Planning, Monitoring and Evaluation

Framework for Capacity Strengthening in Health Research

ESSENCE Good practice document series

ESSENCE
on Health Research

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About ESSENCE and this good practice document
ESSENCE on Health Research[1] is an initiative between funding agencies to scale up coordination and harmonization of the research capacity investments. It aims to improve the impact of investments in institutions and people, and provides enabling mechanisms that address needs and priorities within national strategies on research for health. ESSENCE members embrace the principles of donor harmonization and country alignment, as expressed in the Paris Declaration on Aid Effectiveness in 2005 and enhanced by the Accra Agenda for Action in 2008, both produced in collaboration with the Organization for Economic Co-operation and Development (OECD)'s Development Assistance Committee (DAC). According to these principles, donors/funders should align with priorities of countries in which they work, and harmonize their actions and procedures in order to facilitate complementarity among funders and to reduce administrative overload for recipients of funding.

To achieve these goals, ESSENCE members[2] agreed to jointly develop and produce good practice documents that would incorporate current best knowledge and practice on health research and development issues. This Framework is the first in what is hoped to be a series of good practice documents that will be produced by the initiative. At its meeting on November 15, 2010 in Montreux, Switzerland, ESSENCE members unanimously agreed to endorse this Framework as their first good practice document. It is hoped that with this Framework, the members of ESSENCE and other partners will have access to a common tool as they plan, monitor and evaluate health research capacity strengthening initiatives in collaboration with their partners.

For further information on this Framework and ESSENCE initiative, please contact:

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1. ESSENCE (Enhancing Support for Strengthening the Effectiveness of National Capacity Efforts).

2. For more information on ESSENCE and its members, please visit http://apps.who.int/tdr/svc/partnerships/initiatives/essence

Contents

Introduction

The Planning, Monitoring and Evaluation (PM&E) Framework outlined here has been developed to improve harmonization among funders of health research capacity strengthening. Its use should make it easier for recipients of funding to fulfil the PM&E obligations of different funders and facilitate synergy, division of labour and sharing of knowledge among funders.

For the purposes of this Framework, research capacity is the capacity to do, manage, share and apply research. Research capacity may be strengthened by (a) enhancing the capacity of individuals and organizations to carry out, manage, share and apply research and (b) promoting national and regional research systems that support research and the linkage between research, policy and practice.

The development of a common framework for a diverse group of funders who support a variety of initiatives in a number of different countries and work with a range of partners is a challenge. Funders all have different M&E systems, different approaches to capacity strengthening and different ways of setting up programmes. This Framework was therefore developed through a process of consultation, first between various ESSENCE members and secondly with a broader group of stakeholders (including African recipients of funding for health research). It is hoped that the Framework will be flexible enough to be adapted to different contexts.

The Framework consists of three parts:

1	shared principles on the "how-to" of capacity strengthening
2	PM&E matrix, outlining key indicators
3	lessons learned

1 Shared principles on the "how-to" of capacity strengthening

The first part of the Framework focuses on the process of capacity strengthening and consists of a set of guiding principles on how to engage in capacity strengthening partnerships.[3]

Capacity strengthening (also known as capacity building or capacity development) holds a prominent position in the international development agenda. Although the concept of capacity strengthening is open to interpretation, there has been growing acceptance of a broader and comprehensive definition of capacity strengthening, one that goes beyond a value-neutral transfer of skills.[4] Capacity strengthening is now viewed as more than just providing training or distributing manuals; it is a complex process that involves shifts in power, provokes changes in systems and is influenced by factors such as cultural values. These factors all have to be considered when designing capacity strengthening interventions. The success of a capacity strengthening intervention will very much depend on how it is set up from the outset and how the different components of capacity strengthening partnerships relate to each other.

The principles outlined in the first part of the Framework should be the starting point for setting up any capacity strengthening partnership. Throughout the implementation, partners of a capacity strengthening intervention should periodically assess if the principles are still being adhered to.

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3. Partnership is a relationship of one or more countries, regions, organizations, institutions, companies or foundations around an activity or set of activities in which there are well defined common objectives and shared benefits, where each partner makes continuing contributions in one or more strategic areas (modified from the WHO/TDR Performance Assessment Framework 2010).

