

EVALUATION REPORT TITLE: Independent evaluation of the Demand-Driven Impact Evaluations for Decisions (3DE) Pilot

RESPONSE TO EVALUATION REPORT (overarching narrative)

Overall we are pleased with the findings of this process evaluation, which demonstrate that this pilot has produced some good results. As expected of an evaluation of a pilot programme, the report has set out very clear recommendations for DFID to take forward in the expansion of the 3DE programme. DFID staff will incorporate the actions deriving from the report's recommendations into a robust expansion inception phase plan, and will review thoroughly the progress made against these actions before moving from inception to full implementation of the expansion, currently scheduled for the end of 2015.

DFID and the Clinton Health Access Initiative (CHAI) have already begun to implement some of the report's recommendations particularly with regard to the dissemination of evaluation results, making the most of the short extension of the pilot as preparations for the expansion continue. These activities will be reported in the DFID Programme Completion Report which will be published later this year.

The DFID programme team are currently working with CHAI and advisory staff from the three target countries to review the revised Theory of Change for the expansion to ensure the goals of the programme are ambitious yet realistic and proportionate, and to establish greater clarity in the expected outputs and outcomes of the expansion.

During the expansion's inception phase considerable effort will be spent by CHAI and the DFID programme team to ensure that the programme is effectively grounded in the three different country contexts. In line with the report's recommendations, DFID and CHAI programme teams will work together to develop a thorough risk analysis that takes the assumptions set out in the Theory of Change as a starting point and incorporates a live assessment of the political economy, evidence needs and capabilities of partnering Ministries and other key stakeholders where appropriate. In doing so, CHAI and DFID will work together to better understand the challenges, opportunities and constraints to embedding the 3DE model into local institutions, promoting better local ownership and building capacity.

DFID and CHAI will also use the inception phase to build a strengthened logframe with clearer and more robust indicators for measuring progress against milestones as well as value for money.

DFID and CHAI will also work together to develop stronger governance arrangements including quality assurance/oversight for 3DE outputs. In particular, as part of the inception phase CHAI will look at options for establishing a system of peer review to ensure that 3DE outputs are of the highest quality.

Recommendation	Accepted or Rejected	If 'Accepted', Action Plan for implementation, or if 'Rejected', reason for rejection.
<p>Recommendation I – Agree on focus and design accordingly</p> <p>In the next phase, it will be important to agree on the core objectives of the programme, and to tailor it accordingly. Different objectives imply different models. If, for example, capacity building is the core need, then a programme which focuses more closely on training, working with and within ministries, and providing support for ministerial units would be most appropriate.</p> <p>If the diagnosis is that there is a lack of supply of quality evidence for ministries, then investment should focus on developing local academic units, connecting them within research networks and establishing local brokerage of knowledge, tailored to the needs of the Ministry of Health.</p> <p>If the focus is on improving service delivery, then more resources should be provided for following up research with implementation support to governments or other providers.</p> <p>The 3DE programme appears to have been implicitly about generating demand for impact evaluations – not so much being demand-led but creating an awareness of and willingness to engage in ‘robust’ research. Demand generation is also a valid function, but different in its needs from the models above. As the literature review highlights, it may sometimes be necessary to motivate demand for evaluation evidence through various strategies, such as the carrots, sticks and sermons described by Mackay (2007) or the capacity-building approach of the CLEAR initiative.</p>	Accept	<p>Both DFID and CHAI acknowledge the need to ensure the programme’s ambitions are more realistic, and that there is space created for more open and honest reporting during the expansion.</p> <p>DFID recognises the need to be much clearer in the logframe about the scope of our ambition for evaluation findings to influence policy, managerial, programme and operational decisions. The logframe for the expansion programme will reflect this.</p> <p>DFID will also be clearer about the extent to which we expect the 3DE expansion to influence policy makers, managers or programme implementers, noting that inappropriate pursuance of influence risks creating perverse incentives both within and between programme partners.</p> <p>The sustainability of decisions supported through evaluation evidence generated by the programme will be tracked more closely under the expansion. DFID will work with CHAI to develop mechanisms for measuring the sustainability of decision-making, also considering whether to continue to monitor decisions supported by evidence generated by the pilot. The extent of monitoring could range from a light touch approach involving conversations with Ministry of Health officials to a much more comprehensive and costly review of implementation and impact.</p>
<p>Recommendation II – Tailor to context</p> <p>Clearly not all countries will have the same evidence needs and so a starting point for programming should be an understanding of</p>	Accept	<p>As part of the inception phase for the expansion, DFID will work with CHAI to develop a country-level risk register including triggers and mitigation based on the assumptions set out in the revised Theory of Change, and considering other contextual factors as appropriate. This</p>

