BUSINESS SCHOOL — Shikhar Ghosh is currently a Professor of Management Practice at Harvard Business School. Ghosh has been a successful entrepreneur for the last 20 years. He was the founder and CEO or Chairman of eight technology-based

entrepreneurial companies and was the past Chairman of the Massachusetts Technology Leadership Council and The Indus Entrepreneurs. He was selected by Business Week as one of the best Entrepreneurs in the US, by Forbes as one of the 'Masters of the Internet Universe', and by Fortune as the CEO of one of the 10 most innovative companies in the US.

JOHN B. GIANOLA, CPA, CGMA :

John Gianola is a retired partner from Ernst & Young, one of the leading global accounting firms. During his 38 year career, 27 as an audit partner, he had supervisory responsibility for engagements involving accounting and auditing for a variety of industries including banking, insurance, energy, mining, manufacturing, technology, not for profit and governmental entities. Gianola's clients were both publicly and privately owned, ranging in size from small entities to multi-national Fortune 500 companies with subsidiaries operating in multiple jurisdictions around the world. Gianola led continuing education courses for Ernst & Young executives, was a guest lecturer in college classrooms, and served as an adjunct professor of accounting at West Virginia University. Gianola is a member of the American Institute of Certified Public Accountants, the West Virginia Society of Certified Public Accountants, the Board of Advisors of The College of Business and Economics at West Virginia University, and the West Virginia University Foundation.

DINA POMERANZ :

Assistant Professor, UNIVERSITY OF ZURICH — Dina Pomeranz is an expert on impact evaluations and studies public policies in developing countries, with a particular focus on taxation and public procurement. She is an affiliate professor at the Abdul Latif Jameel Poverty Action Lab (J-PAL), the Bureau for Research and Economic Analysis of Development (BREAD) and the Center for Economic Policy Research (CEPR), a non-resident fellow at the Center for Global Development (CGD) and a member of the International Growth Centre (IGC). In 2018, she was elected to the Council of the European Economic Association for a 5-year term. Besides her academic interests, she serves on the boards and advisory boards of a number of social enterprise ventures committed to translating research into practice.

— continued next page

Stakeholders (continued)

CHRISTINA RIECHERS :

Payment Partnerships, SQUARE — Christina Riechers is passionate about building innovative business models with social benefit. In her current role she makes commerce easier for small businesses at Square, the financial services and payments start-up. A co-founder of Evidence Action, Riechers was previously Evidence Action's Director of Global Programs as well as Director of Business Development and Strategy. In these capacities, she was a key player in Evidence Action's start-up phase, generating resources for the organization, creating a vision for growth, and establishing organizational systems. Prior, Riechers worked with d.light design to make solar lighting affordable to rural households in India. She was also a management consultant for Bain & Company where she advised clients on strategy and operations. Riechers has a MBA from MIT Sloan and MPA/International Development from Harvard Kennedy School.

SAM TAYLOR :

Equity Analyst, FIDELITY — Sam Taylor is an equity analyst at Fidelity, where he identifies attractive investment opportunities for ownership across Fidelity's family of funds. His research leverages expertise in business strategy and accounting, as well as regional specialization in African and Latin American markets. Previously, he was a management consultant at Oliver Wyman and Mesoamerica Investments, advising clients in the U.S., Mexico, and Central America on business strategy. Sam holds an MBA from The Wharton School.

Evidence Action Board of Advisors

DAVID ADDISS :

David Addiss is Adjunct Professor in the Department of Global Health, Rollins School of Public Health. He is a senior scientist at the Task Force for Global Health and Adjunct Professor at the Eck Institute for Global Health, University of Notre Dame, where he teaches global health ethics. Addiss previously was Director of Children Without Worms, and a Senior Program Officer at the Science and Spirituality Program at the Fetzer Institute in Michigan where he was responsible for directing and planning Fetzer's research program. Addiss spent 20 years at CDC where he conducted research on the prevention and control of parasitic diseases, with an emphasis on lymphatic filariasis and other neglected tropical diseases. He co-founded and co-directed the World Health Organization's Collaborating Center for Control and Elimination of Lymphatic Filariasis in the Americas, based at CDC. Addiss received an M.D. from the Medical College of Georgia and an M.P.H. from Johns Hopkins University.

STEFFANO BERTOZZI :

Steffano Bertozzi is Professor and Dean of the School of Public Health at the University of California at Berkeley. He has led impact evaluations of large, national health and social programs in Mexico as well as in Africa, Asia and Latin America. His research has covered a diverse range of projects in health economics and policy, focusing on the economic aspects of HIV/AIDS and on the health impact of large social programs. Bertozzi was previously the director of the HIV Global Health Program at the Bill and Melinda Gates Foundation. He holds a Ph.D. in health policy and management from the Massachusetts Institute of Technology and earned his medical degree at UC San Diego.

