Remote Fellowship: Zambia Mining and Local Development

Fall 2026 Request for Applications: APPLY HERE

TIMELINE

Release date:	**May 1, 2026**
Submission deadline:	**June 7, 2026**
Notification date:	**June 30, 2026 (approx)**
Fellowship period:	**July to December 2026, with a possibility of extension to June, 2027**
Eligibility:	**Zambian nationals currently enrolled in a PhD program in economics, statistics, epidemiology/public health, or another social science discipline**

OVERVIEW OF OPPORTUNITY

UC Berkeley's Center for Effective Global Action (CEGA) invites scholars to apply for a competitive research fellowship. **CEGA will select one scholar from Zambia to participate in a remote (Zambia-based) quantitative research fellowship, to be completed during the Fall 2026 academic semester (August - December 2026).** There is a possibility of extension to the Spring 2027 academic semester (January-May 2027), contingent on strong performance.

Preference will be given to applicants currently based in Zambia who have research experience in development economics or related disciplines (see detailed eligibility criteria below). The fellowship will be focused on **developing the research skills to evaluate the social and economic impacts of the Mingomba copper mine in Chililabombwe, Zambia—the world's highest-grade undeveloped copper deposit—in collaboration with KoBold Metals.** The fellow will work in close collaboration with Zambia-based Co-Investigator Dale Mudenda (University of Zambia), as well as PI Jonathan Weigel (UC Berkeley/CEGA), and Co-Investigators Edward Miguel (UC Berkeley/CEGA), and Anja Benshaul-Tolonen (Barnard/Columbia).

In Fall 2026, this fellow will join the project's research team, attend weekly calls, assist with a literature review, data collection, data cleaning and other research activities. CEGA is recruiting an early career scholar, who is currently admitted to and/or enrolled in a PhD program at a

Zambian University. Working within this existing study, the fellow will have a structured project and a supportive team to support professional development.

There will be a performance review in December 2026, and contingent upon strong performance, CEGA will continue to offer further support for an additional 6 months. This support will entail extended work and new deliverables on this project, along with access to CEGA training, staff office hours, and continued mentorship. We will also provide mentorship support to utilize the project's existing secondary data to pursue an independent research project and/or cultivate their own proposal based on personal research interests.

ELIGIBILITY

Please carefully consult the criteria below. **For the Fellowship, applicants must:**

- Be fluent in English.
- Be based in Zambia. Preference will be given to Zambian nationals.
- Are currently admitted and/or enrolled in a PhD program at a Zambian university in economics, statistics, epidemiology/public health, or another social science discipline.
- Be able to dedicate approximately 15-20 hours per week for the CEGA Fellowship.
- We will give preference to individuals who have existing research projects or experience in development economics or related disciplines.

Women are strongly encouraged to apply.

FELLOWSHIP COMPONENTS

During the fellowship, researchers will:

- Work on an existing research project focused on social and economic impacts of the exploitation of KoBold's Mingomba copper mine with mentorship from Dale Mudenda (University of Zambia), Jonathan Weigel, Edward Miguel (UC Berkeley), and Anja Benshaul-Tolonen (Barnard/Columbia).
- Contribute to the development and implementation of survey instruments for a **panel survey of 4,000 households across 400 villages**, including sampling design, census operations, and field protocols.
- Coordinate with Telos Zambia on field implementation, quality control, and data management.
- Participate in baseline and endline data collection for a **worker regression discontinuity (RD) study**, leveraging applicant scoring data from KoBold to credibly estimate the causal impact of mine employment on household welfare.
- Support statistical analysis of panel and RD data using Stata, R, or Python, contributing to both academic outputs and policy-facing publications.
- Facilitate connections with Zambian academic partners, local stakeholders, and international organizations to ensure policy relevance and dissemination.

The scholar will also receive general benefits from being a fellow, including:

- Be matched with a peer partner involved in the existing research project for collaboration and feedback;
- Participate in tailored, hands-on modules on research transparency and reproducibility, research communication skills, qualitative data collection and analysis, cost-effectiveness analysis, data science, and other topics of special interest;
- Engage in supplementary skills training, such as leadership, communications, public speaking, writing and language translation, navigating the publication process, and translating research for non-academic audiences;
- Networking opportunities with CEGA affiliates and the Network of Impact Evaluation Researchers in Africa (NIERA);
- Fellows will be paid upon deliverable, for a total of $3000.

