

indicators to evaluate health research capacity strengthening

research snapshot 3

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. Working in partnership with the ESSENCE in Health Research Initiative, researchers used mixed methods to look at the frameworks, indicators and processes that support M&E of health RCS.

This paper (3 in a series of 3) presents findings from research about indicators used in evaluations of health research capacity strengthening.



Consortium for Advanced Research Training in Africa CARTA fellows cohort 1 group photograph during Joint Advanced Seminar 3, Ibadan, Nigeria, August 2013.

method

Researchers carried out a systematic analysis of 18 evaluation reports, representing 12 evaluations undertaken between 2000 and 2013. They asked, what are the types of indicators being used to evaluate health research capacity strengthening? What are the potential gaps?

findings

Indicators for tracking progress in health RCS initiatives

In general, funders used a wide range of indicators to track progress and measure impact. The indicators were broader than the metrics commonly used to measure return on investment in health RCS. Many of the evaluations used a subset of indicators identified in the ESSENCE Planning, Monitoring and Evaluation (PM&E) framework matrix including curricula developed, courses run, researchers trained, scientific collaborations and partnerships.

Many reports contained narrative descriptions of an activity, output or outcome, which implied the nature of a corresponding indicator but few reports explicitly defined indicators. Indicators mostly related to activities, outputs or outcomes with little concern for relationships between researchers and policy makers.

No single evaluation provided enough information to enable the researchers to describe an explicit pathway connecting activities to outputs and outcomes. The evaluations did not consider some important aspects of health RCS, particularly ongoing relationships among RCS stakeholders to facilitate, conduct and use research.

Quality of evaluations

The evaluations varied remarkably in the strength of their designs. All of them had clear statements of purpose or objectives. Most used mixed methods designs and drew on existing data or prior reports. The degree of complexity reflected the complexity of the health RCS initiative. Several evaluators were constrained by the lack of a clear monitoring and evaluation framework and by the short time frame allowed for the review. Most were not able to draw on base line data.

Descriptions of indicators and justifications for their existence varied widely between evaluation reports. Despite Development Assistance Committee standards, the quality of indicator data was rarely commented on, and it was challenging to meet SMART (specific, measurable, achievable, relevant, time-bound) criteria.

Some of the difficulties with indicators may arise from the division in responsibility for indicator-related data collection among funders, institutions, researchers, and evaluators. Additionally, there are often limits on time and resources for such work.

recommendations

Allocate adequate resources to carry out good quality evaluation of health RCS along with investments in science, scientists and science communication.

Pay systematic attention to framing, selecting, measuring (multiple data sources and valid standards to enhance quality), and analysing indicators.

Develop indicators to better encompass relationships between researchers and knowledge users.

Disaggregate indicator data according to equity categories.

Pay systematic consideration to assumptions, preconditions, or measurement confounders associated with the evaluations.

Pay greater attention to evaluation design, use of clear conceptual frameworks, and the systematic linkage of indicators in keeping with theories of change.

Develop comprehensive, prospective systems for health RCS indicator monitoring and evaluation, in which long-term impact is considered throughout the entire project cycle.

Pay attention to the different levels of the research environment:

1. Provincial-national
2. International-global research environment
3. Research networks.



Snapshot co-author Prof. Imelda Bates handing a certificate to candidates of the [Diploma in Project Design and Management](#), Ghana, 2012.

This [training programme](#) is helping to strengthen health research capacity in Ghana and Zimbabwe.

more information

This research snapshot is based on

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](#)

Other research snapshots in the series:

Research snapshot 1

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 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](#)

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