STEPHEN LUBY :

Stephen Luby is Professor of Medicine in the Division of Infectious Diseases and Geographic Medicine at Stanford University and Deputy Director for Research at the Center for Global Health Innovation. He previously served at the International Centre for Diarrhoeal Diseases Research, Bangladesh where he directed the Centre for Communicable Diseases exploring causes and prevention of diarrheal disease in settings where diarrhea is a leading cause of childhood death. Luby holds a medical degree from the University of Texas Southwestern Medical School at Dallas. He studied epidemiology and preventive medicine at the Centers for Disease Control and Prevention.

HARI MENON :

Hari Menon is Country Director for India at the Bill and Melinda Gates Foundation, where he works on policy, advocacy and government relations. Previously, Menon was the Deputy Director of India Country Office Programs for the Foundation where he supported a wide portfolio of work in public health in areas such as HIV prevention, and maternal and child health. Prior to joining the Gates Foundation, he served as strategic philanthropy adviser to Rohini Nilekani, a leading Indian philanthropist in areas including water & sanitation, environment conservation, education and governance & accountability. He holds an MBA in Marketing and Finance from XLRI, Jamshedpur, India.

MUSHFIQ MOBARAK :

Mushfiq Mobarak is Associate Professor at Yale University with interests in environment and public finance issues. He has two main lines of research: (1) field experiments exploring ways to induce people in developing countries to adopt technologies or behaviors that are likely to be welfare improving, and (2) using field experiments and other methods to study the management of water resources and other infrastructure. He has experiments on migration, infrastructure (roads and electricity), water user associations, rainfall insurance, and environmental technologies (stoves, rainwater harvesting, conservation agriculture) ongoing in Bangladesh, India, Malawi, Nigeria and Uganda. Mobarak holds a Ph.D. in Economics from the University of Maryland.

SUSAN NAZZARO :

Susan Nazzaro is a senior program officer at the Gates Foundation. She sits in the Global Delivery Program where she leads the market dynamics strategy that focuses on ensuring sustainable and affordable access to essential health products including pharmaceuticals, diagnostics, vector control tools, and devices. She manages a number of initiatives aimed at creating and maintaining a healthy marketplace, including demand forecasting, pricing analyses, product costing and cost effectiveness, and procurement strategies. She works across several of the foundation's global health priorities, namely maternal & child health, HIV, and family planning, but is primarily deployed to the malaria team, where she also leads all new malaria product introduction. She is part of the team that manages the foundation's engagement with the Global Fund to Fight AIDS, TB, and Malaria, and served as the senior advisor to the Vice-Chair of the Board from 2010–2012. She also served on the UNITAID Board as the foundation's alternate Board Member from 2010–2016. Prior to joining the foundation

— continued next page

Stakeholders (continued)

dation, she was an advisor in the office of the Chief Economist for the Africa Region at the World Bank, a Peace Corps volunteer in Madagascar, and a researcher at the University of Cape Town in South Africa. An economist by training, she holds an M.Sc. in Development Economics from the London School of Economics and a B.A. from Wellesley College.

ERIK NIELSEN :

Erik Nielsen brings over twenty years of academic and professional experience at the nexus of governance, innovation, advocacy, and strategic partnership creation. Nielsen is currently the Portfolio Director of Nutrition Leverage for Influence and Transformation, Nutrition International's global innovation fund that leverages greater collaboration and resources for improved nutrition in developing countries. Nielsen has worked with a variety of international development agencies including the Food and Agriculture Organization of the United Nations, the International Union for the Conservation of Nature, Transparency International, EcoAgriculture Partners, and Global Affairs Canada. Erik has studied at Guelph, Cornell and Harvard universities and holds a doctorate focused on networked governance from MIT, where he was a Presidential Scholar.

HENK VAN STOKKOM :

Henk van Stokkom is a long-time entrepreneur and philanthropic advisor. He currently guides foundations and families in structuring and implementing charitable investments. Previously, he was the managing director of an investment company active on the Dutch stock exchange. Van Stokkom has worked for a number of companies such as Salomon Smith Barney Netherlands where he was involved in launching investment products (Managed Futures, Socially Responsible Investment, Emerging Market Debt & Private Equity/Venture Capital) for institutional investors, and has held positions as financial director for the De Waal Foundation and Hemar BV. For the De Waal Foundation, he was active in Latin America where the foundation was (co-) financing projects for children with disabilities. Van Stokkom has served on the boards of several charitable organizations including as chairman of Stichting Beheer Oikocredit Nederland Fonds (2002 -2006), a Dutch investment fund for micro credit.