the local institutional and market context, to understand what the gaps are, and what existing institutions or networks could be strengthened. Which of the nodes in the Theory of Change are weakest in a given context? These should be the focal areas for support.		will be supplemented by country-level political economy analysis. Both will be regularly monitored and updated as appropriate through the programme Management Group.
<p>Recommendation III – Invest more in evaluative thinking and capacity</p> <p>Capacity building was an intended indirect benefit in the pilot phase but should receive more priority in order to ensure a lasting legacy. The legacy of the programme should be increased evaluative thinking and capacity within Ministries of Health and MCDMCH to scope, oversee, quality assure and use evaluations. This includes:</p> <ul style="list-style-type: none"> • At problem diagnosis: being able to frame questions that need answering in terms of evaluations; • At planning: developing a ToC, an improved operational plan and a solid resourcing framework for the intervention; • At implementation and monitoring: developing improved indicators for implementation and designing a monitoring system; and • At outcome & impact: defining the desired changes, effectiveness in achieving them and value for money; 	Accept	<p>Both DFID and CHAI need to be clearer about the extent to which the 3DE programme, given its stated aims and objectives, budget and timeframe, can be expected to deliver meaningful, sustainable capacity development. Throughout the pilot, DFID considered that efforts to strengthen the capacity of local partners focused on creating evidence pathways rather than being an independent workstream. Capacity building will continue to remain an <u>indirect</u> aspect of work under the expansion, aimed at facilitating evidence-based decision-making.</p> <p>As part of the inception phase programme of activities, CHAI will conduct an honest needs assessment of the capacities of partner Ministries. DFID will discuss with CHAI the feasibility of running in-house training sessions for evaluation commissioners within Ministries. DFID and CHAI will also look at options for linking its BCURE capacity building programme with 3DE activities, for example by funding staff from Ministries to attend BCURE training through the 3DE budget.</p> <p>CHAI will also look at options for appropriate and proportionate cross-fertilisation of lessons from Zambia to new 3DE partner Ministries of Health in Zimbabwe and Rwanda, for example through the shadowing of management meetings. CHAI will also develop a system for effectively tracking Ministry participation in activities that indirectly build the capacities of key staff.</p>
<p>Recommendation IV – Embed in local institutions</p> <p>Whatever the focus chosen, the programme should be embedded in local institutions, with support provided externally as needed but with key staff commissioning, coordinating or brokering based within the Ministry or local research networks and organisations. Where new and complex skills are being developed, there should be a co-working period, but alongside staff in local institutions (a</p>	Accept	<p>Consideration of whether and how to embed evaluations in local institutions should be incorporated into CHAI's political economy analysis and needs assessments to be conducted during the inception phase (as noted above).</p> <p>However we note the risk that disproportionate efforts in this area could be unnecessary in some areas or become a distraction in others. This will also be different in different contexts and potentially poses political</p>

<p>'build–operate–transfer' model). This would also allow more flexibility about seizing policy 'windows', rather than having to identify them within the constraints of a short-term programme.</p>		<p>challenges for both DFID and CHAI. CHAI will discuss the possible benefits and drawbacks with Ministry of Health counterparts and report back as part of their needs assessments. It is likely that the extent to which embedding CHAI activities in local institutions is possible or desirable will vary between countries, and will depend on the resources that can be allocated to the task, as this is not currently factored into the 3DE budget.</p>
<p>Recommendation V – Change the performance targets</p> <p>In the 3DE programme, contributing to a policy decision was a key performance target. While this kept minds focused on the need to get take-up of research there is also a potential conflict of interest between being a supplier of research and helping ministries to analyse and use evidence in a neutral way. The policy 'decisions' which 3DE had to influence and document were somewhat artificial and just one part of a continued debate and evolution of programming strategies. Is policy change what DFID really wants? Or is it increases in the Ministries of Health's ability and willingness to take informed decisions using 'good enough' evidence? If it is actually the latter, then the performance metric would need to be different.</p> <p>More specifically, if 'policy decision' is used as a target, then it should be broadened to include implementation. Many of the changes potentially implied by 3DE's work were operational, rather than at the policy level.</p>	<p>Accept</p>	<p>DFID has commissioned the evaluation team to carry out a short assessment of potential indicators for a flexible and adaptive expansion of the 3DE programme. This work will inform logframe development during the inception phase.</p> <p>Conflict of Interest will be explicitly included in the risk matrix for the expansion and will cover mitigating actions. As part of the strengthening of 3DE governance arrangements, the DFID management group will agree with CHAI a policy whereby impact evaluations will only be conducted on CHAI programmes (where they could contribute to lobbying activities associated with funding increases) where they have been declared and agreed transparently through the management group. We acknowledge that CHAI has allocated limited funding for implementing impact evaluation policy recommendations – again, the management group will maintain close oversight of these activities to ensure propriety.</p>
<p>Recommendation VI – Enlarge the toolkit</p> <p>We question the privileging of impact evaluations as a higher form of knowledge. They have their own limitations, particularly in terms of generalisability, and commonly fail to provide good insights into the 'how, why and in what contexts' questions. Ministries rightly look for a range of information, including on the equity, sustainability etc. of interventions. Demand-generation or evidence-supply programmes should focus on supporting and providing appropriate tools for different questions.</p>	<p>Accept</p>	<p>DFID will ensure that there are no incentives in the logframe for the expansion phase that appear to incentivise impact evaluations (e.g. number of impact evaluations undertaken). As part of DFID's Research Review process, Evaluation Department is proposing a new programme that would significantly expand the toolkit for demand driven evaluation evidence in different sectors.</p> <p>CHAI should develop a better system to track the extent to which different kinds of research that are not taken up by CHAI are referred on to others effectively, to ensure value for money from DFID-funded</p>