Post-Fellowship Support

After successful completion of the fellowship, fellows will receive:

- Sponsorship to attend a gathering of researchers and evidence practitioners (either CEGA's annual Africa Evidence Summit, or another dissemination event. These events will provide fellows with the opportunity to present research and network with scholars and partners.
- Eligibility to apply to a pilot research award ($10,000) to enable the fellow to conduct a follow-up study related to this project, for a related research project, or a project related to the fellows' dissertation.

HOW TO APPLY

Submissions will be accepted through Submittable and applicants will be required to provide the following documents:

1) A **CV** containing personal information and academic/professional background,
2) 1-page **personal statement**
3) A **2 minute, self-recorded video** explaining motivation for the fellowship
4) **Letter from Supervisor or from Faculty Advisor** granting permission to participate in this fellowship. A signed letter will suffice.
5) Contact info for a referee who can speak to your research capacity, quantitative skills, and qualifications for the CEGA fellowship.
6) **Research Plan (2 pages)**: Please describe the research topic, in primarily quantitative social sciences and use impact evaluation methods (experimental or quasi-experimental). This can either be a proposal for:
    a) an existing study OR
    b) new research study.

Refer to Appendix A "Instructions for Research Proposal" and Appendix B "Research Proposal Example" below.
Applicants currently enrolled in a PhD program are encouraged to draw from or adapt their existing dissertation or research proposal. Please note that this research plan is for application evaluation purposes only, and will not form the basis of your work during the fellowship.

7) OPTIONAL: Applicants may attach one **working paper** or **publication.**

We encourage you to be mindful about AI assistance in preparing your application: we are interested in learning your own ideas and motivations. If you do decide to utilize AI ,in preparing your submission, please include a statement indicating how it was used.

We may run into delays with the recruitment process, and appreciate your patience. If you're experiencing a technical difficulty or have a question before the submission deadline, please direct any questions to global-networks-cega@berkeley.edu

APPENDIX A: INSTRUCTIONS FOR RESEARCH PLAN

Even though the fellow will be placed on an existing study, we want to see how applicants think through critical questions when designing a quantitative research study. As such, applicants must submit a research plan of no more than 2 pages (not including reference pages) along with their fellowship application. The research plan should focus on evaluating programs that use survey data.

While **the research questions should be very clear, demonstrating your ability to think through a rigorous research design,** the 2-page plan need not be fully fleshed out with details about your partner(s), specific outcome measures, and field research plan. If this describes an existing study, **make sure to carefully document the current status of the research.**

The plan must not exceed **2 pages (not including references)** and must include the following six sections (do not leave any section blank). **If you utilized AI assistance in preparing your submission, please include a statement indicating how it was used.:**

1.	**Problem statement** Succinctly describe the evaluation question (or questions) you seek to answer.
2.	**Contribution to learning** How will this research 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?
3.	**Description of program(s), policy, or intervention** 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. Describe if you are taking advantage of any existing datasets.
4.	**Evaluation Design and Empirical Strategy** Describe the evaluation design. What is the goal of the study and your research questions? How will you determine quantitatively that your study led to impact? What are the indicators you will use, and how will you collect data? Are you utilizing any secondary data sources, if so to what extent do you already have access to them?

5.	**Use for Decision Making** How will the evidence be used for decision making? 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, or has already, test(ed) an existing program or new intervention. Discuss if any policy partners, stakeholders, or end users of the research have or will be involved in any stage(s) of the study design.
6.	**Current Status of the Research** Indicate if the research you have proposed is in the design stage, has already begun, or is in the manuscript development stage. State if it is already supported by funds, and describe the sources and amount. State and describe if you have access to data sources. State if you have already received ethical approvals (ie. IRB).

APPENDIX B: RESEARCH PLAN EXAMPLE

Problem Statement:

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. 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 the 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.

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. 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. 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]

[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.

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.*