Evidence Action Global Leadership Team**Kanika Bahl :**

Chief Executive Officer

Paul Byatta :

Senior Director, Africa Region

John de Wet :

Chief Financial and Administrative Officer

Jeff Grosz :

Senior Director, Accelerator

Grace Hollister :

Chief Engagement Officer & Global Deworming Lead

Ryan Noll :

Chief People Officer

Priya Jha :

Director, PKIPL (partner in India)

Brett Sedgewick :

Senior Director, Programs

Evidence Action Supporters :

Reducing poverty and improving livelihoods requires strategic investment of scarce resources. The generous contributions of our supporters help make this critical work possible. Our focus on solutions that are cost-effective and scalable, underpinned by rigorous evidence, requires that value for money in our programs and operations is of the utmost importance, maximizing our impact—and yours. We are deeply grateful to those that have and continue to partner with us and recognize our supporters that gave \$50,000 or more (2017-2020) to support Evidence Action's work. Thank you!

Butler Law Firm**Centre For Effective Altruism****Conrad N. Hilton Foundation through Millennium Water Alliance****Douglas B. Marshall, Jr. Family Foundation****Dubai Cares****Effective Altruism Australia Ltd. :**

(Stiftung Für Effektiven Altruism)

Epic Foundation France**Epic Foundation UK Ltd.****Founders Pledge****GiveWell****Giving What We Can Trust****Global Innovation Fund****Good Ventures****IMC****Innovations for Poverty Action****J-PAL's Governance Initiative****Jackson Kemper Foundation****Latter-day Saints Charities****Ocorian Trustees****One Acre Fund****Open Philanthropy Project Fund**

— continued next page

Stakeholders (continued)

Ray and Tye Noorda Foundation
Silicon Valley Community Foundation
Steadview Capital Management
Stichting Dioraphte
The Clorox Company
The End Fund
The International Growth Centre
The James Percy Foundation :

The Stone Family Foundation

The World Bank Group :

*Strategic Impact Evaluation Fund — IMPACT EVALUATION:
BUILDING STATE CAPACITY AND NATIONAL UNITY WITH
MARKET DESIGN: THE PROBLEM OF VOLUNTEER AS-
SIGNMENT IN KENYA'S G-UNITED PROGRAM*

Three Graces Foundation

The Waterloo Foundation

The Life You Can Save

Vision

A world where hundreds of millions of people in the poorest places have better opportunities and their lives are measurably improved.

Mission

To be a world leader in scaling evidence-based and cost-effective programs to reduce the burden of poverty.

Values

Evidence: Evidence first. We are led by the facts. We go where the data takes us. Robust, rigorous evidence informs our choices and decisions. Think big, act urgently. We are unrelenting in our pursuit of results at scale. We know that poverty does not wait. We act so that the best ideas deliver benefit to millions. Iterate, again. We reflect constantly and adapt accordingly. We test, measure, and improve to ensure impact. If we can do something, we can do it better.

Efficiency: Economize without compromise. The biggest impact at the lowest cost is what we are after. We ensure value for money for all our stakeholders, but know there is no substitute for quality.

Skepticism: Challenge convention. We ask “why” and “why not” in equal measure. We are sincere in our skepticism and incessant in our search for solutions.

Passion: Passion throughout. We are driven to lessen inequality, to improve lives. We take action, converting impatience into impact.

1. Water

Deliver safe water

Stakeholder(s)

Michael Kremer :

Dispensers for Safe Water is underpinned by Nobel Prize-winning research. In 2019, Michael Kremer (Nobel Laureate, Economic Sciences) even contributed one of our dispensers to the Nobel Museum to represent his work! Kremer and colleagues from Harvard and Berkeley tested chlorine dispensers in Kenya against a variety of other water treatment options. They found that 1) chlorine dispensers had much higher usage rates than comparable treatments, and 2) usage stayed high over time. Epidemiological research suggests significant reductions in diar-

rhea in communities provided with a water quality intervention, while economic research demonstrates that the expansion of safe water projects reduces child mortality. We've also reviewed the evidence base linking chlorination to health outcomes and found that chlorine is effective at killing diarrhea-causing pathogens. Safety concerns with diluted chlorine are minimal, and it is used as a disinfectant in water treatment plants around the world. Chlorine can provide residual protection for up to three days, which means it also prevents recontamination.

