

tensions in evaluating health research capacity strengthening

research snapshot 1

introduction

Strengthening health research capacity in low- and middle-income countries (LMIC) is a recognised way to advance health and development. Systematic evidence on the effectiveness of different approaches remains limited however, as their complexity and diversity make monitoring and evaluation (M&E) difficult. Beginning in 2011 research explored how M&E of health research capacity strengthening (RCS) takes place. Researchers used mixed methods to look at the frameworks, indicators and processes that support M&E of health RCS working in partnership with the ESSENCE group (see box).

This paper (1 in a series of 3) focuses on the tensions involved in making choices about evaluations of health research capacity strengthening.

A group of funding agencies came together as ESSENCE the in Health Research Initiative. They identified M&E of health RCS as an area for potential harmonization and alignment of good practices, in accordance with aid effectiveness principles. ESSENCE produced a Planning, Monitoring and Evaluation (PM&E) Framework as a guide for their members and grantees and encouraged the sharing of lessons about health RCS evaluations.



Prof. Sharon Fonn, Deputy Director, Consortium for Advanced Research Training in Africa (CARTA), Dr. Alex Ezech, CARTA Director awarding a Joint Advanced Seminar (JAS) Certificate of Completion to Kennedy Otwombe. Nairobi, Kenya, April 2014
An evaluation of CARTA was one of the reports analysed in the research.

method

Researchers undertook a systematic analysis of 18 evaluation reports, representing 12 evaluations undertaken between 2000 and 2013. The research sought to understand the strengths and limitations of various approaches to evaluating health RCS, assumptions that underpin these approaches, and the tensions and challenges that exist.

findings



Researchers in Ethiopia examine malaria-infected blood stains under microscopes. Evaluations need to consider the sustainability of RCS, including provision and maintenance of equipment and wider infrastructure. © 2007 Bonnie Gillespie, Courtesy of Photoshare.

The research found that a lack of information about the intended use of evaluations can lead to different expectations from the funders, funding recipients and evaluators.

Most evaluators did not have enough time to incorporate theory-informed indicators of impact and sustainability. This resulted in missed opportunities for funders and recipients to learn about how improve planning, monitoring and evaluation of health RCS initiatives.

Governments urge research funders to ensure that capacity building initiatives become self-sustaining. This is more likely to be achieved with a developmental participatory evaluation, than with a traditional summative evaluation.

Key tensions in evaluating health RCS

Degree of stakeholder participation

An external, non-participatory evaluation may be better for donors to assess value for money and ensure accountability. However, when funding recipients participate in the evaluation, they are more likely to learn, feel greater ownership over the project and implement recommendations.

Understanding processes and measuring impact

There are often tensions between the desire for a few common measurable and reliable indicators about process and the need for more extensive sets of indicators to evaluate project impact. A trade-off exists between having valid evaluations and dealing with complexity and time constraints.

Demonstrating accountability and enhancing knowledge

Funders face tensions between being able to demonstrate accountability and value for money, and supporting wider sharing and learning.

Reconciling short-term funding with long-term sustainability

Tensions exist between short-term funding to conduct and evaluate projects, longer-term funding over five to ten years to develop sustainable capacity and the two decades needed to show impact.

recommendations

Define the explicit purpose and intended use of the health RCS evaluations to be conducted.

Involve funding recipients and other stakeholders in all stages of the evaluation process to encourage learning and implementation of recommendations.

Assess and support the development of all stakeholders' specific skills to help them fulfill their roles in health RCS evaluations.

For each project, create a comprehensive, prospective system for measuring progress in health RCS, and consider long-term impact across different levels throughout the whole project cycle.

Apply a theory of change – a description of the relationships between activities, outputs and outcomes – to help map out exactly how the RCS will achieve its aims.

Document lessons systematically and share them on an ongoing basis between funders and projects.

A woman is interviewed about HIV services she receives.
Evaluations should consider the skill development of both researchers and research participants.
© 2005 Catherine Searle, Courtesy of Photoshare



more information

This research snapshot is based on

Bates I, Boyd A, Aslanyan G, Cole DC. (2014) Tackling the tensions in evaluating health research capacity strengthening in low- and middle-income countries.

Health Policy & Planning 2014; 1–11 [eScholarID:223316](#) | [DOI:10.1093/heapol/czu016](#)

Other research snapshots in the series:

Research snapshot 2

Frameworks for evaluating health research capacity strengthening

Based on Boyd A, Cole DC, Cho DB, Aslanyan G, Bates I. (2013) Funder frameworks for monitoring and evaluating health research capacity strengthening. Health Research Policy and Systems 2013; 11:46 [eScholarID:216132](#) | [DOI:10.1186/1478-4505-11-46](#)

Research snapshot 3

Indicators for evaluating health research capacity strengthening

Based on Cole DC, Boyd A, Aslanyan G, Bates I. Indicators for tracking programmes to strengthen health research capacity in lower and middle income countries: a qualitative synthesis. Health Research Policy and Systems 2014; 12:17 [eScholarID:223629](#) | [DOI:10.1186/1478-4505-12-17](#)

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