Mid-Term Evaluation of DFID's Health Research Programme Consortia

Synthesis Report

Tony Culyer, Roger Drew, Henrietta Wells, Terri Collins, Rachel Phillipson, Claudia Sambo and Sarah Watson

November 2015

Mott MacDonald

Executive Summary

DFID has funded nine health Research Programme Consortia (RPCs) since 2011. Each RPC receives approximately £6m over a six year period. DFID commissioned Mott MacDonald to conduct a mid-term evaluation of these RPCs individually and to provide an overall synthesis.. This report is the synthesis in which we bring together the findings from the individual RPC evaluations and annual reports (first drafts April 2015, final submission June 2015) and draw out any broader issues / lessons learned / recommendations about the RPC funding modality and how it might be improved. This summary contains our main findings and recommendations

The evaluation was based on the terms of reference provided by DFID (Annex 2) and the proposal from Mott MacDonald, which drew extensively on experience of previous RPC evaluations. We used an evaluation framework which drew together a simple theory of change diagram for the RPC model and a number of OECD DAC evaluation criteria. To those criteria specified in the terms of reference (relevance, effectiveness, efficiency, impact and sustainability) we proposed adding value for money and coordination. The evaluation was conducted by teams – a three person team for each individual RPC and a core team of seven for the synthesis – and took place from December 2014 - June 2015. Individual RPC evaluations involved an RPC-completed self-assessment designed by us, interviews with key informants, reviews of relevant documents, peer reviews of a selected number of RPC products and a half-day meeting of individual and core team members with each RPC. Specific attention was given to the cross-cutting issues of gender/equity and value for money. Members of the core team collected and analysed data for this synthesis report. In addition to their work, the report draws on a number of synthesis activities including team meetings, document review, key informant interviews, cross-portfolio analyses, social network analysis and a quantitative scoring exercise conducted by individual RPC evaluation teams. Although a number of challenges and limitations were encountered, these were not considered to adversely affect the quality of the evaluation.

In general, the relevance of all nine RPCs was high. The consortium structure is highly-prized because of the element of secure funding that it guarantees and the flexibility accorded to each consortium – and often, within each RPC, to the various partners. Overall, there is coherence between the RPCs' work and the UK's bilateral aid profile. However, RPCs are also very active in some middle-income countries (e.g. China and South Africa) to which the UK gives little bilateral aid. Conversely, some fragile states to which the UK gives substantial bilateral aid, such as the Democratic Republic of Congo, Somalia and South Sudan, are not countries in which RPCs currently work.

While RPCs have done some excellent work on gender analysis, particularly thorough the Research in Gender and Ethics (RinGS) initiative, more could be done on equity analysis.

Coordination between RPCs and DFID's Research and Evidence Division is good, although the problem identified in the last evaluation persists - this relates to limited contact between RPCs and DFID's technical advisers. Where tensions exist between DFID and RPCs, they have mainly been related to financial and administrative matters, such as conference travel and end-of-year underspends. Relationships between partners in RPCs are strong, although UK academic institutions continue to play central, leading roles. Whilst the challenges of LMIC institutional leadership and the appeal of association with internationally recognised bodies are acknowledged,

more attempts at cultivating research leadership in LMICs could be made. Efforts by DFID to move the locus of RPCs to LMICs, e.g. by having institutions in those countries lead RPCs or by having Research Directors from those countries, have had limited effect. Overall, collaboration between RPCs has been quite limited, with some of them taking the view that unless there was a common academic method or topic of interest, there would be little to learn from other RPCs that would warrant the required effort. There have been some exceptions including work on research uptake and the RinGs initiative mentioned above.

In general, the RPCs are effective in research generation. The extent to which the topic selection is driven primarily by researchers as compared with research users in LMICs, however, is quite variable and in some cases coherence in the research programme has been sacrificed in favour of responsiveness to specific country needs, or attempting to cover too many distinct research themes at once.

RPCs are also generally effective in terms of research uptake. Considerable progress has been made in this area since the previous set of RPC evaluations. While most RPCs are effective in terms of building capacity in partners, this is a matter which cross-RPC sharing of experience could further improve. Capacity has tended to have been considered by most RPCs as research capacity with relatively little attention being given to building research leadership capacity, or receptor capacity, or to ways of enhancing media competency and public acceptability of evidence-informed policy and professional decision making. Although there are some examples of excellence, no RPC has developed a comprehensive and well thought-out strategy for building a set of measurable partner country capacities that have a reasonable chance of leaving a legacy of sustained capability. DFID might consider whether it should seek to adjust the scope of 'capacity' in order to address these broader, but no less crucial, aspects, all of which have a direct relevance for the effective implementation of research-informed policies and practices in LMICs.

Concerns have been expressed that there might be tensions between the research generation, research uptake and capacity building. Whilst we recognize that there are trade-offs between the focus on capacity building and the quality of research outputs, we generally found this unconvincing.

There was widespread dissatisfaction, which some of the evaluation team share, with the quantitative indicators and logframe currently used by DFID for programme monitoring. Whilst acknowledging that these are not good measures of the effectiveness of research programmes of this nature, impact and outcome statements could be more realistic, output indicators tighter and often more challenging. Good use of Theories of Change should be shared, and other methods such as contribution analysis explored.

In general, RPCs are managed efficiently. Several presented evidence of dealing well with poor partner performance. DFID initiatives, such as requiring the appointment of a CEO, seem to have contributed to improved efficiency. RPCs have implemented this requirement in various ways but, overall, management arrangements were working well. There were differences in gender balance among Research Directors (mostly male) and CEOs/programme managers (mostly female). RPCs have very different experiences of the added value of Consortium Advisory Groups (CAGs). This is another topic where cross-RPC exchanges of ideas and experience could prove valuable.

Overall, RPCs represent good value for money for DFID. A full judgment of VfM depends critically upon the ultimate value of the research and the nature of its impact

on public policy and professional practices. There is a wealth of experience in the UK with how impact can be addressed through the Higher Education Funding Council for England's Research Excellence Framework (REF) and Research Councils UK, from which DFID may be able to derive some useful ideas. RPCs tend to make their claims of impact on the nature and number of their publications. Impact is thus severely biased towards academic impact and on publications. That said, many RPCs have imaginative approaches to dissemination and one in particular has a near complete Knowledge Translation and Exchange (KTE) set of principles, involving research end-users in the design and implementation of the research from its inception through various research generation stages to its delivery 'on the ground'. Once again, ideas about and practical approaches to KTE and impact would be excellent topics for cross-RPC exchange.

There can be little doubt that some of the research produced by RPCs is sustainable and will continue to have effects on policy and practice after DFID funding ends and that many of the partnerships will also continue. The funding modality has relative low level of cost and high level of perceived value. DFID might consider streamlining renewals and starting the process earlier. Currently, RPCs close down completely at the end of funding and subsequently go through a re-bidding process which creates a "stop-start" process.

Notwithstanding the weaknesses noted above, our overall judgment is that the consortium structure and programme is highly effective. This is now a mature and internationally respected funding modality for development research. Perhaps one should think explicitly in terms of a *consortium of consortia* by encouraging greater cross-consortia collaborations. However, radical restructuring is not needed.

Summary of Recommendations:

Overall

RPCs are an excellent funding modality for integrated and programmatic research – particularly the length and relative flexibility of funding.

Relevance

- DFID should consider developing clearer guidance as to the extent to which the work of RPCs should focus on DFID priority countries.
- Each RPC should develop and implement a clear gender and equity strategy.
- In order to ensure the relevance of second phase RPCs, the focus should shift from innovation to adding value.

Coordination

- Cross-RPC collaborations on matters of common interest should be strongly encouraged (and even occasionally organised) by DFID.
- DFID and RPCs should discuss ways in which engagement with DFID technical staff could be improved, drawing on and analysing experiences of where this has worked well.

Effectiveness

- RPC programmes should aim to achieve both intellectual coherence (including interdisciplinary) and local relevance (through responsiveness to local problems).
- DFID should consider ways of encouraging RPCs to take a more KTE-informed approach to knowledge translation.

- More explicit expectations of RPCs in terms of capacity building should be set out by DFID, as it has done in other areas such as research uptake.
- Greater use of theories of change and qualitative measures might be considered to measure programme effectiveness.

Efficiency

- Rather than specifying how RPCs are to be managed, the specific and required management tasks expected should be made clear, with flexibility as to how they are organised.
- The issue of financial underspends needs to be addressed.
- RPCs need to have measures in place to ensure good performance of partners, including addressing poor performance where this occurs.
- DFID and the RPCs might consider ways of ensuring that Consortium Advisory Groups work well and add value.

Value for money

- DFID should consider working with RPCs to develop more structured guidance on assessing RPC value for money.
- Exchange rates should be included in the annual project budget for each partner to facilitate accurate forecasting and identify where significant movement is impacting on the actual budget received.
- DFID may want to allow lead organisations to advance funds to smaller partners (subject to a good financial reporting track record) up to a set limit to relieve cash flow constraints on implementation.
- RPCs should aim to report more explicitly against DFID's VfM criteria.
- RPCs should be asked to report explicitly on additional funding they have leveraged.
- To ensure best value, the RPC should be encouraged to verify partner salary rates are in line with the partner institutions' own pay scales and that recruitment follows competitive processes.

Impact

- RPCs should be encouraged to adopt an inclusive and considered approach to choice of journal outlet when publishing research.
- RPCs should be encouraged to continue to think of impacts beyond those on academia.

Sustainability

- DFID might consider streamlining renewals and starting the process earlier.
- DFID should consider whether further action is needed to strengthen research leadership from LMICs.

Future evaluations

- Any final evaluation of the current round of RPCs should focus on lessons learned concerning impact and sustainability.
- DFID should ensure that expectations of future evaluations are matched with sufficient time and resources.
- DFID should consider including, in future evaluations, the need for impact-focused case studies.

Content

Acronyms

3Es	Economy, Efficiency and Effectiveness
AIDS	Acquired Immunodeficiency Syndrome
ARK	Advancement through Research and Knowledge (Bangladesh)
ASD	Association for Social Development (Pakistan)
CAG	Consortium Advisory Group
CEO	Chief Executive Officer
CHP	Centre for Health Policy (South Africa)
COMDIS(-HSD)[1]	Delivering Effective Health Services for Communicable Diseases
COO	Chief Operating Officer
DFID	Department for International Development
EBSR	Evidence Building and Synthesis Research – also known as EVIDENCE
FHS	Future Health Systems
GHRD	Global Health Research and Development (China)
HERD	Health Research and Social Development Forum (Nepal)
HEU	Health Economics Unit (South Africa)
HPRG	Health Policy Research Group (Nigeria)
HSPI	Health Strategy and Policy Institute (Vietnam)
ICDDR, B	International Centre for Diarrhoeal Disease Research, Bangladesh
ICRW-ARO	International Center for Research on Women – Asia Regional Office
IHI	Ifakara Health Institute (Tanzania)
IHPP	International Health Policy Program (Thailand)
IITM	Indian Institute of Technology Madras
KEMRI-WT	Kenya Medical Research Institute – Wellcome Trust
KRG	Knowledge Research and Gender
KTE	Knowledge Translation and Exchange
LANSA	Leveraging Agriculture for Nutrition in South Asia
LSHTM	London School of Hygiene and Tropical Medicine
LSTM	Liverpool School of Tropical Medicine
MDR	Multi-Drug Resistant
mhGAP	Mental Health Gap Action Programme
MSI	Marie Stopes International
MTE	Mid-Term Evaluation
NGO	Non-Governmental Organisation
NICE	National Institute for Health and Care Excellence
NIMR-MITU	National Institute for Medical Research – Mwanza Intervention Trials Unit (Tanzania)
OECD DAC	Organisation for Economic Cooperation and Development, Development Assistance Committee
OI	Organisational Issues
PRIME	Programming for Improving Mental Health Care
ReBUILD	Research for Building Pro-Poor Health Systems during the Recovery from Conflict
RESYST	Resilient and Responsive Health Systems
RinGs	Research in Gender and Ethics
RPC	Research Programme Consortium

[1] COMDIS-HSD (where HSD stands for Health Service Delivery) is the name used for the current RPC with COMDIS referring to a previous RPC.

STEP UP	Strengthening Evidence for Programming on Unintended Pregnancy
STRIVE	Tackling the Structural Drivers of the HIV Epidemic
TACAIDS	Tanzania Commission for AIDS
TB	Tuberculosis
TE	Thematic Expert
TOR	Terms of Reference
UCT	University of Cape Town
UK	United Kingdom
VAT	Value Added Tax
WHO	World Health Organization
WISH	World Innovation Summit on Health

1. Introduction and Background

1.1 Research Programme Consortia

The UK's Department for International Development (DFID) supports a wide range of research to meet its strategic objectives. One way of providing this support is through Research Programme Consortia (RPCs), which aim to produce evidence to inform policy and professional practice in specific themes. Since 2011, DFID has supported nine health RPCs (see Table 1; DFID, 2014a). The RPCs were introduced in two phases four months apart (MTE terms of reference, Annex 2). Each RPC was commissioned as a result of competitive tendering with terms of reference provided by DFID (2009). Each has its own logframe and theory of change. There is no single overall logframe or theory of change, although all RPCs have the same three broad outputs: generating research, promoting research uptake and building local capacity. In addition to the nine RPCs, there is a cross-RPC collaboration on gender and ethics, Research in Gender and Ethics (RinGS), which involves three systems-oriented RPCs – FHS, ReBUILD and RESYST.

Table 1: Human Development RPCs (see DFID, 2014a)
Number in superscript indicates the introduction phase for each RPC

RPC	Lead Organisation	Budget (max)	Start Date	End Date
COMDIS-HSD[1]	Nuffield Centre for International Health and Development, University of Leeds	£7.25m	Jan 2011	Dec 2016
EBSR[1]	Liverpool School of Tropical Medicine (LSTM)	£6m	Nov 2011	Jan 2017 (recently extended)
FHS[1]	Johns Hopkins University Bloomberg School of Public Health	£7.5m	Jan 2011	Dec 2016
PRIME[2]	University of Cape Town	£6m	May 2011	Apr 2017
ReBUILD[1]	Liverpool School of Tropical Medicine (LSTM)	£6m	Feb 2011	Jan 2017
RESYST[1]	London School of Hygiene and Tropical Medicine (LSHTM)	£6m	Jan 2011	Dec 2016
STEP UP[1]	Population Council	£6m	Jan 2011	Dec 2016
STRIVE[2]	London School of Hygiene and Tropical Medicine (LSHTM)	£6m	Jun 2011	May 2017
Transform Nutrition[2]	International Food Policy Research Institute	£6m	Jun 2011	May 2017

These RPCs represent the latest stage of DFID's longstanding support for health research in LMICs. RPCs are unusual in development research in that they have a relatively long timeframe and broad programmatic focus. Similar programmes have existed elsewhere, such as the former Health Knowledge Hubs initiative supported by the Australian government (McPake et al., 2010).

1.2 The evaluation

DFID has commissioned Mott MacDonald to conduct a mid-term evaluation of the nine RPCs (the terms of reference are in Annex 2). The evaluation has a twofold purpose: to evaluate each RPC and to synthesise the individual findings to generate broader lessons. The evaluation therefore has a focus on both accountability (individual RPC evaluations) and lesson learning (overall synthesis). This is the overall synthesis. A previous round of 14 health RPCs was evaluated in 2008 by HLSP (now Mott MacDonald) through the DFID Health Resource Centre. The main recommendations of that evaluation are summarised in Box 1.

Box 1: Recommendations from evaluation of previous round of RPCs

1. Improve RPC management, particularly administrative tasks.
2. More flexible funding and budgeting
3. Greater support from DFID staff, e.g. on communications*
4. Greater clarity about what DFID means concerning getting research into policy and practice*
5. Greater sharing of resources, related research and findings
6. Clearer role definition of link advisers
7. Greater contribution from DFID technical advisers both centrally and in country
8. Require that future RPCs have greater communications* expertise
9. Greater collaboration between RPCs

** Processes previously referred to as communications and getting research into policy and practice are now referred to as research uptake.*

The users and audience for the evaluation are clearly identified in the terms of reference (Annex 2, Section 3.4). For the individual RPC reports, these include the RPC leads, DFID's human development research team, RPC partners, RPC management structures and Consortium Advisory Groups (CAGs).

The primary audience for this synthesis document is DFID's human development research team and we have accordingly assumed a familiarity with the basic mechanics of the RPC system.

The third objective from the overall terms of reference gives the purpose of this report: "*to synthesise the findings from individual RPC evaluations and identify any consistent lessons learned that can be used to inform future policy and programming on health research.*" The scope of the evaluation (Annex 2, Section 3.2) is also informed by the OECD DAC (1991) evaluation criteria of efficiency, effectiveness, relevance, impact and sustainability, with greater emphasis on the first three given the mid-term nature of the evaluation. Full details of the evaluation approach and methodology can be found in Annex 1.

We encountered two challenges in the scope of the evaluation:

- In some cases, the RPC was a continuation of a previous RPC. Although we sought to focus on work of the current RPC (i.e. since 2011) it was not always possible to delineate reliably between outputs of either the current or previous RPCs.

- In most cases, RPCs and their member organisations received financial support from sources other than DFID. Whilst attempts were made to identify what had been funded by DFID and what its outcome was this was not a clear and straightforward task.

Although the evaluation is "mid-term", it is being implemented in the fifth calendar year of the RPCs – well after the midpoint. This time period is as indicated in the

terms of reference (see Annex 2, Section 6). This somewhat limits the ability of the RPCs and DFID to make short term changes in response to the evaluation.