4. The OECD/DAC defines capacity as "the ability of people, organisations and society as a whole to manage their affairs successfully" and capacity development as "a process whereby people, organisations and society as a whole unleash, strengthen, create, adapt and maintain capacity over time" (OECD/DAC 2006:12).

2 PM&E matrix with key indicators

This part of the Framework focuses on the desired results of capacity strengthening in health research. These desired results and their respective indicators of achievement (agreed on during various stakeholder consultations) are gathered in a matrix that follows the logical framework approach.

Various components of health research capacity strengthening are examined in accordance with relevant publications on the subject (e.g. RAWOO, 1995, Blagescu, 2006). Three key components (individual, organizational and national/regional research systems) are linked to each other. Even if a capacity strengthening intervention is not aimed at all components, the linkage between the components should be understood. An intervention focused on one component will have effects on the other components; the relationship between the components can be used to design more sustainable capacity strengthening interventions. To be successful, capacity strengthening interventions must respond to the relationship between the components.

The matrix provided is for capacity strengthening in health research. Therefore the focus for the first two components (individual and organizational) is on scientists and scientific research organizations. The third component deals with the "bigger system" that the first two components are embedded in, so the focus is on governmental organizations and nongovernmental organizations (NGOs). The dissemination and application of results of health research is incorporated in each component. Although scientific research (and the individuals and organizations linked to it) is the starting point, the understanding of research capacity underlying this Framework goes beyond science, particularly in relation to the uptake of research results.

The following aspects are crucial to use of the matrix:

Adapting to partners

Clearly formulated goals and indicators are useful in programme planning, monitoring and evaluation. However, the present matrix is meant to be flexible, so that it can be adapted to specific contexts - not all outcomes, outputs, indicators or components have to be used for every capacity strengthening intervention. Also, outcomes, outputs and indicators are not always formulated to the last detail (e.g. regarding the specific content of trainings). Such detail will have to be part of specific partnership agreements.

Consistency with priorities of individual organizations/synergy with others

The matrix should be used in a flexible way to take account of organizational priorities and synergies. For example, different funders may have different priorities in relation to the components of research capacity building. Likewise, not every funder will want to invest in all the activities proposed for one component. Only parts of the matrix need to be used in such cases. Funders who work with the same African partner should try to dovetail their interventions and, in so doing, complete the matrix together.

Capacity strengthening of funders

The matrix is planned to be revised periodically. Funders are invited to adopt a learning attitude towards capacity strengthening and to contribute to the continuous improvement of the matrix, based on their own experiences with capacity strengthening initiatives.

3 Lessons learned

Monitoring and evaluation activities should ultimately lead to improved practice. ESSENCE members can help this by sharing the wealth of their knowledge on capacity strengthening in health research. This part of the Framework therefore provides with an opportunity (in the form of a "lessons learned" repository accessible through the ESSENCE webpage) for ESSENCE members to share experiences with other members of the ESSENCE group. This tool will also help to capture unexpected results and qualitative aspects of capacity strengthening efforts.

PART I: Shared principles on the "how-to" of capacity strengthening

Participation and alignment
The design of capacity strengthening interventions should be a common effort of funders and African partners. Local ownership and control are critical to any capacity strengthening process. Additional funded interventions should be aligned with national/institutional strategies for capacity strengthening.

Understanding the context
Capacity strengthening interventions should start with a proper analysis of the local context (including political, social and cultural norms and practices). Only a deep consideration of this context will help with the understanding of underlying barriers to and detect specific opportunities for capacity building efforts. Such context analysis can also help develop the base-line level of activities against which changes are measured.

Building on strengths
Local expertise and local processes, initiatives and institutions should be valued, not bypassed. This means that funders should also support local capacity strengthening.

Long-term commitment
Capacity strengthening is a long-term commitment - it takes time for inputs to bring about changes in behaviour and performance. Therefore, the time-frames for capacity strengthening interventions should be realistic.

Interlinked capacity components
To be successful, capacity development interventions have to take into consideration the individual, organizational and systemic components of health research capacity strengthening. Even if a particular capacity development intervention is not aimed at all components, the linkage between the components should be understood. Interventions regarding one component will have effects on the other components, and the relationship between the components can be used to design more sustainable capacity development interventions.