		<p>stakeholder engagement through 3DE.</p> <p>However DFID question the extent to which it is reasonable for CHAI, through the 3DE programme, to undertake research responding to the broad range of evidence needs associated with partner government health policy and programme decision-making. Data collection methods should meet evidence needs, and impact evaluations can incorporate different aspects of research evidence (and are not wholly limited to experimental methodologies). Nonetheless, DFID will discuss with CHAI the feasibility of enlarging the toolkit during the inception phase, taking into account CHAI's capacity to undertake different kinds of research and DFID's capacity to monitor such activities.</p>
<p>Recommendation VII – Timeliness, not rapidity, should be the goal</p> <p>Evidence should fit with policy needs, but rapidity has costs and is not always required or appropriate to the question. Timeframes should follow on from the question for which the Ministries of Health needs an answer – not dictate the question. In some cases, having a longer time period would generate more useful and valuable information for the Ministries of Health than one with artificially constrained fieldwork periods.</p>	Accept	<p>Timeliness should be a fundamental aspect of negotiating evaluation products with the 'customer' (partner Ministries of Health). During the expansion CHAI should do more to ensure that conversations with the customer covering what is achievable in a given timeline and what is feasible to meet policy cycle deadlines are properly documented.</p> <p>Inception activities should include assessment of the political risks associated with the policy cycles in each country (this will be considered as part of the political economy analysis work noted above).</p> <p>DFID and CHAI should embrace a greater degree of realism in setting timeframes for individual evaluations. During inception CHAI/DFID should discuss how best to ensure that evaluation timelines are realistic, achievable and timely noting the trade-offs between greater DFID oversight of evaluation processes, having the time and capacity to intervene promptly and not creating additional layers of reporting/unnecessary delays to implementation and the risks of trying to quality assure from HQ. At least, individual evaluation protocols should include specific reference to meeting policy cycle timelines – review of these timelines will become a standing agenda item for management group meetings.</p>
<p>Recommendation VIII – Monitor Value for Money (VfM)</p> <p>Information on expenditure in 3DE was not reported for the</p>	Accept	<p>As part of inception activities CHAI should develop VfM metrics and a formalised system for ongoing monitoring/reporting. As part of this exercise, CHAI should report on the appropriateness/feasibility of</p>

different stages of the programme, with the result that the cost-efficiency of different stages could not be assessed (we cannot say, for example, how much of the budget was spent on question sourcing, which would be interesting, given that this was a distinctive feature of the programme). In the next phase, this information should be systematically reported.		undertaking CEA for each 3DE evaluation (DFID's recent work on the value of evaluations refers). DFID should support this work by looking for lessons in other comparable programmes.
<p>Recommendation IX – Ensure quality assurance at all relevant stages</p> <p>In the pilot programme, the peer review of products appears to have been at the stage of developing protocols, while at report-writing stage there was no quality assurance process that the evaluation team is aware of. Peer reviewing of final products is important to ensure that findings are robust and accurately presented.</p>	Accept	<p>DFID will discuss with CHAI options for greater quality assurance, recognising trade-offs in terms of timeliness and DFID's capacity to oversee activities meaningfully and effectively.</p> <p>In particular, DFID will ask CHAI to set up a system of peer review (to ensure resources are in place in advance of need). Peer reviewers should be proposed to the management group and once approved can undertake quality assurance independently. The assessment framework used by OPM in this study offers a good framework for peer review.</p>
<p>Recommendation X – Take a broad approach and ensure adequate support</p> <p>The differential success in Uganda and Zambia – both environments judged to be initially receptive to an evidence-based approach – suggests some practical lessons for the next phase, including the wisdom of taking a broad approach to ministerial needs (rather than being locked in to relationships with specific programmes) and also of ensuring adequate staffing to drive forward what has been an intensive process, if a similar approach is adopted.</p>		As noted above, CHAI will undertake needs assessments of partner Ministries of Health to ensure evaluation evidence can be properly used in decision-making, taking a broad approach supporting the sustainability of 3DE activities over the longer term.