Apart from some relatively minor changes in the agreed deadlines for deliverables, the evaluation has been conducted according to the agreed terms of reference (Annex 2). The dates in the inception report (Mott MacDonald, 2015) were agreed to supersede dates in the terms of reference. This approved final synthesis report incorporates several agreed changes to the first draft of June 2015. Whilst the evaluation's questions (Annex 2, Section 3.3) have been reorganised and summarised in various evaluation documents, e.g. the framework, inception report etc., these do not represent fundamental changes.

2. Findings

2.1 Relevance

2.1.1 Fit within overall global health research

Overall, the RPCs' selected topics were considered highly relevant to the developmental needs of the LMICs in which they worked. The average score by evaluation teams for RPC relevance was 7.33 out of 10 (Range 6-9). Evidence of high demand for RPC research was found across the portfolio - this is discussed further in section 2.6 on Impact.

Siting the RPCs' research in the wide context of global health research is difficult because such a map is not readily available and the challenges of making one are large (Terry et al., 2012 and 2014) and inevitably involve political and other judgments as to the topics that merit priority. There have nonetheless been efforts to begin to map health research in low- and middle-income countries (e.g. Collins et al., 2013; Røttingen et al., 2013). The RPCs' focus on issues of relevance to LMICs contributes to studies of the mismatch between research and development needs and activities (Viergever, 2013). RPCs now pay attention to previously neglected areas of research such as health systems (Yao et al., 2014) and non-communicable disease. Hoffman and colleagues (2015) concluded that although many key global health actors are involved in knowledge generation and sharing, few are involved in sharing intellectual property. They also point out that there may be a tension between providing direct country assistance and promoting the sharing of global public goods. We have further comments on this in sections 2.2.2 and 2.2.3.

2.1.2 Relevance of RPCs as a funding modality

There was strong support for the RPC mode because of its longer time frame and programmatic, more flexible, topical selection than can occur with single project funding. In principle, this mode should enable economies of both scale (for example, lowering unit costs through shared overheads) and of scope (for example by linking related research topics, encouraging cross-disciplinary collaborations, shared workshops and dissemination tools). Such funding modalities are uncommon and are highly prized by researchers and their institutions. Perhaps because of their unusual nature, research leadership does not always exploit the possibilities as well as they could. In particular, we found that collaboration between RPCs had been quite limited, with most of them taking the view that unless there was a common academic method or topic of interest, there would be little to learn from other RPCs that would warrant the resources required.

Some issues of accountability arise from the common view among RPCs that the DFID funding supports a core and can be leveraged in winning additional grants to support a larger programme of work. In general, research support that can generate multiplier effects of this sort is to be applauded. A consequence, however, is that it becomes problematic to attribute with much accuracy precisely which funding source is enabling which set of outputs. Assigning shares, short of having research staff timesheets, is a somewhat arbitrary procedure (even with timesheets there is considerable arbitrariness), and attribution remains a challenging area for RPCs. Many RPCs mentioned that they would welcome opportunities to apply for additional funding from DFID itself (as has been possible for three of the RPCs in relation to gender and ethics, through RinGs).

Some RPCs said they would value a greater degree of flexibility over the need to identify a fixed number of partners at inception (up to six). However, several get around this with various levels of 'associate' partners.

2.1.3 Relevance of country selection

Figure 1: Country distribution of RPCs ***(darker blue indicates more RPCs)***

Although DFID (2014a) specifies that each RPC must have at least three partners in developing countries, it does not guide or direct RPCs as to the countries in which those partners should be based, nor does it specify a maximum. Although lead organisations may have some criteria for selecting partners and countries, these decisions are often determined by existing contacts and working relationships. Figure 1 shows the countries in which RPCs report having partners. It can be seen that many RPCs have partners in the same country: India (7), Bangladesh (5), Uganda (5), Kenya (4), China (3), Ethiopia (3), Nigeria (3) and South Africa (3). In general, there is a good match between the countries in which RPCs work and UK priorities for bilateral aid. The top five recipients of bilateral UK aid in 2013, Pakistan, Ethiopia, Bangladesh, India, Nigeria (DFID, 2014b), all had several RPCs working in them. However, there were some countries receiving substantial bilateral aid which had no RPC partners. These include the Democratic Republic of Congo, Malawi, Rwanda, Somalia and South Sudan. In addition, several RPCs reported multiple partners in countries that no longer receive large amounts of UK bilateral aid, such as China and South Africa.

We are unsure whether there should be a closer match between the countries where RPCs have partners and those in receipt of UK bilateral aid. This might indicate a high degree of RPC relevance (as judged by DFID). On the other hand, there may be other factors to consider, such as available research capacity and the appropriateness of collaborating with middle-income countries in ways which do not necessarily require direct bilateral aid. This issue may be of particular interest to some RPCs, such as ReBUILD, given its focus on fragile and conflict-affected states, or COMDIS-HSD, given its interest in emerging 'lifestyle' diseases, and therefore worthy of further discussion and guidance.

2.1.4 Gender and equity

DFID (2009) expects RPCs to emphasise research having a strong pro-poor and equity implication and to incorporate gender mainstreaming in all their programmes. All RPCs refer to gender and/or equity in their logframes. In some cases, this has translated into research on underlying social determinants of health and empowerment initiatives. For example, STRIVE's Samata study in India and Swa Koteka study in South Africa seek to reduce HIV infection among adolescent girls through innovative initiatives on school enrolment and cash transfers respectively. Other initiatives make good use of equity-focused methodologies (see Bamberger and Segone, 2011). For example, FHS' work on community scorecards in Afghanistan and child health in the Sundarbans of India involves inclusive stakeholder dialogue throughout the research cycle. These initiatives are likely to

generate important lessons for the 'post-2015 agenda' where gender and equity are expected to be core themes (UN System Task Team, 2012).

All RPCs disaggregate data on gender in their research and capacity building work. However, data disaggregation around equity themes, such as age, ethnicity and wealth, is less systematic. It was difficult for us to link disaggregated data to explicit strategies for addressing gender equity and social inclusion. In some cases, there are sound gender equity strategies in place, e.g. EBSR and COMDIS-HSD, but they have yet to be fully implemented. In interviews, researchers commonly conflated work on women's health with gender and equity analysis. Nevertheless, there have been some useful gender and equity assessments within these studies. For example, STEP-UP's formative work in Bangladesh, Burkina Faso and Kenya has led to influential work on male involvement.

'Gender mainstreaming' and work on 'intersectionality' have become an important area for cross-RPC collaboration (see Section 2.2.3). An outstanding example is the Research in Gender and Ethics (RinGs) initiative, a partnership between three RPCs that seeks to put gender and ethics analysis at the centre of health systems research (Box 2).

Box 2: Case study of the RinGs contribution to work on gender analysis

The RinGs initiative is a collaboration between three RPCs (FHS, ReBUILD and RESYST) that aims to ensure that treatment of gender and ethics become core concerns of health systems researchers, policy makers and practitioners. It has been inspired by the commitment and shared interests of senior researchers in the three RPCs. The initiative responds to an internal situation analysis in 2014 which found that, for most respondents, gender analysis amounted to no more than disaggregation of data by sex. Many did not see the relevance of gender analysis. Key barriers were lack of knowledge, expertise, and capacity. In April 2014, DFID awarded £422,188 for the RinGs initiative to strengthen the evidence base, build capacity and generate knowledge products based on robust gender and ethics analysis. RinGs is on track to make a significant contribution to capacity for stronger gender analysis work within the three RPCs, as well as through projects supported by ten small grants. RINGs may also provide a useful model for RPCs on collaborative working to address cross-cutting themes (see Section 3.2.3).

2.2 Coordination

2.2.1 With DFID

In general, RPCs reported constructive relationships with DFID, particularly with staff from the Research and Evidence Division. However, interactions with technical staff within DFID, both centrally and in-country, were more mixed and depended to a large extent on individual interest and the experience of particular advisers. This explains the moderate average score by evaluation teams for RPC coordination with DFID of 6.56 out of 10 (Range 5-9). Some very positive examples of interaction with country offices were given, such as COMDIS-HSD in Nepal. However, these were exceptions rather than the rule. Examples were also given of frequent turnover of staff and there were some examples of relatively junior DFID staff taking on important technical roles. The recommendations concerning link and technical advisors made in the last evaluation (Box 1) are still pertinent. COMDIS-HSD reported in some detail the problems they had experienced in a piece of work they had planned on quality of care. This work was proposed to DFID but was turned down. From the perspective of COMDIS-HSD, this decision was the result of their being given mixed advice and resulted in some funds which the RPC was expecting not being released. Although some RPCs have informal strategies for engaging with DFID (for example, one of STEP UP's directors visits DFID's UK offices whenever in the UK), none of the RPCs had an explicit plan or approach for engaging with DFID staff, managing DFID staff turnover etc. In general, RPCs seemed to expect DFID to play a leading and

proactive role on such matters. Where DFID had taken such a lead, this was highly appreciated by the RPCs. Examples included organising a meeting for all RPCs in Liverpool and the support that has been provided to creating a research uptake network across RPCs.

Where tensions exist between RPCs and DFID, they relate to financial and administrative matters. Several RPCs expressed concern about apparent tighter rules and regulations concerning RPC staff and partners attending conferences. In some cases this had resulted in other funders paying for attendance at a conference to present DFID-funded work. Some RPCs expressed concern about information received from DFID which had raised doubts about whether unspent funds at the end of the financial year 2014/15 could be carried forward to the next financial year, as has been permitted previously. While there are undoubtedly reasons why such carryovers might be needed, we did not consider that they should necessarily be automatic without a case being made. Moreover, based on our findings we felt that there was more the RPCs could do in planning and setting budgets to ensure funds became available in a timely manner (see also sections 2.4 and 2.5).

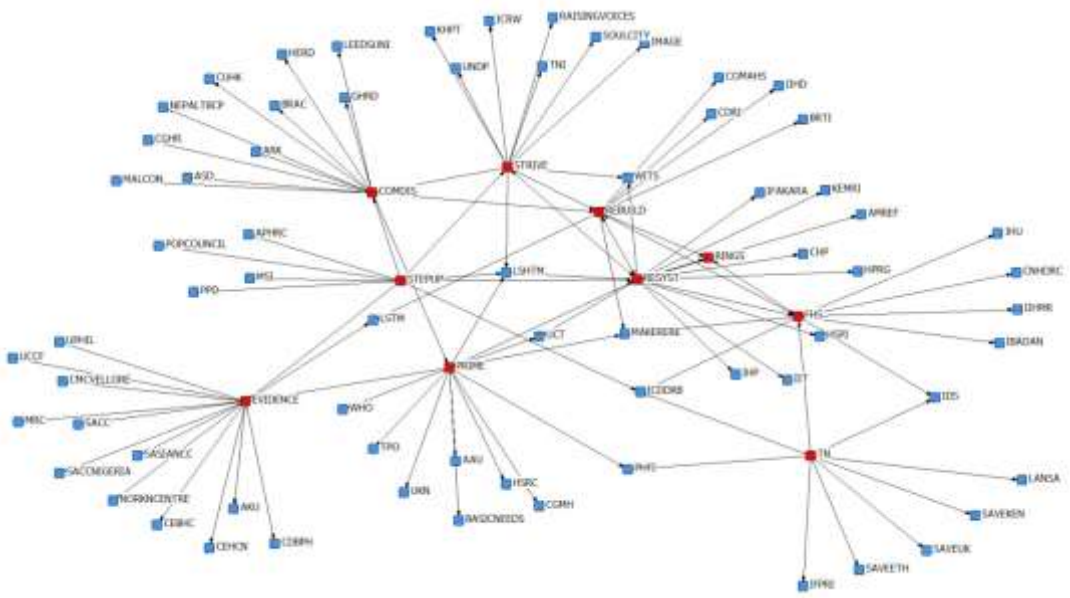
An issue was raised as to the need for modest funding at the end of the RPC to enable publication of results in open access journals[2].

2.2.2 Among RPC partners

Overall, RPCs seem to have strong relationships between the consortium partners, particularly in the longer-established RPCs. The average score by evaluation teams for coordination among RPC partners was 7.44 out of 10 (Range 6-9). Some RPCs encountered difficulties with poorly performing partners and there are examples, e.g. COMDIS-HSD, EBSR and STEP UP, where such issues have been addressed robustly. Figure 2 presents a social network analysis diagram showing reported relationships between RPCs and the organisations that make up the RPCs, both lead organisations and partners. This shows that some traditional UK-based actors, such as the London School of Hygiene and Tropical Medicine (LHSTM) and the Liverpool School of Tropical Medicine (LSTM) figure prominently and centrally within the overall RPCs network. Both act as lead organisations for two RPCs (RESYST/STRIVE and ReBUILD/EBSR respectively). To date, relatively little progress has been made in funding RPCs led by Southern organisations. One exception is PRIME which is led from the University of Cape Town (UCT). STEP-UP, which is led by the Population Council based in the US, has a de facto base in Nairobi. Figure 3 shows that there are a number of organisations based in developing countries which are involved in more than one RPC. Such organisations might potentially be well-placed to lead future RPCs. Such organisations include the UCT in South Africa, Makerere University in Uganda and ICDDR,B in Bangladesh.

[2] These are journals that often have a submission fee but are free to readers (apart from any costs of accessing the internet). Some do not charge and are subsidised by learned societies or other benefactors. There is controversy as to whether their standards of peer reviews are high enough.

Figure 2: Social network analysis diagram showing reported relationships between RPCs and their constituent organisations



RPCs report different ways of allocating funds between partners. Some, like FHS, STRIVE and STEP UP, allocate roughly equal amounts of funding to each partner on the grounds of fairness and equality. This ensures partners in low- and middle-income countries receive significant levels of funding and may mean that country partners have more authority over how those funds are used. Others, however, like COMDIS-HSD, suggest that this approach does not reflect or respect differences between partners and their contexts, such as costs, work planned, partner capacity, partner track record, and country size (see also section 2.5).

2.2.3 With other RPCs

In general, collaboration among RPCs is not strong. There are few, if any, examples of RPCs doing good research jointly. Average score by evaluation teams for coordination with other RPCs was 5.00 out of 10 (Range 1-9). Scores were higher for the three RPCs involved in RinGs. The recommendation made relating to this in the last evaluation (see Box 1) remains pertinent. Figure 3 illustrates reported relationships between RPCs. Ways in which RPCs link with each other include:

Through collaboration on issues of mutual concern, e.g. COMDIS-HSD and PRIME on the mental health aspects of MDR TB; FHS, ReBUILD and RESYST on issues relating to health systems.

Through sharing a common lead organisation. In the case of STRIVE and RESYST, their Chief Executives report meeting regularly, sometimes also with ReBUILD. There appears to be less interaction between EBSR and ReBUILD despite both being led from LSTM.

Through shared partners. However, it is unclear how much interaction this results in. Such interactions may not be reported on when they do not involve the lead organisation

Through representation on other RPC's Consortium Advisory Groups, e.g. ReBUILD is represented on RESYST's CAG.

Through specific DFID initiatives, such as the work to promote a network focused on research uptake including the meeting held in Nairobi in 2015. Several RPCs reported on shared activities on research uptake. For example, STRIVE proposed and ran, along with COMDIS-HSD, a digital story-telling workshop at RESYST's 2014 annual meeting, RESYST gave a learning lab for STRIVE on data visualisation. RESYST and STRIVE collaborated on an internal learning lab focused on what funders look for in a research proposal. Another example was the meeting of RPCs in Liverpool in 2013, which covered a range of RPC management issues. However, one respondent reported that they got more from this as a result of interacting with DFID than from interacting with other RPCs.

Through RinGs, a joint initiative on gender and ethics involving FHS, ReBUILD and RESYST (see also section 2.1 and Box 1). This interaction has strengthened working relationships between these three RPCs (see Figure 2) which all include a focus on health systems.

There are some examples where initiatives had been started but not sustained. Reasons included different areas of focus of different RPCs and the absence of funds for joint projects. While there are many examples of excellent RPC practice, such as COMDIS-HSD's approach to "embeddedness" (see Section 2.3), and there would undoubtedly be opportunities to share and replicate such approaches, this has largely not happened. There may be practical reasons for this. Another factor is that RPCs, in general, seem more willing to identify a good practice which they wish to share rather than a good practice from which they wish to learn. We have indicated at various points in this report that there would have been advantages to collaboration between RPCs that seem to have been overlooked. In fact, RPCs face many common issues that are amenable to expert advice and mutual learning. They include, for example, the identification and enlistment of key stakeholders; methods of involving research customers early in the inception and design of research projects, maintaining continued engagement as the research proceeds, and dissemination and uptake as research becomes embodied in outcomes; the identification and prioritisation of types of capacity and methods of capacity building; collaborations in delivering generic research skills (i.e. skills that are non-specific to an RPC) in collaboration with local institutions of higher education; methods of dissemination; methods for testing the effectiveness of programmes or dissemination; issues of financial management; career management and mentoring for young researchers; discussion of the optimal size and scope of an RPC and interacting with DFID country offices.

Although the costs of such interactions are low, they may be high enough to prevent them from taking place. One option, proposed by COMDIS-HSD, would be for RPCs to have a specified amount for cross-RPC collaboration in their funding envelope. Its use would probably need to be guided directly by DFID through, for example, identifying topics.

There are, of course, other interactions. For example, EBSR interacts extensively with other parts of the Cochrane collaboration, Transform Nutrition collaborates closely with Leveraging Agriculture for Nutrition in South Asia (LANSA).