Continuous learning
Blueprints for capacity strengthening do not exist because individuals, organizations and systems are all unique. Also, the process of capacity strengthening is too complex to be predetermined. Therefore, analysing and reflecting on specific and changing circumstances throughout the process is crucial. PM&E systems that accompany the process of capacity strengthening should enhance continuous learning - they should include an accurate analysis of the situation at the start of the intervention and provide for periods of "reflection on action".

Harmonization
Funders, governments and other organizations that support the same African partner in capacity strengthening should harmonize their efforts. The African partner is in the best position to coordinate the input from the various sources and to ensure complementarity. Funders should also strive for this complementarity in capacity strengthening efforts and they should further support the African partner in the harmonization of procedures.

PART II: PM&E Framework – definitions of key concepts

Individual component: Refers to capabilities and requirements that if acquired/fulfilled enable an **individual** or members of a **research team** to undertake good quality research. It includes factors relating to the research capacity of the **individual researcher**, including motivation, additional training, access to information, etc.

Organizational component: Refers to the capacity of **scientific research organizations** (which can range from research groups to research institutions) to undertake good quality research. It includes factors such as infrastructure, adequate staff (including financial and management staff), curricula, acquisition of funds, external contacts, etc.

National and regional research systems component: Relates to factors such as capacity and commitment at the **financing and policy level** to promote research capacity, to set standards, or to link policy, research and practice.

The three capacity components listed above are interrelated. Most funders promote capacity strengthening efforts on more than one level, although not all funders may get involved at each level.

Outcome: Changes in performance or behaviour within defined period of time. Outcomes are an expected consequence of the outputs, but are not linked directly to the intervention. A development programme/project should eventually contribute to such changes, but cannot be held directly or solely responsible for them.

Output: Direct results of programme/project activities. The programme/project can control the outputs and is directly responsible for achieving them.

Outcomes and outputs must be SMART – Specific, Measurable, Achievable, Relevant and Time-bound. The choice of outcomes and outputs in the present Framework was also determined by this requirement.

Indicators: Variables for measuring or judging if change has happened. Indicators should specify quantity and/or quality using definitions such as "number of", "extent", or "quality". It is important that these indicators and their data sources are defined at the start of the programme to enable systematic and consistent collection of information throughout the intervention. Where possible and appropriate, all indicators should be collected in such a manner that they are easily stratified on the basis of gender (female and male).

Means of verification: Data sources and tools that can be used to determine if desired changes have taken place. If "annual reports" serve as means of verification, they have to contain information on the defined indicators.

Activities: Funders carry out two main types of activity – "finance" and "support". "Support" refers to any kind of support that goes beyond financing.

Table 1. PM&E Framework – matrix with key indicators

Capacity components		Narrative Summary	Indicators	Means of verification
INDIVIDUAL	**outcome**	1. Increased capacity to do research 2. Increased capacity to manage research 3. Increased capacity to apply and share results of research	1. Number of peer reviewed publications (with first author from developing countries; number of conference papers; level of career development 2. Quality of plans and reports; quantity of funds obtained from other sources 3. Number of participation times in policy processes (briefings and debates); number of consultancies (e.g. public, private, NGO sector); number of professional publications.[5]	• Annual reports • Mid-term and final interviews • Publications • Citation index • Grant agreements
	output	1. Researchers trained in research skills 2. Researchers trained/experienced in management 3. Researchers exposed to scientific community and informed on developments in their field; researchers experienced with stakeholder participation; researchers trained regarding the application process of researchfunding agencies	1. Number of researchers trained in relevant research skills and areas (either as part of formal academic training or through specific courses)[6] 2. Number of researchers trained/experienced in research management 3. Number of conferences attended; number of stakeholders that participated in programme design and implementation; number of researchers trained regarding the application of research	• Annual reports • Certificates • Personal interactions
	activities	1. Finance MScs, PhDs and postdoctoral fellowships; finance individual training on research skills 2. Finance postdoctoral researchers to coordinate research; finance training on research management 3. Finance participation in conferences; finance strategic awards; finance workshops with non-academic stakeholders; finance trainings regarding the application of research (writing of policy papers, public relations, advocacy, etc.)		

5. Professional publications are publications that are not written for a scientific audience, but for professionals (knowledge users).

6. The content of the frainings will have to be further detailed in the specific partnership agreements – considering specific needs in a specific context, but also the expected outcomes and indicators at outcome level (the same applies to research management skills).

