

frameworks to evaluate health research capacity strengthening

research snapshot 2

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.

This paper (2 in a series of 3) presents research findings about M&E frameworks to evaluate health research capacity strengthening.

What are monitoring and evaluation frameworks?

We understand monitoring and evaluation frameworks to be documents providing a structure or guidance for those involved in health RCS to evaluate what is being done. Frameworks can clarify which evaluation methods to use for particular purposes and circumstances, and have the potential to facilitate sharing and learning within and between the organisations involved. Frameworks can also help to rationalise data collected by and from health RCS implementers who receive funding from more than one funder.

method

In 2012-2013 researchers collaborated with the ESSENCE in Health Research Initiative to explore the use of a Planning, Monitoring and Evaluation (PM&E) framework and other approaches to evaluating health RCS, and inform refinements of the PM&E framework itself. The study sought to identify ways in which existing frameworks might be developed to guide better health RCS planning, monitoring and evaluation; facilitate sharing and learning; and enhance coordination and harmonization of evaluations across different funding agencies. Researchers carried out a systematic analysis of 18 evaluation reports, representing 12 evaluations undertaken between 2000 and 2013.

findings

Frameworks for funders: Most of the health RCS evaluation frameworks existed to fulfill the needs of the funder. Frameworks tended to specify the particular goals the funding agency wanted to see, together with corresponding indicators.

Diversity of frameworks: There was substantial diversity among different funder frameworks.

Stakeholder participation: Most frameworks did not encourage stakeholder participation.

Essence PM&E framework is not widely used: Although the ESSENCE PM&E framework was developed jointly by several funding agencies, it has not been widely used in practice for various reasons including that other guidelines were already in place or were more appropriate for specific projects.

Potential for harmonization: Despite the relative lack of use of the ESSENCE framework, the issue of harmonising PM&E practices and frameworks between organisations appears to be increasingly recognised, albeit in different ways.

Cohort 4 Consortium for Advanced Research Training in Africa CARTA fellows in a field visit to the African Population and Health Research Center (APHRC) Demographic Surveillance Site, Korogocho, Nairobi, Kenya. March 2014.



recommendations

There is scope for improvement to be made by the designers and users of health RCS evaluation frameworks; it could be beneficial to:

Compare different funder frameworks in order to identify potential improvements.

Emphasise and explain the underlying rationale of a framework to facilitate understanding and learning, and help identify appropriate indicators.

Incorporate more accessible information about how to do evaluation in practice.

Allow all health RCS stakeholders to participate, following the principles of evaluation capacity strengthening.

Structure the framework so it separates generic and project-specific aspects of health RCS evaluation. This may help donors harmonize their efforts.



Stakeholder Participation

Ideally, frameworks for planning, monitoring and evaluating health RCS should be easily accessible to stakeholders and facilitate high-quality data collection and analysis. Such participation can facilitate ownership of the evaluation, which in turn promotes learning and sustainable change. Additional information, combined with training, could be important for funders to provide if they want to encourage the participation of stakeholders in the evaluation process.

more information

This research snapshot is based on

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](#)

Other research snapshots in the series:

Research snapshot 1

Tensions in evaluating health research capacity strengthening

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](#)

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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