2.3 Effectiveness

2.3.1 Effectiveness of knowledge generation

In general, RPCs have been effective in generating and publishing research studies including in a range of peer-reviewed journals (many of them open access). Average score by evaluation teams for effectiveness of RPC knowledge generation was 7.67 out of 10 (Range 6-9). Peer review conducted for the evaluation concluded that the quality of products was generally, though not altogether consistently, high across all RPCs, including STEP UP, which is distinctive by virtue of being led by an organisation that is not a university.

However, to date many of RPCs' research outputs have consisted of pilot studies or secondary research. Relatively little published material has appeared in high impact journals. Some expert reviewers commented on the weak statistical basis of some papers that had passed peer review. Issues raised included small sample size and lack of controls. While it may be difficult to find an indicator to measure the quality of RPC products, it is important that each RPC has a clear and transparent system for assuring and improving the quality of products.

We were not aware of any explicit dissemination planning. For example, the choice of journal outlet is typically governed by a number of factors: the principal targeted readership, prestige of the journal, rigour of the reviewing process, speed of publication, journal impact factor, fee levels for open access journals. Trading off these various elements seems to have been largely informally done by individual researchers. We suspect greater impact would result from a more considered approach, for example, one that recognised that a single item might be appropriately targeted at multiple stakeholders and therefore appear in several journal outlets (albeit without offending the usual copyrights).

RPCs differ quite markedly in the extent to which their research products are specific to particular countries or are global public goods. While the importance of grounding research in local and national realities is recognised, the question has been raised why the more country-specific research is not being supported by DFID through its country offices. Also, for some RPCs it was difficult to see how the research they were producing constituted an intellectually coherent body of work[3]. Lack of such coherence was considered to reduce the effectiveness of research outputs and the RPC's efficiency by diffusing rather than focusing effort. Lack of coherence was observed in particular in RPCs that had established a strong tradition of responsiveness to locally determined research questions In this regard, there was said to be a tension between the overall coherence of an RPC's research and its relevance in country contexts. We support both ideas: that of local responsiveness and that of coherence. There may be no necessary conflict provided that an RPC feels no obligation to respond to *every* local priority, instead negotiating with the local stakeholders as to the nature of the work to be undertaken and ensuring that the various research strands are mutually reinforcing, that they complement research training and local capacity development, and that they have shared means of dissemination. In a genuine local partnership, the priorities should be agreed and the role of each fully understood early in the RPC's history. In the event of unexpected opportunities arising, as they will, we suggest it should be the role of the RPC's CAG to ensure the tenets of intellectual coherence and partner commitment are retained.

[3] Intellectual coherence is what distinguishes a research programme from a collection of research projects. In a coherent programme, there is some degree of commonality of method, disciplinary mix, topical focus and client involvement.

2.3.2 Effectiveness of research uptake

Considerable progress has been made in ensuring uptake of RPC research since the RPCs were last evaluated. Average score by evaluation teams for effectiveness of RPC research uptake was 7.33 out of 10 (Range 6-10). Positive steps include the shift from "communications" to a focus on research uptake; the support from DFID's Evidence into Action team in this area; the emergence of an RPC research uptake network with evidence of more cross-RPC working; and the insistence of DFID that RPCs focus more on research uptake, e.g. by having designated staff leading in this area. Although focus on research uptake in RPCs has been broadly positive, it should not be considered in isolation. Effectiveness in research uptake requires a more comprehensive and consultative approach throughout the research process. This is typified in the rationale for COMDIS-HSD's 'embedded' approach to research and its uptake, which involves working with government departments during research topic selection, research design, throughout the research process itself, and even into the embodiment of research results in policy and practice when the formal stages of research have been completed (with, when appropriate, longer term research follow-up). This is true Knowledge Translation and Exchange (KTE), going well beyond the simple communication of end findings (and then possibly only to fellow academic researchers). The 'embedded' approach has been divided into four stages – development; pretesting and piloting; implementation and evaluation; and policy and practice change, and is a model that all RPCs should embrace.

Some RPCs have been particularly effective at getting research taken up at different levels and having close relations with the 'clients' for the research seems to be a common element in success (see Box 3). Involvement of NGO partners in RPCs (e.g. Population Council in STEP UP and Malaria Consortium in COMDIS-HSD) seems to have contributed positively to research uptake. In a number of RPCs, research uptake is behind schedule although they claim to have plans to catch up before the end of the funding period. Much remains, however, to be done in bringing the performance of all research projects up to the level of that of the best.

Box 3: Successful experiences of research uptake: RPC examples

Respondents commented that one reason why STEP UP had been effective in getting its research taken up into policy and practice in particular countries was because of the national level infrastructure available through Population Council which would not have been available had the RPC been led by a university located in one country. The RPC was financing a percentage of Population Council's Country Directors salaries in certain countries and this meant they could engage consistently and regularly in policy fora relevant to areas in which STEP UP was working.

Respondents commented that EBSR had been particularly effective in tailoring its systematic reviews in ways which meant they could be easily taken up by the World Health Organization in its technical guidelines. RPC staff explained that this had been underpinned by considerable investment of time and effort in the way in which WHO produced these guidelines shifting away from over-reliance on particular technical experts towards more reliance on systematic review of available evidence.

Common to all RPCs was a low priority given to the economic evaluation of interventions – and a corresponding general low level of technical skill within them and virtually no research capacity development. Global health research in general has in recent years begun to take a serious interest in the cost-effectiveness of interventions on health in LMICs (e.g. Jamison et al. 2006). The World Health Report (2010) on financing for universal coverage noted that: "Raising sufficient money for health is imperative, but just having the money will not ensure universal coverage. Nor will removing financial barriers to access through prepayment and pooling. The final requirement is to ensure resources are used efficiently." These developments are scarcely represented in any RPC (see Box 8 for the modest accomplishments). Instead, most work stops at a point at which it has demonstrated effectiveness – not always effectiveness relative to alternative interventions, and effectiveness rarely measured

in generic outcomes that facilitate comparisons between interventions, and even more rarely effectiveness per unit of cost. Yet, priority decisions by health and finance ministers in LMICs, as elsewhere, need to work out how best to spend a health budget: a task that is much facilitated by research presented in comparative terms and with budgetary implications taken into account. There is now high quality guidance on how best to conduct the economic evaluation of interventions in LMICs (eg. Gates 2014, NICE 2013) and DFID might usefully consult NICE International, whose methods for priority setting are a high quality and uniquely British export. NICE's iDSI initiative[4] also operates in complete isolation from any of the work of the RPCs, which seems to be one collaboration too few.

2.3.3 Effectiveness of capacity building

RPCs are generally effective in promoting capacity building, particularly in building the research capacity of individual researchers (see Box 4). Average score by evaluation teams for effectiveness of RPC capacity building was 7.33 out of 10 (Range 5-9). Several RPCs provided examples of initiatives to train and mentor young researchers with positive results, including them acting as first authors on research papers and taking on more influential and senior roles within institutions and the RPC. COMDIS-HSD, for example, places public health registrars with some of their partners. Some RPCs also provided examples of building the capacity of institutions and of stakeholders, such as policymakers, to use research evidence. Some RPCs have strategic approaches to capacity building which allow them to decide which capacity building activities to prioritise. There are some excellent examples of use of innovative approaches, including the use of webinars by some RPCs (e.g. STRIVE's learning labs).

Box 4: Key features of excellent approaches to capacity building by RPCs

- Moving beyond a focus only on capacity building of individual researchers to also focus on building the capacity of institutions and stakeholders.
- Developing a clear capacity building strategy which allows RPCs to determine which activities they will prioritise and also those activities which they will not conduct.
- Increasing use of innovative approaches, particularly the use of new media.

However, building capacity at the levels of policy and professional decision making, for example, or in skills in commissioning and interpreting research evidence, was not in evidence in all RPCs. Hardly any RPC considered building capacity to receive or understand research in the media or among patient groups/the population in general, despite the fact that some research actually involved behaviour change. A rare exception is COMDIS-HSD's media workshops on urban health in Nepal. Another form of capacity building that appears to have been considered by few, if any, of the consortia is the creation of capacity in the shape of potential new centres of leadership, preferably in the South, to follow or supplement the current lead organisations.

While the benefits of effective capacity building and the problems of ineffective capacity building may be difficult to demonstrate empirically, the evaluation's findings suggest that RPCs' work will be more effective if enhancing capacity to do research is complemented by building capacities to commission, receive and utilise the

[4] In November 2013, NICE International launched the international Decision Support Initiative (iDSI) to support LMIC governments in making resource allocation decisions for health care. The innovative partnership model will bring together NICE International, the Thai Health Intervention and Technology Assessment Program, the Center for Global Development, Imperial College London and the University of York, the Office of Health Economics and Meteos. The aim of the iDSI is to identify practical ways to scale peer-to-peer process and technical support for more systematic, fair and evidence informed priority setting in health care for LMICs.

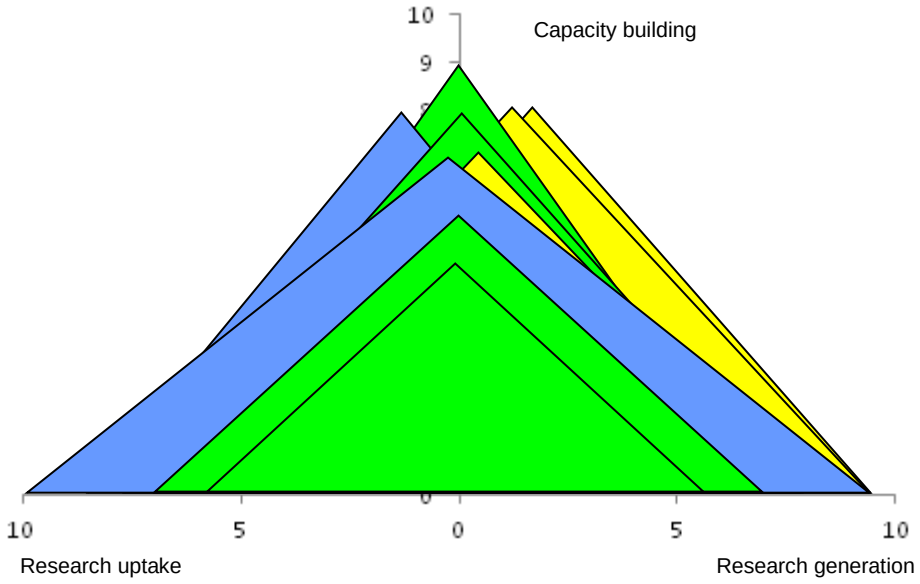
research to good effect. A related issue is that of 'critical research mass' – below which a unit loses the internal ability to criticise, argue, operate training programmes and innovate (i.e. researchers operate as islands).

Clearly, capacity building is an area which could receive further focus in future RPCs, e.g. through involvement of more dedicated human resources, through more cross RPC collaboration and through active DFID encouragement. To date, DFID has not given RPCs clear guidance on its expectations relating to capacity building in the way it has done on other areas of RPCs' work, such as research uptake.

2.3.4 Effectiveness across outputs

One question this synthesis report is expected to address (Annex 2) is whether there is an optimal balance between research, research uptake and capacity building across the RPC portfolio. Several respondents expressed the view that tensions exist between these elements and it may not be possible for an RPC to do each of these elements well. Figure 3 seeks to test this hypothesis by representing the issue diagrammatically using scores on each item generated by the evaluation team for each RPC. Each coloured triangle represents an RPC. The length of its base represents both its score on research generation (+ve x axis) and research uptake (-ve x axis). The size of the peak (y axis) represents the score on capacity building. The position of the peak represents the relative scores between research generation and uptake. Yellow peaks in the positive range (x axis) indicate RPCs which scored more highly on research generation than on research uptake. Blue peaks in the negative range (x axis) indicate RPCs which scored more highly on research uptake than on research generation. Green peaks fall on the y axis indicate RPCs with equal scores for research generation. In general, RPCs scored similarly on all three output parameters resulting in high peaks that are clustered around the central y axis on Figure 4. Four RPCs each had equal scores on research generation and research uptake; three RPCs scored more highly on research generation than research uptake. Two RPCs scored more highly on research uptake than research generation. However, the differences in score within an RPC were small and there appears to be no inherent conflict between achieving these aims simultaneously.

Figure 3: Relationship between perceived performance of RPCs on research generation (positive x axis), research uptake (negative x axis) and capacity building (y axis) ***(for details of colour coding see text)***



2.3.5 Measuring effectiveness

Overall, DFID measures RPC effectiveness by annual reviews based on progress against the logframe. RPCs have generally met the expectations held of them both overall and in terms of particular outputs (see Table 2). Performance is measured in terms of logframe indicators. Although the high Annual Review scores may accurately reflect high levels of performance, they could also reflect low levels of expectations in indicator targets and/or challenges in defining indicators that measure the things that really matter concerning RPCs (see Box 5). Several respondents raised concerns that logframe indicators reflect what can be measured and not necessarily what is really important about this type of research work. Theories of change and the use of more qualitative measures may provide better ways of capturing what is really important about RPCs.

Table 2: RPC performance in Annual Reviews: 2013 - 2015

Precise wording and order of outputs varies by RPC; Letter gradings as per DFID RPC format

RPC	Year	Overall	Research generation	Research uptake	Capacity building	Consortium functioning
COMDIS-HSD	2013	A	A	A+	A	A
	2014	A	A	A+	A	A
EBSR	2013	A+	A+	A	A+	
	2014	A	A+	A	A	
FHS	2013	A	A[5]	A+	A	
	2014	A+	A+	A	A+	
PRIME	2013	A+	A+	A+	A+	A+
	2014	A+	A+	A+	A+	A+
ReBUILD	2013	A	A	A	A	
	2014	A	A	A	A	
	2015	A	A	A	A	
RESYST	2013	A	A	A+	A	A
	2014	A+	A+	A+	A	A
STEP UP	2013	A	A	A+	A	A+[6]
	2014	A	A	A+	A+	A[7]
STRIVE	2013	A	A+		A	B
	2014	A+	A+	A+	A	A
Transform Nutrition	2014[8]	A	A+	A[9]	A[10]	
	2015	A	A	A	B	

[5] Previously sub-divided as three outputs.
[6] Partnerships and networking strengthened to enable demand for and uptake of evidence
[7] Partnerships and networking strengthened to enable demand for and uptake of evidence
[8] Conducted Nov/Dec 2013
[9] Outputs 1 and 4 related to making research available and communications
[10] Previously, this RPC had two outputs (2 and 5) related to capacity building

Box 5: Do RPC logical framework indicators measure the things that really matter?

In terms of research generation, most RPC logical frameworks measure the number of research products, particularly the number of peer-reviewed publications. Some RPCs also monitor number of downloads (COMDIS-HSD), the number of projects (ReBUILD, PRIME); and number of citations (RESYST, Transform Nutrition) under this category. Although some RPCs (STEP UP, STRIVE) have indicators related to quality of research outputs, it has proved difficult to define and measure this.

In terms of research uptake, RPCs monitor reviews of their research uptake strategy (RESYST); the number of products, such as policy briefs/impact stories, produced (COMDIS-HSD, ReBUILD, STEP UP, EBSR, PRIME, Transform Nutrition); web site use (FHS, RESYST, Transform Nutrition); number of e-newsletter subscribers (FHS, STRIVE); number of dissemination platforms (EBSR); number of dissemination events (Transform Nutrition); citations (STEP UP, PRIME); stakeholder and researcher engagement (ReBUILD, EBSR, STRIVE); participation of mental health service users and community groups (PRIME); number of decision makers reached (STEP UP) and reported changes in policy and practice (COMDIS-HSD).

In terms of capacity building, RPCs monitor number of institutions with a strategy on research integrity (EBSR); provision of capacity development activities (FHS, ReBUILD, RESYST, STRIVE, PRIME, Transform Nutrition); production of technical support products (ReBUILD, Transform Nutrition); applications made for multiplier funds (COMDIS-HSD, EBSR, PRIME); products produced/led by country partners (COMDIS-HSD, RESYST, EBSR, PRIME) or junior researchers (FHS); partners' capacity to influence research uptake (COMDIS-HSD); increased individual/organisational capacity (ReBUILD, STEP UP, STRIVE); increased policymaker capacity to use evidence (ReBUILD, RESYST); stakeholders' perspectives of capacity building (FHS) and requests for advice and consultancy (RESYST).

2.4 Efficiency

2.4.1 Efficiency of management

In general, RPCs have been efficiently managed. Overall, DFID's specific requirements related to RPC management, e.g. on the need to have a Chief Executive Officer (see Section 2.4.3), have contributed positively to strengthened management. However, these requirements have been interpreted quite differently by different RPCs and perhaps the same improvements could have been achieved by DFID specifying its expectations of RPCs in terms of management functions and tasks rather than in terms of structure. The average score by evaluation teams for efficiency was 7.78 out of 10 (Range 7-9). Where difficulties had been encountered, they had been successfully addressed, sometimes following the intervention of DFID and the arrival of new personnel. Overall, financial management is good. Where problems have occurred, they have been addressed. Some difficulties have been encountered by RPCs who made poor forecasts of the dates at which spending would occur and found themselves with unspent funds for the year. In previous years, DFID allowed unspent funds to be carried forward into subsequent years but they have indicated that this will not be possible from the 2014/15 financial year. RPCs are very concerned that this has caused some activities to be rushed and may result in some activities having to be cancelled or scaled back if DFID did indeed carry out this action (see also section 2.2.1 and 2.5). There may be a need for training in budget setting for some RPCs.