Capacity components		Narrative Summary	Indicators	Means of verification
ORGANISATIONAL	**outcome**	1. Increased capacity to manage the research organization 2. Increased synergy between research organizations 3. Increased capacity to apply and share results of research	1. Level of financial sustainability; registered research projects (number, funding level, funder spread); number of PhD and masters students (by gender); student to supervisor ratio; existence of a unit dedicated to research management; quality of the organization according to national standards 2. Number of joint activities with other research organizations; number of formal partnerships with other research organizations; number of joint scientific publications 3. Number of collaborations with the public/private/NGO sector	• Annual reports • Mid-term and final interviews • National accreditation reports • Contracts/memoranda of understanding • Site visits • Audits • Questionnaires
	output	1. Research organization adequately equipped and staffed with special attention to information and communication (ICT), libraries and laboratories; management and administration structured and staff trained; curricula developed 2. Partnership policies in place; inter-organizational scientific collaborations/scientific networks strengthened 3. Policies and strategies for communication and application of research results in place	1. Existence of relevant equipment with special attention to ICT, libraries and laboratories; existence of manuals, strategic plans and policies related to management ; quality of data management; number of curricula and courses developed; number of trained management staff and supervisors (by gender) 2. Existence of partnership policies; number of inter-organizational meetings; number of members and meetings of scientific networks (by gender) 3. Existence of policies and strategies for communication and application of research results in place	• Annual reports • Curricula • Policies and strategy papers • Site visits • Audits • Questionnaires
	activities	1. Finance infrastructure with special attention to ICT, libraries and laboratories; finance and support the training of management staff and supervisors; finance development of data management; support development of courses and curricula, support improvement regarding relevant aspects of the organization (policies, strategies, organizational structure, etc.). 2. Support the development of partnership policies, support the inter-organizational scientific collaboration and networking of organizations. 3. Support the development of policies and strategies for communication and application of research results.		

Capacity components		Narrative Summary	Indicators	Means of verification
NATIONAL AND REGIONAL RESEARCH SYSTEMS	outcome	1. Increased capacity of governmental and non-governmental organizations to link research, policy and practice 2. Increased capacity and commitment of governmental organizations to support research	1. Number of evidence-based policies; number evidence-based development interventions 2. Number of plans and policies to support research; existence of national standards (accreditation, quality assurance) regarding the evaluation of research institutions; existence of scientific councils with transparent and efficient systems in place to evaluate and disburse competitive research funds; researcher salary on par or above other countries in region (by gender); level of funding of research by the government	• Annual reports (including most significant change stories on evidence-based policies and development interventions) • Mid-term and final interviews • National policies and strategies referencing research • National research budgets
	output	1. Transdisciplinary platforms established; trained personnel at ministries and NGOs; periodicals bridging research, police and practice 2. Trained personnel at ministries; scientific councils in developing countries established; members of these councils trained	1. Number of platforms, members and meetings; number of personnel at the ministry and NGOs trained (by gender); number of periodicals bridging research, policy and practice distributed to a relevant public 2. Number of staff at ministries trained (by gender); number of meetings of the scientific councils; number of members of the scientific councils trained (by gender)	• Annual reports • Personal interactions
	activities	1. Support the establishment of transdisciplinary platforms ; finance training of personnel at ministries and NGO's; finance periodicals bridging research, police and practice. 2. Finance training at ministries; support the establishment and training of DC scientific councils.		

PART III: Lessons learned

Template for sharing lessons learned
The following template can be used to gather narrative information on unexpected achievements/experiences. These can be considered to be "anecdotes", or qualitative data, but in case multiple anecdotes/qualitative date show similar trends, these experiences could reveal a pattern from which funders could learn.

Title	*Think of a captivating heading!*
Capacity component or principle to which the lesson relates	*Relate the lesson to one of the principles (Part 1 of the Framework) or to one of the capacity components of the matrix (Part 2 of the Framework)*
Short description of the experience	*Tell a short story: Who did what, where and when, under what circumstances? What were the consequences?*
Lesson learned	*Why did it work/didn't it work?* *How could the positive experience be repeated in similar circumstances?/ How could the negative experience be avoided in similar circumstances?*
Submitter	*Name/organization/contact details*
Date (of submission of the lesson learned)	

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