AN ESTIMATED 480,000 CHILDREN UNDER THE AGE OF FIVE DIE ANNUALLY FROM PREVENTABLE DISEASES RELATED TO UNSAFE WATER. — In rural parts of low-income countries, most water sources are untreated, meaning that water is not safe to drink directly from the source. Our uniquely-engineered chlorine dispensers are installed next to commonly-used water sources, enabling people to treat their water using a safe and pre-measured dose of chlorine. The chlorine stays active for 2-3 days, ensuring water doesn't get recontaminated even when stored at home. Adding diluted chlorine to water is a WHO-endorsed approach to improving water quality. In fact, water systems the world over routinely chlorinate water, making it safe to drink.

1.1. Installation

Install chlorine dispensers next to water sources

DISPENSERS FOR SAFE WATER IS PROVEN IN ITS ABILITY TO ENSURE RURAL COMMUNITIES ADOPT SAFE WATER PRACTICES. HERE'S WHY THEY WORK: HUMAN-CENTRIC DESIGN — Our bright blue chlorine dispensers are installed right next to water sources – they can't be missed! Their location enables people to build safe water practices into their routines, and because water is treated during their walk home, there is little-to-no lag time between water treatment and use.

1.2. Cost

Provide chlorine for free

FREE TO USE — Research shows that people's use of preventative health products declines with even the most marginal increases in cost. By providing chlorine for free, we make sure those who need it most don't have to make difficult trade-offs.

1.3. Delivery & Service

Ensure chlorine dispensers are always full and promptly fixed

SUSTAINABLE LAST-MILE SERVICE DELIVERY — A sophisticated maintenance and supply chain ensures chlorine dispensers are always full and promptly fixed as needed. Circuit riders repair dispensers and deliver chlorine to even the most remote locations.

1.4. Engagement & Buy-In

Engage with communities, including local leaders, to secure their buy-in

COMMUNITY PARTNERSHIP — Before we install a dispenser, we engage with communities, including local leaders, to secure their buy-in. Communities also appoint their own “promoter” – a trusted individual who trains and encourages locals to use the dispenser, and lets us know when chlorine refills or dispenser repairs are needed.

DEMONSTRATION ONLY

2. Deworming

Deworm the world

The Deworm the World Initiative envisions a world where all at-risk children have improved health, increased access to education, and better livelihoods potential as a result of being free of intestinal worms. We work in close partnership with governments to enable elimination of intestinal worms as a public health problem.

- We advocate for school-based deworming to policymakers, gaining and maintaining critical support amongst stakeholders responsible for children’s health and education.
- We provide technical assistance to governments to launch, strengthen, and sustain high quality school-based deworming programs that leverage existing education and health infrastructure.
- We employ an evidence-based approach to rigorously evaluate and learn from programs we support, iterating on program design alongside governments to maximize reach in a cost-effective manner.

2.1. Policy & Advocacy

Advocate with governments to launch deworming programs

We advocate with governments to launch deworming programs, and work collaboratively with ministries of health and education to establish effective policies and governance structures. We support alignment of school-based deworming with other health and education priorities to enable long-term political and resource commitments, and share global best practices to improve cost-effectiveness and results.

Stakeholder(s):

Governments

Ministries of Health

Policymakers

Ministries of Education

2.2. Surveying & Mapping

Assess worm prevalence and intensity

PREVALENCE SURVEYING AND MAPPING — Guided by World Health Organization protocols, we work with epidemiologists and local partners to assess worm prevalence and intensity through field surveys. We use the survey results to support the development and implementation of appropriate treatment strategies. Once deworming programs are in place, we support governments to assess the impact of sustained mass treatment on worm infection.

Stakeholder(s):

World Health Organization

Epidemiologists

2.3. Planning & Management

Work closely with government partners

PROGRAM PROGRAM PLANNING AND MANAGEMENT — We work closely with government partners to design their deworming program, develop operational plans and budgets, coordinate logistics, and provide on-the-ground support to ensure a high quality outcome.

2.3.1. Design

Design deworming programs

2.3.2. Plans & Budgets

Develop operational plans and budgets

2.3.3. Logistics

Coordinate logistics

2.3.4. Support

Provide on-the-ground support

2.4. Awareness & Mobilization

Develop locally appropriate campaigns

PUBLIC AWARENESS AND MOBILIZATION — We work with governments to develop locally appropriate campaigns that educate children and communities about the negative effects of worms, the importance of being dewormed, and behaviors to prevent infection. These campaigns increase acceptance and participation in deworming.