2.4.2 Addressing partner poor performance

Several RPCs provided examples of how they had dealt with problems with poor partner performance. In a couple of RPCs, intensive support and follow-up was provided but ultimately, the consortium management and the partner came to a mutual decision to stop the partnership, whilst in another, a grant to one partner was suspended for a short time allowing issues of concern to be successfully addressed Within EBSR, a system of performance-based funding was introduced which allows funding to be held back / reallocated if results have not been fully achieved.

2.4.3 Management structures

RPCs have implemented DFID instructions regarding Chief Executive Officers in quite different ways. Five RPCs have named CEOs, three of whom have a very high profile within the RPC with a role that is both technical and managerial. In three other cases the RPCs had either a Consortium Manager or a Chief Operating Officer with a largely managerial role, and in the remaining case, there was no CEO and two co-Directors instead.

Regardless of how the CEO roles had been interpreted, we thought that the roles were being performed appropriately. Indeed this element received the highest score of any element assessed with an average of 8.33 (range 6-10). There was no major difference in score between those with an identified CEO (average score 8.2) and those without (average score 8.5). Some respondents considered that having a CEO was not in keeping with how academic institutions operated as they are not 'top-down' institutions with a CEO saying what academic staff can and cannot do. Others pointed out that academic institutions were increasingly having dedicated/senior managers for large projects. While 75% of CEOs/Programme Managers are female, only 35% of Research Directors are. While it may be reasonable for RPCs to adopt management structures that are appropriate for their context, DFID and the RPCs may wish to ensure that such structures are neither based on gender stereotypes nor perpetuating gender biases.

The 'management' of researchers in higher education institutions is a matter to be handled with delicacy. Inappropriate managerial language, for example, can be counter-productive. In general we feel that the balance achieved to date in RPCs has been successful.

2.4.4 Governance structures

The performance of Consortium Advisory Groups (CAGs) was quite variable with an average score of 6.11 (range 1-9). In some cases, advice from the CAG had been very important in the RPC, for example, in STEP UP the CAG asked for more focus on medical abortion and the measurement of unintended pregnancy. It also warned that the field of work with adolescents was "crowded". In others, support of CAG members as individuals had been more valuable than the CAG's actual meetings. In some the CAG had been fairly weak and the value added was limited (score range 1-5). However, even in these cases, there was some recognition that the external perspectives brought by the CAG could be useful.

2.5 Value for Money

2.5.1 Approach to ensuring value for money

A full judgment of VfM goes beyond the 3Es and depends critically upon the ultimate value of the research and the nature of its impact on public policy and professional practices. There is a wealth of experience with how this issue can be addressed in the UK through the Higher Education Funding Council for England's Research Excellence Framework, and Research Councils UK, from which DFID may be able to derive some useful ideas, particularly on the concept and measurement of impact. In the absence of imaginative thinking about impact, and the kinds of qualitative and quantitative indicators that could be used at intermediate stages (i.e. ones that fall short of trying to attribute impact on population health or health equality to specific research projects or programmes), RPCs tend to make their claims of impact on the

nature and number of their publications. Impact is thus severely biased towards *academic* impact and on publications[11]. Getting a uniformly professional approach to VfM across the RPCs probably requires more structured guidance from DFID as well as cross-RPC exchange of ideas and experiences.

Some RPCs have a policy on value for money. However, several expressed concern that DFID is not clear on what its own expectations are. RPCs are aware of DFID's focus on the 3Es in terms of value for money (see below). However, they focus mostly on economy in general and controlling costs in particular. Two specific areas of ambiguity were:

Multiplier or leveraged funds. While some RPCs commented positively on being able to bring in additional funding to that from DFID, others were concerned that recent communications from DFID seemed to require funds being directly attributable to specific research activities. In general, research support that can generate multiplier effects of this sort is evidently to be welcomed. A consequence, however, is that it becomes problematic to attribute with much accuracy precisely which funding source is enabling which set of outputs, and assigning shares, short of having research staff timesheets (which themselves can be somewhat arbitrary), is a somewhat arbitrary procedure, akin to requiring the shepherd to determine whether sheep fodder is a cost of the wool or of the mutton. In any event, we would not like to see concerns about precise attribution to result in limitations on researchers' ability to leverage funding and thereby generate an increase in their production of local and global public goods. RPCs would also welcome opportunities to apply for additional funding from DFID itself (as has been possible for three of the RPCs in relation to gender and ethics, through RinGs).

Resource allocated between partners (see also section 2.2.2). On average, lead partners receive 44% of RPC budgets (range 27-66%). Levels depended on management costs and the extent to which the lead partner engaged in research. Some RPCs, e.g. STEP UP and STRIVE allocate funds equally among partners on the basis of fairness and harmonious partnership. Others, e.g. COMDIS-HSD, EBSR and ReBUILD have competitive or responsive funds for which partners can bid. This approach may allow funds to be directed towards those who have demonstrated they can spend well[12].

2.5.2 Measuring value for money

Most of the RPCs understand the 3Es approach to value for money and attempt to implement it. Beyond that, we think it best to make overall judgments about value for money through descriptive qualitative assessments of the work, its relevance, its academic respectability, some judgment of success appropriate to an intermediate stage which the work has reached (for example, whether it has identified relevant stakeholders, whether there are early signs of engagement or even acceptance by practitioners, whether the RPC is making serious attempts to engage decision makers and other stakeholders) or a more advanced stage when there might be discussions with decision makers, educators, policy makers and practitioners about uptake and implementation. Such 'measurement' may not be 'hard' but it will often be adequate to rank RPCs, to issue advice on suitable topics, to suggest changes of direction, or in deciding whether to continue support.

[11] For information relevant to the evaluation of research outputs of institutions (like RPCs) as distinct from individual researchers, see HEFCE 2009).
[12] See Section 2.4 for more detail of performance-related funding

2.5.3 Controlling costs

All RPCs are implementing DFID's procurement and cost management practices to broadly similar standards. Partner institutions appear, mostly, to have adopted these practices and to be content with them. Some RPCs have had to strengthen partners' financial management capability where this has been weak.

The most important cost for all RPCs is personnel. Most RPCs respect partners' recruitment practices and pay scales. While there appear to be no problems with this approach, it may be reasonable to benchmark these periodically as COMDIS-HSD does. STEP UP reported that they had tackled partner over-staffing of projects on value for money grounds. Other positive examples of controlling costs are featured in Box 6.

Box 6: Reported examples of positive practices in controlling costs

COMDIS-HSD has conducted reviews of partner value for money policies on travel, subsistence and overheads.

EBSR reports that it benchmarks budgets for all new proposals against a standard business model. While this is clearly most feasible for a standardised product such as a systematic review, it may have wider relevance. EBSR also requires terms of reference for all staff travel to determine if it is justified.

STRIVE and the PRIME lead organisation subject their financial management systems to annual audit.

2.5.4 Financial management

Underspending has been a consistent issue since the programme began (see also sections 2.2.1 and 2.4). This is partly due to slow start-up of programmes and unforeseen local circumstances. Other factors have been significant foreign exchange rate variations, cash flow constraints and routine rollover of unspent funds[13]. Overall, RPCs are now forecasting more accurately and underspending at year end has fallen over time. However, in 2013/14, the average underspend per RPC was still 17%. Clearly, more can be done to identify and manage foreseeable risks to fulfilling budgets. The spend-and-claim financing system required by DFID is considered standard good practice for controlling expenditure but it is reported that it can hinder progress for smaller partners with limited resources to fund start-up work. Improved budgeting skills would also help.

2.5.5 Cost effectiveness

As noted above, most RPCs are considered effective in terms of reaching or exceeding their quantitative targets for outputs within their programme budgets and in some cases with significant underspends. One option on value for money grounds would be to expect RPCs to set more ambitious targets. We do not encourage this approach, based as it is on an assumption that current output targets are good measures of what really matters in terms of RPC effectiveness (see Section 2.3.5). In short, there is a risk of 'quantophrenia'.[14]

2.5.6 Overall value for money assessment

Almost all RPCs were considered to be offering DFID good value for money at their last annual review. The average score by our team was 7.56 out of 10 (range 4-10).

[13] More detail on the causes of underspends is presented in reports for individual RPCs

[14] A term coined by Pitrim Sorokin in his critique *Fads and foibles in modern sociology and related sciences,* Westport, Greenwood Press,1976. It refers to an obsessive preoccupation with quantifying things without regard to their importance

2.6 Impact

The average score by evaluation teams for RPC relevance was 7.33 out of 10 (Range 6-9). Evidence of high demand for RPC research was found across the portfolio. Impact is harder to assess other than subjectively. RPCs tend to make their claims of impact in terms of the nature and number of their publications. Impact is thus severely biased towards *academic* impact and on publications. This is, however, at best an indicator of acceptable quality as judged by journal editors, when the material has been peer reviewed. It is perfectly possible for a published paper never to be cited, indicating that its impact (on fellow academics) is virtually zero. However, citation counts are also unreliable indicators of impact on fellow academics (let alone on policy makers of professional practitioners). Indeed, a comprehensive strategy for impact must begin with the identification of those upon whom one wishes to have impact, in short, one's stakeholders, and then proceed through a well-conducted KTE plan whose conclusion is the implementation or other intermediate or ultimate effect[15].

There was little evidence of a thorough or strategic approach amongst the RPCs that could, for example, have drawn on the extensive conceptual work and practical implementation of the Higher Education Funding Council for England's Research Excellence Framework, or Research Councils UK, from which they (and DFID) may be able to derive some useful ideas, particularly on the concept and measurement of impact (see also Section 3.5.1). Research Councils UK defines research impact as 'the *demonstrable* contribution that excellent research makes to society and the economy' (our italics), embracing the diverse ways that research-related skills benefit individuals, organisations and nations. A key aspect of this definition of research impact is that impact must be demonstrable. It is not enough just to focus on activities and outputs that promote research impact, such as staging a conference or publishing a paper. There must be evidence, for example, that it has been taken up and used by relevant stakeholders, and has led to better outcomes.

In general, RPCs have had difficulty in demonstrating definitively their impact. Reasons include a lack of clarity over what constitutes impact, the lack of an overall strategic approach to achieving impact and difficulties RPCs have in distinguishing between activities and products, on the one hand, and impact on the other. None demonstrated awareness of the literature that now exists on the subject (e.g. Smith 2001, Bornmann 2012, Thonon et al. 2014). While it may be unreasonable to expect RPCs to demonstrate impact on population health, particularly at this mid-term stage, it may be reasonable to expect them to be clear as to how they expect to contribute to such impact. For example, academic impact flows from publication and takes the form of others' use of research generated data, consequential citation, use in subsequent research, embodiment in textbooks and student reading lists, discussion and other less quantitative indicators of effect. Academic impacts such as these can be described in qualitative reporting of impact.

While impact on academic peers is a necessary requirement, the essence of an RPC is to have an impact beyond academia in order to influence decisions taken by professionals and policy makers. All RPCs showed evidence of having some impact in the sense of getting research into policy and practice, e.g. through influencing professional practice or guidance documents. This evidence is largely (and inevitably) qualitative in nature in the form of case studies and stories. For example, EBSR presented its impact in terms of influencing global policy and practice, e.g. on

[15] It is a mistake to conflate effect with 'change'. Sometimes the most important impact of research is to stop something (bad) from happening, such as a misguided policy initiative.

malaria, HIV and routine deworming. PRIME reported exerting influence of a number of global bodies and processes, including WHO, the World Economic Forum, the World Bank, WISH and the UK All Party Parliamentary Working Group on Mental Health. In terms of impact on policy and practice, several specific country examples were provided (see Box 7). Measurement and assessment of impact are likely to be best done in the form of short descriptive vignettes of this sort and there would much to be said for encouraging RPCs to take a common approach to it and for there to be more guidance on the best ways of writing such vignettes.

It has been suggested that use of other approaches, such as contribution analysis[16] may be worth exploring.

[16] This is designed to reduce uncertainty about the contribution of an intervention to the observed results through an increased understanding of why the observed results have occurred (or not!) and the roles played by the intervention and other internal and external factors. See Mayne (2012).

Box 7: Reported examples of RPC impact on national policies and practice

In *Afghanistan*, the FHS team has had significant engagement with the Ministry of Public Health around the development of the Community Based Scorecard scheme, with the ministry becoming strong advocates for its expansion. In *Bangladesh*, COMDIS-HSD reported that ARK had developed a job aid for the Integrated Management of Childhood Illness with the Ministry of Health and Family Welfare. The job aid had been introduced into the training of community health workers and distributed to them. FHS reported that ICDDR, B had opened a call-centre providing a video-based healthcare consultation service in health posts. STEP UP reported that their research findings had influenced policies on task sharing and menstrual regulation services. Transform Nutrition reported that their members were invited to join a nutrition policy development working group

In *China*, COMDIS-HSD reported that GHRD had contributed to a number of organisations that have implemented cardiovascular disease and diabetes risk reduction in 33 rural sites with more than 15,000 people enrolled. FHS reported that their work on the effects of provider payment reform had led to engagement with county and hospital officials. In *Ethiopia*, PRIME reported that partners were involved in the development of the National Mental Health Strategy in 2012, providing ongoing support to the countrywide scale-up of mental health services. Transform Nutrition reported that their research influenced the Productive Safety Nets Programme and that their members were invited to join a nutrition policy development working group

In *India*, FHS used the Sundarbans Health Watch, in 2013, and subsequent media exposure to push for greater stakeholder engagement on the health problems of the Sundarbans. This was reported to have resulted in development agencies allocating more funds to innovative child health programmes. PRIME reported that partners were active members of the Technical Advisory Group for the National Mental Health Survey and the national Mental Health Policy Working Group which drafted India's first National Mental Health Policy. RESYST reported that IITM had been requested by the Government of Tamil Nadu to prepare an action plan for universal health coverage in two pilot districts. STRIVE reported that their work had influenced the National AIDS Care Organisation including inviting the ICRW-ARO Director to chair a technical resource group on stigma reduction. Transform Nutrition reported that their members were invited to join nutrition policy development working groups nationally and in Maharashtra.

In *Kenya*, RESYST reported that KEMRI-WT staff members had been involved in developing governance-related policy documents and sit on Ministry of Health committees developing the new health financing policy. STEP UP reported that MSI adapted and scaled up training for pharmacy workers related to medical abortion based on research findings. In *Nepal*, COMDIS-HSD reported that HERD's engagement with DFID and the Ministry of Health informed the writing of a new Urban Health Policy for Nepal. In addition a study on psychosocial support for people with MDR-TB led to changes in the social support policy and practice by the Ministry of Health and Population. PRIME reported that its training materials were integrated into the training curriculum of the National Health Training Centre and contributed to the Third Health Sector Plan.

In *Pakistan*, ASD informed part of a cardiovascular disease and diabetes care package. The package was developed using local evidence, adapting the COMDIS-HSD generic cardiovascular disease care package. Other reported impacts included providing evidence into the development of the Punjab Provincial Strategic Plan. In *Senegal*, STEP UP reported that MSI had used research findings to target training on misoprostol to pharmacies and private health providers. In *Sierra Leone*, ReBUILD reported that research findings had been useful to funders and the Ministry of Health in looking at ways of increasing and motivating the health workforce post-Ebola.

In *South Africa*, PRIME reported that mental health had been introduced into an integrated set of chronic care guidelines for nurses in primary care. In addition, PRIME was involved in drafting the national Mental Health Policy Framework and Strategic Plan. STRIVE reported that its focus on structural drivers of HIV had contributed to the National AIDS Council establishing the Social and Structural Drivers Technical Task Team. RESYST reported that CHP and HEU were academic organisations with strong national reputations and a long track record of support for policymaking. A similar situation was reported regarding HPRG in *Nigeria*. In *Swaziland*, COMDIS-HSD reported that successful pilots on service delivery to MDR-TB patients are changing policy.

In *Tanzania*, RESYST reported that IHI staff sit on the health financing task force and are asked to contribute evidence to policy development processes. STRIVE's work, including on alcohol and HIV, positioned NIMR-MITU as an evidence resource and resulted in a call from TACAIDS to participate on a technical team. In *Thailand*, RESYST reported that IHPP was often commissioned to do work or provide evidence because of its close links to government. A similar situation was reported in *Vietnam* for HSPI. In *Uganda*, COMDIS-HSD reported that the Malaria Consortium influenced the National Malaria Control Programme and other stakeholders, including NGOs, to take up a recent WHO recommendation of intermittent treatment prevention in pregnancy from the second trimester. FHS reported that some development partners were interested in transport vouchers for pregnant women and had begun to support schemes in some districts based on learning from FHS work. PRIME reported working closely with the Mental Health Co-ordination Office at the Ministry of Health to ensure that the mhGAP programme is implemented in two districts as part of the scale up services for mental health. PRIME also contributed to the draft National Mental Health Strategic Plan. ReBUILD produced findings on how to protect health staff during conflict and how to recognise and retain them post-conflict. In *Zimbabwe*, ReBUILD findings were requested to inform decisions about incentive payments.

RPCs have approached individual health issues from a public health, epidemiological perspective focused on effectiveness. As we have pointed out above (2.3.2) this approach fails to address the issue that far more interventions are demonstrably effective than can be afforded from public health care budgets, particularly in LMICs. Although several RPCs included economic evaluations among their outputs (see Box 8), the methods used were variable and followed no generally accepted good practice principles, such as those already referred to. RPCs have to date not focused sufficiently on prioritising health interventions; that is, discovering the best use of finite resources when faced with a plethora of effective interventions. Indeed, some of the feedback received regarding PRIME raised questions about the value of doing any research at all on a topic if there is almost no possibility of governments being persuaded to set aside funds for implementation. While a favourable economic evaluation is no guarantee of such funding, it nonetheless seems a necessary element if such funding is to be committed.

Box 8: Examples of economic evaluations among RPC outputs

FHS has conducted economic appraisals of improved vaccination coverage for children in urban slums.

PRIME uses health economics models to estimate the economic impact of maternal mental health interventions (in progress).

ReBUILD explicitly drew on the health economics skills of LSTM in its publications.

RESYST applied experimental economics methods to understanding heterogeneity in health worker characteristics.

Transform Nutrition included a paper by Hoddinott et al. on the economic rationale for investing in stunting reduction which was cited in the US Congress.

Despite these difficulties, we thought it likely that RPCs would achieve their outcomes as stated and successfully contribute to their goals. The average score for this element was 7.44 (range 5-9). Some unintended impacts were also reported. For example, EBSR was reported to have had substantial impacts on the Cochrane collaboration. ReBUILD reported that they had deliberately submitted papers to the journal *Conflict and Health* to seek to build up a journal specific to their area of work.

2.7 Sustainability

It is clear that some of the research produced by the RPCs will continue to have effects on policy and practice after the current funding round ends even if there is no further funding. Some partnerships were formed and strengthened through working together. They are likely to be maintained after the end of this funding round. The full benefits provided through the RPCs will, however, require ongoing funding. There is very strong support for this funding modality particularly because it provides longer and more flexible programmatic funding than is usual for project-by-project funding.

There is a danger that some RPCs will regard consortium funding as equivalent to 'blue skies research' funding: funding that allows exceptional academics to develop their thinking without being accountable for specific deliverables in the short or medium term. The best protection against this is a requirement for a coherent integrated programme of work negotiated with *stakeholders* and designed to support decision makers in LMICs in promoting pro-poor health policies and programmes and building local capacities for research and its use in decision making. One of the strengths of the RPC model is that it supports a programmatic, integrated approach with explicit objectives. The academic leads in RPCs need to be very clear about this.

Examples of the flexibility that has been so well appreciated included FHS being able to iterate approaches to vouchers based on interactions with the Ugandan Ministry of Health.

Some concerns were expressed to the effect that RPCs tended to be awarded to the same people/groups repeatedly. Ways of injecting 'new blood' would be a further worthy topic for cross-RPC discussions.

There are some issues about sustaining work across different RPC rounds. Currently, RPCs close down completely and then have to go through a re-bidding process which creates a "stop-start" process that harms momentum and leads to undesirable employment insecurity.

One way in which the work of RPCs might be made more sustainable would be to increase the contribution of institutions and researchers from LMICs to RPCs. Although all RPCs do involve partner organisations from LMICs, relatively few RPCs are led by such organisations (see Section 2.2.2). Similarly, relatively few RPCs have Research Directors from LMICs. In addition, where RPCs have Research Directors from LMICs, they have not always been able to fulfill this role effectively. Progress in these areas seems to have been less than in other areas (e.g. inclusion of partner organisations from LMICs, research uptake, RPC management and RPC governance) where DFID has specified clearly its expectations of how RPCs should operate.

3. Conclusions

Overall, RPCs are a highly-valued and relevant way of providing longer-term funding for research programmes. Consequently, the RPC model does not require fundamental change. However, there is scope for improving the effectiveness of the way they work, partly through guidance from DFID and partly by a much greater degree of collaboration across RPCs. We have mentioned several important issues on which DFID guidance based upon evidence in other governmental agencies and departments (notably NICE International, the Higher Education Funding Council for England, and Research Councils UK) could be valuable and a number of topics that would be suitable for cross-RPC workshops:

- stakeholder identification and involvement, both in the inception and design of research and appropriate continuing involvement as research proceeds (drawing on COMDIS-HSD)
- building various types of capacity
- career management and mentoring for young researchers
- collaborations in delivering generic research skills (non-specific to an RPC)
- methods of KTE, and testing the effectiveness of programmes of dissemination
- methods for prioritising public investments in health intervention
- general and financial management
- strengthening gender analysis work (drawing on RiNGs)
- effective use of CAGs
- understanding and achieving VfM
- generating new blood at all levels of seniority
- impact: intermediate and ultimate
- optimal size and scope of an RPC

Promoting the idea of a "consortium of consortia" might be useful for sharing and replicating good practice and addressing the many common issues faced by RPCs that are not specific to their main disciplines or research themes.

In terms of coordination with DFID, the main issue has been how DFID technical staff (non-RED) and RPCs might engage more positively. There has been little, if any, progress in this area since the last evaluation. Although there is evidence of strong partnerships within RPCs, they remain largely northern-led. This is an issue that has previously been flagged by DFID. Progress in getting individuals and organisations from LMICs to lead RPCs has been extremely limited. Similarly, there has been relatively little improvement in cross-consortium working since the last evaluation.

RPCs are in general effective in generating research and knowledge. A large proportion of the claimed research outputs has been secondary research, advocacy pieces or pilot studies, rather than substantive original research. Relatively little published material has appeared in high impact journals. Although this does not necessarily indicate low academic quality, it may indicate low ambition or risk-aversion on the part of authors. Some of our expert reviewers commented on the weak statistical basis (such as small sample size, lack of controls) of some papers that had passed peer review. In some cases we have not been clear either that the work in question owed its existence to the consortium (i.e. the authors might have been writing this anyway) or that it was attributable to an earlier round of funding.

We expect future emphasis to be substantially greater on original research, whether conceptual or empirical. RPCs vary in the extent to which their research is responsive and relevant to particular country contexts as well as part of an intellectually coherent body of work. Advantages of the latter include allowing an RPC to define research topics that it will *not* embrace, avoiding the risk of spreading its work too thinly. Coherence also keeps the required disciplinary mix to manageable proportions and facilitates dialogue within the consortium. It focuses minds on the strengths and weaknesses of particular methods and the issues that arise in applying them. It generally makes for a more attractive home for researchers who have things in common other than the thematic focus of the consortium. However, responsiveness to local needs is a crucial element of what it means to be relevant. Although we heard that there is tension between local relevance and coherence, we think it is possible, given good leadership, to maintain coherence without harmful sacrifices of relevance.

Positive progress has been made on research uptake since the last evaluation. We have three main comments to make. First, although there has been a welcome shift beyond a narrow, essentially academic, orientation to dissemination, there is a need to continue to publish research in peer-reviewed journals, including those considered most prestigious (and not exclusively 'open access'). This is our best indicator of basic academic (scientific) quality. RPCs might be encouraged to identify journals in their fields most likely to have high impact on academic colleagues, practitioners and other relevant stakeholders and to concentrate their publishing efforts on them.

Second, in seeking to write for non-expert readerships, it is important for RPCs to distinguish better between the reporting of research ideas and evidence on the one hand, and advocacy on the other. Whether advocacy on behalf of particular interventions, specific clinical disciplines, or global health more generally, should be any part at all of the objectives for RPCs is a matter for DFID; we express no view other than to suggest that explicit guidance be given.

Third, there is a risk of approaches to research uptake being ad hoc rather than based on a truly strategic approach to stakeholder communication. The idea of stakeholder engagement in the design and ownership of research from its inception through its prosecution and application in practice is evident in some of the RPCs but not all. The concepts that have been developed in knowledge transfer and exchange

(KTE) could be extremely useful here. It is likely that performance all round could be improved, and the variability of impact reduced, if all RPCs were to take a more strategic and KTE-informed approach.

Although the evaluation documented some excellent practice in terms of capacity building, there is probably more variety in this area than is desirable and there are some overlooked areas. We think that an implication of the kind of engagement just described is that a more comprehensive vision of capacity is required: one that embraces not just the capacity to do research but also the capacity to lead research; the capacity of receptors in government and professional organisations to commission, receive, critically evaluate, and interpret research evidence; and the capacity of the media and the wider public to understand and interpret research results in a well-informed way. Despite perceptions of tensions between the three RPC outputs of research generation, research uptake and capacity building, our evidence indicates no such tension.

A major challenge facing DFID and the RPCs is how best to measure effectiveness. There is widespread acceptance that the quantitative indicators in the logframes measure poorly the true effectiveness of RPCs. Although there are some ideas as to how this could be done better, e.g. through use of theories of change and qualitative methods, further work is needed in this area before such methods could replace logframes. We think there is important scope for extending effectiveness to cost-effectiveness, provided that it is not done in an ad hoc way at the discretion of individual RPCs but in a coordinated way following best-practice principles set by DFID[17].

Overall, RPCs are efficiently managed and represent good value for money. The formal introduction of CEOs and other changes in RPC management have contributed to increased RPC efficiency, though RPCs have interpreted and implemented such changes in a variety of ways. Allowing this flexibility in the details of how management functions are discharged is wise; there is, however, a need to ensure that such flexibility is not a way of concealing underlying gender stereotypes and biases. The perceived value and use of the CAGs has been variable. CAGs, with appropriate memberships, are potentially useful sources of advice, information and authoritative support. CEOs and research leads need to work hard to create and sustain their CAGs, using regular meetings (mostly annual), face-to-face or virtual, and encouraging informal ad hoc contacts. Ways of using CAGs to good effect would be a good topic for a cross-RPC workshop.

Demonstrating the impact of RPCs is difficult, particularly at the level of population health. However, more could be done in this area, for example, by articulating more explicitly how RPCs expect to contribute to such impact and then collecting evidence of the extent to which such contributions have been made. This will involve moving beyond counting publications to consider how such publications exert academic influence and the extent to which they influence decisions made by policy makers and professionals. Structured vignettes and case studies are likely to be useful qualitative methods. In addition, RPCs are likely to need to move beyond demonstrating the effectiveness of particular interventions from a public health, epidemiological perspective to recognise that policy makers need to be able to prioritise uses of resources among a range of effective interventions, not all of which are affordable. The number of economic evaluations of health-affecting interventions is currently too few amongst RPCs for the full appreciation of the impact of interventions to be able to be brought home to policy makers. There is much to be

[17] Such as those used by NICE International

said for adopting a general set of principles for the conduct of economic evaluations of interventions intended to have an impact on health in LMICs. Again, there is material available elsewhere that could be drawn upon to provide a short good practice manual.

Sustaining the benefits of these RPCs is likely to require ongoing funding from DFID. Given this, it would be ideal if renewals could be conducted as early as possible so that RPCs know whether they will be continuing or not and so that they can either plan for further activities or for exit.

4. Recommendations

Recommendations for individual RPCs are to be found in the individual reports. The recommendations listed here are for RPCs overall and are the more important suggestions we have to make. Box 9 reviews recommendations made in the last evaluation (see Box 1) with an assessment of the extent to which they have been implemented. Recommendations from this evaluation are then presented as numbered points. These cover each of the seven criteria in the evaluation framework. Finally (and as requested by DFID), a few recommendations are made concerning future evaluations.

Box 9: To what extent have the recommendations of previous evaluations been implemented?

1. Improve RPC management, particularly admin tasks ✔
2. More flexible funding and budgeting ✘
3. Greater support from DFID staff, e.g. on communications* ✔
4. Greater clarity about what DFID means concerning getting research into policy and practice* ✔
5. Greater sharing of resources, related research and findings ✘
6. Clearer role definition of link advisers ✘
7. Greater contribution from DFID technical advisers both centrally and in country ✘
8. Require that future RPCs have greater communications* expertise ✔
9. Greater collaboration between RPCs ?

** Processes previously referred to as communications and getting research into policy and practice are now referred to as research uptake.*

Overall

RPCs are an excellent funding modality for integrated and programmatic research – particularly the length and relative flexibility of funding.

1 - Relevance

1.1. **DFID should consider developing clearer guidance as to the extent to which the work of RPCs should focus on DFID priority countries,** particularly those that receive large amounts of bilateral UK aid and those considered fragile.

1.2. **Each RPC should develop and implement a clear gender and equity strategy**. This strategy should move beyond 'disaggregation of data' to encompass more advanced approaches (e.g. work on social determinants of health, equity-focused methodologies and empowerment), drawing on the

work emerging from RiNGs. Progress in implementing gender and equity strategies should form part of routine reporting and annual reviews.

1.3. (Specific to RPCs funded for a second time). **In order to ensure the relevance of second phase RPCs, the focus should shift from innovation to adding value**. Choice of research topics, whether continuing or new, should follow KTE approaches and be made jointly with stakeholders, building on the mutual understanding of RPC potential and country needs already established. This might still include secondary research. We would expect second-round RPC work also to have greater global relevance, more economic content, to address issues of scale-up and, possibly, to operate more frequently through joint partner projects. Second phase RPCs might also be expected to include weaker partners as groups for capacity development.

2 - Coordination

2.1 **Cross-RPC collaborations on matters of common interest should be strongly encouraged (and even occasionally organised) by DFID.** Consideration should be given to setting aside some funding specifically for cross-RPC collaboration, as has been done in this round related to gender. This could perhaps be available from the second year of the next round of RPCs with selected RPCs bidding for its use during the first year. If such an approach is adopted, it may be wise to embed it within one of the RPC's existing logframes rather than creating essentially a new project or mini-RPC. We have identified a number of themes (Section 3 paragraph 1) for such cross-RPC activity.

2.2 **DFID and RPCs should discuss ways in which engagement with DFID technical staff could be improved, drawing on and analysing experiences of where this has worked well.** Each RPC could be expected to develop an explicit plan as to how it would promote such engagement.

3 - Effectiveness

3.1 **RPC programmes should aim to achieve both intellectual coherence (including interdisciplinary) and local relevance (through responsiveness to local problems).** In addition, DFID and RPCs should think explicitly of ways of putting more emphasis on original research, both conceptual and empirical.

3.2 **DFID should consider ways of encouraging RPCs to take a more KTE-informed approach to knowledge translation**. This might make an excellent topic for a common cross-RPC meeting or the production of a DFID-sponsored booklet of best practice.

3.3 **More explicit expectations of RPCs in terms of capacity building should be set out by DFID, as it has done in other areas such as research uptake**. RPCs should consider other ways of building capacity including having and effectively supporting a Research Director based in a low- or middle-income country, enabling partners to host capacity building workshops for each other and promoting regional groups working together.

Capacity building would also make an excellent topic for a common cross-RPC meeting or the production of a DFID-sponsored booklet of best practice.

3.4 DFID might consider moving away from relying only on logframes and quantitative indicators for RPCs. **Greater use of theories of change and qualitative measures might be considered to measure programme effectiveness**. Whilst it may not be realistic or desirable for RPCs to try to develop indicators to measure the quality of RPC products, each RPC should have a clear and transparent system for assuring and improving the quality of its products.

4 - Efficiency

4.1 **Rather than specifying how RPCs are to be managed, the specific and required management tasks expected should be made clear, with flexibility as to how they are organised.** These might include delivery of contracted commitments; monitoring of performance of lead organisation and partners; planning and budgeting; support of partner agencies in the consortium; human resources management; support for governance arrangements; staff career development; stakeholder engagement and involvement; links to other RPCs and external partner agencies; knowledge translation and exchange (KTE); and impact and uptake in public policy and professional practice.

4.2 **The issue of financial underspends needs to be addressed**. Guidance is probably required on budget setting, so that funding is not budgeted for times when it cannot be spent.

4.3 **RPCs need to have measures in place to ensure good performance of partners, including addressing poor performance where this occurs**. There may be more scope to use different forms of payment by results for this purpose.

4.4 **DFID and the RPCs might consider ways of ensuring that Consortium Advisory Groups work well and add value**, recognising that approaches may differ from one RPC to another. Identifying ways of doing this could be a good topic for a cross-RPC workshop.

5 - Value for money

5.1 Given that the ultimate value for money of RPCs depends on the value of the research and the nature of its impact on public policy and professional practices (see Section 2.5.1), **DFID should consider working with RPCs to develop more structured guidance on assessing RPC value for money.**

5.2 **Exchange rates should be included in the annual project budget for each partner to facilitate accurate forecasting and identify where significant movement is impacting on the actual budget received**. DFID may want to consider setting limits on how much any windfall gains can be rolled over or reallocated (or losses recouped) before reverting back to DFID, or at least enunciate some principles according to which they would decide as contingencies arose.

5.3 **DFID may want to allow lead organisations to advance funds to smaller partners (subject to a good financial reporting track record) up to a set limit to relieve cash flow constraints on implementation**.

5.4 **RPCs should aim to report more explicitly against DFID's VfM criteria**.

5.5 **RPCs should be asked to report explicitly on additional funding they have leveraged**.

5.6 **To ensure best value, the RPC should be encouraged to verify partner salary rates are in line with the partner institutions' own pay scales and that recruitment follows competitive processes.**

6 - Impact

6.1 **RPCs should be encouraged to adopt an inclusive and considered approach to choice of journal outlet when publishing research.** Each RPC should have a publication strategy that recognises potential impact on multiple stakeholders and aligns communications accordingly.

6.2 **RPCs should be encouraged to continue to think of impacts beyond those on academia**. In many cases they should be encouraged to use concise descriptions of the kind of impact the work has had on decision makers of various kinds and whether it changed policy or practice, or confirmed the status quo, without venturing any estimate of the impact on population health. They should distinguish carefully between means of communication and the impact of results that have been communicated. They should also attempt to locate the impact along a chain of decision processes. Over time, the qualitative accounts could amount to a useful inventory of impacts – and how to achieve them – that could be shared. There is ample guidance available elsewhere to form the basis of a booklet of DFID guidance on the matter.

7 - Sustainability

7.1 **DFID might consider streamlining renewals and starting the process earlier**. Consideration could be given to introducing a system in which (1) there is an assumption the RPCs would be renewed for a second term but that it might be rare to renew beyond that; and (2) the process of renewal and rebidding starts much earlier (perhaps with two years remaining on the present contracts).

7.2 **DFID should consider whether further action is needed to strengthen research leadership from LMICs**. Measures could include institutions from LMICs taking the lead in RPCs and/or having active and effective Research Directors from LMICs. Options might include requiring or preferring these measures in future RPC bids.

8 - Future evaluations

8.1 Although this evaluation was implemented somewhere towards the end of the programme's implementation (see section 1.2), it is very much a mid-

term evaluation. Any **final evaluation of the current round of RPCs should focus on lessons learned concerning impact and sustainability**.

8.2 Given that the time frame and budget seriously underestimated the level of effort required to conduct this evaluation and the reviews, **DFID should ensure that expectations of future evaluations are matched with sufficient time and resources.**

8.3 Given that future evaluations are likely to focus on identifying the impact of RPCs' work, **DFID should consider including, in future evaluations, the need for impact-focused case studies**, e.g. of international organisations (such as WHO) and partners in multiple RPCs and countries in which RPCs were particularly active.

Annex 1 - Approach and Methods

1.1. The process for developing the approach and methods

Our approach and methods are described in the terms of reference (see Annex 2, Section 4 and TOR Annex 2), the technical proposal (Mott MacDonald, 2014) and the evaluation's brief inception report (Mott MacDonald, 2015). The terms of reference contained several elements of method and approach including:

Reference to the OECD DAC evaluation criteria and using them to organise questions.

Components that might be included, such as document review; interviews with key partners and users; and a meeting with RPCs.

An overall process for the evaluation (see TOR Annex 2).

A specified budget of around £200,000-£210,000 (plus VAT).

A time frame of approximately four months to complete all nine evaluations and Annual Review templates, with a further two months for finalization of the synthesis report.

Nine distinct teams with three members each covering thematic technical expertise (TE); knowledge, research and gender (KRG) and organisational issues (OI).

A designated team leader.

In its technical proposal, Mott MacDonald expanded a few issues largely based on previous experiences of evaluating RPCs and similar programmes (see Box 2). These expansions included:

Collecting information primarily from the RPCs themselves through a self-assessment questionnaire.

Using a standard template/tool to conduct product peer review based on one previously used to evaluate Health Knowledge Hubs supported by the Australian government.

A core team consisting of two core reviewers, several in-house researchers and specialists on value for money, gender and equity.

Identifying lead evaluators for each RPC with practical experience in the thematic area. These were supported by two other team members, an expert with relevant thematic expertise and one of the two core reviewers.

Lessons learned by Mott MacDonald from previous RPC evaluations

1. Involving partners in discussions – both separately and as part of the review meeting
2. Coordinating the evaluation with normal review processes
3. Clearer guidance as to the stakeholders RPCs should recommend for interviews
4. Avoiding duplication of effort among team, e.g. by getting one team member to review documents
5. Value of stories and case studies to illustrate impact
6. Importance of synthesising lessons across RPCs
7. Need for support in some technical areas, e.g. in assessing value for money

1.2. The evaluation framework

Our framework is in Annex 3. In the absence of an overall theory of change for the RPCs collectively, we created a simple theory of change diagram in the inception report (Mott MacDonald, 2015). RPCs were each expected to produce three outputs: creating new knowledge and understanding, building partner research capacity and facilitating research uptake. These outputs were then expected to have broader health effects mediated through better decisions, policies and professional practices.

The evaluation framework links the theory of change to the OECD DAC criteria and the evaluation questions as follows. First, RPC effectiveness is understood as the production of the expected outputs. If outputs have broader consequences we took this as constituting impact. The main flow of elements within the theory of change therefore corresponds to the two OECD DAC criteria of effectiveness and impact. The remaining three criteria are built into the theory of change diagram at different levels as assumptions. The first is relevance to the health of poor people. The second is that RPCs produce outputs efficiently that represent value for money. The third is that they should produce lasting or sustainable benefits. Groups of questions apply either to the elements of the theory of change and the links between them or to the assumptions underlying those elements and their links.

The framework envisages two additional categories of questions which were not included explicitly as categories in the terms of reference (Annex 2, Section 3.3).

Value for money. Given the importance of value for money to DFID and the fact that this is usually thought of as broader than mere effectiveness alone[18], we treated this as a separate category within the overall framework.

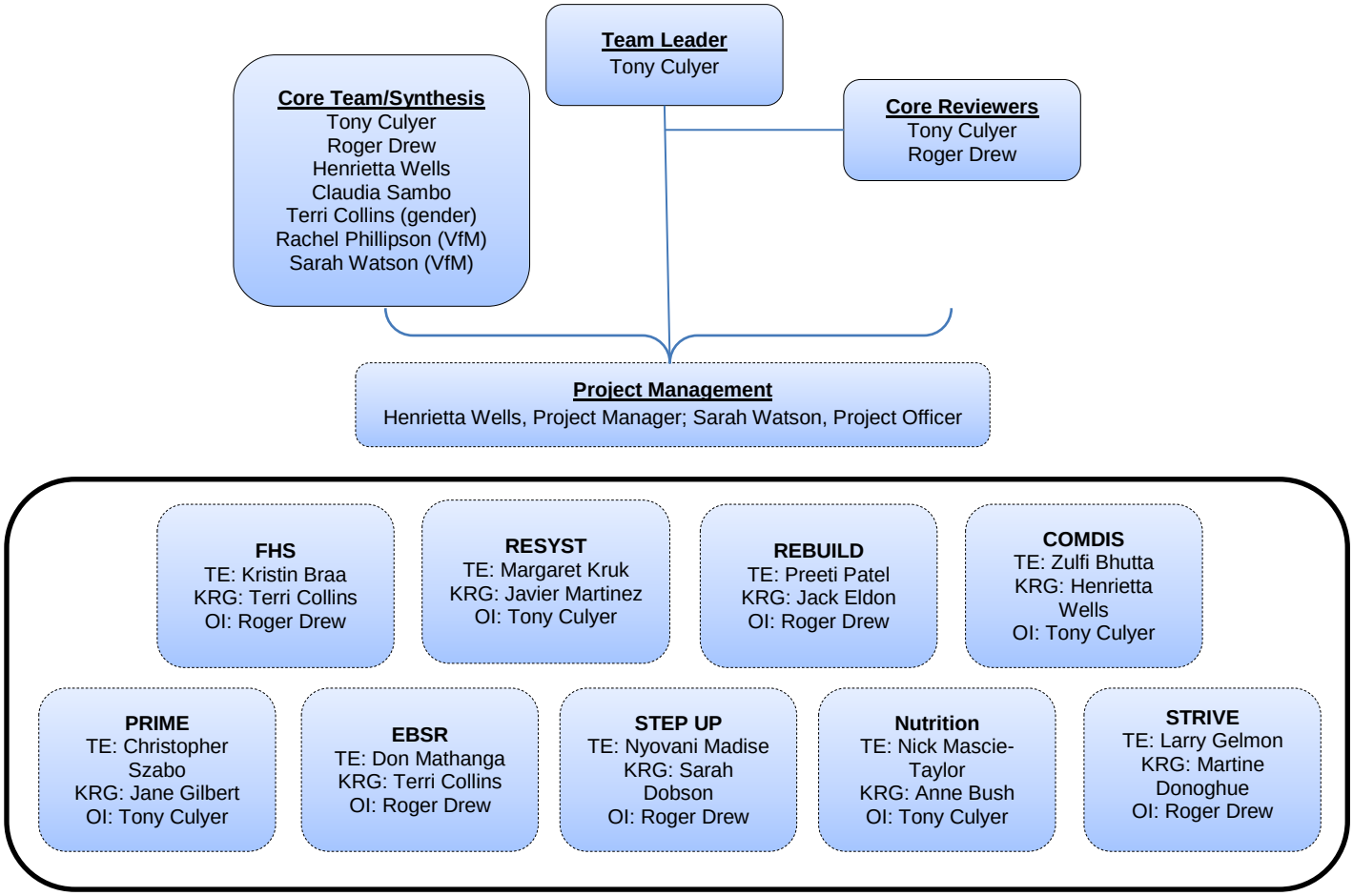
Coordination. This was added as a separate category largely because of the multi-organisational nature of RPCs and the recommendations of previous evaluations of RPCs (see Box 1). Some elements of coordination, such as that between RPC partners, were included in the questions in the terms of reference related to efficiency. However, we added questions concerning DFID's interaction with RPCs and the interaction of RPCs between themselves, these having proved to be important issues in previous evaluations. Coordination has proved to be a useful evaluation criterion in humanitarian contexts and DFID's evaluation policy suggests it can be applied to evaluations more generally (DFID, 2013)

1.3. Structuring the team to deliver the chosen approach

In the technical proposal (Mott MacDonald, 2014) and the inception report (Mott MacDonald, 2015), the proposed evaluation team was structured to deliver the requirements of the terms of reference using the approach described. Further adjustments were made in the early stages of implementation and the final team structure is presented in Figure 1.

[18] E.g. including both efficiency and economy.

Figure 1: Evaluation team structure



Each RPC was evaluated by a three person team, as specified in the terms of reference (Annex 2, Section 7). This team consisted of:

A thematic expert (TE), usually a senior academic. Their main role was to review selected products. They also reviewed the RPC's self-assessment and the draft evaluation report.

An experienced evaluator in the relevant field. They focused particularly on issues related to knowledge, research and gender (KRG) as specified in the terms of reference. They reviewed programme documents, conducted many of the interviews with key informants and participated in the meeting with RPCs. They led on drafting the individual RPC evaluation reports.

One of the two core reviewers focused on organisational issues (OI). They reviewed some programme documents, participated in some of the interviews with key informants and took part in the meeting with RPCs. They contributed to the individual RPC evaluation reports.

In addition to the individual RPC evaluation teams, there was a core team for the evaluation which provided overall leadership for the evaluation (Tony Culyer), managed the evaluation as a whole (HW/SW), and focused on cross-cutting issues (Terri Collins/RP/SW). All contributed to the overall synthesis, the final version of which was edited and approved by the Team Leader.

1.4. Method for evaluating individual RPCs

Relevant documents were identified by the evaluation team or provided by DFID and the individual RPC. They included relevant publications and a range of programme documents including business cases, applications, contracts, inception reports, logframes, annual reports and annual reviews. These documents were stored in a Dropbox folder to which all team members had access. Documents reviewed for each individual RPC evaluation are recorded in an annex in the relevant report.

Individual RPCs were asked to complete four initial tasks (Annex 6): completing a self-assessment questionnaire, proposing up to 10 key informants for interview, proposing a date for the RPC meeting with the evaluators and suggesting up to five RPC products for peer review. In identifying key informants for interview, the RPC was encouraged to identify those who would be able to give both 'leading lights' and 'lowlights'. In suggesting products for peer review, the RPC was encouraged to identify a range of products, not only articles published in peer-reviewed journals, and to give reasons for each choice.

The self-assessment questionnaire was adapted from one successfully used by Mott MacDonald in a previous evaluation. Questions were structured around the main categories in the evaluation framework. RPCs were encouraged to see it as an opportunity for critical reflection, using it to guide the evaluators to areas that the RPC was finding challenging or knew needed attention. Responses were returned by each RPC and reviewed by all members of that RPC's evaluation team as well as the two core reviewers. The RPCs' responses were used to inform interviews with key informants and to identify areas to probe in the RPC meetings.

Products were reviewed by each team's Thematic Expert (TE) using a product review tool (Annex 7) adapted from one successfully used by Mott MacDonald previously. In addition to completing the product review tools, the TE provided general overview comments which were used to inform interviews and the meeting with the RPC.

Two team members (KRG/OI) conducted interviews with key informants. In addition to asking RPCs to identify key informants who might be able to give 'lowlights', DFID and the team's thematic expert were asked to identify other informants who might be able to give independent critical perspectives. Details of those interviewed are in the individual RPC reports.

A half day meeting was held with each RPC (Annex 5) in either March or April 2015. Meetings were held at the RPC lead institution if it was in the UK (i.e. Leeds for COMDIS-HSD, Liverpool for EBSR and ReBUILD and London for RESYST and STRIVE). Otherwise (i.e. for FHS, PRIME, STEP UP and Transform Nutrition) meetings were held at Mott MacDonald's offices in London. Most meetings were conducted entirely face-to-face (COMDIS-HSD, EBSR, FHS, ReBUILD and STRIVE). In one, some participants took part through video-conferencing (RESYST). The meetings with PRIME and STEP UP took place entirely through video-conferencing although, in the case of PRIME, one participant took part by telephone. For Transform Nutrition, two representatives of the RPC attended in person with another joining by telephone. The evaluators were represented by two members of the individual RPC evaluation team (KRG/OI) and a representative of the core team not directly involved in the evaluation of that RPC, who chaired the meeting. RPCs decided themselves who would represent them at the meeting. In most cases, representation was largely of senior staff from the lead organisation although in some cases partners were also included. All meetings were attended by one or more DFID staff as observers.

Following the meeting, the evaluators drafted a report structured according to the categories in the framework. This was then sent to the RPC and DFID for comment before being finalised. In addition, the evaluation team completed the DFID Annual Review template for each RPC.

1.5. Handling crosscutting issues

Two issues were identified as crosscutting. In the case of VfM, individual RPC teams were asked to provide notes for the core team members. The core team members also collected information directly from some RPCs and advised the teams reviewing individual RPCs on VfM.

A core team member also provided support to individual RPC evaluation teams on gender and equity by suggesting questions which might be asked in these areas. Teams were asked to document issues related to gender and equity in the relevance section of their reports. The core team member reviewed these to identify common themes on gender and equity for this synthesis report. In addition, this member led in evaluating RinGs. RinGs completed a self-assessment questionnaire and several interviews specific to RinGs were conducted. In agreement with DFID, a short report related to RinGs was compiled. However, this was not a full RPC evaluation as it included neither product peer reviews nor an annual review.

1.6. Method for synthesising lessons learned across RPCs

The two core reviewers led in compiling the synthesis report as they were involved in all individual RPC evaluations and were represented in all RPC meetings (see Annex 5). One of them (RD) attended all meetings was lead author in drafting the synthesis. Other core team members participated in RPC meetings and contributed ideas and suggestions for the synthesis report.

The Team Leader reviewed all drafts and edited the final version of the synthesis report.

The synthesis was facilitated by:

Having common categories to structure the individual RPC reports, making cross-comparisons possible and keeping consistent categories of evaluation.

Agreeing a common approach to be adopted across each RPC evaluation at a preliminary team meeting in December 2014. This was attended by the core team, all KRGs and some TEs.

Ad hoc meetings and discussions between the evaluators and DFID staff, particularly those in Research and Evidence Division.

Core reviewers having reviewed documents with relevance across RPCs. (see Annex 4). These included examples of recent synthesis-type evaluations suggested by DFID (ITAD, 2014; Upper Quartile, 2014). They also conducted a number of interviews, particularly with DFID staff, which went beyond consideration of one RPC. Details are in Annex 5.

Core team members focusing on crosscutting issues (value for money; gender and equity), reviewing issues common to all RPCs and producing short syntheses of these common issues.

Core members conducting cross-portfolio analyses including a review of the scoring of the most recent Annual Review of each RPC; assessment of indicators in logical frameworks at outcome and output level; representation of RPCs in different countries; representation of particular partners in different RPCs; and an analysis of web site use statistics for all RPCs.

A social network analysis exercise using data from the self-assessment as to which RPCs had interacted with others and which RPCs worked with which partners. Data was uploaded into UCINET and visualised using NetDraw.

KRGs from each team completing a quantitative assessment of the extent to which each RPC had met certain criteria and issues studied in the evaluation.

Common themes and issues as identified by the core reviewers being presented to and discussed within a team meeting in May 2015 attended by representatives from all individual RPC evaluation teams.

Team members making contributions to the synthesis by reporting orally, by email and through written submissions.

1.7. Evaluation independence

The evaluation was conducted by Mott MacDonald which is organisationally independent of DFID and all RPCs, including lead and partner organisations. The evaluation teams worked with individual RPCs and shared their findings openly with them, although we reported directly to DFID's Research and Evidence Division. Within the parameters of the terms of reference, we consider that we received access to all the information required to conduct the evaluation to a high standard, operate with behavioural independence and produce reports which we believe to be fair-minded, candid, uncompromising and authoritative. While DFID staff did attend the RPC meetings, this was as observers and did not, in our view, constitute outside interference in the evaluation process.

Mott MacDonald took extensive measures to ensure that the team had no conflicts of interest. These included screening potential team members for any personal or professional connections with individuals or organisations involved in the RPC. As part of the inception phase, Mott MacDonald conducted a further conflict of interest screening process in which the appointed team members were asked to declare any personal or professional contacts with any individuals or organisations involved in the RPC being evaluated. As a result, Mott MacDonald and DFID agreed to replace one Thematic Expert who was officially a member of the RPC's Consortium Advisory Group (albeit inactive). Mott MacDonald also reassigned some of its own staff members following a former staff member's appointment with one of the RPCs.

Given the size of the team, the need for relevant thematic knowledge, the small size of some of the fields and the extensive reach of some of the RPCs and their constituent organisations, it is almost inevitable that there would be professional contact between some team members and individuals and organisations within RPCs. Some were declared and others became apparent in the course of our work but none were considered compromising to our independence and integrity.

1.8. Limitations and challenges

There were few threats to affect adversely the quality of this evaluation. We draw attention, however, to:

The size of the task. Essentially, this amounted to ten evaluations, nine Annual Reviews and a review of RinGs over a six month period within a budget of £200-210,000. This meant that there were some constraints on the methods that could be used. It was not possible to conduct country or site visits, nor to interview as many informants as some of us would have preferred, nor was it possible for all team members to review all relevant documents. Consequently, we used a highly streamlined approach, which has been explained in some detail here and which we consider to be proportionate to the scale of the RPCs. In some cases, team members did much more than they were expected, or paid, to do.

The evaluation, though described as 'mid-term', was taking place in the fifth calendar year of the RPCs' current contracts, that is it was somewhere between mid-term and end-term.

DFID staff members were present in all the RPC meetings. However, it was clear that they were there as observers, a role they dutifully maintained. We found the opportunity useful on these occasions to have informal conversations with DFID staff.

Many of the key informants for interview and the products to be reviewed were selected by the RPCs themselves. We were therefore alert to the presence of selection bias. In some cases we judged that this worked in the opposite direction from that expected, as when an RPC had selected unrepresentative products. In general we did not take the samples as indicative of overall quality or relevance but as entry points for discussion and for demonstrating (or not, as the case may be) that the RPC in question was capable of high quality work.

The timing of the mid-term evaluation did not coincide with the various due dates of the annual RPC reviews. It was agreed with DFID that the evaluators would complete the Annual Review templates for each RPC as fully as was possible and these would be completed by DFID at the appropriate time.

The quantitative scoring of RPCs in different categories was subjective, with limited opportunity for benchmarking across RPCs. Each one was carried out by the team member with the most involvement with an individual RPC and was reviewed by core team members who had been involved across all RPCs.

Some potential conflicts of interest were identified where potential team members had some contact with a particular RPC. These were acted upon where they were considered significant. Actions taken included reconfiguration of the team and replacement of one team member.

Annex 2: Terms of reference

1. Overall Purpose

These Terms of Reference set out the rationale and objectives for mid term evaluations of nine health Research Programme Consortia (RPC), which sit within DFID's Human Development (HD) research team's portfolio. The purpose of the evaluations is twofold:

- To look at each individual RPC, for accountability purposes; to assess how well it is achieving its outputs and outcomes and the extent to which it is progressing towards its stated impact, within the lifetime of the programme. The findings of the evaluations will be used to inform DFID decisions on whether each individual RPC should continue as is, continue with modifications, or not continue; and

- To synthesise the findings from individual RPC evaluations and draw out any broader issues / lessons learned / recommendations about the RPC funding modality and how it might be improved. The synthesis will help inform the funding modality used by the HD Team to commission future research.

2. Introduction and Context

The Department for International Development (DFID) leads the UK's work to end poverty. DFID provides overseas development support in order to improve the lives of the world's poorest people, by creating jobs, unlocking the potential of girls and women and helping to save lives when humanitarian emergencies hit.

To meet its strategic objectives, and to benefit the wider development community, DFID supports a wide range of high quality research. Much of this research is commissioned through multi-lateral organisations or partnerships with other research funders, for example UK Research Councils. Some is funded directly and one mechanism – or 'modality' – for doing so is through Research Programme Consortia. The overarching purpose of an RPC is to produce evidence to inform policy and programming in a specific thematic area.

The HD RPCs are nine independent centres of specialisation that each focus on their own research and policy theme. Consequently, although all nine programmes are funded through the RPC modality there is no single overarching RPC Programme or accompanying Theory of Chance (ToC). Each consortium is made up of groups of researchers from a number of institutions which may include NGOs, civil society organisations, academic and/or commercial organisations. Funding is typically provided for six years.
The nine independent programmes are each working to their own output and outcome indicators in their thematic area. There is no planned overlap of outputs for the RPCs, but where there is synergy between different RPCs DFID has encouraged the programmes to work together as appropriate.

Background
The nine HD RPCs were implemented in two phases (i and ii), four months apart:

i. Future Health Systems (FHS)
Resilient and Responsive Health Systems (RESYST),
Research for Building Pro-Poor Health Systems during the Recovery from Conflict (REBUILD)

Delivering Effective Health Services for Communicable Diseases (COMDIS HSD)
Strengthening Evidence for Programming on Unintended Pregnancy (STEP-UP)
Effective Healthcare Research Consortium (EHCRC)

ii. Programme for Improving Mental health Care (PRIME)
Transform Nutrition (TN)
Tackling the Structural Drivers of the HIV epidemic (STRIVE)

A summary of each programme including its name, summary purpose, start and end dates, countries active and partner organisations is included in the RPC booklet attached in Annex 1. Further documentation (including programme specific documents) will be available for the evaluation teams.
DFID programmes are subject to regular reporting and monitoring processes. The HD team's agreement with the consortia provides for an external midterm evaluation (MTE) of *each* programme. These studies are to be conducted at the same time within this single evaluation contract which has, therefore, both accountability and learning purposes. Individual evaluations will ensure that each RPC gains the maximum benefit from the findings to contribute to successful delivery of the programme outcomes, whilst a synthesis of the findings will enable wider lesson learning about the RPC funding modality and inform how the HD Team commissions future research.

Each programme has a statement of outcome (purpose) and a number of outputs (deliverables), agreed by both DFID and the relevant institution(s), set out in the programme's Logical Framework (logframe), together with indicators of achievement.

Benefits of midterm evaluation to RPCs

- Retain focus on aims and recognise barriers to success
- Provide recommendations for strengthening practices
- Encourage ownership and participation
- Ensure continuous learning and quality control
- Ensure funds are used effectively and efficiently to deliver outputs/outcomes

Benefits of midterm evaluation to DFID

- Part of the ongoing monitoring and evaluation of individual RPCs
- Opportunity to independently evaluate whether outputs effectively demonstrate (i) the development of the evidence base as anticipated and (ii) that appropriate assumptions were made in each RPC's logframe/Theory of Change
- Opportunity to discuss feedback/ lessons learned in relation to each RPC in some detail, with both the RPC and DFID
- To evaluate the risk analysis of the programme given demonstrated progress
- Opportunity to assess whether RPCs are delivering value for money in achieving stated outputs / outcomes
- Learn common lessons from different programmes using the same funding modality

3. Objectives, Scope, Evaluation Questions and Audience

3.1 Objectives

i. To assess performance of the individual RPCs, to what extent they are delivering anticipated outputs and outcomes. To make recommendations

on how each individual RPC might better ensure that they achieve stated outputs, outcomes and impacts.

ii. Report the findings of the individual RPC evaluations, including the completion of a draft Annual Review for each RPC, using the standard DFID template, This will ensure that evaluation findings are captured with minimal duplication of effort, that the findings can inform lesson learning in DFID, and the findings can be published on the DFID website.

iii. To synthesise the findings from individual RPC evaluations and identify any consistent lessons learned that can be used to inform future policy and programming on health research.

3.2 Scope

The evaluation will use the Development Assistance Committee (DAC) criteria of efficiency, effectiveness, relevance, impact and sustainability to evaluate the performance of each RPC to date and their ability to deliver outputs / outcomes as anticipated. Given the mid-term timing of this evaluation, greater prominence will be given to the first three of these five criteria. The results will be used as part of the evidence to inform DFID decision making about the continuation of the nine RPCs. The team(s) will also use evidence from the evaluations to produce a synthesis of lessons learned using the RPC funding model, across a number of different thematic areas, and make recommendations about how the funding model may be improved in the future.

3.3 Evaluation Questions

The evaluation questions have been grouped using the DAC criteria for evaluations. The following questions are indicative of the issues to be covered, but we welcome suggestions/revisions from the bidding teams:

Efficiency

To what extent are RPCs functioning in the best possible manner, maximising on the resources available to them? An assessment might include consideration of:

- Whether the implementing partners have made the best use of their strengths and comparative advantages to optimise the achievement of results? Can/how might this be strengthened?
- To what extent does the partnership add value to the generation of knowledge and communication of results?
- What is the evidence of shared governance and best practice between consortium members, and the direction of information flow within the consortium?
- How are emerging challenges addressed within the RPC?
- What systems are in place within the RPC for the allocation of research funds amongst partners/? How are funds accessed by partners?
- What level of management effort is invested in the RPC and is this proportionate?
- How useful are the roles of the CEO and Research Uptake Manager (or equivalent roles)?
- What is the value of the Consortium Advisory Group?

Effectiveness

To what extent are RPCs delivering on their objectives, as defined in the programme proposal and logframe? An assessment might include consideration of:

- The extent to which: planned results of the individual RPCs been achieved; and the logic and assumptions in the theory of change are holding true?

- The extent to which RPCs are producing new knowledge and disseminating this effectively?
- How well capacity building activities are structured around partners needs and aligned with RPC objectives?
- The quality of research outputs and significance of findings for the field?
- The extent to which overall value for money being achieved by the programme, taking account of factors such as: the volume and quality of research produced; timeliness of delivery; qualitative assessment of capacity building efforts; success in engaging/ influencing developing country partners; extent to which ToC assumptions have held; effectiveness of governance structures, including ongoing M&E by RPC; cost control mechanisms; role of partners in decision making
- Are there any unplanned activities and/or unintended or unexpected outcomes (positive or negative) to report

Relevance
To what extent is the RPC's work pertinent to improving the health of the poor, and of practical applicability? An assessment might include consideration of:

- What evidence is there that the research will have relevance to policy and practice in developing countries?
- What evidence is there for the ongoing demand for the research being undertaken?

Impact
To what extent are RPCs having an effect on improving health outcomes for the poor? An assessment might include consideration of:

- What is the actual and/or potential impact (both direct and indirect) of the programme outputs on appropriate policy and practice areas, relevant to developing countries?

Sustainability
What is the likely RPC legacy? An assessment might include consideration of:

- Is the RPC or any of its partners likely to remain in existence after the programme end date as a result of this initial investment?
- Is the RPC on track to build long term research capacity amongst individual developing country researchers?

Synthesis
What are the key, combined findings/ lessons that have emerged from the individual RPC evaluations that potentially have wider relevance for DFID's future funding decisions? An assessment might include consideration of:

- Common themes that have emerged from individual RPCs
- Commonalities of management and processes across RPCs that contribute to or inhibit the successful and timely delivery of outputs?
- Whether there is an optimum balance between research, research uptake and capacity building activities across the RPC portfolio?
- Any examples of RPC governance structures that work better than others
- The extent to which the RPC modality is suitable to implementing priorities in international health?

3.4 Users and audience of evaluation

The immediate and main uses of the results of the evaluation are the RPC leads and the DFID HD research team. The RPC partners, management structures and the

Consortium Advisory Groups will be able to use the findings of the evaluations to inform their activities in the remaining time for the programme. The HD team will use the results of the evaluation as one of a number of pieces of evidence to inform the future management of the individual RPCs, for example whether any remedial action is required.

Use and communication
The evaluation teams will send the draft reports to each of the RPC programmes for comment. The evaluation team will then send the draft, with RPC comments, to the HD team for further comments. The evaluation team will integrate all comments into the evaluation where appropriate and send a final copy to each RPC programme and to the HD team.

The RPC evaluations are for accountability purposes and Annual Reviews which reflect the findings from the evaluations for each RPC will be published on the DFID website (subject to due consideration of any requests for sensitive information to be withheld). Other sections of the evaluation teams' reports may be placed in the public domain on the DFID research portal (R4D – r4d.dfid.gov.uk).

The synthesis document, outlining consistent lessons learned across the RPCs, will be sent by the evaluation team to HD team. The HD team will share the document with the RPCs and invite their comments. The document will be used as a basis for discussion with the RPC teams as well as researchers more generally and research funders, to inform decisions about the design of future funding modalities.

The findings of the extended discussion will feed into the HD Research Team's work on future planning and implementation of funding modalities for international health research, as well as research funding more broadly in DFID. It is expected that the findings of the evaluation will also be of wider interest to other donors and funders of research and will have relevance to value for money in health research more generally.

4 Methodology

Bidders are invited to propose an evaluation design and methodology that they believe will most effectively and efficiently deliver the purposes, objectives and required outputs in the time available. Analytical methods, including for synthesis, should be described.

A few likely components are signposted below and Annex 2 outlines a process by which the evaluation may be conducted. However, DFID does not wish to be prescriptive. We welcome proposed variations, innovations and additions which will be given careful consideration. Note, though, that we are committed to a high level of quality and rigour in the study, in line with international good practice in evaluation.

It is expected that the winning bidder will have presented a fully worked up proposal, though there will be an opportunity to fine tune the approach in a brief inception phase (see Timetable below).

Document review
The evaluation teams will consult individual RPC Business Cases (or Programme Documents where programmes predate the introduction of the Business Case template), Logframes, Inception Reports, Annual Reports and Annual Reviews. Key documents likely to be included are outlined in Annex 3. This list is not exhaustive and further documents will be prepared for the evaluation team by DFID and the

RPCs. Any further information requested will be provided (if appropriate and available). Any information that is sensitive will be identified by DFID and/or the RPCs and evaluation teams will be expected to work within the DFID ethical procedures to ensure confidentiality is upheld as appropriate. There are unlikely to be any copyright/IP issues although RPCs may provide as yet unpublished scientific papers which may not be shared more widely in advance of publication.

Interviews with key partners and users
Interviews with each of the RPCs, partners, board members and stakeholders (the latter will vary with each RPC but may, for example, include developing country policy makers and practitioners or the broader International Development research community) may be considered. Meetings and interviews should be carried out either by teleconferencing or video conferencing or with UK-based partners. Face-to-face interviews should be carried out where possible, but DFID will not fund travel outside of the UK. The HD team and the RPCs will be able to provide a list of key stakeholders to the individual evaluation teams on request.

Meetings
The evaluation teams should hold a half-day or full-day meetings with each of the RPCs for an update on RPC progress to date and to explore issues arising from the document review, interviews and any other findings. It is expected that DFID staff will also attend these meetings, as observers. Meetings may be held in person or by video conference or teleconference.

The evaluators should ensure that they adhere to the ethical evaluation practices and the evaluation principles of accuracy and credibility, details of which will be set out in the ITT package.

5 Timetable and Milestones

The evaluation will begin in December 2014 and will be completed, including the synthesis document, by no later than 26 June 2015.

Please propose a detailed timetable, having regard to the following suggested dates and including timings for contact with each individual RPC:

Primary Activity	**Deadline**
Delivery of short inception report	31 December 2014
Inception Report Agreed	16 January 2015
Draft Evaluation reports for each RPC	3 April 2015
Receipt of **Final Evaluation** for each RPC following response to comments on draft	1 May 2015
Receipt of Synthesis Report by DFID	29 May 2015
Final agreed draft of synthesis report	26 June 2015

6 Evaluation Outputs

i. Inception Report that reports outlines the work plan, methodology and timetable for the evaluation and includes a communication plan.
ii. Draft Evaluation Report for each RPC (no more than 15 pages plus appendices) including:
- A one page summary to be placed on the Evidence and Programme Exchange (EPE)

- Summary of findings against the evaluation questions including a recommendation from the evaluation teams, based on their findings, that programme a) continues as is, b) continues with modification or c) does not continue. This recommendation will be one of a number of factors that guides DFID's decision making about future management of the individual RPCs
- A draft DFID Annual Review for each individual RPC – using the standard DFID template

iii. Final Evaluation Report for each RPC including all of the above following consultation with the RPC and DFID for their comments on drafts

iv. A Synthesis Report (of no more than 25 pages plus appendices; the first or second draft of this report, as DFID decides, will be externally quality-assured by a single reviewer) that:

- Draws out common lessons emerging from individual evaluation
- Identifies and explores common themes and cross cutting issues
- Makes recommendations from lessons learned across the different RPCs about how DFID might (i) better manage programmes, (ii) better link research outputs to policy making, (iii) improve links between the RPCs and (iv) share RPC best practice
- Identifies good working practices for increasing the contribution of Southern partners.
- Identifies structures, management processes, monitoring or specific partnership structures that have directly influenced the outcome and the generation of outputs.
- Brings together any unintended impacts, positive or negative
- Identifies any lessons about how to make RPCs more effective in the future

7 Skills and Qualifications of the Evaluation Team

The midterm evaluation team(s) should comprise independent team members with expertise in research methods, and technical knowledge relevant to the thematic focus of each RPC. One of the independent team members will be the designated lead of the team.

It is envisaged that there will a pool of evaluators to be part of nine distinct teams, with members of the pool working on any number of these teams. There is a requirement for each team to include three members covering: the relevant thematic technical expertise (to enable assessment of research relevance and quality); knowledge, research uptake, gender; and organisational issues.

The essential competencies and experience that the evaluation team will need to deliver the work are:

- Expertise in evaluation methods and techniques
- Good knowledge of evaluating consortia with multiple partners
- Technical expertise in the research themes relevant to the thematic focus
- Good knowledge on organisational/governance issues
- Good knowledge on assessing value for money
- Good knowledge of capacity building approaches
- Good knowledge of research uptake strategies

The desirable competencies and experience that the evaluation team will need to deliver the work are:

- Good knowledge of gender, social and poverty research and analysis
- Strong analysis, report writing and communication skills

8 Security and risks

8.1 Security

There are no visits to DFID country offices or provision for travel outside of the UK.

Duty of Care

The supplier is responsible for all acts and omissions of the Supplier's Personnel and for the health, safety and security of such persons and their property. The provision of information by DFID shall not in any respect relieve the Supplier from responsibility for its obligations under this Contract. Positive evaluation of proposals and award of this Contract (or any future Contract Amendments) is not an endorsement by DFID of the Supplier's security arrangements.

Supplier Personnel are defined under the contract as any person instructed pursuant to this Contract to undertake any of the Supplier's obligations under this Contract, including the Supplier's employees, agents, and sub-contractors.

8.2 Risks

The risks to the evaluation should be specified and addressed in proposals, including the risk in accessing the diversity of people and stakeholders involved in the consortia; and therefore the risk of non-completion or failure to complete within the stated time.

9 Evaluation Management Arrangements

The evaluation will be overseen by a Management Group. This group will be responsible for approving the evaluation outputs and commenting on draft reports. The Group will include the following DFID staff:

HD team leader and day-to-day point of contact for the evaluation teams
HD team research manager
TBC – DFID health adviser
Evaluation Adviser

The HD team will introduce the evaluation team to the individual RPCs and then expect the teams to develop and maintain their contact with the RPC throughout the evaluation, independently of DFID.

Liaison between the Management Group and the evaluation team will include at least two meetings (one to present and discuss the inception report; and a second for the draft synthesis report). These meetings will take place in London or East Kilbride, and may involve teleconferencing of video conferencing.

10 Budget

The budget is around £200,000-£210,000 + VAT for the completion of the evaluation process for 9 RPCs. This must cover all costs and provide for the inclusion of subject/area experts. Criteria for assessment of the tenders will include: methodology, quality of team and value for money.

Annexes

Annex 1. RPC programme booklet - available as a separate document in the ITT pack

Annex 2. Outline Methodology

Annex 3. Documents for Evaluation

TOR Annex 2. Outline Methodology

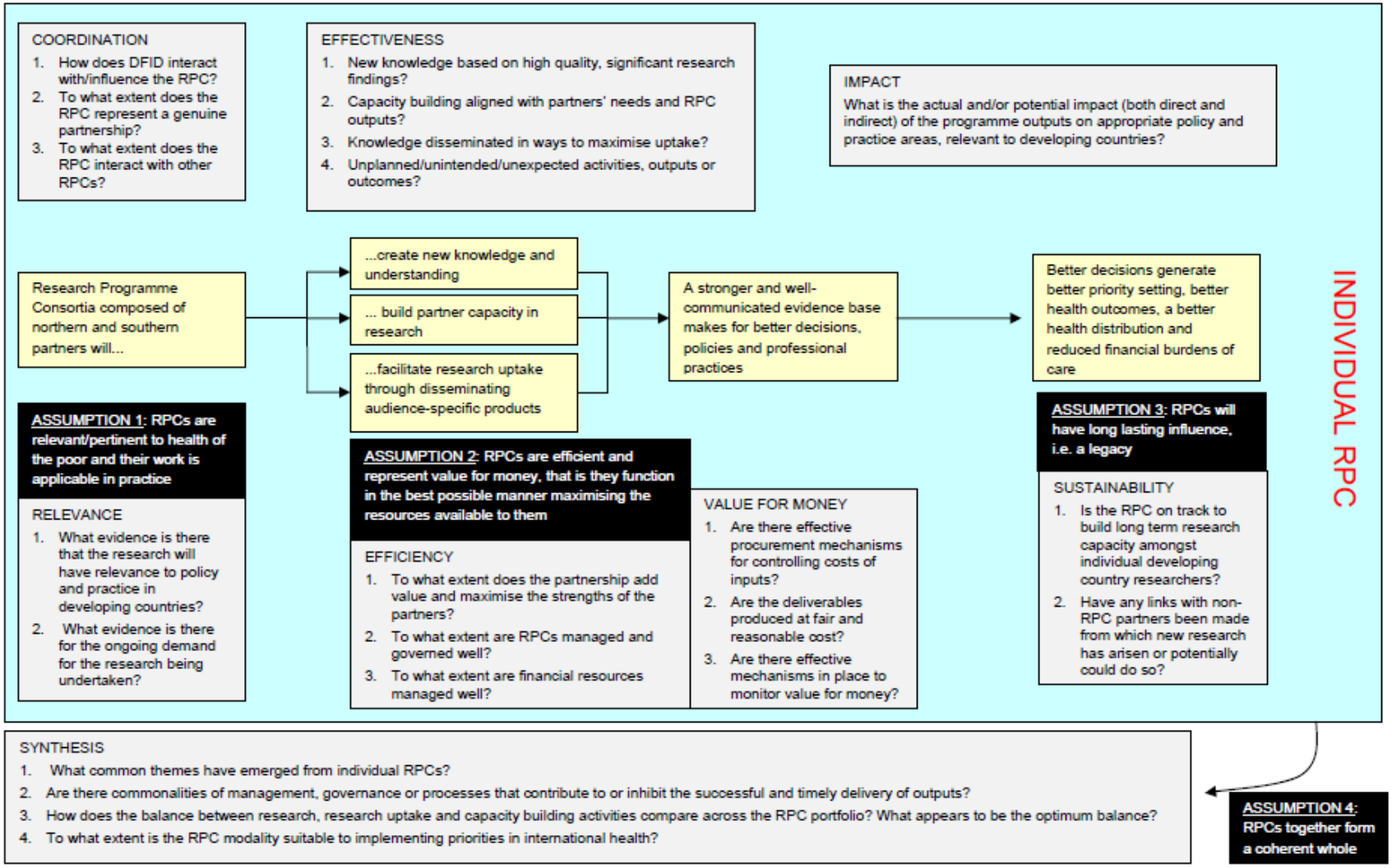
1. Recruit teams and organise key dates and deadlines for the evaluation process for each RPC.
2. Evaluation team(s) members meet with DFID to agree inception phase, including evaluation methodology
3. DFID introduces the individual evaluation teams to each RPC
4. Consultation and evaluation process to include:
    - Interviews with institutions making up the RPC to collect information on outputs to date, achievements to date and management aspects of work
    - Interviews with key stakeholders and users of the RPC work, to include questions on degree to which programmes have met their outputs and intended impact; the value of RPC generated knowledge to the field; what are the gaps; what could have been done differently or better
5. MTE meetings between evaluation team, RPC members and DFID
6. Write up findings of evaluation as per expected outputs and draft a DFID Annual Review using the standard template
7. Send preliminary reports to RPCs and request replies and comments on draft
8. Send preliminary reports to DFID and requests replies and comments on draft
9. Submit finalised reports to DFID and RPCs
10. All teams to meet – hold final meeting of whole evaluation team to discuss findings and reports in order to pull together common themes, cross cutting issues and lessons learned relating to the RPC model
11. Submit draft synthesis report and finalise based on DFID comments and those of an external QA reviewer.

TOR Annex 3. Documents for evaluation

Documents to include in the evaluation for each RPC

- Original technical proposal submitted to DFID
- DFID contract for the RPC
- Project document/Business Case
- Inception phase report
- Logical Framework– and any updated logframes
- Theory of Change for each programme
- RPC annual reports/reviews
- RPC budgets and details of costs/expenditure to date in format used to report to DFID
- Documents containing RPC response to any written questions from the evaluators
- Key publications identified by the RPC, including peer-reviewed publications, training tools and gender-focused publications
- RPC Terms of Reference and any other relevant Guidance Notes
- Other documents as identified by evaluation team, DFID and RPC

Annex 3: Evaluation Framework



Annex 4: Bibliography

Full details of all documents related to individual RPCs are included in the evaluation reports for those RPCs. The documents listed here are those referred to in the Synthesis Report.

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Annex 5: People consulted

Details of people consulted in relation to individual RPCs are included in the evaluation reports for those RPCs. Members of staff from DFID's Research and Evidence Division (Human Development Research Team, South Asia Research Hub and Evidence into Action Team) were consulted on issues affecting multiple RPCs.

The following RPC meetings were held (* denotes chairperson; V denotes participation by video conference; T denotes participation by telephone)[19]

RPC	Date	From evaluators	From RPC
COMDIS-HSD	01.04.15	Roger Drew* Henrietta Wells Tony Culyer	James Newell John Walley Anthonia James Debi Greaves Nilam Ashra-McGrath Rebecca King Helen Elsey Sylvia Meek Sushil Baral
EBSR	12.03.15	Henrietta Wells* Terri Collins Roger Drew	Paul Garner David Sinclair Anne-Marie Stephani Paula Waugh Deirdre Walshe Marty Richardson Hannah Ryan Philomena Hinds Christianne Esparza Diderik Van Halsema
FHS	27.03.15	Henrietta Wells* Terri Collins Roger Drew	David Peters Sara Bennett Elizabeth Ekirapa-Kiracho Barun Kanjilal Gerry Bloom Tom Barker
PRIME	02.03.15	Roger Drew* Jane Gilbert Tony Culyer	Crick Lund (V) Mark Tomlinson (V) Erica Breuer (V) Vikram Patel (T)
ReBUILD	09.03.15	Tony Culyer* Jack Eldon Roger Drew	Barbara McPake Tim Martineau Sophie Witter

[19] At least one member of DFID staff attended each RPC meeting

RPC	Date	From evaluators	From RPC
			Helen Carlin Nick Hooton Freddie Ssengooba
RESYST	06.03.15	Roger Drew* Javier Martinez Tony Culyer	Lucy Gilson (V) Andrea Egan Kara Hanson Becky Wolfe
STEP UP	11.03.15	Terri Collins* Sarah Dobson Roger Drew	Harriet Birugi (V) Ian Askew (V) Caroline Kabiru (V) Joyce Mumah (V)
STRIVE	18.03.15	Henrietta Wells* Martine Donoghue Roger Drew	Chris McLanachan Charlotte Watts Lori Heise Annie Holmes
Transform Nutrition	02.04.15	Roger Drew* Anne Bush Tony Culyer	Stuart Gillespie Catherine Gee (T) Sam Reddin

Annex 6: RPC Task Template

Self-assessment questionnaire (task 1)

This self-assessment is an important part of the Mid-Term Review (MTR) of RPCs. It is an opportunity for you to tell us in writing how the programme works and what it is achieving. We are keen to read about your accomplishments and highlights but please also describe any particular challenges or disappointments, and what has been learnt from them. Wherever possible please provide evidence.

Please answer all the questions or explain why you are not answering a particular question. Answer in whatever style you choose – for example some points could be illustrated by vignettes. If answers overlap, feel free to reference previous answers.

Your responses will be seen only by members of the Mid Term Review team. Some direct quotations may be used in the final report unless in particular instances you were to specify otherwise.

Please return your self-assessment by 28th January at the very latest. It is important that you meet this deadline. If you have any questions, please contact Henrietta Wells on henrietta.wells @hlsp.org.

1. Relevance

1.1 If you could start again, would you select different outcomes from the ones you have now? Please explain.

1.2 To what extent is your RPC work relevant to policy and practice in developing countries? Are there difficulties in persuading others of its relevance?

1.3 Have there been any significant changes to the logframe since the beginning of the contract? Are the outcome and output indicators still adequate to show your achievements?

1.4 What evidence (qualitative or quantitative) would you offer for there being an ongoing demand for your RPC's research?

2. Coordination

2.1 How does DFID interact with your RPC? Please highlight positive and negative features and explain how the relationship has evolved over time. If there have been changes in the relationship, please explain.

2,2 Have there been any significant delays in producing outputs/outcomes? If so, what accounts for the delays?

2.3 What is the nature of the partnership within this RPC? Please highlight positive and negative features and explain how the partnership has evolved over time.

2.4 What interactions do you have with other RPCs? What benefits, if any, have you (and they) had from the interactions? What hinders or promotes such interactions?

2.5 With respect to your RPC work, what other interactions with governments, agencies and research organisations have you had? Please assess their value to your work.

3. Effectiveness

3.1 To what extent has the RPC produced new knowledge based on high quality, significant research findings?

3.2 To what extent has the RPC been successful in building the capacity of partners in low and middle income countries? Please give qualitative and quantitative evidence.

3.3 To what extent do you involve end-users of your research such as government ministries, advisers, other sponsors, in its design and implementation? Has this worked well/not so well?

3.4 What steps have you taken to promote uptake of RPC research beyond publication in academic papers? What has worked well/not so well?
3.5 Have there been any unintended positive or negative activities, outputs or outcomes of the RPC's work?

4. Efficiency

4.1 How do you think your RPC adds value? What elements of its work would never have occurred without the DFID contract?
4.2 To what extent does the RPC use the strengths of its partners well?
4.3 How is your RPC managed and governed? What is working well? What is not working well?
4.4 Please describe how financial resources are managed? What is working well? What challenges are you facing?
4.5 Have you faced underspends or reductions in your budget? If yes, please explain the reasons for such events.

5. Value for money (VfM)

5.1 Does the Consortium have an agreed, explicit, approach to assessing and ensuring value for money? Please describe.
5.2 What VfM measures are consistently tracked and reported? Please describe.
5.3 As the lead organisation in the Consortium, do you assess or monitor value for money in activities undertaken by partner organisations, and if so, how?
5.4 Have any VfM performance measures acted as triggers for management/DFID action? Could you give examples?
5.5 Has working in partnership in the Consortium allowed you to make use of any economies of scale that contribute to VfM, through, for example, sharing of resources, expertise or dissemination networks? Are there areas where you think such pooling of resources, networks or expertise could be enhanced?
5.6 Are there other approaches to demonstrating VfM (either broad overview approaches or specific VfM measures) that, in your view, could be more usefully applied?

6. Impact

6.1 How would you describe the academic impact of your RPC so far? Please provide qualitative/quantitative evidence.
6.2 How would you describe your RPC's impact on policy and practice in developing countries? Please give examples.
6.3 What would you regard as your RPC's finest achievement to date?
6.4 What do you think the impact of RPC will have been at the end of the current contract?
6.5 What are the channels or pathways through which your RPC will contribute to better health outcomes in low- and middle-income countries?

7. Sustainability

7.1 What do you expect to happen to your RPC when the DFID funding ends?
7.2 What links, if any, have been made with non-RPC related research institutions or programmes? Has any new research been commissioned by targeted decision makers as a result of RPC research or products?
7.3 Are the relationships or partnerships in which you have been involved likely to endure? What threats are there to such sustainability?

8. General

8.1 What lessons have you learned from your RPC?
8.2 What do you think are the strengths and weaknesses of RPCs as a way of funding health research in a development context? Are there ways in which they could be improved?
8.3 What are the main challenges for the period of the rest of the contract? What changes and new developments are planned?
8.4 Are there any other comments or suggestions that you would like to share with us?

Names and Contacts of up to 10 Key Informants (including CAG members but excluding partners and DFID Link Advisors) (task 2)

Review Meeting Dates (task 3)

Please put 'X' against your RPC name under two possible dates for a Review Meeting, avoiding the shaded cells. Where the Lead partner is in the UK, we ask that you host the Meeting (allow 1 day). Where there is no UK institution, the Meeting will be held at the Mott MacDonald offices in central London. Partners are welcome to join, in person or remotely, although please note that travel costs must be borne by the RPC.

RPC name	Column2	09-Mar	10-Mar	11-Mar	12-Mar	13-Mar	Column3	16-Mar	17-Mar	18-Mar	19-Mar	20-Mar	Column4	23-Mar	24-Mar	25-Mar	26-Mar	27-Mar	Column5	30-Mar	31-Mar
		Mon	Tue	Wed	Thu	Fri		Mon	Tue	Wed	Thu	Fri		Mon	Tue	Wed	Thu	Fri		Mon	Tue
FHS																					
STRIVE																					
COMDIS																					
Evidence																					
STEP UP																					
REBUILD																					
RESYST																					
PRIME																					
Nutrition																					

Reviewers not available

Products for Peer Review

Please select 4 or 5 tangible outputs reflecting the range and scope of your RPC outputs to date. These can include peer reviewed articles; policy briefs; social media communications; course curricula; workshop evaluation etc. Please direct us where to access each one, or attach it if not readily available. We are also interested in a brief explanation for each choice (task 4)

Title	Where to access	Reason chosen

Annex 7: Product Review Tool

Product No. and Title:			
RPC reason for choice:			
Main criteria	**Sub-criteria**	**Areas to bear in mind**	**Comments**
1. Quality of research	• based on rigorous needs assessment (that includes coherence with DFID priorities) • research question is located within the context of relevant literature and experience • study design appropriate for a research paper • data analysis uses methods (qualitative and/or quantitative) appropriate to the research question and data		
2. Relevance and added value	comprehensiveness of topic	• situated within current international debate • builds on existing work • synthesizes existing work • open access	
	contributes new knowledge	• incorporates a discussion that places results in a broader context • identifies policy implications that follow from the results	
	right time right people	• indicates the anticipated number/range of users • timeliness of publication/communication	
3. Quality of presentation	argument flows clearly	• aim is clear • conclusion is clear at outset • problem clearly stated and backed with evidence • recommended actions clear and specific • recommendations flow logically from evidence presented • all information is necessary for the development of the argument	
	content is	• importance to audience is clear	

Product No. and Title:			
RPC reason for choice:			
Main criteria	**Sub-criteria**	**Areas to bear in mind**	**Comments**
	appropriate for audience	• recommendations are appropriate for the audience • understandable without specialised knowledge	
	language is clear, concise and engaging	• words not unnecessarily complex • jargon not used • sentences not cluttered with unnecessary words or phrases • text is engaging (active voice, varied sentence structure)	
	visual cues help the reader navigate and digest information	• white space and margins are sufficient • text is broken into sections with identifiable focus • headings cue the key points that follow • key points are easy to find	
	data are presented effectively	• all data necessary for the argument • data are easy to understand • data are presented in the most appropriate format • graphics are not redundant with the text	

Mott MacDonald, 10 Fleet Place, London EC4M 7RB, United Kingdom
T +44 (0)20 7651 0302 F +44 (0)20 7651 0310, W https://www.mottmac.com/health