2.5. Training & Distribution

Design and coordinate an efficient multi-tier training and distribution cascade

TRAINING AND DISTRIBUTION CASCADE — We support governments to design and coordinate an efficient multi-tier training and distribution cascade that is tailored to the local context, ensuring that knowledge and program materials are relayed from the national or state level all the way to the teachers responsible for administering deworming drugs.

2.6. Drugs

Help governments manage and coordinate drug distributions

DRUG MANAGEMENT AND COORDINATION — We help governments evaluate appropriate treatment strategies, support drug procurement including through global pharmaceutical donation programs, and facilitate the development of robust protocols for tracking drug inventories and responding to adverse events.

2.6.1. Strategies

Evaluate appropriate treatment strategies

2.6.2. Procurement

Support drug procurement including through global pharmaceutical donation programs

2.6.3. Inventories & Events

Facilitate the development of robust protocols for tracking drug inventories and responding to adverse events

2.7. Monitoring & Evaluation

Design monitoring systems to measure effectiveness in achieving intended program results

7.MONITORING AND EVALUATION — We help governments design monitoring systems to measure effectiveness in achieving intended program results. We also conduct independent monitoring to validate program results, and evaluate the impact of programs in reducing worm prevalence and intensity.

DEMONSTRATION ONLY

3. Interventions

Select, optimize, and scale interventions that can measurably improve the lives of millions of people in the world's poorest places

Stakeholder(s)

Ready-to-Scale Interventions :

The Accelerator looks primarily for “ready-to-scale” interventions—those that have a strong evidence base endorsing the solution and that could be grown to reach significantly more people. To leverage the expertise and experience gained from our flagship programs, we prioritize solutions in the health sector and adjacent sectors including nutrition, water, sanitation, and hygiene. Our process is honed to consider only the most cost-effective interventions. For example, if evaluating a child health solution, we would only

consider those that have several studies showing significant improvements to the health of the child—like a decrease in mortality or disability—that can be delivered at a relatively low cost when compared to other solutions. This unique focus has allowed us to identify solutions that could benefit millions of people and deliver an exceptionally high impact per dollar spent. Many of the interventions under consideration have been neglected or underfunded for decades, despite evidence they could save or improve more lives than virtually any other solution in their field.

EVIDENCE ACTION ACCELERATOR IS OUR ENGINE FOR NEW PROGRAM DEVELOPMENT. — The Accelerator selects, optimizes, and scales interventions that can measurably improve the lives of millions of people in the world's poorest places. Through a rigorous process, interventions are evaluated so that only those with the greatest potential for cost-effective impact are scaled up... Each intervention evaluated by the Accelerator enters a six-stage process of program development. Starting from an evidence-based concept, each intervention has to pass criteria to move to the next stage until they progress to a fully-developed solution that can be replicated in multiple geographies.

3.1. Evidence & Consensus

Review the evidence and level of consensus supporting the impact and cost-effectiveness of the intervention

Stage 1- Screening — We rapidly review the amount of high-quality evidence and level of consensus in the research that supports the impact and cost-effectiveness of the intervention.

3.2. Review

Review the evidence to examine the intervention's efficacy

Stage 2- Rapid Review — We conduct a review of the evidence to examine the intervention's efficacy, the strength of the evidence behind it, how many people are affected by the problem it addresses, and estimate its cost-effectiveness.

3.3. Model

Develop an initial model of how the intervention could be optimally implemented

Stage 3- Deep Dive — We develop an initial model of how the intervention could be optimally implemented, including where this intervention is needed and a detailed cost-effectiveness analysis of potential at-scale delivery.

3.4. Scope & Design

Perform in-country scoping to assess how the intervention can be operationalized

Stage 4- Scope and Design — We perform in-country scoping to assess how the intervention can be operationalized in a specific context. We then prepare for launch by making final adjustments to the intervention's design, as well as engaging necessary partners on the ground.

3.5. Launch

Launch the intervention

Stage 5- Launch — We launch the intervention in a country (or portion thereof), having structured the necessary partnerships – for example, with governments to support and leverage their existing infrastructure – and obtained sufficient funding to implement and test the solution.

3.6. Evaluation

Evaluate implementation at scale to ensure the intervention achieves our expected cost-effective impact

Stage 6- Impact at scale — We evaluate implementation at scale to ensure the intervention achieves our expected cost-effective impact. We then continue to rigorously monitor its performance, iterating and adjusting the design for optimal delivery.

Administrative Information

Start Date:

End Date:

Publication Date: 2020-11-18

Source: <https://www.evidenceaction.org/who-we-are-2/#vision-values>

Submitter:

Given Name: Owen

Surname: Ambur

Email: Owen.Ambur@verizon.net

Phone: