Report

BUILDING CAPACITY TO USE RESEARCH EVIDENCE (BCURE) EVALUATION: STAGE 1 SYNTHESIS REPORT

Date: June 2016

Isabel Vogel and Melanie Punton

Submitted by Itad

In association with: Isabel Vogel

Results in development

Acknowledgements

The authors would like to thank the BCURE evaluation team for their contributions to the synthesis. We would also like to thank the BCURE implementing teams for their invaluable support and engagement during the Stage 1 evaluation process and country visits. The DFID team at Evidence into Action have provided supportive management and helpful guidance, which has considerably strengthened the evaluation.

Disclaimer

The views expressed in this report are those of the evaluators. They do not represent those of DFID or of any of the individuals and organisations referred to in the report.

'Itad' and the tri-colour triangles icon are a registered trademark of ITAD Limited.

Itad
June 2016

Report

BCURE Evaluation: Stage 1 Synthesis Report

Table of contents

Abbreviations and Acronyms v

Executive summary vi

Introduction 1
- **1.1. What is BCURE?** 1
- **1.2. Aim and scope of the overall evaluation** 1
- **1.3. Intended users** 2
- **1.4. Report structure** 3

2. BCURE Programmes 3
- **2.1. Introduction** 3
- **2.2. BCURE programme-level management and learning** 6

3. Evaluation Design and Methodology 7
- **3.1. Introduction** 7
- **3.2. BCURE Common Theory of Change** 8
- **3.3. Intervention-context-mechanism-outcome configurations (ICMOs)** 12
- **3.4. Evaluation questions** 13
- **3.5. Literature Review** 13
- **3.6. Programme evaluations** 14
- **3.7. Non-BCURE case studies** 15
- **3.8. Impact Case Study** 15
- **3.9. Overall synthesis** 16
- **3.10. Limitations to the synthesis** 18

4. Implementation Status of BCURE Programmes 19

5. What is the evidence on the enablers of and barriers to EIPM in the BCURE countries? 24
- **5.1. Introduction** 24
- **5.2. EIPM as a complex system** 24
- **5.3. Case study countries: current political contexts** 25
- **5.4. Evidence on enablers of and barriers to EIPM from BCURE countries** 27
  - 5.4.1 Institutional-level enablers/barriers 27
  - 5.4.2 Organisational-level enablers/barriers 32
  - 5.4.3 Interpersonal enablers/barriers 33
  - 5.4.4 Individual-level enablers/barriers 34
- **5.5. Conclusions** 36

6. What is the evidence on how, why, in what circumstances, and for whom the BCURE interventions lead to change? 38
- **6.1. Introduction** 38
  - 6.1.1 Strength of evidence behind ICMOs 38
- **6.2. Individual change** 39
  - 6.2.1 Individual-level outcomes at Stage 1 39
  - 6.2.2 Process of developing theories about how individual change happens 40

Learning theories 41
  - 6.2.3 Our theories about how BCURE leads to individual-level change 41

6.3. Interpersonal change **46**
6.3.1 Interpersonal-level outcomes at Stage 1 46
6.3.2 Process of developing theories about interpersonal change 48
6.3.3 Our theories about how BCURE leads to interpersonal-level change 48
6.4. Change through evidence champions **52**
6.4.1 Outcomes as a result of champions at Stage 1 52
6.4.2 Process of developing theories about champions 52
6.4.3 Our theories about how BCURE leads to change through champions 53
6.5. Organisational change **57**
6.5.1 Organisational-level outcomes at Stage 1 57
6.5.2 Process of developing theories about organisational change 58
6.5.3 Our theories about how BCURE leads to change through organisational change 59
6.6. Institutional (systems) change and links to policy quality **63**
6.6.1 Institutional-level outcomes 63
6.6.2 Process of developing theories about institutional-level change 64
6.7. Conclusions **65**

7. Overall Conclusions and Recommendations **68**
7.1. Recommendations for BCURE and the wider community **69**
7.2. Recommendations for Stage 2 of the BCURE evaluation **69**

References **71**

Annex 1. Terms of Reference and BCURE Logframe **73**

Annex 2. Stage 1 CToC, evaluation framework and programme theories **102**

Annex 3. Stage 1 methods, analytical tools, rubrics and strength of evidence **111**

Annex 4. List of people interviewed **116**

Annex 5. Stage 2 revised evaluation framework and method **122**

Abbreviations and Acronyms

ACD	African Cabinet Decision-Making Programme
ACGN	Africa Cabinet Government Network
AEN	Africa Evidence Network
AFIDEP	African Institute for Development Policy
ASI	Adam Smith International
BCURE	Building Capacity to Use Research Evidence
CMO	Context-Mechanism-Outcome
(C)ToC	(Common) Theory of Change
DBE	Department of Basic Education
DEA	Department of Environmental Affairs
DFID	Department for International Development
DMECC	District Monitoring Evaluation Committee
DPME	Department for Planning, Monitoring and Evaluation
DST	Department of Science and Technology
EBP	Evidence-Based Policy
EIPM	Evidence-Informed Policy Making
EQ	Evaluation Question
GoB	Government of Bangladesh
ICMO	Intervention-Context-Mechanism- Outcome
IFPRI	International Food Policy Institute
LF	Logical Framework
LMIC	Low and middle-income countries
LOA	Line of Argument
MoH	Ministry of Health
NES	National Evaluation System
REQ	Realist evaluation sub-questions
PT	Programme Theory
RD&E	Research Development and Evidence
SECURE	Strengthening Capacity to Use Research Evidence
UJ	University of Johannesburg
VfM	Value for Money

Executive summary

This report presents a synthesis of the results from Stage 1 of the evaluation of DFID's Building Capacity to Use Research Evidence (BCURE) programme. The synthesis report explores findings about **how and why capacity building for evidence use works and does not work, for whom, to what extent, in what respects, and in what circumstances**.

The BCURE programmes run from 2013–2017, and the evaluation runs in parallel. Stage 1 was conducted from April–September 2015 and is the first of three stages of an evaluation process being conducted by Itad from 2014–2017.

What is BCURE?
Funded by the UK Department for International Development (DFID) and launched in 2013, BCURE is a £13 million programme, running until 2017. BCURE is made up of six linked capacity development programmes, working in government settings in 11 countries in Africa and Asia. The programmes aim to increase the ability of government officials and parliamentarians in the global South to use research evidence for decision making.

DFID sees BCURE as a pioneering programme, and so is investing in explicitly capturing lessons from it on how to promote evidence-informed policy making (EIPM) in developing countries through capacity building in the course of a three-year evaluation that accompanies the programmes as they are implemented.

Objectives of the BCURE evaluation
The evaluation runs from 2014–2017, in parallel with the BCURE programmes. The primary purpose of the evaluation is to strengthen the global evidence base on the effectiveness of capacity-building approaches to support evidence-informed policy. The second aim is to evaluate the effectiveness and value for money of the six BCURE programmes.

Objectives of the Stage 1 synthesis report
The **Stage 1 synthesis report** focuses on the findings related to early signs of emerging change, contextual enablers of and barriers to EIPM, and evidence supporting the refinements of theories explaining how and why the interventions seem to be leading to change. It does not focus on performance judgements of the individual BCURE programmes.

Design and method
The evaluation design is grounded in realist evaluation principles, framed by a common theory of change (CToC), which describes four domains of change: individual, interpersonal, organisational and institutional (described in Section 3.2). The CToC is underpinned by a series of hypothetical explanations of how the interventions may lead to change (programme theories, discussed further in Section 3.3). The evaluation questions are derived from the CToC and the underlying programme theories (PTs).

Evaluation data comes from five modules (discussed in Section 3):

1. Five programme evaluations and country case studies;
2. Literature Review on building capacity for evidence use;
3. A case study of a similar intervention to BCURE;
4. Impact Case Study that researches how capacity building for EIPM contributes to policy quality, by investigating how EIPM functions (or not) as a government system;
5. An overall synthesis, drawing together data from the different sources.

Implementation summary
Section 4 summarises the implementation experience at Stage 1. Through the first years of implementation, the BCURE programmes have had to adapt their approaches in response to challenges in their contexts.

Challenges to programmes have ranged from severe, macro-level issues, such as the Ebola virus epidemic in West Africa and the outbreak of civil war in South Sudan, which have affected the African Cabinet Decision-Making (ACD) programme significantly, to challenges relating to the government settings that programmes are operating in, as well as more conventional implementation challenges, such as partnership issues.

Overall, the evaluation found that programmes have maintained a focus on their deliverables and adapted plans appropriately, retaining relevance to the context and to their intended outcomes.

Evidence of barriers to and enablers of EIPM
Section 5 discusses the deep-seated dynamics of evidence use in order to explain *why* decision makers in the BCURE countries may not access or use evidence. Understanding these dynamics is necessary because these factors have strong potential to block positive change as a result of EIPM capacity-building interventions over time.

A factor may create an opportunity for evidence use, or the same factor may effectively block the use of evidence, depending on the circumstances. We have referred to these factors as 'enablers/barriers'.

At the institutional or system level of the CToC, challenges identified include: the pressure of the political cycle, national and international policy priorities, and critical gaps such as the availability of relevant evidence and a systematic approach to policy making as a whole.

At the organisational level, factors such as the organisational valuing of evidence are a key enabler of the demand for EIPM; if it is not valued, evidence is seen as non-work and not prioritised. A critical factor was identified – 'missing foundations'. This is where a lack of documented policy protocols, and the under-resourcing of key organisations and departments who might promote EIPM, act as barriers to EIPM, even if individual capacity is built. The issue of missing foundations seems particularly acute in fragile contexts.

Absence of a research agenda, evaluation process or structured approach to collecting and documenting evidence act as barriers to EIPM, but resources can make a difference. Finally, policy and service delivery mandates can create opportunities for EIPM, although reactive policy making remains the norm.

At the interpersonal level, the main barrier relates to weak networks and connections between policy making and research communities. These findings confirm that initiatives to improve networks between policy makers and researchers are still needed.

Finally, at the individual level, capacity challenges emerge as the most significant barrier to EIPM, but capacities mentioned by respondents go deeper than technical skills in appraising and using evidence. There is a lack of understanding of the policy cycle more broadly, which relates to the 'missing foundations' barrier discussed above. The second most prevalent factor relates to the political nature of policy making, acting as a barrier when political and personal priorities tend to trump evidence, and when evidence is used politically, especially at higher decision levels. Finally, if an individual has prior experience with using evidence, this can positively affect the conditions for evidence use, especially if the individual is in a senior position.

Evidence of outcomes at Stage 1
Section 6 discusses the evidence of outcomes at Stage 1. Although the BCURE programmes are at an early stage, there are well-supported patterns of outcomes, with promising signs of early behaviour change among individuals, involving the application of EIPM and changes in practice as a result of the BCURE capacity-building interventions. There are also good examples of changes in policies, improvements in decision making processes and new collaborations between policy makers and researchers arising from BCURE interpersonal interventions, which may be sowing the seeds for organisational change. There is important, if still only partial, evidence that champions may have considerable transformative potential to influence change at all levels of the CToC. The evidence of emerging positive outcomes reflects well on the progress of BCURE programmes in their early stages.

Evidence on how, why, in what circumstances, and for whom the BCURE interventions lead to change
Section 6 also discusses the evidence on BCURE interventions leading to change *and the reasons why*.

At the individual level, the evidence suggests BCURE training may to lead to 'aha moments' in

which individuals recognise the relevance of EIPM to their work. Different kinds of 'aha moments' lead to different sorts of outcomes. In contrast, there is a suggestion that training may spark an 'eye opener' mechanism, in which practical training content is immediately applied by participants in their work.

Where EIPM learning is seen as immediately applicable to an ongoing policy process, exposure to new knowledge about and practical application of EIPM can result in a 'game changer' where evidence is used to inform, and at times even to 'unblock', a policy process.

There is some (more limited) evidence that embedding capacity by following up training interventions with mentoring can help support individuals to apply skills 'in real life'.

Peer learning through mentorship may be sparked when relationships are positive, there is a match in seniority and a willingness to commit time and effort on both sides, the mentorship is tailored and focused to practical needs, and the mentee has the power to influence change.

On interpersonal change, Stage 1 has only produced limited data, and there are few clear-cut patterns. Unlike the interventions working at the level of individual change, BCURE interventions operating at interpersonal level tend to target a shared policy challenge that, to be tackled effectively, requires a pooling of knowledge and experience from different stakeholders.

So, at the heart of interpersonal change there seems to be a process of learning from, and being influenced by, others, in an informal or non-training environment, where evidence is used to support dialogue, problem solving and direct application to policy processes.

Open dialogue in an informal setting seems to be a key factor, but collaborative learning also requires a specific space for learning and an emphasis on peer-to-peer sharing.

There is evidence to suggest that 'change through evidence champions' is an important process in influencing change at several levels. Champions can promote change from both above and below, through high-level transformational leadership and more junior-level modelling.

Transformational leadership encompasses many elements, including influencing, persuading, convening, mobilising networks and initiating new organisational procedures to support EIPM; all of these can lead to tangible and significant outcomes at an organisational level.

Junior champions seem more likely to engage in sensitisation and awareness-raising in low-key spaces, and demonstrate the value of evidence through modelling EIPM behaviours in their day-to-day work. This may lead to less tangible outcomes.

At the organisational level, there is evidence to suggest that manuals, tools or processes for EIPM introduced at the beginning of an EIPM intervention can provide a focal point around which new EIPM norms and behaviours can be developed, as demonstrated in the ACD programme. New tools may facilitate new EIPM behaviours if they help people to do their work and support their interests.

Evidence also suggests that demonstrations of success and positive benefits of EIPM can be catalytic within an organisational setting. Building ownership, involving high-level stakeholders, and ensuring that tools are relevant and useable appear to be important across all the organisational-change processes.

With organisational-level interventions, there is a suggestion that the risks might be higher of creating perverse incentives and unintended negative consequences. On the positive side, organisational-level mechanisms can at times stimulate enablers of EIPM in terms of organisational procedures, practices and norms that support EIPM.

At the institutional level, there is insufficient evidence to suggest clear-cut patterns. A key challenge is that institutional-level change results from accumulated effects of multiple interventions at other levels.

However, there is emerging evidence at Stage 1 to suggest that outcomes on one level contribute to contextual factors at another level, potentially showing how change processes might interrelate to influence systems change.

Recommendations for BCURE and other EIPM capacity-building programmes

The evidence at Stage 1 suggests some high-level recommendations, reflecting the broader lessons obtained through the evaluation. Although there are clear implications for the design and implementation of capacity-building strategies, it is only possible at this stage to make recommendations about high-level framing of capacity development and understanding EIPM as a dynamic process. More specific insights into models and options will emerge at Stage 2. Nevertheless, the BCURE teams and other programmes aiming to develop capacity for EIPM would benefit from considering the following issues in their work:

- Framing capacity development as multidimensional, encompassing change at individual, interpersonal, organisational, institutional, and system levels, and considering the interrelationships between them.
- Developing a deeper analysis of EIPM as a dynamic system and ensuring that contextual factors, such as power, politics and institutional history, and their implications for programmes have been fully identified. For example, factors that were highlighted by respondents, such as 'missing foundations', which may be particularly acute in fragile and post-conflict settings, need to be fully researched as they may limit the longer-term results of EIPM capacity-building initiatives, if not taken into account.
- Designing multi-level strategies to influence change at individual, interpersonal, organisational, institutional and system levels that respond to the realities of political EIPM dynamics. For example, at the individual level, the analysis at Stage 1 suggests that a wider set of attitudes and skills may be needed to stimulate the 'evidence mind-set' and build up 'soft skills' alongside technical EIPM skills. This has implications for the EIPM skill-set that is being taught, which could be strengthened by including an overview of policy process dynamics and political challenges; drawing out the implications of non-use of evidence; and building up confidence, motivation and skills in advocacy, debating and defending evidence. At an organisational level, the analysis suggests that factors relating to a 'culture' of evidence use could be tackled explicitly through, for example, engaging senior stakeholders and leaders by demonstrating the value of evidence, as well as tackling some of the structural issues identified through the analysis, particularly 'missing foundations'.

Recommendations for Stage 2 of the BCURE evaluation

There are clear actions that can be taken to strengthen Stage 2 of the BCURE evaluation:

- Revise the CToC to reflect the new ICMOs and the interrelationships between them.
- Restructure and simplify the evaluation framework.
- Validate the ICMOs with BCURE partners prior to Stage 2.
- Review other modules such as the external case studies and the Impact Case Study to ensure relevance of additional data.

Introduction

This report presents a synthesis of the results from Stage 1 of the evaluation of DFID's Building Capacity to Use Research Evidence (BCURE) programme. The synthesis report explores findings about **how and why capacity building for evidence use works and does not work, for whom, to what extent, in what respects, and in what circumstances**.

The BCURE programmes run from 2013–2017, and the evaluation runs in parallel. Stage 1 was conducted from April–September 2015 and is the first of three stages of an evaluation process being conducted by Itad from 2014–2017.

1.1. What is BCURE?

Funded by the UK Department for International Development (DFID) and launched in 2013, BCURE is a £13 million programme, running until 2017. BCURE is made up of six linked capacity development programmes, working in government settings in 11 countries in Africa and Asia. The programmes aim to increase the ability of government officials and parliamentarians in the global South to use research evidence for decision making.

The BCURE programmes work directly with cabinet staff, ministerial staff and civil servants in governments, and with parliamentarians to enhance evidence-based policy making (EIPM). Their activities range from training and mentoring on EIPM, supporting evidence champions and building networks, to directly supporting decision-making processes and organisational systems within ministries and cabinets to enhance practices. More detail on the programmes is given in the sections below.

DFID sees BCURE as a pioneering programme, and so is investing in explicitly capturing lessons from it on how to promote EIPM in developing countries through capacity building. The two main channels for capturing learning are a three-year evaluation that accompanies the programmes through their implementation, and cross-programme BCURE learning and communications activities.

1.2. Aim and scope of the overall evaluation

The evaluation runs from 2014–2017, in parallel with the BCURE programmes. The primary purpose of the evaluation is to strengthen the global evidence base on the effectiveness of capacity-building approaches to support evidence-informed policy. The second aim is to evaluate the effectiveness and value for money of the six BCURE programmes. The evaluation, therefore, has both a **learning focus** and an **accountability focus**.

The **evaluation's scope** encompasses several modules, including programme evaluations of the BCURE programmes, a literature review and a synthesis report on how and why capacity building for evidence use works or not in different contexts. These modules are discussed in detail in Section 3.

There are three annual stages of data collection and analysis: at baseline, mid-line and end-line. The timing of the phases is approximately as follows:

- Stage 1: April–September 2015.
- Stage 2: April–September 2016.
- Stage 3: April–September 2017.

Stage 1 objectives

At Stage 1 (2015), most of the programmes were finalising their first year of implementation. One programme, ACD, was approaching its mid-point and one programme, BCURE Bangladesh, had not yet started.

Given the early stage of the programmes, it was agreed with DFID that the purpose of Stage 1 would be **formative,** intended to provide reflections to inform the BCURE programmes during implementation.

The **Stage 1 synthesis report** focuses on the findings related to early signs of emerging change, contextual enablers of and barriers to EIPM, and evidence supporting the refinements of theories explaining how and why the interventions seem to be leading to change. It does not focus on performance judgements of the individual BCURE programmes.

The purpose of the synthesis at Stage 1 is to produce an evidence-based set of refined ICMOs and a refined CToC. At Stage 1, the synthesis is not yet producing evidence that these ICMOs are a definitive explanation of why and how change happens in that setting. These conclusions will emerge at Stages 2 and 3. Section 5 discusses this issue in more detail.

The **Stage 1 programme evaluations** focused on the relevance and appropriateness of design and delivery, and gathering evidence on early change. As a broad guide, it was anticipated that any emerging evidence of change would mainly relate to individual-level change, and that it would be too early to expect significant results from interpersonal or organisational-level interventions.

Evaluation team
The evaluation was undertaken by a team from Itad, in partnership with Stellenbosch University. The team included lead evaluators for each programme evaluation and country case study. The full team and their roles are detailed below:

- Isabel Vogel – team leader, lead on SECURE Health, Kenya case study and the synthesis (Itad associate).
- Fanie Cloete – lead on Harvard BCURE and India case study; lead on VakaYiko and Zimbabwe case study (Stellenbosch).
- David Fleming – lead on ACD and Sierra Leone case study (internal Itad).
- Babette Rabie – lead on UJ-BCURE and South Africa case study; Impact Case Study (Stellenbosch).
- Mel Punton – lead on Literature Review, external case study, Impact Case Study and realist evaluation (internal Itad).
- Rob Lloyd – project manager and quality assurance (internal Itad).

1.3. Intended users

The evidence base on capacity development for EIPM is small, largely derived from the health field, and weighted towards studies examining the impact of training on individual capacity. There are significant evidence gaps around the role of interpersonal and organisational interventions in promoting change, and regarding the influence of EIPM capacity development on policy change and improved quality of policy development processes. There is a particular lack of evidence on capacity

development for EIPM in developing countries. Operational insights into how to design and implement this type of intervention in developing country contexts is also lacking.

To strengthen this evidence base, the BCURE evaluation provides robust evidence on how and why different approaches to capacity building for evidence-informed policy making work, for whom, and in which contexts, in developing countries. These lessons are intended to be directly applicable to the commissioning, design, implementation and adaptation of EIPM capacity-building programmes in developing countries to improve results.

Therefore, the intended users of the Synthesis report are, in the first instance, BCURE's managing team at DFID's Research and Evidence Division and the BCURE partners responsible for delivering BCURE programmes, to inform improvements within the current portfolio of programmes.

The findings are also intended to be of use to a wider audience of donors, funders, commissioners and implementers who are considering future EIPM capacity development programmes. These evaluation users may be in numerous fields, such as governance, public management and administration, and research and evidence utilisation. For these audiences, the evaluation findings provide evidence on:

- How and why different interventions lead to change, and contextual factors that affect outcomes.
- How interventions can be combined in multi-level capacity development strategies.
- How and why capacity development interventions can contribute to organisational and institutional shifts to embed EIPM behaviours and systems, ultimately enhancing policy development processes.

1.4. Report structure

The report is organised in 7 sections:

- **Section 2** summarises the BCURE programmes and implementation experience at Stage 1.
- **Section 3** outlines the methodology for the BCURE evaluation generally and Stage 1 specifically.
- **Section 4** summarises how the BCURE programmes have adapted to contextual challenges during implementation.
- **Section 5** discusses the findings from BCURE case study country contexts on the enablers and blockers of EIPM in these settings.
- **Section 6** presents findings from the realist analysis on how, why, in what circumstances, and for whom the BCURE interventions lead to change.
- **Section 7** discusses the overall conclusions and recommendations for the BCURE programmes, for Stage 2 of the evaluation.

2. BCURE Programmes

2.1. Introduction

BCURE targets a perceived challenge in terms of skills, practices and systems to find, appraise, and apply evidence among government institutions in the global South. The aspiration underpinning the

programme is that more routine use of evidence in policy making will contribute to improved policies, which, in turn, will have more potential to deliver positive outcomes for poverty reduction.

The BCURE programme runs from 2013 to mid-2017. It consists of a portfolio of six individual initiatives. These work in government settings in 11 countries in Africa and Asia. The programmes work directly with cabinet staff, ministerial staff and civil servants in governments, and parliamentarians. As a group, the programmes focus on building up skills, networks and organisational systems for EIPM. Table 1 gives an overview of the six implementing partners and a summary of their interventions and target groups.

Table 1: Overview of BCURE interventions

Intervention name	Intervention summary	Focus countries	Main activities	Targeted stakeholders	Implementing partner
Strengthening Capacity to Use Research Evidence in Health Policy (SECURE Health)	African-led programme to strengthen use of research evidence for health policy making	Kenya and Malawi	Working with 'evidence champions'; convening high-level policy maker fora; training workshops for policy makers; internships; policy cafés for policy makers and researchers; producing guidelines; establishing institutional linking mechanisms between policy makers and researchers	High-level policy makers (e.g. cabinet secretaries, heads of departments); mid-level policy makers (technical staff in MoH departments, research staff, clerks, county health officers). More indirectly targeting researchers (as participants in policy fora and partners in promoting EIPM)	**African Institute for Development Policy (AFIDEP)**
African Cabinet Decision-making Programme (ACD)	Support African cabinets to implement evidence-based decision processes, focusing primarily on post-conflict states	Sierra Leone, Liberia and South Sudan (primary focus countries) plus 8–10 other African countries (TBC) to disseminate results and facilitate peer-to-peer learning	National activities: will work with individual cabinet secretariats to review and revise cabinet procedures and practices to facilitate utilisation of research; set up support networks across ministries; support the establishment/upgrade of standing committees; build up analytic capacity in cabinet secretariats; run training workshops for line ministry personnel; run policy development workshops for Ministers. International activities: run three high-level and up to three additional international workshops; produce case studies and training materials; produce an evidence-based policy toolkit	Cabinet ministers ('end users' of policy research) and cabinet secretariats and senior officials in line ministries ('intermediaries' involved in submitting policy proposals)	**Adam Smith International (ASI)**

Intervention name	Intervention summary	Focus countries	Main activities	Targeted stakeholders	Implementing partner
Towards a Culture of Evidence: Building Capacity for Evidence-Based Policy	Develop online training on use of evidence aimed at policy makers	India, Pakistan and Afghanistan	Conducting a policy mapping process and assessment to develop diagnostics for identifying barriers to evidence use; implementing pilot projects that build partners' technical capacity and demonstrate how evidence can be used to support policy decisions (these will involve competitive submissions); establishing a training platform for policy makers using online tools (6–8 modules planned); facilitating policy dialogues across policy networks; empowering 'champions for evidence'.	Primarily policy decision makers (politicians, senior government officials, civil servants, military officers). Also targeting broader policy actors (practitioners and leaders from civil society, NGOs, the media, the private sector)	**Harvard University**
VakaYiko Consortium	Working with local partners to develop and implement courses on use of evidence, focusing on civil servants and parliamentarians through government training schools	Ghana, Zimbabwe and South Africa	Developing country-specific courses to train civil servants (Ghana, Zimbabwe); strengthening organisational processes for handling evidence, e.g. through developing a demand-side toolkit (South Africa); conducting case studies on what works to support research uptake capacity. Strengthening local partners' capacity to deliver courses – GINKS (Ghana); ZIEPNet (Zimbabwe)	Civil service training centre Accra, Parliament of Ghana; Ministry of Industry and Commerce; Ministry of Youth, Indigenisation and Economic Empowerment; Parliament of Zimbabwe; South African Department for Environmental Affairs	**INASP**
BCURE Bangladesh	Build the capacity of policy makers across the Government of Bangladesh (GoB) to make better use of rigorous data and research evidence in decision making.	Bangladesh	Establish an improved institutional framework in support of evidence-informed policy making in GoB; strengthen capacity for EIPM in cabinet division, pilot line ministries and other coordinating institutions for the effective use of EIPM. Raising awareness of the benefits of EIPM across the GoB.	Cabinet division, with additional activities in six pilot line ministries: Phase 1, Commerce, Environment and Forests; Phase 2, Health and Family Welfare	**ECORYS**
UJ-BCURE	Develop and implement courses on evidence, focusing on civil servants	South Africa and Malawi	Establishing an Africa Evidence Network (AEN); delivering training to senior decision makers and technical government staff; mentoring programme; secondments	Civil servants: technical and decision making staff	**University of Johannesburg**

2.2. BCURE programme-level management and learning

The BCURE programme is managed through an overarching logical framework (LF) that aggregates the component programmes (see Annex 1). The individual BCURE programmes each have their own logframes and programme managers (from DFID's Evidence into Action team). The portfolio is not expected to work as a 'sum of the parts' programme. However, all the implementing partners and their DFID programme managers share learning from their programmes on strategies and approaches (for example, training curricula) and collaborate if appropriate.

Programme teams participate in an annual learning event facilitated by DFID, supported by an online communications platform, managed by DFID.[1] The BCURE evaluation also feeds into the cross-programme learning by sharing findings at the learning event. DFID staff lead and facilitate the internal learning and knowledge exchange aspects of the programme. The evaluation team leads on communicating the evaluation findings with a wider audience to promote uptake and use.

[1] For the BCURE blog, please see https://bcureglobal.wordpress.com/

3. Evaluation Design and Methodology

3.1. Introduction

The BCURE interventions work in complex government contexts, with myriad contextual conditions influencing potential outcomes: diverse historical institutional trajectories; variety in political and economic conditions, government systems and organisational cultures; and a wide range of participant characteristics (individuals' identities, gender and ethnicities).

Contextual conditions in any of BCURE's government systems are likely to be a strong influence on the effects of BCURE programmes, resulting in diverse outcomes across the BCURE programmes. Given the main learning purpose of the evaluation, we have chosen an evaluation design grounded in **realist evaluation** principles.

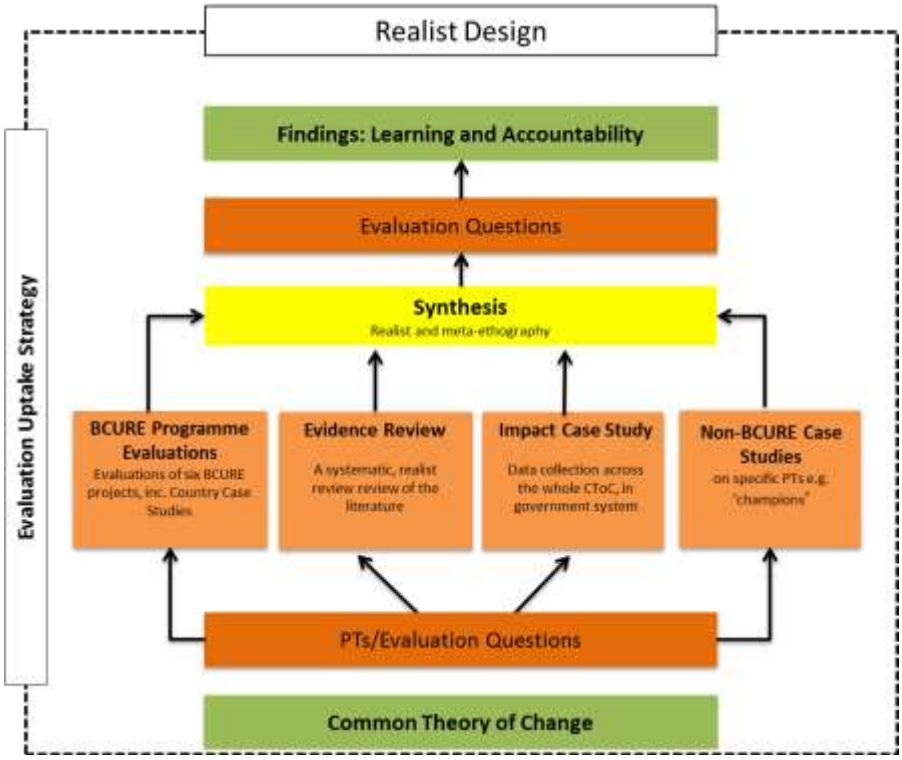
The design is framed by a common theory of change (CToC), which describes four domains of change: individual, interpersonal, organisational and institutional. The CToC is described in Section 3.2. The CToC is underpinned by **'context-mechanism-outcome' (CMO)** configurations, which describe specific programme theories relating to each change area (discussed further in Section 3.3). The evaluation questions are derived from the CToC and the underlying programme theories.

Evaluation data comes from five modules:

1. Five programme evaluations and country case studies;
2. Literature Review on building capacity for evidence use;
3. A case study of a similar intervention to BCURE;
4. Impact Case Study that researches how capacity building for evidence-informed policy making (EIPM) contributes to policy quality, by investigating how EIPM functions (or not) as a government system;
5. An overall synthesis, drawing together data from the different sources.

Figure 1 provides an overview of the modules and the following sections explain each of these components of the evaluation design and methodology.

Figure 1: Overview of the Evaluation Modules



3.2. BCURE Common Theory of Change

Realist evaluation works by opening up the 'black box' between intervention and outcome, through developing and testing programme theory. A programme theory is an explanation of how, why and in what contexts an intervention leads to particular outcomes.

The CToC gives us a consistent and robust overarching programme theory for the realist design. Subsequent design elements, such as evaluation questions and the analytical framework, are derived from the CToC.

The CToC describes a set of propositions about building capacity for EIPM that sketch out the short- to long-term process of change that the BCURE programmes are seeking to influence. The realist evaluation approach is flexible and iterative, so this initial CToC is preliminary and will be refined after Stage 1 (recommended changes will be discussed in Section 5).

In summary, the CToC is:

Box 1: BCURE Common Theory of Change

Developing the capacity of decision makers to use research evidence (by building knowledge, skills, commitment, relationships and systems at individual, interpersonal, organisational and institutional levels) will allow them to access, appraise and apply good-quality evidence more effectively when forming policy. This will improve the quality of policies, ultimately benefitting more poor people.

The full narrative for the BCURE CToC, including the underlying specific programme theories, can be found in Annex 2.

Figure 2 below shows the diagram for the CToC. The CToC is intended to be non-linear, but the limits of the schematic in Figure 2 mean that the CToC is represented as a progression from left to right. The diagram depicts the following elements:

- The **intervention groupings** that BCURE providers are using to strengthen capacity for evidence use.
- The **stakeholders** that BCURE programmes engage.
- Intermediate changes in skills, behaviours, relationships, processes and systems. These are visualised as occurring within four domains: **individual change, interpersonal change, organisational change, and institutional change**, shown as quadrants within a central box.
- The **long-term changes** that represent the routine use of evidence, potentially resulting in improved policies. Over time, and through multiple processes, this leads to improved quality of life.

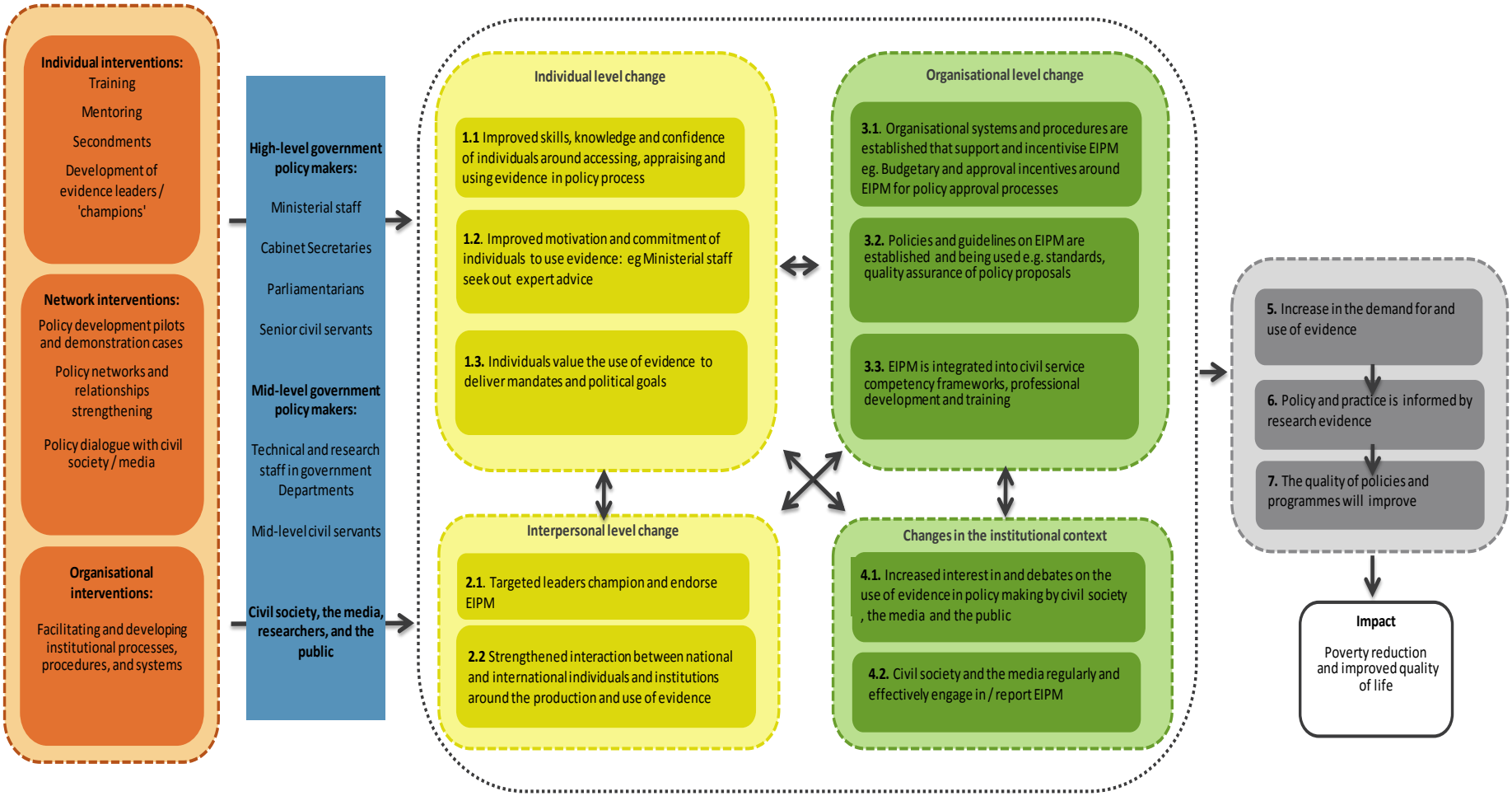
The four domains of capacity change are used as the key framework for the evaluation. They convey the concept of capacity development as multidimensional. Capacity is a function of different factors and processes working together and reinforcing each other, at four levels:[2]

1. **Individual change** includes individuals' development of skills and knowledge, but also includes the motivation, attitudes, commitment, values and personal incentives that affect individual behaviour.
2. **Interpersonal and network change** refers to the relationships between individuals and groups, and how these influence evidence interpretation and use.
3. **Organisational change** refers to change in the systems, policies and procedures, practices, culture or norms within a governmental organisation and across multiple government organisations, which incentivise, support (or inhibit) evidence access, appraisal and application in decision making.
4. **Institutional change** refers to change in the wider operating environment of individuals or organisations that affect the use of evidence. This includes the role of external actors such as international donors, civil society and the media, and the influence of external factors such as crises, global events, political and economic change, as well as broader social change (e.g. in culture, norms, collective beliefs, attitudes, values).

[2] There are many definitions used in the literature to describe levels of capacity change. We have adapted DFID's definitions from the 2010 'How to Note on Capacity Building in Research' (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/187568/HTN_Capacity_Building_Final_21_06_10.pdf). This document uses 'institutional' to denote 'changes in the rules of the game'. Other readers may interpret 'institutional' to mean 'systemic' or 'environmental' change. We have opted to consider the government system as falling within a broadly conceived organisational change category because the organisations within the system are bound by common, cross-cutting rules, incentives and procedures. This means that 'institutional' change then encompasses the wider environment. However, we recognize that the boundaries between the levels of change are fuzzy and dynamic, and we consider the implications of these dynamics in our analysis.

The causal explanations underlying the CToC were originally conceptualised using broad programme theories, then more specific CMO configurations – the core unit of analysis in realist evaluation. The CMO configurations are discussed in the next section.

Figure 2: The BCURE Common Theory of Change



3.3. Intervention-context-mechanism-outcome configurations (ICMOs)

As mentioned, realist evaluation generates explanations of how, why and in what contexts an intervention leads to particular outcomes. Explanations consist of linked sets of hypotheses about the **mechanisms** that cause an intervention to work or not work in particular **contexts**, to lead to specific **outcomes**. These hypotheses are known as 'context-mechanism-outcome' or CMO configurations – the core analytical units of realist evaluation (Pawson & Tilley 1997; Wong et al. 2013).

Context in realist evaluation is considered at different levels. Contextual factors may include ***individual*** characteristics that affect how people respond to opportunities (e.g. gender, ethnicity, education); ***interpersonal*** factors that affect trust and buy-in (relationships between stakeholders and programme implementers); ***institutional*** factors (the rules, norms and culture of the organisation in which the intervention is implemented); and ***infrastructural*** factors – the wider social, economic, political and cultural setting of the programme (Pawson and Tilley, 1997).

Mechanisms are the causal forces, powers, processes or interactions that generate change within an intervention – including the choices, reasoning, and decisions that people make as a result of the resources provided by the programme. A training course is not a mechanism. The mechanism is the 'thing' that explains *why* training changes behaviour (or does not) in a particular setting. For example, training may spark an 'eye opener' for some participants, in which they recognise the relevance and value of the content to their day-to-day work.

Mechanisms are only triggered in certain contexts. For example, an 'eye opener' mechanism may not 'spark' if the trainees are doing jobs that will not allow them to put their new skills into practice.

Outcomes refer to intended and unintended short-, medium- and long-term changes resulting from an intervention.

Through developing and testing CMO configurations, realist evaluation provides explanations of how and why a programme works in different contexts. By providing these insights realist evaluation can help implementers learn how best to scale up or roll out a programme (Westhorp 2014).

When operationalising a realist design, realist evaluators have identified a recurring conceptual challenge in differentiating between the *mechanism* and the intervention (Dalkin et al. 2015). To clarify this difference, we decided to incorporate *features of the intervention* as an additional element to our CMO configurations for BCURE in order to separate out features that are inherent in or under the control of the programme (such as training design or length) from contextual factors that are not (such as professional incentives to participate in the training) when considering what might 'spark' a particular mechanism. This gives us the formulation I+C+M=O (ICMOs), used throughout this report.

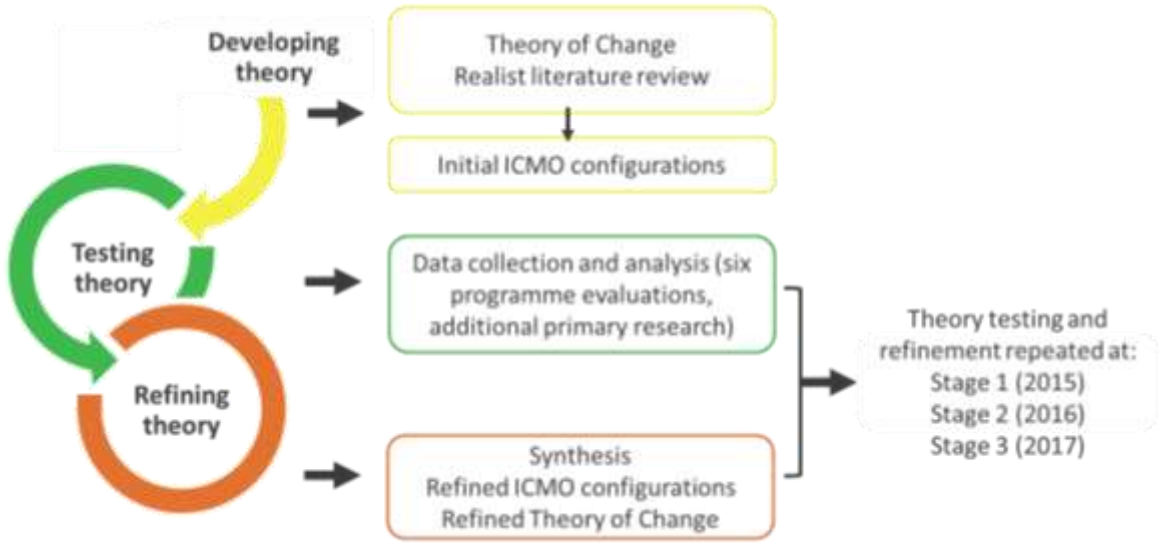
ICMOs read as sentences, for example: *'where training content is directly relevant to a person's day job (C), training on evidence-informed policy making can spark an "eye opener" in which trainees recognise how the principles can add value for them (M), leading to increased use of evidence in their day-to-day work (O)'* (Pawson & Tilley 1997; Westhorp 2014). The synthesis findings discussed in Section 5 are presented using the ICMO and realist formats: what works, for whom and how/why (Pawson & Tilley, 1997).

Iterative development of ICMO configurations

The realist approach is iterative. Therefore, ICMO configurations are developed then refined at each stage of the evaluation. The first iteration of ICMOs was developed from the BCURE Literature Review (discussed in Section 2.4). Stage 1 of the evaluation has provided evidence to refine and focus the next generation of ICMOs. These findings and the new ICMOs are discussed in detail in Section 3.5.

Figure 3 visualises the iterative process of theory development in the BCURE evaluation.

Figure 3: Process of ICMO development



3.4. Evaluation questions

The BCURE evaluation addresses two overarching evaluation questions (EQs):

1. How effective are the BCURE Projects in achieving their stated outcome of increasing the use of evidence in public sector decision making, and influencing longer-term changes in policy quality?
2. How and why does capacity building for evidence use work and not work, for whom, to what extent, in what respects, and in what circumstances?

Informed by the CToC and the programme theories, the initial evaluation framework identified ten parallel evaluation questions underlying the two overarching EQs. Stage 1 addressed a selection of questions, depending on the interventions being implemented by the BCURE programme. The full Stage 1 evaluation framework is given in Annex 2.

In Stage 1, the evaluation framework has proved to be unwieldy. It was difficult to reflect all the different BCURE interventions, and the approach generated an unmanageable number of ICMO configurations. Moreover, Stage 1 data suggests that superficially different interventions have common underlying mechanisms. Annex 5 discusses how the evaluation framework and methodology has been streamlined and the both sets of EQs integrated for Stage 2.

3.5. Literature Review

The evaluation framework, programme theories and ICMOs were informed by the Literature Review conducted in 2015. The aim of the review was to provide a practical summary of recent evidence on what works to promote EIPM. The Literature Review was conducted using a 'realist synthesis' approach in keeping with the overarching realist design for the BCURE evaluation. The findings informed the CToC, the design of the evaluation and the development of the first iteration of ICMOs tested in Stage 1. Key findings from the Literature Review are discussed in Section 5 and the full Literature Review is available online.

3.6. Programme evaluations

The programme evaluations consisted of primary data gathered by the evaluation team through a country case study, and an independent review of secondary data produced by the BCURE programmes. Primary data was used to verify outcomes specified by the BCURE programmes' monitoring data, and to identify additional outcomes not covered by monitoring. Data about outcomes were then used to assess the programme, and also to identify, refine, and test theories about how and why BCURE interventions lead to, or do not lead to change.

The country case studies were selected using case replication logic and a basic typology of anticipated contextual conditions. Pragmatic considerations of security and access also informed the final selection. Table 2 gives an overview of the countries and the reason for their selection.

Table 2: Country Case Study selections

BCURE country case study	Case replication logic
Harvard BCURE: India	India: 'Favourable' case (*literal replication*)
UJ-BCURE: South Africa Impact Case: South Africa	'Favourable' case (*literal replication)*
SECURE Health: Kenya	'Typical' case (*literal and theoretical; both similar and contrasting results possible)*
ACD: Sierra Leone (though Stage 1 Evaluation data collection will be difficult)	'Challenging' case (*theoretical replication)*
ECORYS: Bangladesh	'Typical' case (*both similar and contrasting results possible)*
VakaYiko: Zimbabwe	'Challenging' case (*theoretical replication*)

Primary data

The CToC drove the sampling and data collection approach. Respondents were identified purposively according to their relationship to the BCURE programmes, their role in the government system, and their ability to comment on how EIPM works in their settings and on particular domains of change in the CToC, for example organisational change. Each country case study produced between 25–30 interviews.

It was hoped that the evaluation would also have access to relevant government documentation, such as policy documents, but this was not possible to access in Stage 1.

Further details on the specific methods used, sampling, and categories of respondents and interview topics are given in Annex 3.

Analysis of the programme evaluation data

Data from primary and secondary sources was brought together within the programme evaluation and analysed according to three areas:

1. Situational analysis of **enablers of and barriers to EIPM** in the context.
2. Thematic analysis against the **appropriate EQs and indicators**, and relevance criteria. Further indicators on gender and social difference were also included.
3. **ICMO configurations** associated with specific EQs.

To aid the analysis and to ensure consistency in judgement across the programme evaluations, rubrics were used to assess: the **relevance and appropriateness** of the BCURE programmes' design and delivery; and the **extent of change** (where this was observable) and the BCURE programmes' contribution to it. A further rating was used to assess the strength of the evidence underpinning the findings. The ratings assigned by each Lead Evaluator were moderated by the Team Leader and a core team member to ensure consistency across the evaluations. Further details of the rating scales can be found in Annex 3.

Value for money (VfM) assessment

The objective of the VfM assessment in Stage 1 was to understand how programme teams consider and manage VfM in their interventions in order to optimise effectiveness. As agreed with the DFID team, the contexts and diversity of the BCURE programmes meant that it was not possible to obtain data of sufficient robustness to conduct a cost-benefit analysis of the BCURE interventions. VfM analysis in Stage 1, therefore, was approached by developing a narrative analysis to understand the costs, effectiveness, risks and outcomes of the BCURE interventions, at the programme level.

To assess VfM, the evaluation team gathered data on the following areas:

- What are the organisational systems and processes for managing value for money (VfM)?
- What are the costs of the interventions?
- How are VfM aspects considered when designing and implementing the approach?

However, in Stage 1, the data obtained was highly diverse and insufficiently standardised to enable either benchmarking at the programme level or comparative analysis at the synthesis level. Therefore, this report does not contain a VfM assessment, as requested by DFID. The VfM approach is being re-designed for Stage 2, and further details can be found in Annex 5.

3.7. Non-BCURE case studies

The purpose of the external case studies was to help strengthen the evidence base around how different capacity-building interventions affect different people in different settings. It aimed to identify projects that were either comparable with or complementary to the BCURE projects, to help test aspects of the CToC.

Transform Nutrition was selected as a pilot case study in 2015. This five-year programme focuses on using evidence to inspire effective action against undernutrition through capacity strengthening, research uptake and increasing learning in those countries worst affected. Led by the International Food Policy Institute (IFPRI), the programme is implemented by a consortium of research organisations.[3]

The focus of the external case study was on the 'champion' component of Transform's strategy, as the Literature Review had identified that little is known about how champions operate (Nisbett et al. 2014). A draft report was produced and the primary data was fed into the overall synthesis. Ultimately, the data was of limited value overall, so in Stage 2 the resources will be re-allocated to the Impact Case Study.

3.8. Impact Case Study

The Impact Case Study aimed to generate evidence on how capacity building for evidence-informed policy (EIPM) can contribute to policy change and affect policy quality, by investigating how EIPM functions as a cross-government system.

[3] For more information, please see the Transform Nutrition website: http://www.transformnutrition.org/

The BCURE evaluation Terms of Reference require the evaluation to gather evidence on how and why capacity building for EIPM can influence *system-wide* shifts in government institutions – including changes in how policy is made and the quality of policies. The Impact Case Study was developed due to the recognition that it may be difficult to demonstrate these shifts as a result of specific BCURE projects, within the three-year life of the project and within the resources available for the evaluation. The Impact Case Study was, therefore, designed to complement the BCURE programme evaluations, which are the means for providing evidence of the impacts of specific BCURE projects within six country settings.

The Impact Case Study was the focus of an evaluability assessment and scoping process during the inception phase, detailed in the Inception Report. South Africa was selected as the country that most closely met the criteria. The Impact Case Study examined the National Evaluation System (NES) processes (under custodianship of the Presidential Department for Planning Monitoring and Evaluation – DPME) within two departments of the Government of South Africa.

The case study followed a 'top-down' perspective, starting by researching the processes and the role evidence has played within them, and using this as an entry point to understanding evidence use within the wider departmental contexts. It examined the factors that seem to have influenced the use of evidence within these policy processes, including the role played by the NES and BCURE interventions. It aimed to examine the connections between evidence use and policy quality within these processes, and any insights this provides into dimensions of policy quality within the departmental settings more generally. The 'top-down' approach complemented the 'bottom-up' approach of the BCURE programme evaluations, which start from the BCURE activities and seek to demonstrate their effectiveness and impact.

In Stage 1, the Impact Case Study provided an opportunity to pilot how we might approach the study of a 'whole system' context, complementing data collected from the diverse contexts of the six Programme Evaluations, the non-BCURE case study, feeding this system-wide evidence into the overall evaluation synthesis. Data was collected but the data proved to be too fragmented to support a stand-alone report. However, the primary data was fed into the overall synthesis.

3.9. Overall synthesis

The synthesis module is the most important module in the BCURE evaluation because it brings together the findings in order to draw generalisable conclusions. The synthesis used a rigorous and systematic approach, with a clear method that considered the relevance and quality of the evidence for the explanations sought.

Aims of the Stage 1 synthesis

The synthesis focused on the findings of the realist enquiry, which involves data on outcomes, contextual enablers of and barriers to EIPM and ICMO configurations gathered through the evaluation modules. It does not focus on *performance judgements* of the individual BCURE programmes.

The purpose of the synthesis at Stage 1 is to produce an evidence-based set of refined ICMOs and a refined CToC. At Stage 1, the synthesis is not yet producing evidence that these ICMOs are a definitive explanation of why and how change happens in that setting. These conclusions will emerge at Stages 2 and 3. Section 5 discusses this issue in more detail.

Overview of sources for the synthesis

The main data source is the **REQ Synthesis Matrix**. This is an Excel spreadsheet consisting of coded ICMO data from interviews with 105 individuals for each of the five programme evaluations, and coded key findings

from the Impact Case Study,[4] the Transform Nutrition External Case Study, and the Literature Review. We also drew on the full reports from these studies.

Synthesis method: meta-ethnography

We drew on meta-ethnography to provide a clear and transparent structure for the synthesis process. Meta-ethnography is an interpretive synthesis method, involving the transfer and translation of ideas, concepts and meanings across different sources (Noblit & Hare 1988). While we did not apply the method in full, we found two of its steps helpful to structure the synthesis: determining how the evidence was related, and 'translating' the sources into one another.

The synthesis process began with a two-day participatory evaluation team workshop, where the data was examined and the two steps applied.

Determining how the evidence was related. The team read through the coded ICMO data to identify:

1) Common concepts, themes or metaphors that applied across the sources. In meta-ethnography these are known as *reciprocal translations*. These were identified by asking 'Is this an example of something we have seen elsewhere? Is there a common concept we can use to explain these things?'
2) More abstract explanations or models that explained groupings of findings across the cases. These explanations are known in meta-ethnography as *lines of argument.* They exist further up the ladder of abstraction, and involve adding a new explanatory layer on top of the interpretations reached through reciprocal translation. Lines of argument were identified by asking 'Can this concept, theme or metaphor be explained using a more *abstract* concept, theme or metaphor that encompasses and goes beyond the more specific explanation?'

This analysis was used to start constructing new and revised ICMO configurations.

'Translating' new explanations across the cases: The emerging ICMO configurations were then *translated* across the original sources, by re-examining the data to consider how well they reflected and encompassed the ideas originally expressed in interviews. Team members were asked 'Does this apply in your BCURE context? Are there any nuances from interviews with respondents in your setting?' This enabled scrutiny of differences within the data, which were used to adjust, refine and caveat our ICMO configurations (Pope et al. 2007).

Following this exercise, two team members reviewed the full data set in a systematic way. We followed the example of other researchers who used tables, grids and matrices when conducting meta-ethnographic synthesis (see e.g. Atkins et al. 2008; Britten et al. 2002). As well as the Excel database of ICMOs described above, tables in Word were used to help group data by ICMO, and reviewing this data allowed us to further refine the ICMO configurations. Mid-way through this process, a BCURE workshop allowed us to share our thinking with the implementing partners for comment. This was treated as an additional translation step, allowing further identification of areas of agreement and disagreement, and refinements to the ICMO configurations. Throughout the synthesis, a record was kept of key analytical decisions to retain transparency about how theory was developed and refined.

At the end of the synthesis process, we had a revised set of ICMO configurations representing our 'best guesses' at the end of Stage 1 about how BCURE interventions are leading to change. These provided new insights into how elements of our CToC lead to and reinforce other elements, and were used to refine our CToC by nuancing expected outcomes and adjusting the anticipated links between them. The ICMOs and CToC will be revisited, tested and further refined at Stages 2 and 3 of the evaluation.

[4] Note the Impact Case Study has not yet been written up; therefore, only the raw data is included in the synthesis.

3.10. Limitations to the synthesis

There are some key challenges and limitations to the synthesis, in terms of timing, the data set, and methodological challenges:

- **Timing**: Stage 1 captured a snapshot of the programmes in the early stages of implementation. We have mitigated this by presenting conclusions as formative; the overall picture of the effectiveness of the programmes and emerging change is likely to change in future stages.
- **Partial data set**: Primary data comes only from the selected case study countries, not from all programme sites. It is, therefore, limited in what it can say about how the BCURE programmes work in all their settings.
- **Positive bias:** There is a very real possibility of positive bias in the primary data arising from the power dynamics of interviewing in developing country government settings. Evaluators can be seen as representing the international funder, and positive messages may be given in an attempt to continue funding for the programme. We have mitigated this in three ways: in the interview process, by approaching the same topic from different angles with various interviewees; in the analysis, by triangulating between data sources (e.g. interviews and secondary data) within the same case; and by peer moderation of ratings across the cases.
- **Granularity of data:** It has been challenging to achieve a productive ratio of signal to noise when working with ICMOs. It is easy to over-partition these configurations down to very micro sets of factors. We have mitigated this by trying to find a useful level of generalisability in the data analysis that can facilitate the application of the findings in planning and implementation.
- **Time demand for synthesis:** A key challenge arises from the time and resource investment required for achieving a good quality qualitative synthesis of the enablers/barriers and ICMO data. This affects all stages, from requiring more time for interviews and data processing, as well as reporting. We have mitigated this by undertaking as rigorous a process as resources allow for Stage 1 and being pragmatic, for example, by using the opportunity of the partners' learning event to provide an additional light-touch round of translation and line of argument (LOA).
- **Methodological challenges overall**: Stage 1 has tested out combining a realist approach with a performance evaluation. These approaches are somewhat in tension, and require different practical approaches. It has been a learning curve for the team to combine them while minimising the need to run parallel systems. This has affected various aspects of the Stage 1 process for all involved, but important practical lessons have been learned. Details of the revised evaluation framework and methodology for Stage 2 are given in Annex 5.

4. Implementation Status of BCURE Programmes

Through the first years of implementation, the BCURE programmes have had to adapt their approaches in response to challenges in their contexts.

Stage 1 of the evaluation provided a snapshot of the programmes in 2015. By that point, most programmes had completed their inception year and were approaching the implementation mid-point. All programmes had faced a range of challenges that had required an adaptation of the original approach.

Challenges to programmes have ranged from severe, macro-level issues, such as the Ebola virus epidemic in West Africa and the outbreak of civil war in South Sudan, which have affected the ACD programme significantly, to challenges relating to the government settings the programmes are operating in, as well as more conventional implementation challenges, such as partnership issues.

Some strategies have had to be changed. For example, SECURE in Kenya had to step away from directly supporting 'evidence champions' as the expectations of resources proved difficult to manage. In South Africa, VakaYiko has had to re-design its support to its government partner in response to their requirements and changes in implementing partners.

Other challenges faced by all the programmes are inherent to the dynamics of government settings, such as regular changes in government personnel that require the rebuilding of relationships, as well as changes in political priorities that can block or accelerate demand for the programme activities. All the programmes have had to invest significant staff resources in maintaining and rebuilding relationships with programme sponsors, especially with senior stakeholders, and managing expectations among programme participants.

Overall, the evaluation found that programmes have maintained a focus on their deliverables and adapted plans appropriately, retaining relevance to the context and to their intended outcomes. Factors that have supported the teams to effectively adapt plans include good stakeholder relationships; good intelligence about EIPM needs in the target settings and the political context; strong networks in both policy and research environments; regular, supportive dialogue with DFID managers; and the opportunity to share learning with other BCURE programme teams.

Table 3 gives an overview of the implementation status at the time of Stage 1, April–August 2015.

Table 3: Summary of programmes' implementation experience

Intervention name	Implementing partner	Summary of implementation experience at April-August 2015:[5]
Strengthening Capacity to Use Research Evidence in Health Policy (SECURE Health) *Budget: £2,279,176*	**African Institute for Development Policy (AFIDEP)**	**Activities undertaken:** Four EIPM training workshops were held in Kenya and Malawi, with staff from the Ministry of Health and parliament staff (40 in Kenya and 36 in Malawi). Three science-policy cafés held in Malawi and one in Kenya. **Activities in development:** Mentoring follow-up for trainees; providing support to trainees in 'live' policy processes; EIPM guidelines for ministries of health; reviewing the curriculum for wider roll-out. **Adaptation to plans in response to contextual challenges:** Focus on building institutional leadership building was downsized and support to evidence champions was removed, as stakeholders' expectations of resources proved difficult to manage. However, evaluation findings suggest that leadership engagement remains critical if the skills building is to have an influence beyond individuals. The team has responded by considering further sensitisation activities for senior managers. The team must also consider how to respond to growth in demand for training support, especially to support county administrations with EIPM. The evaluation also found a challenge/opportunity to support the MoH in Kenya with development of policy development guidelines (SECURE Evaluation Report 2015). **Progress against milestones:** The 2016 Annual Review found that the programme met most milestones and only partially met others. However, the team continued to demonstrate good technical understanding of the challenges to improving the use of evidence in decision making and has shown an ability to negotiate the political challenges to project implementation in both Malawi and Kenya. Since the evaluation, good progress has been made with the review of the EIPM guidelines by the Ministry of Health and Parliament in both countries. The focus for the last 12 months is on planning for sustainability of the results achieved (Annual Review 2016; SECURE Health Evaluation Report 2015).
African Cabinet Decision-Making Programme (ACD) *Budget: £3,189,389*	**Adam Smith International (ASI)**	**Activities undertaken:** In Sierra Leone, the programme has developed a revised cabinet manual, new templates and checklists to promote use of evidence, with high-level support of president and key ministers. ACD has supported the establishment of a cabinet policy review unit and cabinet implementation, monitoring and support unit. Internationally, the programme held two Africa Cabinet Government Network (ACGN) meetings, held training workshops for policy analysts in Kigali and Accra, and produced an Evidence-Based Policy (EBP) development toolkit. **Activities in development:** Adapted strategies for Liberia and South Sudan. **Adaptation to plans in response to contextual challenges:** There were severe challenges and delays caused by the Ebola virus epidemic in West Africa in 2015 and the outbreak of war in South Sudan. In Sierra Leone, there have been delays in reforming the cabinet committee system, support to line ministries in drafting policy memos using the new procedures, and training of cabinet and line ministry staff in the new procedures. In Liberia, severe delays and withdrawal of international adviser due to Ebola meant that there has been limited support to the revision of the cabinet manual, with some mentoring and training in support of new procedures. With the advent of a new senior leader, progress has been made in

[5] Source: BCURE Stage 1 Programme Evaluation reports, 2015.

Intervention name	Implementing partner	Summary of implementation experience at April-August 2015:[5]
		obtaining support of the office of the president. In South Sudan, activities had to be stopped until late September 2014, with some revision of cabinet procedures and low-key mentoring support. Decisions are pending as to how to proceed in South Sudan (ACD Evaluation Report 2015). **Progress against milestones:** The 2016 Annual Review found that the project had met and exceeded some milestones, and only partially met others, but that overall this represented good progress in extremely challenging circumstances. The focus for the remaining 12 months is making up ground on the outstanding milestones to ensure that the project meets its final targets and developing a plan for sustainability for the last 12 months of the programme (BCURE Annual Review 2016; ACD Evaluation Report 2015).
Towards a Culture of Evidence: Building Capacity for Evidence-Based Policy *Budget: £3,232,462*	**Harvard University**	**Activities undertaken:** In Pakistan and India, assessment instruments have been developed to inform the programme, monitor and evaluate the training component and identify constraints on EIPM. The EIPM training platform and modules have been developed in both countries. Almost 400 participants have taken part in at least one training module in Pakistan and India. Three policy dialogues have been held and six demonstration policy pilots had been completed. **Activities in development:** A further four policy pilots were in progress. **Adaptation to plans in response to contextual challenges:** The choice of focus countries has had to be revisited, due to DFID policy changes, with the closure of the India programme and refocusing on Pakistan (Harvard Evaluation Report 2015). **Progress against milestones:** The 2016 Annual Review found that the programme had met and in some cases significantly exceeded its milestones. The BCURE Harvard programme made good progress towards improving research use in decision making in India and Pakistan, with evidence of emerging positive outcomes around individual, interpersonal and organisational change to support greater demand for and use of evidence. The closure of the India programme may temporarily impact delivery in Pakistan, but refocusing resources should enable the delivery of later milestones and planning for sustainability over the remaining project timeframe (Annual Review 2016; Harvard Evaluation Report 2015).
VakaYiko Consortium *Budget: £3,397,924*	**INASP**	**Activities undertaken:** A total of four EIPM training modules had been delivered. In Ghana, 23 participants completed all four modules. In Zimbabwe, different modules still have to be completed by different groups, but so far there are 23 participants in the course for the Zimbabwe parliament, 10 for the Ministry of Youth and 17 for the Ministry of Industry & Commerce. One awareness-creating knowledge café had been organised in Zimbabwe. Two one-day policy dialogues on industrial policy and youth economic empowerment have been organised so far in Zimbabwe. VakaYiko has also funded seven organisations (eight projects in total) to produce case studies from work to build capacity for research use in policy-making processes in low and middle-income countries (LMIC). **Activities in development:** The Zimbabwean mentorship programme to develop pilot EIPM policy interventions will be rolled out during the third year of the project (September 2015–August 2016). A call for applications for funding from candidates who have completed the training programme has been issued. Candidates will soon be selected for funding. **Adaptation to plans in response to contextual challenges:** The implementation of the South African project with the DEA has been delayed by a change in local partner and refocusing on support to the implementation and embedding of the DEA's Research Development and Evidence (RD&E) framework (VakaYiko Evaluation Report 2015).

Intervention name	Implementing partner	Summary of implementation experience at April-August 2015:[5]
		Progress against milestones: The 2016 Annual Review found that the programme had met and in some cases exceeded its milestones. The VakaYiko programme has made good progress, performance across the VakaYiko project has been strong, as demonstrated by the level of buy-in from government institutions participating in capacity-building activities in the three countries where work is carried out. The focus for the last 12 months is stronger tracking of results and supporting partners to respond to new partnership opportunities as part of sustainability planning (Annual review 2016; VakaYiko Evaluation Report 2015).
UJ-BCURE *Budget: £1,198,755*	**University of Johannesburg**	**Activities undertaken:** The landscape review for South Africa and Malawi had been completed. Core capacity-building material (online searchable database of more than 400 capacity-building resources, guide to mentorships and secondments, and seven workshops on different aspects of evidence-informed decision making) had been developed, piloted and published on the AEN website. In South Africa, several in-workplace capacity-building workshops had been delivered, offering 221 workshop places in South Africa. Five mentorship relationships were completed in South Africa with senior public managers from three government departments, namely the Department of Basic Education (DBE), the Department of Science and Technology (DST), and the Department for Performance, Monitoring and Evaluation (DPME). AEN membership exceeds 380 members from 21 countries and an AEN open event was hosted in collaboration with CLEAR-AA (3 June 2015). The AEN hosted the first Colloquium, attended by 111 policy makers and researchers from South Africa, Malawi, Uganda, Zimbabwe, Ghana, Ethiopia, Kenya, Benin, India, Tanzania, UK and Canada. **Activities in development:** • New mentorship relationships in South Africa • Further in-workplace and open workshops in South Africa • The second AEN colloquium in 2016 **Adaptation to plans in response to contextual challenges:** Mentorship approach has been reviewed based on feedback from participants (UJ-BCURE Evaluation Report 2015) and the country workstreams have been rebalanced. **Progress against milestones:** The 2016 Annual Review found that the programme had met and exceeded most targets. Overall performance of UJ-BCURE has been strong, although progress was inconsistent between Malawi and South Africa. The focus for the last 12 months is stronger results tracking in relation to the use of evidence from UJ support to specific ministries, as this is being scaled up, and results from AEN activities (Annual Review 2016; UJ-BCURE Evaluation Report 2015).

In future stages, as the BCURE programmes see more results unfold, the broader dynamics that shape evidence use will come into play and affect the extent to which capacity-building interventions can result in positive change for EIPM.

Although the BCURE programmes studied barriers to and enablers of evidence use to inform the design of their interventions, the adaptations that have been required to date suggest that there are a range of deep-seated barriers to and enablers of EIPM that go beyond capacity issues. Understanding the deep-seated dynamics of evidence use is necessary because these factors have strong potential to block positive change as a result of the interventions over time.

Capacity-building interventions may be effective in themselves, but unless these wider factors are taken into account – perhaps even explicitly unblocked or optimised by interventions such as BCURE – results may be constrained. For example, individuals may not be able to change behaviour to put skills into practice if their organisations do not support evidence use. EIPM dynamics, therefore, have implications for EIPM capacity development.

The next section then discusses the evaluation's findings about how policy making works in practice in the BCURE settings, and how different factors affect evidence use or non-use within those processes, as the broader contextual backdrop to the BCURE interventions.

5. What is the evidence on the enablers of and barriers to EIPM in the BCURE countries?

5.1. Introduction

This section discusses the evidence from Stage 1 on the enablers of and barriers to evidence-informed policy (EIPM), in order to explain *why* decision makers in the BCURE countries may not access or use evidence.

The BCURE programmes respond to the challenge that decision makers in low and middle-income countries often do not access, appraise, or apply research evidence effectively in decision making.

The starting premise for the programmes is that capacities for EIPM are the main barrier, or at least the barrier that can be addressed through interventions. However, the Literature Review identified a range of other contextual factors that affect EIPM at institutional, organisational, interpersonal and individual level. A factor may create an opportunity for evidence use, or the same factor may effectively block the use of evidence, depending on the circumstances.[6] We have referred to these factors as 'enablers/barriers'. The perspectives from respondents add important contextual insights to how these factors are seen to play out in different settings.

The evidence in this section is structured in line with the 'levels of change' in the BCURE CToC: individual, interpersonal, organisational and institutional.

We have presented the findings on the enablers/barriers according to the level of change and the prevalence of data underpinning them. 'Prevalence' refers to the number of interviews in which respondents expressed a particular view on factors relating to policy processes and EIPM. Findings are reported with clear references to data sources, using numbers in brackets in the text to indicate the source interview, coded by country case study, as follows: India – 1; Zimbabwe – 2; South Africa – 3; Kenya – 4; South Africa Impact Case – 5; Sierra Leone/ACD programme – SL/ACD.

5.2. EIPM as a complex system

The Literature Review of recent evidence on what works to promote EIPM recommended that we frame policy making as a complex system within government settings, with non-linear processes and feedback loops.

The Literature Review discussed a number of studies that frame EIPM as a complex system in highly politicised settings. A complex system can be thought of as a group of interacting, interrelated, and interdependent sub-systems and components that form a complex and unified whole (Coffman, 2007). Change in complex systems is non-linear, emergent, and uncertain in scale and scope, as changes do not build on one another in a cumulative way, because of constraining effects and feedback loops (Westhorp, 2012).

Framing policy processes as complex systems highlights the involvement of a broad range of actors and iterative cycles of activity. Power and politics – in terms of actors and networks, institutions, and discourse – create covert as well as formal boundaries in policy processes, which include and exclude different groups. Among individuals, diverse cognitive models and perspectives drive behaviours and shape the way evidence is used and how it is understood and articulated in different contexts.

[6] BCURE Literature Review, pp. 18–28.

The findings from the Literature Review highlight the interrelationships between individual, organisational and institutional factors – for example, the influence of organisational systems on individual values, or the ways in which ideas about evidence in wider society shape how it is talked about, and which types of knowledge are considered important. This insight highlights the value of examining EIPM as a system, and considering capacity change to support EIPM as a multidimensional issue.

Drawing on the findings of the Literature Review, we developed a set of core concepts to inform our analysis of the interplay of these factors. These are summarised in Box 1.

Taking a complex systems perspective allowed us to identify a wide range of dynamics to inform explanations of how the BCURE interventions influence change.

As the aim of the evaluation is to develop explanations of how and why the BCURE interventions influence change around EIPM, we gathered evidence on enablers of and barriers to EIPM throughout the stages of the evaluation, in order to incorporate these findings into our ICMOs and the CToC. This analysis also helps to interrogate BCURE's basic premise that capacities for EIPM are the main barrier.

Interviews with stakeholders on how policy making works in practice in the BCURE settings, and how different factors affect evidence use or non-use within those processes, produced primary data to complement the findings from the Literature Review. Together, these findings were analysed using the synthesis approach detailed in Section 3. Through this approach, we identified explanations and ideas, and prioritised theories that were more prevalent in the data; in other words, those ideas expressed by a larger number of people across a larger number of countries, and/or that were strongly supported by the literature.

Box 1: Core concepts

- **Policy making** is non-linear and iterative, incorporating a wide range of activities; including the processes of decision making, the decisions and actions (written, spoken and implied) taken during and as a result of these processes, and the implementation of decisions and what happens as a result, ultimately affecting the general public.
- **Policy processes** involve a broad range of actors that span formal and informal boundaries, including local and national bodies (e.g. government ministries, local government departments); parastatal and semi-autonomous bodies; the legislature; and non-state actors including the media, civil society, the general public, the private sector and international donors.
- **Policy networks and relationships,** both formal and informal, link government and non-government actors, who often work together, overtly or informally, drawing on evidence to shape policy in a variety of ways.
- **Complexity theory** suggests the importance of considering whole systems and expecting non-linear change and feedback loops within EIPM capacity development interventions.
- **Power and politics shape the way evidence is used;** power – in terms of actors and networks, institutions, and discourse – not only influences how evidence is used but how it is understood and articulated in different contexts.
- **Cognitive models** – mental models, contextual cues and cognitive biases shape individuals' understanding and interpretation of evidence. Empirical evidence from political science suggests the powerful influence of non-rational cognitive processes and pre-existing beliefs on evidence use in policy making.

Source: BCURE Literature Review 2015

5.3. Case study countries: current political contexts

The case study countries are characterised by complex political systems, with multiple dynamics that affect policy making and the potential role of evidence in that process.

The political system in each country sets the overall, macro-level context for EIPM and shapes how policy making dynamics play out. Table 4 summarises some of the key features of the political contexts.

Table 4: Summary of case study countries' political contexts

BCURE Country	Key features of EIPM context
India	Constitutional democracy, federalised government and bureaucracy, with long-established constitutional division of powers and functions across numerous government ministries, agencies and parastatal organisations. Global reputation for being administratively strongly rule-bound and even rigid. Policy making and governance are also inevitably highly complex processes, where change does not happen easily as a result of institutional inertia aggravated by long lines of authority and different hierarchical levels (Harvard BCURE Programme Evaluation Report 2015).
South Africa	Relatively young constitutional democracy, with a three-tier system of government and an independent judiciary. Parliament has oversight over the executive; national, provincial and local levels of government all have legislative and executive authority in their own spheres. Policy making happens in different types of department: 'centre of government' departments develop policies to be implemented by other agencies; service delivery departments both develop policies and implement them. Strong ideological voices on all sides of the political spectrum mean that political priorities exert a strong influence on decision making (UJ-BCURE Evaluation Report 2015).
Kenya	New Kenyan constitution in 2010 created a devolved system of government with two tiers: national and county-level administrations, with a separation of powers between the three arms of government: executive, legislature and judiciary, and introduced an upper house. Governance in 47 counties mirrors the national level. Policy making happens at national framework level, with resources for implementation managed at the country-level. Parliament oversees budget allocations for counties. County capacities still being built. Multi-party system but tribal allegiances tend to shape voting patterns and agenda-setting, while political party agendas are expected to be followed by assembly members, politicians in leadership roles in government and county governors (SECURE Health Evaluation Report 2015).
Zimbabwe	Presidential republic, executive and legislative power is centralised and exercised by government and assembly. The policy system is authoritarian and top-down. Any policy change is dependent on strong and legitimate political and other leaders and champions. Zimbabwean society is strongly polarised either in favour of the ruling party or the political opposition. This polarisation also has a regional and ethnic foundation. However, a strongly centralised system means that new priorities can be rapidly institutionalised on the basis of presidential-level decisions, for example the recent adoption of EIPM as a government-wide priority (VakaYiko Evaluation Report 2015).
Sierra Leone (no country visit)	Presidential representative democratic republic. Executive power is exercised by the president, legislative power by the parliament. Multi-party system. Characterised by institutional fragility, either still experiencing conflict or conflict only recently ended. Challenged by weak government capacity and lack of trust in government institutions. A functioning cabinet system has been retained, with most major executive decisions taken by cabinet, but limited development of the system as a legitimate mechanism for balancing competition for resources and playing a coordination role across ministries. The need for greater use of evidence as part of a collective decision-making process is arguably even greater in such constrained environments, where conflict and division impact on a coherent decision-making process, and nascent institutions need to establish legitimacy and unity (ACD Evaluation Report 2015).

As can be seen, the case study countries present a diverse range of political systems at different stages of evolution. There are challenges to EIPM from a range of factors, for example strong patterns of ideological decision making, but there are also opportunities for evidence use to contribute to improving the functioning of governments.

At Stage 1, while there is reasonable data on a range of factors that are perceived to be shaping EIPM at different levels – institutional, organisational, interpersonal and individual – there is little data yet on the

linkages between contextual factors at different levels and how they influence each other within dynamic political contexts.

In our realist framework, existing political systems in case study countries represent ***infrastructural*** factors – the wider social, economic, political, historical and cultural settings of the BCURE programmes. These shape the ***institutional*** context – the rules, norms and organisational cultures of the governmental organisations in which the EIPM interventions are implemented.

At Stage 1, there is a reasonable spread of data on the ***institutional*** factors that can enable and block EIPM in the case study countries. There is also some evidence on other contextual factors shaping EIPM at different levels, such as the ***individual*** characteristics that affect how people respond to opportunities for EIPM (e.g. gender, ethnicity, professional background) and ***interpersonal*** factors, the relationships between stakeholders and actor groups. The analysis of these factors is discussed in the next section.

However, as yet there is no data on the linkages between all these contextual factors at different levels and how they affect each other to shape how EIPM works within their respective political and governmental systems. This is partly to do with the evolution of the evaluation's process of theory building at the higher-levels of the CToC to date, as is discussed further in section 6.6.2.

At Stage 2, the evaluation will focus more on exploring theories at the institutional level and gathering data on these to enable analysis of the linkages between contextual factors at different levels, in keeping with the realist approach.

5.4. Evidence on enablers of and barriers to EIPM from BCURE countries

The evaluation found a range of enablers/barriers influencing EIPM at different levels, although respondents generally have positive aspirations for EIPM in the BCURE case study countries.

The findings on enablers/barriers discussed in this section highlight some of the aspirations that respondents have for EIPM, for example, bringing new perspectives and solutions, enhancing coherence and coordination, improving performance, and offering a way to move beyond polarised ideological positions.

However, an important insight from the complex systems perspective is that there is no 'ideal' level of evidence in policy making. Evidence use is infused with politics and power and is just one part of a patchwork of factors influencing policy decisions, alongside political and strategic considerations, expert opinion, stakeholder and public pressure, and resource constraints. Nevertheless, where it is underused, evidence is considered by respondents to add value to decision making.

The most prevalent patterns are presented and discussed here, although there are some additional factors that have not been reported due to considerations of space. These are retained in the data set and will inform the evaluation priorities for Stage 2.

Figure 4 (overleaf) provides an overview of the emerging ideas about enablers of and barriers to EIPM, presented according to the 'levels of change' in the BCURE CToC: individual, interpersonal, organisational and institutional. The data sources behind each enabler/barrier are noted in the figure.

5.4.1 Institutional-level enablers/barriers

Six main potential enablers and/or barriers at the institutional or system level of the CToC were identified from the data. Challenges such as the pressure of the political cycle, national and international policy

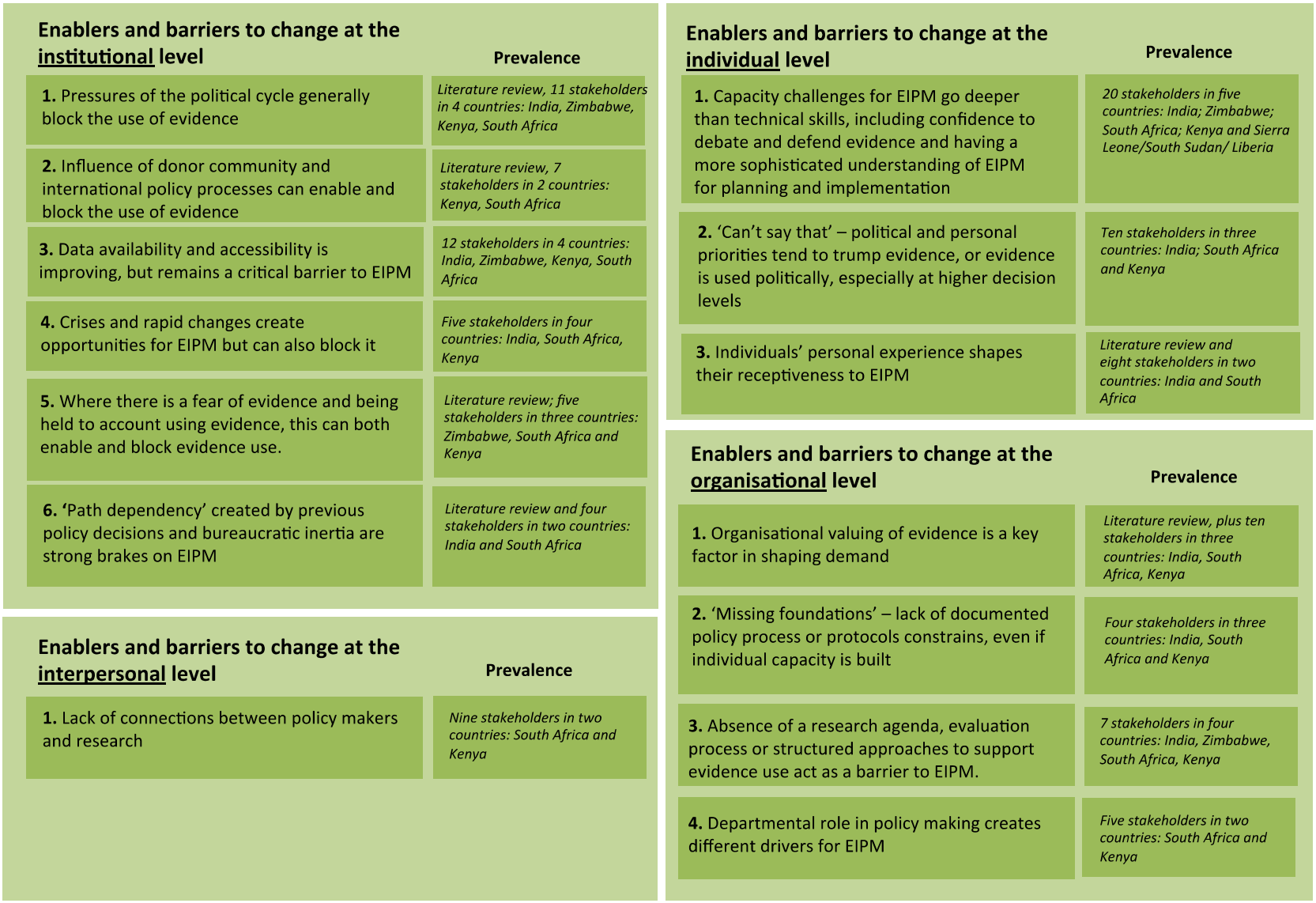
priorities and critical gaps such as the availability of relevant evidence and a systematic approach to policy making as a whole were all mentioned. Most of these are seen as acting as barriers, although in some contexts, they can also create opportunities or drivers for evidence use. The perspectives presented here build on and nuance the findings from the Literature Review. Data comes from India, Zimbabwe, South Africa, and Kenya.

1. Pressures of the political cycle tend to block the use of evidence.

There is a reasonable spread of evidence to support the view that political factors are the biggest influence on policy decision. Respondents in India, Zimbabwe, South Africa, and Kenya suggest that the political cycle – the length of time between elections – means that political concerns act as a barrier to the use of evidence. Governments and politicians are keen to deliver on their political agendas (1-86; 3-8; 5-3; 4-6). In most countries, they only have five years in which to do so. Although five years is not unusual in settings where EIPM is more established, respondents perceive that political pressures create the need for fast, reactive policy making, where there is little time to consider evidence (3-8; 4-29).

In both South Africa and Kenya, respondents noted a tendency for policies to focus on visible achievements, such as food parcels or ambulances, to build popularity (3-17; 3-8; 4-28; 5-3). In India, there is a suggestion that the desire to derive political mileage is a major driver of policy decisions, sometimes pre-empting anticipated demands from constituencies, and sometimes at local level (1-85; 1-86; 1-103). To a large extent, political pressures shape the whole environment and potential for evidence use.

Figure 4: Overview of enablers of and barriers to EIPM at institutional, organisational, interpersonal and individual levels



2. Influence of donor community and international nature of some policy processes can both enable and block EIPM.

In developing countries, the influence of the international donor community can create two separate effects, one positive and one negative for EIPM.

On the one hand, international donors can play an important role in promoting EIPM. Respondents in South Africa and Kenya suggested that issues that make it onto the international policy agenda are generally supported by good quality international evidence, which is readily available (3-6; 3-16; 5-11). The inflow of donor resources that usually accompany an international policy priority provides an opportunity for national policy initiatives to follow international policy processes that are based on evidence (3-16; 3-19):

> *We were aligned with international standards – the international community and oversight – this ensures that policy processes in national policies become evidence-based.* (South Africa respondent, 3-19)

One stakeholder in South Africa noted with irony that international organisations can usually access local data and local researchers more readily than national policy makers (3-16).

On the other hand, international influence can also act as a blocker of EIPM and create adverse effects. In Kenya, external funding was felt to skew the usefulness of national research by concentrating resources on a few priorities rather than national needs. For example, non-communicable diseases and health systems research were seen as important national areas neglected by international policy attention (4-13; 4-30).

This chimes with evidence identified in the Literature Review, which found that donor priorities can act against EIPM, for example as a result of funding pressures. One observational study examining HIV policy making in Tanzania describes how, in decisions about HIV policy in the late 2000s, empirical cost-effectiveness data played very little part, as a result of massive inflows of funding. In the absence of an environment in which costs mattered, cost-effectiveness data was no longer politically relevant (Hunsmann 2012).

3. Data availability and accessibility is seen by some as improving, but access remains a critical barrier to EIPM.

Some respondents in South Africa and India consider that the availability and accessibility of data and research evidence has substantially improved, although there remains a gap (5-7; 5-11; 1-93). For others, improvements in data are limited to certain sectors. For example, health is considered to be well-supported with data, while other policy areas, such as social protection, are very limited (1-87; 3-9; 3-19; 4-13).

Lack of access is often attributed to the need to pay for journal subscriptions, despite the growth in free services (4-13; 4-15; 4-29; 2-84). Two respondents suggested that institutional constraints make it difficult to extract information from where it is produced; for example, in India, volumes of historical data exist but this is too costly to digitise (1-95). In India, there may also be a problem of having access to good quality data on national priorities, an area that initiatives like 3IE are perceived to be tackling (1-93). In Kenya, there is a suggestion that weak institutional relationships between policy departments and research organisations constrain the exchange of information (4-29). This issue is discussed further below.

4. Where there is a fear of being held to account using evidence, this can both enable and block evidence use.

The role of civil society and media is an important factor for EIPM. However, this factor seems to also create two separate and opposite effects.

On the one hand, respondents suggest that civil society can act as a barrier to evidence use where there is a high-profile issue. This is not to say that in the absence of civil society, evidence is more likely to be used; it is more that respondents are suggesting that evidence is more likely to be discounted or avoided because it poses a potential challenge to government decisions and actions.

In these situations, there may be fear that evidence might be used as a 'weapon' against government departments (2-71; 5-2; 3-7; 3-16). This 'weapon' might be justified to expose corruption or mismanagement, but as perceived by a respondent in Zimbabwe, this makes it difficult for data to be gathered on certain issues (2-71). In more positive situations, South African respondents gave various examples that related to initially successful policy initiatives that were then evaluated as ineffective, removing the incentive for commissioning research or evaluation, and leading to evidence being perceived as a threat, and the opportunity to improve initiatives being lost (5-2; 3-7; 3-16).

On the other hand, civil society and media can act as an enabler of EIPM, when there is an active media and citizens are able to ask for justifications of policy decisions. In countries like South Africa and Kenya, citizens may take governments to court for not providing services (5-3; 4-27). In these situations, using evidence explicitly as a basis for policy helps to pre-empt these challenges and, more positively, can act as a spur towards more responsive government (5-2; 5-3).

5. Crises and rapid changes generally act as barriers to EIPM but can also create opportunities for it.
Crises (for example, natural disasters) and rapid changes (such as regime change) seem mainly to act as barriers to EIPM. Crises are urgent, requiring rapid decision making to deal with the problems, or be seen to be dealing with them. Respondents seem to associate evidence with long-term solutions (and by implication a longer decision timeframe).

There is a perception that decisions cannot be delayed in a crisis (3-20; 5-3). In the absence of pre-existing repositories of evidence that can be accessed at short notice, then, as one respondent in India suggested, if situations of crisis or 'fire-fighting' become prolonged, it becomes difficult to invest in evidence systems and shift practice towards EIPM (1-89). Further, there is a suggestion from a study in Lebanon, identified in the Literature Review, that decision making in crises is more politicised, with a preference for popular measures, regardless of what evidence might say (El-Jardali et al. 2014).

Occasionally, changes can act as an enabler of EIPM. For example, the change of mandate in the Kenyan Ministry of Health means that all departments now have a responsibility for policy, prompting a growing demand for evidence (4-3). In South Africa, the early years of the democratic period were seen as an opportunity to reconsider policies on the basis of evidence (3-16).

6. 'Path dependency', created by previous policy decisions and bureaucratic inertia, is a strong brake on EIPM, but once mind-sets have shifted towards EIPM, it seems hard to turn back.

Several respondents reflected that current policies are strongly influenced by path dependencies – where past policy decisions, and the knowledge that informed them, direct future policies (3-11; 5-5). There is a perceived tendency towards inertia and maintaining a status quo through pursuing existing norms and policies (1-85; 3-11; 3-17; 5-5). In large bureaucracies, for example in Indian government settings, successive regimes and new decision makers and policies might make little difference to entrenched implementation systems (1-85).

There was a perception, however, that in situations of uncertainty, or faced with ineffective policies, evidence can lead to a shift in the discourse. New evidence can break a 'lock-in' in terms of what is understood about a particular situation (5-5). Three respondents portrayed EIPM as a 'culture' or a 'way of thinking' – once the mind shift had happened, there was no going back (3-9; 5-2; 5-3):

> *I think we've* [South Africa] *come late into the game* [EIPM]*, but there's no way people will be able to go back on this now. When you go to the politicians with a draft policy, that is the question that is asked: where did you get this information? How do you know that this is what we need?* (South Africa respondent, 5-3)

A shift in discourse, if not mind-set, could be reflected by the example of the Zimbabwean government adopting the principle of EIPM across government. However, respondents note that EIPM skills are still being developed (2-72; 2-79).

5.4.2 Organisational-level enablers/barriers

Four main enablers and/or barriers at the organisational level of the CToC were identified from the data. Most act as barriers, and few enablers emerged from the data. These factors mostly limit the potential for EIPM at an organisational level, affecting the time and effort that people can dedicate to using evidence, even if they are interested and have the scope and skills to introduce EIPM behaviours in their contexts. Data comes from India, Zimbabwe, South Africa and Kenya.

1. Organisational valuing of evidence is a key enabler of the demand for EIPM; if it is not valued, evidence is seen as non-work and not prioritised.

Valuing of evidence at an organisational level acts as an enabler of EIPM. In South Africa and India, there were two examples of departments that had established systems and/or units for managing data and information (presumably after the value of data had been recognised). This seemed to have resulted in the integration of data and research into organisational processes and stimulated demand for information and analytical services (1-89; 5-3).

In contrast, in other settings, respondents cited lack of time as a key barrier to EIPM; however, the underlying barrier seems to be that evidence is not valued as an input or as a norm, and so is not prioritised. Respondents gave different perspectives on this: for example, reading grey literature such as policy briefs and topic notes is not regarded as work (3-6); and administrative responsibilities leave no time to read and no time to develop useful summaries of evidence (5-7). In Kenya, 'policy engagement' is not acknowledged by organisational performance measurement systems. One Kenyan respondent felt that while most of the data is somewhere (supply is not the problem), the barrier is that the whole government system lacks an evidence culture – 'you read, you learn, you keep informed' (4-6), or else does not see itself as a 'consumer of evidence' (4-9). These findings chime with studies identified in the Literature Review that highlight the importance of organisational culture in valuing or non-valuing of the use of evidence.[7]

2. 'Missing foundations' – lack of documented policy protocols and the under-resourcing of key organisations and departments who might promote EIPM – act as barriers to EIPM, even if individual capacity is built.

Missing foundations for EIPM act as barriers. This factor relates to deeper gaps in terms of organisational processes and resourcing around policy making. These gaps act as barriers, even if there is an emerging shift in EIPM discourse. Three respondents in Kenya and South Africa flagged that where there is no clear process for making and approving policies, this means there is no structure for incorporating evidence (4-6; 4-14; 5-4). Capacity building is of limited utility if there is no understanding of the policy-making process – at a legislative level, political level, executive level and sector level (4-6; 4-14; 5-4). In India, a similar issue was highlighted: there is no formal institutional structure that exists to facilitate policy making in India. There is 'ad hoc-ism': policies are made to pre-empt local demand or to derive political mileage (1-103).

[7] BCURE Literature Review pp. 45–47.

The issue of missing foundations seems particularly acute in fragile contexts. The ACD report suggests that there is severe under-resourcing of key policy coordination and support roles in Liberia, South Sudan and Sierra Leone, leading to unsystematic approaches to decision making and an absence of evidence (ACD report 2015).

3. Absence of a research agenda, evaluation process or structured approaches to collecting and documenting evidence acts as a barrier to EIPM, but resources can make a difference.

In India, Zimbabwe, South Africa and Kenya, respondents pointed to a lack of any structured or resourced approach to collecting and using evidence as a barrier. In Zimbabwe, there seems to be little systematic investment in producing and retaining knowledge for policy making (2-70; 2-80). In other countries, lack of structures for EIPM range from a lack of a research agenda to support policy-making priorities in South Africa and Kenya (3-18; 4-26) and a lack of documenting of existing evidence (3-20), to a lack of evaluation of policies and programmes (1-87; 4-06). However, the establishment of a dedicated resource in the form of a research and development team in the Kenyan Ministry of Health is expected to act as an enabler by tackling this kind of gap (4-26).

4. Policy and service delivery mandates can create opportunities for EIPM, although reactive policy making remains the norm.

A pattern in South Africa and Kenya is that government departments have different mandates. In South Africa, there is a recognition that Centre of Government Departments are more involved in policy making, and therefore more amenable to conversations about EIPM (3-19; 3-21). In Kenya, recent constitutional changes mean that national departments no longer deliver services but are tasked with setting policy and implementation frameworks for the county-level administrations, also creating a new need for EIPM (4-43). In both countries, there is a perceived need for more EIPM in service delivery departments or administrations to support effective implementation (3-19; 4-43). Promoting evidence use in implementation and service delivery could be a new frontier for EIPM capacity building.

However, although there may be emerging opportunities for EIPM, in the Kenyan setting, two respondents perceive that policy making has historically been reactive and externally driven. Political priorities come from outside departments; for example, media pressure results in ad hoc presidential declarations (4-6; 4-25). Departments then have to react rapidly to implement a declaration that is not formally in policy, but takes political priority (4-6; 4-25). Additionally, there seems to a lack of capacity to set policy agendas from within, as one respondent notes that policy development tends to be outsourced to think-tanks (4-25).

5.4.3 Interpersonal enablers/barriers

One main enabler/barrier relating to interpersonal factors emerged from the data, linked to weak networks and other connections between policy making and research communities. Although a longstanding issue, well-supported in the literature, data from Stage 1 confirms that this remains a challenge, at least in Kenya and South Africa. These findings confirm that initiatives to improve networks between policy makers and researchers are still needed. The data comes from South Africa and Kenya.

1. Weak networks and other connections between policy makers and research communities act as a constraint to EIPM.

A key aspect of this barrier is that although research is being produced in-country, it is perceived as not relevant to policy issues (3-10; 4-29). This challenge is exacerbated by a perceived absence of forums to enable sharing and dissemination to create the link between research and policy: ‘this information can lie in the institutions forever’ (4-9; 4-11; 4-29).

Two respondents in South Africa and Kenya mentioned that weak connections between policy makers and researchers are made worse by a lack of trust between policy makers, parliamentarians, researchers and consultants in their settings. Parliamentarians may distrust researchers because they use a different language, and there is a perception that researchers do not understand policy-making contexts (3-18). Consultants may not be trusted unless they were previously connected to the party, executive or legislature (3-18). A lack of trust means that there is no confidence in the quality of research, and it may be easily discounted, especially if findings contradict the status quo (4-11).

Another theme in the data from South Africa suggests that researchers and civil society stakeholders could build better connections for influencing policy (and enable the use of evidence) if they are able to be more politically aware in what they research, and to filter difficult evidence strategically into policy debates rather than challenge a policy priority head on (5-7). This relates to other points made about researchers needing to be responsive to policy needs and to understand the opportunities in the policy process (3-6; 3-9; 3-10; 3-16).

5.4.4 Individual-level enablers/barriers

There was a good level of data on the individual-level barriers. Capacity challenges emerge as the most significant barrier to EIPM, but capacities mentioned by respondents go deeper than technical skills in appraising and using evidence. There is a lack of understanding of the policy cycle more broadly, which relates to the 'missing foundations' barrier discussed above. The second most prevalent factor relates to the political nature of policy making, acting as a barrier when political and personal priorities tend to trump evidence, and when evidence is used politically, especially at higher decision levels. The third factor, related to individuals' personal experience and cognitive biases, can act as a barrier or an enabler. If an individual has prior experience with using evidence, this can positively affect the conditions for evidence use, especially if the individual is in a senior position. The data comes from India, South Africa and Kenya.

1. Capacity challenges for EIPM go deeper than technical skills, including confidence to debate and defend evidence and understanding EIPM for planning and implementation.

The first capacity challenge identified by respondents relates to the technical skills needed to search for and appraise evidence, especially assessing the type of evidence and its quality (3-10; 3-16; 4-6; 5-7). Understanding the difference between stakeholder evidence, grey literature or scientific evidence, and interpreting quantitative data were highlighted as specific capacity gaps, along with a lack of understanding of how to use evidence to appraise intervention options and choose what is effective (3-10; 3-16; 4-6; 5-7). Three respondents additionally mentioned a lack of confidence to discuss and defend evidence in policy-making processes as a barrier. If there is a lot of information available, it takes confidence to critically appraise it (2-67; 3-18; 5-7).

A second capacity challenge relates to the absence of an overview understanding of policy dynamics and the role of evidence within that, related to the 'missing foundations' barrier discussed above. A lack of policy overview was identified as a barrier by respondents in Zimbabwe, South Africa and Kenya. This gap can limit understanding of the purpose and utility of data (2-79; 3-16; 3-18; 4-14; 4-17/24; 5-4):

> *Therefore despite finding yourself in a position where you are expected to produce policy documents you are left somehow groping in the dark, almost copy pasting things, and referring to previous policies yet without much evidence to inform your policy. (*Kenya respondent 4-17/24*)*

Individuals' professional backgrounds are seen as a factor in promoting or constraining the use of evidence. Respondents in South Africa held the view that politically appointed policy makers are more likely to rely on personal views due to absence of sectoral experience (3-16; 5-4). Where appointments are made based on strong administrative capacity (rather than political affiliation), there may be more opportunity for EIPM (3-

8). However, rather than professional background, a more important factor might be a personal approach that leans towards critical questioning (3-17). In Kenya, respondents suggested that health policy makers with a clinical background understand how to use evidence for clinical treatment or for service delivery, but their training does not provide them with the 'big picture' thinking that is required to apply evidence in a policy setting (4-29; 4-30).

On a broader level, respondents in South Africa, India and Sierra Leone pointed out that individuals can never meet all the capacity needs. There is a need for specialist technical and analytical data collection, analysis and assessment capacity, and support services, to support EIPM (1-91; 1-85; 2-72; 3-15; ACD report).

2. 'You can't say that' – political and personal priorities tend to trump evidence, and evidence is used politically, especially at higher decision levels

A good spread of data from India, South Africa and Kenya points to how political imperatives act as a barrier to evidence use. In India, three respondents mentioned examples of how entrenched political, material and personal vested interests have derailed specific evidence-based proposals relating to policy issues, as well as general reforms of policy making to involve evidence more. They point to scepticism, especially among middle-level incumbents in government, about the use of better evidence for policy purposes (1-85; 1-86; 1-95; 1-100).

In South Africa, respondents mentioned the lack of political will as the main barrier. Many top-level directors are political deployments, and political priorities are promoted over evidenced insights (3-18; 3-11). Existing norms and standards limit the use of new evidence, the potential for financial gain may have an influence, and, ultimately, the priorities and preferences of the individual policy maker are seen to affect evidence use (3-6; 3-17). When a policy maker does not like what the evidence is saying, typical statements include 'you can't say that' or 'the tools are wrong' (3-8), or there may be 'cherry picking' of information to legitimise decisions already taken (3-9).

In Kenya, there were similar perceptions that the political imperative may block or ignore evidence. Political priorities trump evidence. Examples were given of political declarations made without the basis of studies, and how any subsequent evidence that challenges the decision is not welcome (4-8; 4-11; 4-29). Once a declaration has been made, it becomes a matter of political party decisions, and evidence is unlikely to be persuasive enough to challenge the ideological positions adopted (4-8).

These findings resonate with the 'politics and legitimisation' model of policy processes and empirical studies discussed in the Literature Review, suggesting that institutional-level power affects who is able to participate in decision making, and shapes the strategies, beliefs and actions of individuals within it.[8]

3. Individuals' personal experience shapes their receptiveness to EIPM, but cognitive biases act as barriers.

There was only limited data on this factor; however, it is well-supported in the literature.[9] Respondents in South Africa mentioned that a higher education background and critical thinking ability of policy makers positively affects the use of evidence; for example, where senior management are research oriented there may be more evidence-informed policy-making practice (3-8; 3-17). However, the Kenyan views discussed above in relation to well-educated clinical medical staff do not necessarily support this assumption.

There was a suggestion that sectoral experience may be an enabler of EIPM, but it could easily act as a barrier if individuals are too embedded in sectoral networks and history (3-6; 3-18). Respondents in South

[8] Literature Review, pp. 44–45.
[9] Literature Review, pp. 41–43.

Africa and India highlighted the tendency for populist beliefs, 'common sense' and priorities of government staff to be the main influence on policy decisions (1-86; 3-6). This perpetuates biases that are not easily changed through factual evidence to the contrary. Factual evidence that necessitates a change in political, bureaucratic, financial, social and personal power relationships seems to entrench cognitive biases further (1-86).

These findings were echoed in the Literature Review, which discussed political theories relating to 'discourse'. These models emphasise that knowledge in the form of 'rules of thumb', logic or common sense in a society can shape what decision makers can understand or articulate and, therefore, the decisions they make. The Literature Review also introduced ideas from psychological literature, including confirmation bias and mental models, which affect how people understand and interpret evidence. In line with these theories, the Literature Review found several studies from lower- and higher-income contexts suggesting that individual beliefs, attitudes and motivations to use evidence are connected to pre-existing beliefs, and to the norms and values that prevail within organisations or societies. Evidence may be ignored or side-lined if it counters past experience – particularly if an issue is hotly debated. The findings from Stage 1 would seem to confirm these views.

5.5. Conclusions

This section discussed the Stage 1 findings on **factors that enable or block evidence use** in policy processes in the governmental contexts in which the BCURE programmes work.

Taking a whole systems approach to explore how policy making works (or does not work) in the BCURE settings has confirmed key findings emerging from the Literature Review on the dynamics shaping EIPM, and added important contextual nuances to these directly from the BCURE settings. These findings help us to better understand the deep-seated and interrelated reasons why decision makers in low- and middle-income countries often do not access, appraise or apply research evidence effectively in decision making.

The analysis of EIPM dynamics has implications for EIPM capacity building, highlighting the need to have an understanding of factors likely to block positive behaviour change over time.
The analysis of enablers/barriers suggests that BCURE programmes, and others aiming to build capacities for EIPM, should make a deeper exploration of EIPM dynamics in a given setting to inform the design of their strategies. Most of the dynamics identified act as barriers, although most barriers have the potential for a positive flip-side if the right conditions can be stimulated. Respondents highlight the pressures of short political cycles; skewed resourcing of national and international policy priorities; and basic critical gaps that remain such as access to relevant data in appropriate formats to support the use of evidence in decision making. The lack of productive connections between research and policy communities, and missing foundations to effective policy making are also pointed out. The barriers related to missing foundations need to be considered carefully by the BCURE partners as they may limit the longer-term results of EIPM capacity-building initiatives, if not taken into account.

Finally, individuals' own biases and previous practices can all block the use of evidence, especially if it has not been used before. However, there are grounds for optimism, as some respondents suggest that once the 'evidence mind-set' starts to develop, there is no going back.

Findings suggest the need to adopt a wide array of strategies beyond capacity interventions to tackle political and other factors on different levels.
Capacity challenges were identified, suggesting that the BCURE programmes are targeting the correct entry point. However, the analysis implies that a wide array of strategies should then be developed to stimulate enablers and minimise barriers, as well as providing direct capacity support.

For example, at the individual level, the skill-set that is being taught could be widened by providing an overview of policy process dynamics and political challenges; drawing out the implications of non-use of evidence; and building up confidence, motivation and skills in advocacy, debating and defending evidence.

This wider set of attitudes and skills could help to stimulate the 'evidence mind-set', and build up 'soft skills' alongside technical skills that would help individuals navigate political complexities and improve the chances of sustained behaviour change.

At an organisational level, factors relating to a 'culture' of evidence use could be tackled explicitly through, for example, engaging senior stakeholders and leaders by demonstrating the value of evidence, as well as tackling some of the structural issues identified, particularly the 'missing foundations'.

The Stage 1 evaluation found that, in the main, the BCURE programmes are implementing multi-level strategies, having identified some of the key barriers. The next section explores in more depth the findings on how, why, and in what circumstances the BCURE interventions might lead to positive change in capacities to use evidence in policy making, against the backdrop of the EIPM dynamics identified. These findings are discussed in the next section.

6. What is the evidence on how, why, in what circumstances, and for whom the BCURE interventions lead to change?

6.1. Introduction

This section discusses the evidence from Stage 1 on how, why, in what circumstances, and for whom the BCURE interventions lead to change. The evidence is structured in line with the 'levels of change' in the BCURE CToC: individual, interpersonal, organisational and institutional. Our analysis suggested that 'champions' work across the four levels of change, and these are therefore discussed separately in Section 1.3.

Each sub-section begins with an explanation of the 'outcome patterns' observed within the BCURE programmes. The outcome patterns convey the extent to which particular outcomes have been achieved by each programme so far, and progress towards more substantial outcomes anticipated in Stages 2 and 3. The strength of evidence behind outcomes is judged according to the rubrics detailed in Annex 3. Evidence for an outcome is deemed stronger if it is triangulated across a larger number of sources and interview respondents.

We then examine the evidence on how and why these patterns might exist, by articulating *theories* – ICMO configurations – that help explain how BCURE interventions lead to the outcome patterns. These theories are expressed in the form of intervention-context-mechanism-outcome configurations (ICMOs), as described in Section 3. We first explain the process of developing the ICMOs, and the main analytical choices taken to refine the initial theories derived from the Literature Review (as detailed in Annex 2). We then describe the refined ICMOs, explain how they are reflected in the primary data, and discuss the prevalence of data underpinning them. 'Prevalence' refers to the number of interviews in which respondents expressed a particular theory (or part of a theory) about how and why change happened or is expected to happen, which was developed at synthesis stage into a coherent ICMO.

6.1.1 Strength of evidence behind ICMOs

As explained in Section 3, we do not discuss the strength of evidence behind ICMOs in this report. This is because our aim at Stage 1 was not to *test* our theories but simply to examine how far they resonated in BCURE contexts, expanding on and refining them as necessary. For Stages 2 and 3, we will develop an approach to testing our refined ICMOs through demonstrating links between context, mechanism and outcome factors, and describing the strength of evidence behind our judgements.

At Stage 1, our primary aim was to elaborate and refine the initial ICMOs developed through the Literature Review, in order to create more nuanced, contextualised theories specific to BCURE. This was done through interviews with BCURE stakeholders, exploring how and why they thought the programme had led to or would lead to change.

The interview transcripts were analysed using the meta-ethnographic synthesis approach detailed in Section 3. This approach prioritised theories that were more prevalent in the data; in other words, ideas about how and why BCURE interventions might have led to or were expected to lead to change that were expressed by a larger number of people across a larger number of countries. In some cases, theories have been included that were expressed by relatively few stakeholders or in only one or two countries; but where the wider literature, BCURE partners, or the evaluation team feel that it may be important to explore further because they offer a unique or novel explanation that may be important at Stages 2 and 3.

Findings are reported with clear references to the data sources.
The prevalence of findings is indicated throughout the narrative below, providing a transparent indication of how often a particular theory was expressed by interview respondents. However, as we have not yet begun to test our ICMOs, we do not refer to the 'strength of evidence' behind ICMOs in this Stage 1 report.

In order to be clear about the source of the data behind findings, numbers in brackets in the text indicate the source interview, coded by country case study, as follows: India – 1; Zimbabwe – 2; South Africa – 3; Kenya – 4; South Africa Impact Case – 5; Sierra Leone/ACD programme – SL/ACD.

6.2. Individual change

Individual-level change includes individuals' development of skills and knowledge of EIPM, as well as improvements in motivation, attitudes, commitment, values and personal incentives that affect individual behaviour. Skills for EIPM, as understood in the BCURE programmes, include the ability to search for and appraise evidence, as well as the ability to weigh evidence with other factors and use it to inform decision making. Individual change also includes the motivation, commitment, values and incentives that affect individual behaviour.

6.2.1 Individual-level outcomes at Stage 1

There is a good range of evidence of early and emerging change across the BCURE programmes as a result of interventions targeting individual change. The evidence suggests patterns of improved awareness, motivation and commitment among participants. Both participants and senior managers reported examples of improved ability to access, appraise and use evidence in policy processes. There is strong to reliable evidence of early behaviour change, for example applications of EIPM in current work and changes in practice.

Table 5 presents an overview of the programme evaluation assessments.

Table 5: Programme evaluation assessment of individual change

EQ 1: Individual Change 1.2 What were the observable changes in individuals' knowledge and skills?		
BCURE Programme	**Extent of observed change**	**Summary of evidence on outcome patterns**
Harvard (India)*	Early change *Strong evidence*	The evidence suggests that individuals have improved ability to access, appraise and use evidence in policy processes, and improved motivation and commitment for EIPM. The programme has created enthusiasm and momentum through its positive reception in the respective target agencies. Respondents said that the training modules had imparted new skills, and there were some signs that policy dialogues had also resulted in changes to individual attitudes and skills by exposing participants to different perspectives. These changes are directly attributable to the Harvard project. There is also some evidence of early change in relation to project participants changing their behaviour and applying new skills in policy processes.
SECURE Health (Kenya)	Early change *Strong evidence*	Individuals reported improved ability to access, appraise and use evidence in policy processes. There were signs of improved motivation and commitment, and there is evidence of early applications and changes in practice. The programme has created enthusiasm and momentum for EIPM through its reach to heads of departments and senior managers. The evaluation evidence suggests that SECURE has made a **significant contribution** to these changes, at least

		in Kenya, as there are no other similar initiatives in the Kenyan MoH and Parliament.
VakaYiko (Zimbabwe)	Early change *Partial evidence*	Individuals interviewed for the evaluation reported improved ability to access, appraise and use evidence in policy processes. There were signs of improved motivation and commitment after the training, and there is evidence of early applications and changes in practice. Post-training test data was not available at the time of the Stage 1 evaluation as training in Zimbabwe was yet to be completed, meaning that these changes in knowledge and skills could not be fully validated. There is a small amount of evidence of an early contribution to improved EIPM practices in participants' agencies, which will be followed up in future stages of the evaluation.
UJ-BCURE (South Africa)	Early change *Reliable evidence*	There is reliable evidence of emerging change in individual *understanding* of EIPM, through workshops and mentoring. However, there is only partial evidence of early change in understanding, ability, motivation and commitment to using evidence. Where there is evidence of change, this is directly attributable to the BCURE programme. Stages 2 and 3 of the evaluation will focus further on these issues, as well as the sustainability of individual EIPM changes.
ACD (Sierra Leone)	Moderate change *Partial evidence*	According to a number of respondents, the programme is starting to bring about a change in attitudes towards the new procedures, a key enabler of which has been the highly consultative process of the Cabinet Manual revision in Sierra Leone. There is some evidence that training generated longer-term learning outcomes for participants through interviews, pre- and post- test scores and a longitudinal evaluation survey and interviews (in spite of methodological biases). Evidence of the positive impacts of training and capacity-building workshops has also been collected by the programme through training feedback forms. In spite of the positive feedback from the training workshops and ACGN roundtable meetings, the evidence is fairly limited at this stage that the training interventions directly lead to improved motivation and commitment, and that the tailored delivery approaches are the most effective for their specific audiences.
** Case evaluation country*		

6.2.2 Process of developing theories about how individual change happens

Changes in skills, knowledge and attitudes involve change at a psychological level, as explained through theories of learning. At the inception stage, the Literature Review emphasised that there is no single accepted model of adult learning, but theories of andragogy and self-directed learning suggest several 'key principles' that may help inform EIPM training courses – for example, adults need to know why they are learning, and be actively involved in the learning process. Other learning theories emphasise issues of power and the role of learning in transforming the learners' reality. Finally, behaviourist, cognitivist, humanist, and social theories of learning provide a diverse set of models for understanding the mechanisms that link training to learning – including theories of self-efficacy and social learning (see box). These theories were used in the Literature Review to help explain the mechanisms that appeared to lead to improvements in capacity through training courses.

Learning theories

Self-efficacy concerns people's beliefs about their capability to perform a particular task or handle a particular situation. An individual's performance and motivation are partly determined by how effective she or he believes they can be, their sense of **self-efficacy** (Bandura 1977). This can result in 'self-fulfilling prophecies' – if a person is confident they will do well in something, they are more likely to try harder at it and, therefore, gain good results. Bandura argued that the most important source of self-efficacy is a person's judgements of how they have performed at a given task previously. Self-efficacy can also be developed vicariously – if someone similar to one person succeeds, this can increase the other person's self-efficacy (and vice-versa). Verbal persuasion, in the form of encouragement or discouragement, can also influence a person's self-efficacy.

Social learning theories frame the learning process as one of interaction and observation in social contexts and relationships between people. **Social learning** is broadly seen as a process where people learn from observing other people's behaviours, through *attending* to a behaviour, *remembering* it as a possibility, and then *rehearsing* it in practice (Smith 1999). Another definition suggests that social learning is a change of 'understanding' that goes beyond individuals, resulting in collective change at a network or societal level. This occurs 'through social interactions and processes between actors within a social network' (Reed et al. 2010).

However, the Stage 1 data does not provide sufficient detail to help decide between competing learning theories. In fact, identifying the precise psychological mechanisms that spark an increase in skills or confidence within BCURE interventions seemed to be beyond the scope of the evaluation, requiring in-depth data collection (including observation) within training courses themselves. The use-oriented focus of the evaluation suggests that the important mechanisms are the ones that help explain what it is about training (and other individual change interventions), and the context they are implemented in, that sparks *behaviour change.*

Our thinking has therefore moved at Stage 1 to a focus on explaining the mechanisms that lead to behaviour change, rather than improvements in capacity. Given the above, we have opted to move away from attempting to explain how knowledge and skills are acquired through the mechanisms of self-efficacy, social learning and other learning theories. Instead, we have focused on identifying the mechanisms that spark behaviour change once skills and knowledge have been acquired. The Kirkpatrick training evaluation model offers a useful framework for unpacking individual change within BCURE, at the level of behaviour change and above. The 'four levels of training evaluation' (Kirkpatrick Partners n.d.) are as follows:

- **Level 1 – Reaction**: the satisfaction of participants with a training activity; their degree of active involvement in and contribution to the training process; the relevance of the learning to participants' day-to-day jobs.
- **Level 2 – Learning**: participants' knowledge, skills, attitude, confidence and commitment – before and after the training.
- **Level 3 – Behaviour**: participants' application of the training when back on the job: the extent to which learning has been applied in the policy makers' native environment where factors beyond their control may constrain or support implementation.
- **Level 4 – Results:** the effect of the training within the participants' organisation or wider environment.

This framework has been used to help develop theories explaining changes at Levels 3 and 4, as described below.

6.2.3 Our theories about how BCURE leads to individual-level change

Respondents used many different metaphors to describe their learning experiences with BCURE programmes. Some examples were:

- *A rescue from 'struggling in the dark'* (Kenya respondent, 4-11)
- *Helping to narrow the field from 'drinking from a fire hydrant…to drinking from a tap'* (Kenya respondent, 4-14)
- *Opening horizons* (Kenya respondent 4-25)
- *'Crystallising' what participants already knew* (South African respondent, 3-15)
- *Providing 'eye openers'* (Zimbabwe respondent, 2-82)

We have used the metaphors that participants themselves used to describe the mechanisms and the ICMO configurations.

The evidence suggests BCURE training may lead to 'aha moments' in which individuals recognise the relevance of EIPM to their work. Different kinds of aha moments lead to different sorts of outcomes. ICMOs 1, 2 and 3 are shown in Figure 5 below, and depict how training can lead to EIPM concepts being 'crystallised' for participants; can result in 'eye openers' that lead to direct application of skills; or in very specific contexts can provide a 'game changing' insight that directly shapes a policy process.

Figure 5: ICMOs 1–3: the 'aha moments'

	Intervention	Context	Mechanism	Outcome
ICMO 1: the 'crystalliser' *Based on seven interviews from four countries: India, Zimbabwe, South Africa, Kenya*	Where interventions are less directly relevant to participants but still offer practical knowledge of and insights into EIPM…	… and/or (perhaps) where participants start with lower capacity/awareness…	…this **crystallises** awareness of EIPM, and/or allows application of EIPM labels to current practices **…**	…leading to increased awareness of / enthusiasm for EIPM (but not behaviour change yet)
ICMO 2: the 'eye opener' *Based on 14 interviews from two countries: Zimbabwe and Kenya; plus ACD regional conference*	Where training interventions are practical, interactive, needs-focused, offer practical skills, and target people who can directly apply learning…	… and where there are external pressures or motivations to apply training … and participants already have internal motivation for EIPM…	…this sparks an **eye-opener**, in which participants see that training is immediately applicable to their own work, and put it into practice**…**	…leading to immediate behavior change in which individuals apply EIPM principles in their own work.
ICMO 3: the 'game changer' *Based on four interviews from two countries (Kenya, Zimbabwe)*	Where training interventions are directly linked to a policy process or relevant to processes participants are directly involved in, and courses offer practical learning about EIPM…	… and where there is direction / permission / support from senior management… and participants already have internal motivation for EIPM…	…this sparks a **game-changer**, in which participants see that training is immediately applicable and use new knowledge to inform the process they are involved in…	…leading to immediate behavior change around EIPM feeding into instrumental policy and process change.

Some respondents described how training raised awareness, or sensitised them to EIPM, 'crystallising' what they already knew or believed about it (ICMO 1). For example:

> *Participating in the [programme] enabled him to put labels to the EIPM practices that he had implemented before, but he didn't feel a noticeable change in his behaviour.* (South Africa respondent, 3-15)

> *Training has built up demand through new awareness, to come up with the right policy questions, and awareness and usefulness of networking with researchers.* (Kenya respondent, 4-1)

While this allows application of EIPM labels to reframe existing practices, the crystalliser mechanism does not necessarily lead to behaviour change.

In contrast, other trainees suggested that training may spark an 'eye opener' mechanism, in which practical training content is immediately applied by the trainee in their work (ICMO 2). For example, they now take steps to source evidence or engage researchers differently or more than they did before.

> *I now have skills and knowledge and the authority to engage researchers in a constructive manner, to see how they can help my work.* (Kenya respondent, 4-13)

> *It has taught them to do more systematic drafting of the policy documentation (…) They have found that the quality of the research sources they can now access have significantly improved. They have learned to cite their sources better in order to substantiate their findings and conclusions, and this has been well-received.* (Zimbabwe respondent, 2-84)

Where EIPM learning is seen as immediately applicable to an ongoing policy process, exposure to new knowledge about and practical application of EIPM can result in a 'game changer,' used to inform, and at times even to 'unblock', a policy process (ICMO 3). This ICMO has only limited data behind it. However, it is interesting because it results in not only immediate behaviour change but also instrumental policy change, for example:

> *The timing was good. Respondent had been struggling for the past one year to develop a policy on nursing standards...she was struggling in the dark as she had not trained in it, but by virtue of her position she is placed in a position where she has to develop one. (Kenya respondent, 4-11)*

> *After the training, the Director was able to finalise the policy, which had been in draft form for a long time prior. (Zimbabwe respondent, 2-74)*

> *We are now applying evidence in the ministry's workplan, to see how evidence of what has happened as a result of the last one can inform the process. Cabinet has asked us to update the evidence behind the policy. (Kenya respondent, 4-3)*

The game changer mechanism may be specific to only some BCURE contexts, particularly Kenya. It resonated less than the other two 'aha moment' ICMOs with BCURE partners, even with the SECURE team. However, given its potential direct link to policy change, the evaluation team feel it is worth exploring in other settings.

The crystalliser mechanism (ICMO 1) may sometimes – not always – be a sign of skills building failing to achieve its goals. Several BCURE partners identified with the crystalliser mechanism at the learning event, feeling that awareness-raising and sensitisation reflected what they were trying to achieve. The crystalliser mechanism may also lead to improved commitment as well as improved awareness; possibly translating into behaviour change further down the line:

> *The BCURE programme stimulates and reinforces individual commitments to make a difference and to spread the word to others on how to do it too.* (India respondent, 1-102)

However, if the goal (of the programme or of participants) is for training to lead to concrete behaviour change, training leading to crystallising rather than eye openers or game changers may be a warning sign. One participant in Zimbabwe found that there was little scope to apply EIPM knowledge in their role, but felt that at least they felt they had more awareness (2-78). Another participant in a training intervention felt the content was too theoretical and unlikely to translate into application without follow-up support (4-15).

Figure 6: ICMOs 4-5: mentoring

	Intervention	Context	Mechanism	Outcome
ICMO 4: embedding capacity *Based on four interviews from three countries: Kenya, Sierra Leone, South Africa; plus ACD report*	Following up training interventions with mentoring or similar (e.g. mentoring, training-of-trainer approaches)…	…and where there has been previous participation in training…	…helps to embed new skills and enable new capacities to translate into behavior change…	…resulting in participants applying new skills in practice (behaviour change).
ICMO 5: peer learning on the job *Based on seven interviews from two countries: South Africa and South Sudan*	Mentorship structured around 'on the job' needs, mentors having appropriate skills to meet these needs plus interpersonal skills, match in seniority, appropriate modality and length of mentorship…	…and where there is organisational support for mentorship, practicing of EIPM skills, mentors and mentees have time and commitment to engage, and there is a 'click' between mentors and mentees…	…mentoring sparks **peer learning** as mentors and mentees learn together through applying different skills, technical knowledge and experience 'on the job'…	…simultaneously increasing EIPM capacity and developing new EIPM practices and behaviours.

There is some (more limited) evidence that embedding capacity (ICMO 4) by following up training interventions with mentoring can help support individuals to apply skills 'in real life'. ICMO 4 relates to follow up after a training intervention. There is more limited data for ICMO 4 (and also ICMO 5), because at Stage 1 many mentoring and follow-up interventions had not yet been implemented.

In Kenya, South Africa and Sierra Leone, respondents mentioned that consistent application of their new skills (4-13), internalising knowledge (4-15) and nudges (5-5) can help to embed learning from training courses, along with applying the new knowledge acquired to other tasks, such as training of trainers or problem solving (4-15; SL-2).

> *Having the knowledge and skills is one thing, but am I consistent? Sometimes I need a better critical knowledge to become competent in it, so it becomes part of our culture and we discuss it in our teams.* (Kenya respondent, 4-13)

In South Africa, respondents mentioned the importance of specific contextualised advice (3-5; 3-19) to build confidence, which was also important in Sierra Leone.

> *I thought it would be useful for me to have a sounding board, someone to help think through the bigger picture, and to assist me with the practical work, without the pressure of producing something or reporting against something.* (South Africa respondent, 3-19)

Peer learning through mentorship is sparked when relationships are positive, there is a match in seniority and a willingness to commit time and effort on both sides, the mentorship is tailored and focused to practical needs, and the mentee has the power to influence change. ICMO 5 relates to mentoring as a stand-alone intervention for skills building and behaviour change. Peer learning 'on the job' through mentoring seemed to influence improvements in EIPM skills and motivation, as well as behaviour change, in South Africa.

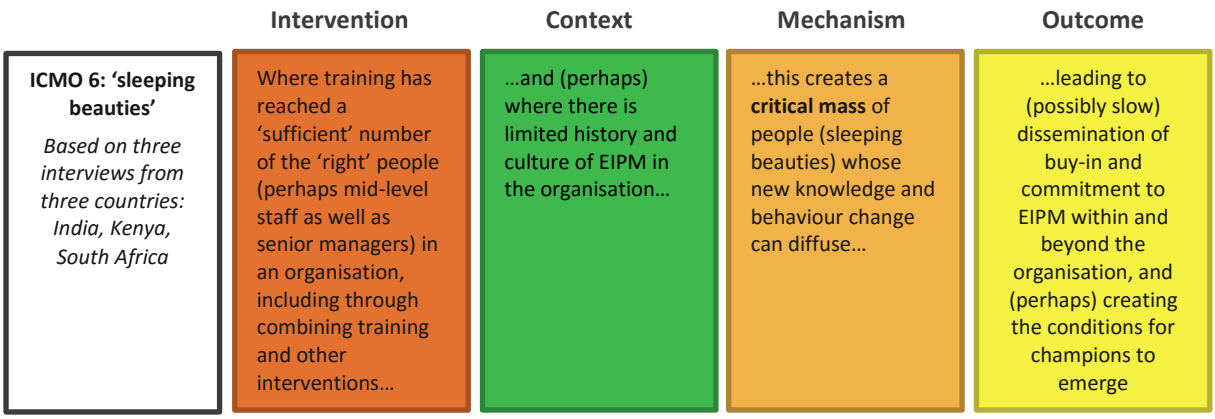
In general, the quality of the mentoring relationship seemed to be essential for peer learning to happen. For example, respondents stressed the importance of a match in seniority and/or credibility between the mentor and mentee (3-1; 3-5; 3-19). Some BCURE partners at the 2015 BCURE Learning Event felt that in interpersonal activities, a match in seniority is not as important as the participants having the expertise, credibility, rapport and knowledge. This will be considered further at Stage 2.

Respondents also mentioned a willingness to commit time and effort on both sides, and diligence in responding to communications (3-5; 3-19). This could be blocked by the pressure of mentee schedules making it difficult to commit time (3-20), and two respondents felt that accreditation and/or formal recognition might enhance the commitment factor (3-2; 3-20).

Two respondents suggested that investment was needed to nurture the relationship and build trust (3-2; 3-5). The ability of the mentee to introduce policy changes in their settings was also mentioned as important (3-1; 3-5; 3-19). Others stressed that focusing on a specific policy/programme and tailoring the relationship to the mentees' needs had enabled immediate application of guidance in practice (3-1; 3-5; 3-19).

In South Africa, respondents had mixed feelings over the importance of the sectoral experience of the mentor. For some respondents, the fact that the mentor did not have specific experience of the mentee's sector was seen as a positive thing – meaning the mentor was seen as an objective outsider (3-1; 3-5; 3-19). However, for others this blocked the credibility of the mentor, and the limited time available was used up in orienting the mentor to the sector (3-2; 3-11; 3-20).

Figure 7: ICMO 6



There is a limited amount of evidence to suggest that training a 'cohort' of individuals within a government setting or system can create a critical mass of people who gradually change their behaviour and influence an organisational shift towards EIPM (ICMO 6). This was only mentioned by a few

respondents and is, therefore, still very much a hypothesis at this stage. One respondent in India provided the 'sleeping beauties' metaphor:

> *The outcomes of BCURE are mostly 'sleeping beauties': potentially excellent outcomes in the medium to longer term only, given the existence of conducive variables to enable the emergence of such outcomes at a later stage. BCURE therefore nudges decision makers to change at different levels [rather than creating transformational change]* (India respondent, 1-95)

This mechanism was also alluded to in some studies included in the Literature Review. One study suggested that the course played a role in 'paving the way' to 'discuss, promote and facilitate integration' of EIPM concepts in participants' day-to-day work – not only through developing skills, but 'raising awareness among agency leadership', which meant leaders become more supportive of new efforts to integrate EIPM into programme activities (Jacobs et al. 2014). Similarly, a study from Canada found that training (combined with mentoring and knowledge brokering interventions) resulted in staff becoming more comfortable and familiar with EIPM, as the 'language' of EIPM permeated throughout the organisation (Peirson et al. 2012). The latter study also found that training helped to strengthen internal relationships between staff, which links to findings in Section 6.3 around interpersonal mechanisms promoting EIPM.

While only a tentative hypothesis at Stage 1, the 'sleeping beauties' ICMO is interesting as it potentially shows how training can contribute (perhaps slowly) to change at other levels of the system, including interpersonal and organisational level change.

6.3. Interpersonal change

Interpersonal change is defined as changes in relationships and networks between individuals and groups, and how these influence EIPM. It encompasses changes promoted through networks, policy dialogue and knowledge café events, and knowledge brokers.

Interpersonal-level interventions within BCURE vary greatly. Some are formal long-term networks stimulated by the programmes, while others are spontaneous interpersonal networks that spring up between the participants in a training course. Networks within BCURE programmes also involve different types of participants. Some involve experts, for example researchers who bring deep technical expertise from an evidence-based understanding of the issues, or senior policy experts. Other networks are more similar to peer support groups. Networking initiatives can involve bringing researchers and policy makers together, or only policy makers, around a specific theme or policy challenge. Initiatives may also be cross-cutting, boundary spanning networks working across different sectors.

6.3.1 Interpersonal-level outcomes at Stage 1

There is promising but only partial evidence of early and emerging change across the BCURE programmes as a result of interpersonal change interventions. This is partly due to the timing of Stage 1, when many programmes had only recently started implementing these activities. However, the evidence suggests emerging patterns of improved or new practical partnerships between researchers and policy makers arising directly from policy dialogues. In South Africa, active participation in networks was reflected in a dramatic increase in the membership strength of the AEN, a large increase in website traffic and resource downloads, and high attendance at events.

Within the SECURE Health programme, the MoH in Kenya had taken some steps to put recommendations into action following participation in knowledge cafés, and in both Kenya and Malawi debate topics had sparked media attention.

Table 6: Programme evaluation assessment of interpersonal change

EQ 3 and 4: Interpersonal change: What were the observable changes?		
BCURE Programme	**Extent of observed change**	**Summary of evidence**
Harvard (India)*	Early change *Partial evidence*	Evidence from Harvard internal monitoring data suggests early change in the form of improved attitudes towards collaboration and new practical partnerships between researchers and policy makers arising directly from policy dialogues. Interviews with project stakeholders also suggested that practical change resulting from collective networking through policy dialogues can be attributed to the Harvard BCURE programme. There is, therefore, partial evidence to suggest that observed interpersonal changes can be directly attributed to the project.
SECURE Health (Kenya)	Early change *Strong evidence*	There was evidence of results from the knowledge cafés in both Kenya and Malawi. In Kenya, MoH had taken some steps to put recommendations into action. In Malawi, some financing option recommendations were adopted in the roll-out. In both countries, debate topics had sparked media attention. The programme has made an **important contribution** to these changes, tying in with other initiatives such as the summit on health financing in Malawi.
VakaYiko (Zimbabwe)	N/A *Partial evidence*	There is partial evidence that the policy dialogues resulted in the sharing of knowledge and perspectives; however, concrete results beyond awareness-raising have not yet emerged. Interview respondents generally agreed that the policy dialogues did achieve their objectives of stimulating awareness and sharing of ideas among different stakeholders, but criticised the lack of follow-up to ensure concrete policy inputs. Respondents suggested that the one-day informal gender discussion did not result in any agenda for future action or in any written summary, report or publication sent to participants.
UJ-BCURE (South Africa)	Moderate change *Partial evidence*	There is evidence of moderate change in network participation and engagement – reflected in a dramatic increase in the membership strength of the AEN, a large increase in website traffic and resource downloads, and high attendance at events (which provide participants with networking opportunities between producers and users of evidence). This change is entirely attributable to the work of the AEN. However, there is very limited evidence at this stage of changes in EIPM capacity or behaviour as a result of engagement in the network.
ACD (Sierra Leone)	Early change *Partial evidence*	It is quite early to assess the results of the work conducted so far in establishing the cabinet officer networks. However, the programme appears to have made a crucial contribution to early change in relation to promoting networking opportunities, but more evidence is needed on whether this translates into medium-term change and whether the change is sustainable. The programme quarterly report identified the dynamic and interactive approach of the training as an effective method for encouraging collaborative and peer-to-peer learning, and to address specific, real-life implementation issues. Furthermore, attendance numbers and course

		feedback highlight satisfaction with the training and the demand for training of line ministry staff. There is some evidence that networking activities supported by the programme to date have resulted in tangible benefits around understanding and using evidence for participants. One of the most frequently cited examples is the policy analysts' workshop conducted in Kigali in 2014, which several programme respondents reported to be a successful example of peer-to-peer learning and building a critical mass of individuals supportive of institutional change. There is also evidence of tangible benefits for ACGN members from participating in the annual roundtable meetings.
** Case evaluation country*		

6.3.2 Process of developing theories about interpersonal change

Stage 1 has only produced limited data on interpersonal change, and there are few clear-cut patterns. However, there is sufficient data to enrich the discussion about how the BCURE interventions influence interpersonal change, in what circumstances, and why.

At the inception stage, the Literature Review suggested that networks may lead to change through social learning and social processing. However, we found limited evidence of these mechanisms operating within BCURE contexts. Studies discussed in the Literature Review suggested that discussing ideas with colleagues through a network may provide the opportunity for people to be influenced by others (social learning). Alternatively, or in addition, opportunities to interact can lead to participants' beliefs and understanding shifting towards a consensus (social processing). The studies suggested that networks can help promote the outcome of knowledge sharing or exchange, and help improve understanding and communication between different groups. However, there was little detail on how exactly behaviour change around evidence use might arise through networks.

The concepts of social learning and social processing informed our initial ICMOs for interpersonal change. However, at Stage 1 we found limited evidence of these mechanisms operating within BCURE contexts. As with the concepts of self-efficacy and social learning discussed in Section 6.2.2, this is partly because these mechanisms operate and result in change at a psychological level, which lies beyond the scope of this evaluation to investigate. We have, therefore, developed theories that focus on what happens within interpersonal interventions to lead to behaviour and policy change – Levels 3 and 4 of the Kirkpatrick model discussed above.

6.3.3 Our theories about how BCURE leads to interpersonal-level change

At the heart of interpersonal change, there seems to be a process of learning from, and being influenced by, others, in an informal or non-training environment, where evidence is used to support dialogue, problem solving and direct application to policy processes. Despite the limited data, Stage 1 findings suggest three distinct patterns of interpersonal change outcomes and associated mechanisms: promoting awareness of evidence through networking; collaborative learning; and learning by doing. These patterns are described through three refined ICMOs.

Figure 8: ICMOs 7–9: interpersonal change

Depending on the depth of the interactions that are supported through the interventions, different outcome patterns seem to emerge. The different ICMO 'labels' describe the depth of the learning from others that seems to be occurring. The opportunity for informal, exploratory conversations seems to lead to the outcome of building awareness (ICMO 9):

> *The Knowledge Cafés bring together different stakeholders on policy issues, and stimulate awareness of the importance to do more systematic, quality research in order to try to influence government policy on those issues.* (Zimbabwe respondent, 2-66,)

However, a more active process of collaborative learning between peer experts from different domains appears to lead to actual behaviour change.

> *Technical assistance provided by the BCURE programme helped create more awareness of the need [for data] and built networks of interested specialists, on the one hand, and the technical assistance improved respondent's capacity to do it on the other.* (India respondent, 1-88)

ICMO 9 describes the most in-depth process of applied and supported learning, learning-on-the-job through co-production, where government staff and BCURE programme staff work together on a live policy process. This seems to lead to multiple outcomes of improved EIPM knowledge and skills, support for EIM and new policy products/processes, as well as creating potential demonstrator effects, which leads to other ICMO patterns at the organisational change level. ICMO 9 may be important in linking interpersonal change to organisational change.

Unlike the interventions working at the level of individual change, BCURE interventions operating at interpersonal level do not tend to explicitly target a skills or capacity gap. Instead, they tend to target a shared policy challenge that requires a pooling of knowledge and experience from different stakeholders to tackle effectively. Having said that, interpersonal change interventions do have the underlying aim of building capacities for EIPM. A common goal seems to be to subtly illustrate how evidence can support a productive and practical dialogue between different interest groups; how it can promote new perspectives on an issue; and how it can support the building of mutual understanding between different stakeholders, and improve problem solving and arriving at tangible options or actions within policy processes.

All three mechanisms seem to require open dialogue in an informal setting; but collaborative learning also requires a specific space for learning and an emphasis on peer-to-peer sharing. In Zimbabwe and South Africa, ICMO 7 seems to explain how networking events help to bridge a gap between policy makers and researchers through raising awareness of the importance of EIPM. For this mechanism to spark, there appears to need to be a shared perceived need to strengthen the links between policy makers and researchers in the context. There may be a perception that these linkages have become weaker or dysfunctional, rather than not ever having existed (2-65). In Zimbabwe, there was a perceived need for a relaxed exchange of ideas that depended on having a small group of diverse stakeholders and being in an informal setting. At the learning event, some BCURE partners emphasised that while researchers and policy makers can be brought together they do not necessarily share a professional language. Care needs to be taken that communication is appropriate to both groups.

> *The main strength of the knowledge café approach is the informal nature of it that facilitates a free and easy exchange of ideas that is not possible in a more formal setting, like formal interactions with policymakers. It also highlights alternative arguments about different issues.* (2-66, Zimbabwe respondent)

> *It is important to create open dialogue between researchers and policymakers to promote mutual understanding.* (South Africa respondent, 3-9)

For collaborative learning to happen (ICMO 8), this may require establishing a new space for learning (Kenya; Zimbabwe) where people from different backgrounds are brought together to think more deeply about the issue and their position. Peer-to-peer learning seems to be important, where the emphasis is on sharing experience rather than 'lecturing' (South Africa; Sierra Leone). In Kenya, the informal setting and the participatory and peer-learning approach resulted in ideas being 'demystified', creating an environment in which participants were not intimidated to ask questions or to explore alternative perspectives.
To spark the mechanism of collaborative learning in an event such as a knowledge café, the following factors were identified in Kenya, Zimbabwe and South Africa, as well as the reports from the ACD conference:

- Structured approach to the topic (Kenya; South Africa)
- Independent, respected facilitator (Kenya; Zimbabwe; South Africa)
- Practical focus, problem solving, relevance to a current issue (Kenya; South Africa)
- Presence of senior national and international experts (Kenya). BCURE partners felt this factor was important when discussing the draft ICMOs at the 2015 Learning Event. This may be an important factor for most interpersonal interventions, as social influence may be part of the mechanism common to all these ICMOs.

- Diversity of people, but with relevant experience/expertise to share (Kenya; Sierra Leone)
- Small size of gathering (Kenya; Zimbabwe)
- Informal setting and tone (Zimbabwe; Kenya)
- Collaborative, peer-learning approach (ACD interviews)
- Interactive and dialogue-based format (Zimbabwe; South Africa)

As one respondent observed:

> *It was very interactive, it was a dialogue. The venue helped to promote informality, the atmosphere was not very formal and this enabled many to participate in the discussions.* (Zimbabwe respondent, 2-71)

Learning-on-the job through co-production involves more formal arrangements between individuals, perhaps from different institutions (ICMO 9). Most of the data for this ICMO comes from the South Africa impact case. Respondents emphasised the importance of building ownership, senior buy-in and involvement through facilitation of a change process by an independent third party, combining to build skills in EIPM in parallel with an improved policy process/product.

Involvement of and ownership by senior stakeholders seemed to be the most critical factors required for this mechanism to operate. These include:

- Ensuring involvement of senior stakeholders from the outset of the policy process being targeted, to build ownership (South Africa impact case)
- Element of co-funding or co-resourcing the target policy initiative, possibly to enhance a sense of collaboration between different agencies (South Africa impact case)
- Structured approach to the policy process and related skills transfer, possibly formalised/documented through guidelines and terms of reference, helps participants to transfer their new EIPM capacities to other policy processes (South Africa impact case)
- Skills transfer and facilitation being framed as technical assistance enhances receptiveness (India)
- Skilled, independent and senior facilitator of the process, able to build consensus (South Africa impact case)

> *The manager had a good understanding of stakeholder perspectives, good at managing expectations (...) good at managing relationships. He follows the guidelines, he follows the process and tried to bring stakeholders to a consensus without influencing the content of policy changes.* (5-8, South African respondent).

> *The independence of the facilitator was very important (…) they ensured that the capacity building was done and that the report was completed and presented to Cabinet.* (5-9, South African respondent)

In Sierra Leone, India and South Africa, BCURE partners at the 2015 Learning Event suggested that learning-by-doing is a very important mechanism. It enables government partners to learn from doing real work, and where there is demand for support, this may help to embed outcomes more securely in the organisation. However, partners highlighted that the label 'co-production' may compromise the sense of ownership by government partners. Technical assistance might be a more appropriate label. We accept this advice and will rename the ICMO 'learning-by-doing through technical assistance' in the next stages.

Interpersonal-level interventions can lead to change at multiple levels. A common pattern that seems to be emerging is that interventions at interpersonal level involve simultaneously influencing outcomes on multiple levels. The data from all countries suggests that interpersonal interventions can lead to improved understanding and new relationships related to the policy topic itself (Zimbabwe; Kenya; South Africa), as well as raising awareness, knowledge and skills about EIPM through interaction with others (Zimbabwe;

Kenya and South Africa). There were also examples of instrumental policy change, as facilitated dialogue helps to build a policy consensus and identify tangible actions (Kenya; South Africa; India). In general, respondents who were positive about these interventions saw them as innovative approaches that brought something new (1-88; 2-66; 2-71; 4-2; 4-30; SS-4).

The outcomes associated with interpersonal interventions can also be important in creating conditions or at least 'sowing the seeds' for future institutional embedding of EIPM practices. Outcomes such as raised awareness of the importance of evidence and better relationships between policy makers and researchers (ICMO 7) may be important for establishing a collective or wider shared basis for EIPM within a setting, sector or government system, depending on the diversity of participants engaged. At the 2015 Learning Event, BCURE partners working in South Africa and Malawi emphasised that trust between individuals from different professional spheres can arise from new relationships, which is an important foundation for any future change.

The limited data then suggests that interpersonal interventions can potentially be quite catalytic and important. In Stages 2 and 3 we will investigate what happens in the medium term. For example, are new relationships sustained? Do organisations continue to hold informal, exploratory dialogues, using evidence to tackle policy challenges? To what extent do these collaborative, open dialogues support improvements in policy products and processes?

6.4. Change through evidence champions

Champions are defined as people embedded within an organisation or institutional context who, formally or informally, promote EIPM practices. The concept is drawn from the fields of organisational change and diffusion of innovations, discussed in the Literature Review,[10] but the notion of champions is used in many other fields.

6.4.1 Outcomes as a result of champions at Stage 1

Although only the ACD programme is working formally to support champions for organisational change, there is evidence to suggest that they are important in all five countries. It is early days for the ACD intervention, and the evaluation was only able to gather very limited data at Stage 1 from Sierra Leone respondents. However, there is promising, if partial, evidence of emerging change as a result of championing from the ACD programme.

Other BCURE programmes use the term 'champions' in their theories of change, as a broad concept to describe mid-range outcomes from training or combined interventions, without fleshing this out more specifically. However, the evaluation found a good range of evidence from 21 interviews in five countries to suggest that champions do have the potential to emerge, and that they may represent an important mechanism at all levels of change in the CToC. The data has allowed us to develop the concept of champions further, in order to be able to explore change through champions in more depth at Stage 2.

6.4.2 Process of developing theories about champions

At the inception stage, the Literature Review identified three main mechanisms through which champions appear to influence evidence use in policy making: transformational leadership, social learning, and network facilitation. These concepts informed the initial thinking about the ICMOs for champions.

[10] BCURE Evaluation Literature Review, December 2015, pp. 71–74.

'Transformational leaders' are individuals who influence, persuade and build support for change among other members of their organisation. The Literature Review suggested that the personal characteristics, strategies and experience of champions appear to be important contextual factors in enabling them to lead change – with various studies emphasising the importance of vision, commitment and dedication to EIPM, champions' seniority, their stability and continuity within an organisation, and their ability to apply external learning from a different job or field within a new context.

The Literature Review also found that champions may act as network facilitators, developing coalitions between different groups or individuals. One study found that network facilitation is affected by the institutional location of champions and the wider political environment, which shape the kinds of networking strategies that champions can successfully employ (Nisbett et al 2014)

The Literature Review also suggested that champions may influence change through social learning, in which people modify their behaviours when they are adopted by those close to them.

Evidence from Stage 1 suggests refinements to these initial theories, suggesting that network facilitation is a component of transformational leadership.

Stage 1 yielded some interesting findings on the champions-related ICMOs. The primary data from the country case studies, and also the Transform Nutrition case study, found limited evidence of champions promoting EIPM practices through social learning. The data also suggests that it is difficult to separate out transformational leaders from network facilitators. They often tend to be the same individuals. In fact, the ability to mobilise networks can be seen as a crucial part of being a transformational leader, alongside a number of other attributes. This is reflected in our two revised ICMOs for champions described below.

Champions in BCURE work across the four 'levels of change'. At Stage 1, the evaluation team initially classified champions in the BCURE ToC as being part of the theories on interpersonal change. However, the data suggests that champions potentially spark change at multiple levels – interpersonal, individual and organisational. For example, transformational leadership may result in new organisational procedures for EIPM, which in turn help to create new norms and professional expectations, potentially creating incentives for staff to work more with evidence. If used successfully, new procedures could go on to create positive demonstrations of the value of evidence that will help to spread change. Changing mind-sets about EIPM, especially among senior leadership, begins to create the environment for future initiatives. Future transformational leaders may even be created as a result.

Given these findings, the ICMOs relating to champions are now placed in their own category as a central mechanism in the ToC, to enable more specific exploration in Stage 2.

6.4.3 Our theories about how BCURE leads to change through champions

Champions can promote change from both above and below. Two distinct patterns of 'championing' emerged from the synthesis:

- Transformational leaders: these are senior-level individuals, who are passionate about and committed to EIPM, and who work through multiple mechanisms simultaneously, effectively pushing for change from above.
- Junior champions: mid-level individuals, equally passionate about and committed to EIPM, who may lack overt influence but hold positions that offer opportunities for modelling and diffusing EIPM behaviours (for example, policy analysts) – effectively pushing for change from below.

At the BCURE Learning Event in 2015, the champions-related ICMOs resonated with BCURE teams working in Sierra Leone, Kenya, India and Zimbabwe. Transformational leaders resonated more than junior champions, although the latter were still felt to have relevance.

Two revised ICMOs for champions were developed from the analysis of the data, and are presented in Figure 9 below.

Figure 9: ICMOs 10–11: champions

	Intervention	Context	Mechanism	Outcome
ICMO 10: transformational leaders *Based on 14 interviews in five countries: India, Sierra Leone, Zimbabwe, South Africa impact case, Kenya; plus Transform Nutrition case study*	Senior stakeholders being identified and supported informally to promote EIPM…	…where individuals have seniority within the system; commitment and passion; and interpersonal skills, good political relationships, credibility and respect…	…enables individuals to act as **transformational leaders**, exercising high level influence on other senior government figures to push change from above to support EIPM, and initiate reforms…	…resulting in high level buy-in and support for EIPM and/or new organisational tools and systems for EIPM.
ICMO 11: junior champions *Based on six interviews in three countries: South Africa, Kenya, India*	Interventions developing capacity for EIPM among individuals in an organisation…	…where individuals lack overt decision making power but hold positions that provide opportunities for modelling EIPM behaviours; have good interpersonal skills; and are committed to EIPM…	…enable individuals to act as **junior champions,** pushing change from below by modelling and diffusing EIPM practices…	…building organisational buy-in by demonstrating the value of EIPM and (potentially) becoming or creating future transformational leaders.

Transformational leadership (ICMO 10) encompasses many elements, including influencing, persuading, convening, mobilising networks and initiating new organisational procedures to support EIPM; all of which can lead to tangible and significant outcomes at an organisational level. Some of the approaches used more by transformational leaders include:

- Influencing and persuading senior decision makers from the 'inside', using face-to-face interactions, and linking their agendas to EIPM (Sierra Leone; Kenya; nutrition case study)
- Building cautiously towards consensus, with careful facilitation in order to build ownership – these approaches seemed to be particularly important in Sierra Leone, alongside the insight into when to nudge at a political level, knowing when to push forward and when to step back to allow other stakeholders to consolidate progress (SL-3; SL-6; SL-7)
- Collaboration, coordination and network facilitation across different spheres of government (Sierra Leone; India; nutrition case study)

The outcomes associated with transformational leadership tend to be quite tangible and represent potentially significant organisational structures or processes related to EIPM. These include, for example, new, formal procedures for EIPM (Sierra Leone), an official parliamentary forum to promote evidence (Kenya), or a change in policy (nutrition case study).

Junior champions (ICMO 11) are more likely to engage in sensitisation and awareness-raising in low-key spaces, and demonstrate the value of evidence by modelling EIPM behaviours in their day-to-day work. This may lead to less tangible outcomes. Some of the approaches used by junior champions include:

- Sensitisation and awareness-raising in low-key and 'safe' spaces, for example using internal seminars to promote discussion if evidence suggests a new angle on a policy issue (5-2).
- Demonstrating the value of evidence by using it practically when opportunities arise, for example in reports, policy proposals and through seminars and training (4-13; 5-2). In South Africa, Sierra Leone and Kenya, it seemed important to be able to show the value of evidence for improving performance and delivery (SL-7; 5-2; 4-13; 4-28; 4-41).

  I'm working with whoever is willing to listen, and sometimes quite junior staff who could otherwise have just been getting on with fairly administrative tasks… It's not going to be 'from the top down, from the bottom up', it's going to be wherever there are people listening. Every time I do a presentation on specific projects where research or evaluation is done well [it] brings people into the mind-set – getting people to think about evidence in a new way. (South Africa impact case respondent).

The outcomes of these strategies tend to be intangible, related to changing attitudes and understanding towards EIPM. These include, for example, convincing others of the value of working in an evidence-informed way (South Africa impact case) or disseminating EIPM approaches in training for other sectors (Kenya).

Champions can be 'supported' but not 'created'. An emerging theory is whether 'champions' can in fact be a programme strategy; the data seems to suggest that identifying champions is largely spontaneous. For an external programme to be able to work with champions *as a programme strategy*, it may be that external teams may need to look for people already embedded in the government system with the qualities of transformational leadership or junior championing described below, and then provide them with the support they need to spark the mechanisms. At the BCURE Learning Event in 2015, one partner agreed with this analysis, suggested that identifying a champion is largely spontaneous and serendipitous. Another suggested that it is possible to identify potential candidates who are already in position, for example, chairing government committees. This theory will be explored in later stages of the evaluation.

BCURE partners at the Learning Event also provided insights into how they think external support can or should be provided to champions. The SECURE team found that offering formal support led champions to expect financial resources and sometimes remuneration (SECURE Health evaluation). The introduction of formal agreements seemed to block the championing mechanism. This suggests that it is important to keep support informal, but offer logistical help, for example with events, maintain a dialogue and work in parallel with them (Sierra Leone; Kenya). Another partner highlighted a potential risk associated with a champions' strategy – the EIPM agenda may become overly-identified with one individual, failing to build broad ownership, and as a result leading to organisational change outcomes failing to materialise.

Transformational leaders and junior champions share common personal qualities. Personal attributes are essential contextual factors required to spark a champion mechanism. Both transformational leaders and junior champions across all the programme evaluation countries have vision, passion, dedication and commitment to EIPM approaches as core attributes (South Africa, Kenya, India, Sierra Leone, Zimbabwe). Other qualities common to champions in all these countries are strong interpersonal skills and the preference for facilitating rather than 'pushing' others.

> *The key champion in Sierra Leone was reported to have strong interpersonal skills, respect from colleagues, together with vision, dedication, commitment and power to promote change. His role in*

> *facilitating cabinet manual revisions was based on pulling back, giving ministers space and time and having 1-1 meetings to bring ministers on board.* (Sierra Leone respondent).

Champions in all settings show the ability to be proactive and work with many people across different sectors. Champions at both levels tend to be viewed by others as credible, trustworthy, having legitimacy and authority (South Africa, Kenya, India, Sierra Leone, Zimbabwe).

In South Africa, Sierra Leone and Kenya specifically, champions value evidence, have a good technical understanding and are able to use evidence and data to demonstrate its value to others in government. Data from these countries suggests that these champions may have an internal motivation to improve how things are done in their governments and see evidence as a way of achieving this (interviews SL-7; 4-13; 4-28; 5-1; 5-2).

Transformational leaders and junior champions differ in their professional attributes. In terms of their professional position, evidence from India, Sierra Leone, Kenya, South Africa and Zimbabwe emphasises that it is important for both transformational leaders and junior champions to be embedded in the government system. However, transformational leaders and junior champions bring different attributes to their 'insider' status.

Transformational leaders in all five countries are in senior positions, giving them access to high-level decision-making spaces, for example technical reference groups or steering committees. Seniority means that they understand the government system inside out (India, Sierra Leone, South Africa, Kenya and Zimbabwe). Holding high-level posts themselves, transformational leaders also create effective relationships with other senior people, usually linking across key agencies of government such as cabinets, or to the presidential level (Sierra Leone; Kenya; Zimbabwe). They have a good insight into political dynamics, which means that high-level champions know who to work with and how to respond to opportunities and obstacles in their settings. This attribute seems to be especially important in South Africa, Sierra Leone and Zimbabwe, where the political dynamics are complex, with strong ideologies, emerging or consolidating government institutions, and top-down flow of ideas (see Section 3.8).

There is a suggestion that in Sierra Leone (echoed by findings from the Transform Nutrition case study), it is important for transformational leaders to be able to make links to the agendas of other ministers to build wider ownership of the EIPM agenda (SL-6; nutrition case study).

In India, there is a suggestion that people who are in insecure positions, for example politicians or politically appointed high-level bureaucrats whose tenure might be limited, make ineffective transformational leaders. These individuals may be risk-averse due to the short length of time they are in post and the professional risks of becoming over-identified with a particular agenda. Political leaders are seen as having potential to play a championing role if they can form informal coalitions (1-104). In India, there also seems to be a stronger emphasis than in other settings on credibility and legitimacy, and on the ability to negotiate compromises between positions that are far apart and to create informal coalitions across different stakeholder groups (1-90; 1-104).

In Zimbabwe, the importance of credible personal networks to lend weight to the legitimacy, credibility and technical reputation of a champion are more strongly emphasised than in other settings (2-76; 2-68; 2-69).

Although there is less data on junior champions, they seem to be under less overt political pressure in their professional roles. The data from Kenya, South Africa and India suggests that junior champions hold mid-level positions that bring them into contact with a wide range of people and opportunities across departments or agencies, for example as policy analysts, quality assurance officers or trainers. The data

suggests that their roles give them time for research. Building on their personal qualities, junior champions have the ability to give positive and non-threatening demonstrations of the value of evidence as opportunities arise (5-2; 4-13; 3-16).

6.5. Organisational change

Organisational change refers to change in the systems, policies and procedures, practices, culture or norms within a governmental organisation and across multiple government organisations. Organisational tools include checklists, guidance notes, assessment criteria and templates; designed to help individuals search for, assess and interpret evidence. Organisational systems for EIPM are broader, including processes, procedures and events at an organisational level that incentivise and promote access, appraisal and use of evidence. These may include strategic plans, committee meetings, performance measures, and programme approval processes.

Organisational change may be imposed from the top. However, it may also emerge from numerous individuals changing their behaviour so that a new pattern of collective behaviour emerges, involving a critical number of individuals acting in certain ways that shift and reinforce norms and expectations of behaviour and standards.

6.5.1 Organisational-level outcomes at Stage 1

There is only partial evidence of early and emerging change across the BCURE programmes as a result of organisational change interventions.
This is partly due to the fact that only three of the BCURE programmes are formally targeting change at the organisational level – Harvard, VakaYiko and ACD. The timing of Stage 1 may also be a factor, as organisational change initiatives are still at an early stage and are likely to take time to mature into observable change.

However, the evidence suggests that early signs are promising, with examples of concrete changes in practice among organisations involved in the Harvard policy pilots in India and Pakistan. In Sierra Leone, the revised Cabinet Manual has been approved following a consultative and participatory process involving all cabinet members and ministries. There is a suggestion that stakeholders in Sierra Leone are beginning to value working in an evidence-informed way.

Table 7: Programme evaluation assessment of organisational change

EQ 6: Organisational change: What were the observable changes?		
BCURE Programme	**Extent of observed change**	**Summary of evidence**
Harvard (India)*	Early change *Partial evidence*	There is partial evidence of early change in relation to improved EIPM practices at an organisational level, and internal implementation documents reference several examples of concrete changes in practice among organisations involved in policy pilots in India and Pakistan. Interview respondents suggested that the combination of policy dialogue and pilot project programmes have resulted in improvements in organisational practices in programme partner agencies, as a result of participants being able to put new knowledge and skills developed in the training programme directly into use. However, there is insufficient

		evaluation evidence at this stage on other factors (beyond the intervention) that may have influenced these changes, and therefore it is not possible at Stage 1 to make an independent assessment of the contribution of the BCURE intervention to organisational-level change.
SECURE Health (Kenya)	EQ not applicable	
VakaYiko (Zimbabwe)	Early change *Evidence from only one source*	It is too early to expect evidence of organisational change. However, enthusiasm and ownership of EIPM in the government of Zimbabwe is a good step forward. Early evidence in South Africa suggests emerging acceptance of EIPM processes in the DEA organisational structure.
UJ-BCURE (South Africa)	EQ not applicable	
ACD (Sierra Leone)	Moderate change *Partial evidence*	The most significant achievement to date in Sierra Leone has been the development and approval of the revised Cabinet Manual. This took place over a long and delayed gestation period due to the Ebola crisis, and was conducted through a highly consultative, participatory and iterative process involving inputs from all cabinet members and ministries. The result is an end product that has full buy-in and ownership from the intended users, and that places strong emphasis on the use of evidence. The process was lauded for not being led from the top, but rather enabling the Manual's users to understand for themselves the value that evidence-based processes bring to them in their own work and in the policy formulation process. The approval of the Manual has provided added impetus to press on with other activities, including workshops and training sessions with ministry staff involved in preparing cabinet proposals. A noticeable improvement has been reported in the quality of memoranda and the efficiency of the preparation and review process. Early signs of a change in attitude have also been reported, towards the function of the cabinet secretariat that extends beyond an administrative purpose to one that encompasses more of a technical role, and there are also early signs of a change in attitude towards the importance of evidence in formulating cabinet proposals.
** Case evaluation country*		

6.5.2 Process of developing theories about organisational change

At the inception stage, the Literature Review suggested that organisational tools and systems can improve individual capacity and use of evidence, through the mechanisms of facilitation and reinforcement.

In the facilitation mechanism, tools and systems can work through facilitating staff to adopt EIPM behaviours, by providing resources and processes that enable and support people to change their behaviour, sometimes by making their jobs easier. Linked to this, tools can provide step-by-step guidance that increases

an individual's confidence in EIPM (Yost et al. 2014); or they can contribute in a more subtle way by helping to permeate the language of EIPM throughout an organisation, making it an accepted part of the culture. Studies also suggested that tools may increase the value staff members place on evidence, for example by deepening their understanding of the benefits data can bring to decision making.

The reinforcement mechanism seems to involve positive reinforcers (e.g. rewards) or negative ones (e.g. audit and the risk of negative feedback) acting to influence behaviours and actions (Peirson et al. 2012). The reinforcement mechanism is based on behavioural learning theories; the idea that behaviour can be influenced by controlling external factors (Walter et al. 2005). Some examples that emerged from the Literature Review emphasised the importance of including EIPM expectations within performance, accountability and incentive structures, such as individual performance objectives (Peirson et al. 2012). There was also a suggestion that 'non-instrumental incentives' such as status and recognition can be as effective as monetary incentives in motivating people to exert effort (World Bank 2015).

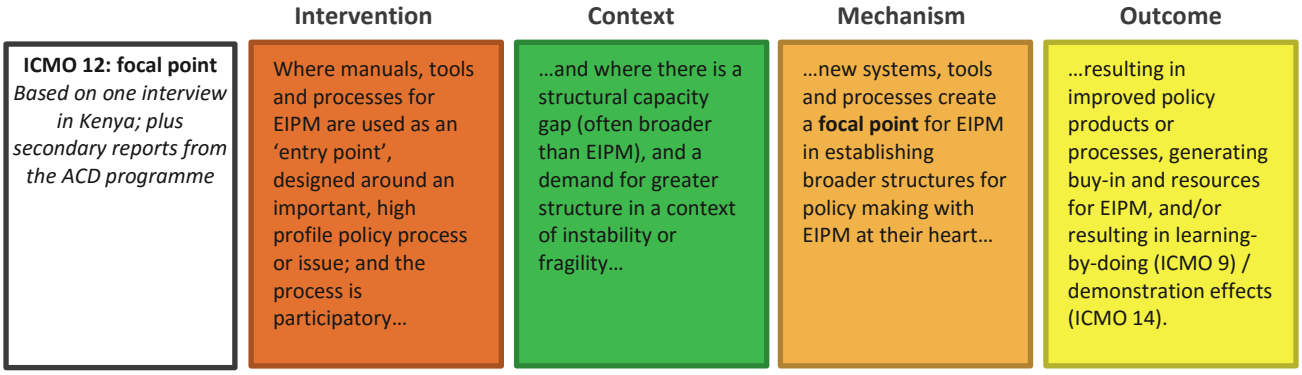
Some organisational tools and systems, such as a departmental protocol for designing policies using evidence, can work through both the facilitation and reinforcement mechanisms simultaneously – by providing a template to guide staff through the process of appraising and applying evidence, and also by setting standards that a programme design must meet in order to receive approval (Waldman 2014).

There was some, although limited, evidence from Stage 1 to suggest these mechanisms operate within BCURE. In addition, some evidence also suggested two additional ICMOs that were not identified in the Literature Review but may help to explain how capacity-building efforts influence organisational change that institutionalises EIPM practices. However, overall there is limited data from Stage 1 relating to some of the organisational ICMOs; echoing the fact that there are very few observed outcomes at this level, and most outcomes are anticipated. The less well-supported theories in this should, therefore, be viewed as tentative and still heavily based on the findings of the Literature Review – to be further developed in future stages of the evaluation.

6.5.3 Our theories about how BCURE leads to change through organisational change

The Stage 1 data, considered alongside the Literature Review, suggested four ICMOs that help explain the emerging and anticipated organisational-level changes as a result of BCURE interventions.

Figure 10: ICMOs 12–15: tools to support EIPM



ICMO 13: facilitation *Based on one interview in Sierra Leone, and secondary reports from the ACD programme*	Where EIPM tools, systems or policies are directly relevant to work that is already being done…	…and where processes are supported by high-level champions (ICMO 7)…	…this leads to the mechanism of **facilitation**, in which tools or systems provide practical assistance, enabling people to do their jobs better or more easily…	…resulting in the EIPM system or tool being used, and (potentially) increasing the value of evidence through demonstrating the benefits it can bring (ICMO 15).
ICMO 14: demonstration effect *Based on seven interviews in four countries: India, Zimbabwe, Kenya, South Africa impact case*	Interventions resulting in concrete products or actions that demonstrate EIPM…	…where structures are in place to allow diffusion and replication…	…success stories of EIPM having 'good results' can have a **demonstration effect**, influencing others by demonstrating the positive potential of EIPM…	…leading to increased buy-in/demand for EIPM, and potentially increased organisational kudos and resources for EIPM.
ICMO 15: reinforcement *Based on fifteen interviews in three countries: South Africa and South Africa impact case, Kenya, Sierra Leone*	Organisational tools or systems involving positive or negative incentives to adopt EIPM behaviours…	…where the tool, system or agency is strategically positioned or has legislative backing, lending it authority…	…this enables the mechanism of **reinforcement**, in which external positive or negative incentives influence behaviour…	…resulting in EIPM systems or tools being used, and manifested in behaviour and/or policy change.

Manuals, tools or processes for EIPM introduced at the beginning of an EIPM intervention can provide a focal point around which new EIPM norms and behaviours can be developed (ICMO 12), as demonstrated in the ACD programme. In some cases, tools may feature quite late on in a capacity-building process, or may be the end result. By contrast, in the ACD programme the development of an EIPM manual is the starting point, where it provides an important focal point around which people can rally to collectively define new norms and behaviours, explore them, and agree them.

Whether tools are the start or end point, the data so far suggests that they need to be accompanied by a participatory process of development, involving senior stakeholders and potential users of the process. The completed tool or process then may have a symbolic status and authority that comes from the collective organisational process behind it:

> *The manual would be useless on its own (for example, the previous manual was not used). No one could find a copy of the old one. The manual is in some way symbolic – it's pressure from the top and work from bottom that makes it effective.* (Sierra Leone respondent, SL-2)

There is a suggestion in the data that the focal point mechanism may be more likely to influence organisational change in contexts where there is a structural capacity gap in the organisations' ability to do

its work, which may involve fundamental weaknesses in policy making as well as weaknesses in EIPM capacities, and where there is instability and/or fragility (4-26; ACD Inception Report). This may be the wider fragility of an emerging state, or it may be a more localised instability arising from a change in mandate, or constantly changing political or organisational leadership. In this kind of context, there may be an (implicit or explicit) need or demand for greater structure that a structured process of developing EIPM procedures may respond to (4-12).

> *Now we have an initiative that is already rolling towards a national health research agenda, which the programme is part of. This is proceeding in the right direction. Once the [ministry staff] have a priorities document, they will be less vulnerable to these political shocks they get. It will be a good lobbying document, to help them to engage with the resource allocation needed to get the evidence.* [Kenya respondent, 4-26)

New tools can facilitate new EIPM behaviours if they help people to do their work and support their interests (ICMO 13). Emerging data supports the insights from experience that, to be successful, organisational tools for EIPM need to enhance people's ability to deliver their jobs. However, the data is too limited to provide any additional insights into how the mechanism might work in the BCURE settings. It remains under consideration at Stage 1 because the evaluation team feel it may become significant in future stages of the evaluation, given that two programmes are supporting tools for EIPM. The findings from the Literature Review suggest that factors such as tools helping to build people's confidence in working in a new way could be important, as well as not creating overly bureaucratic procedures.

> *Ministers and ministry staff value the benefits afforded to them and their work through the revised processes, having been involved in the change process. The new format makes things works faster and more efficiently.* (Sierra Leone respondent, SL-2)

Demonstrations of success and positive benefits of EIPM can be catalytic (ICMO 14). Success stories of how evidence has been used to improve policy making appear to catalyse and generate momentum for organisational change. Success stories offer examples that can be learned from (1-91; 4-30; 5-10), and possibly inspire confidence (4-30). Demonstration of effectiveness seems to trigger valuing of evidence and sense of self-worth if it develops initiatives and programmes that work well (1-88; 5-2). Contextual factors that seem important include the demonstration being closely linked to a high-priority or strategic flagship policy initiative (1-91; 1-88; 5-10). Choosing a challenging setting (4-30) may also help to create a more compelling demonstration effect.

The Harvard BCURE programme working in India is explicitly using a 'policy pilot' intervention to build positive demonstrations of EIPM. SECURE's EIPM training in Kenya also seems to have generated a demonstration effect as there is an appetite to take the training to the county level:

> *If we could work in the most difficult areas [to generate evidence and promote evidence use], then it would work elsewhere, if we can show it works, then it is possible to do scale up. For scaling, there are fora to work through at the county level: the Health Ministry Caucus, they can use the evidence. The ones to convince others should be the pioneer counties. Champion counties! Use exchange visits to share the learning.* (Kenya informant, 4-30)

Of all the organisational-level ICMOs, the demonstration effect theory resonated most with BCURE partners at the 2015 Learning Event.

Formalised accountability processes seem to underlie the mechanism of 'reinforcement' (ICMO 15). Most of the data for the reinforcement mechanism comes from the South Africa Impact Case Study, which focused on top-down incentives for working with evidence within the government system. Examples of

reinforcement from South Africa and Kenya include a formal policy approval mechanism from cabinet level, which involves returning policy proposals if there is insufficient evidence (4-3). One BCURE partner at the 2015 Learning Event emphasised the importance of a top-down, presidential and cabinet-level decision to 'change the rules of the game' as a key factor to enable this mechanism.

Performance management contracts and performance plans reinforced with audit processes can contribute to EIPM, suggesting that the reinforcement mechanism may be underpinned by the requirement for accountability (2-67; SL-2; 3-17; 5-2; 5-3; 5-4; 5-5; 5-6; 5-8; 5-9). These accountability-linked processes suggest that EIPM may be connected to improving public sector effectiveness in some contexts.

> *Evidence has been used at different stages throughout the policy. What made it not be approved at the first level by Cabinet was that some of the information was out-dated. They sent the team to look for more up-to-date evidence and do a more recent analysis. This demonstrated that evidence is seen as very important at that level.* (Kenya respondent, 4-3)

Building ownership, involving high-level stakeholders, and ensuring that tools are relevant and useable appear important across the organisational-change ICMOs. Similar intervention and contextual factors seem to enable multiple organisational-level mechanisms. Following a participatory process helps to build ownership (4-2; SL 2). Involving high-level stakeholders and consultation with relevant stakeholders in line ministries or devolved governments, for example, provides high-level authority and broader support (4-3; 5-5; SL-2). Ensuring that tools are relevant, useable, and help people to do their jobs more easily seems important in all the settings (4-3; SL-2).

There is limited data on the contextual factors necessary to spark these mechanisms, but one stakeholder suggested that change at an organisational level is catalysed where there is already an appetite for EIPM (4-26), possibly at senior levels, and/or an agency with whom EIPM is associated, for example the Research and Development Unit in Kenya (4-26):

> *The [ministry] has established a whole department to look at research and development (…) and we got the highest endorsement from the director who made sure his office was represented.* (Kenya respondent, 4-26)

With organisational-level interventions, there is a particular risk of perverse incentives and unintended negative consequences. The Literature Review discusses evidence that, in contexts where evidence is valued, this can encourage its 'symbolic' use to confer legitimacy on decisions or to support pre-existing positions. Other negative behaviours might include policy makers 'recycling' evidence from previous successful cases in order to improve the likelihood of approval, and inserting widely used terms and concepts in order to secure political capital with senior politicians or management (Waldman 2014). These patterns are also echoed in a very limited way in the data from Stage 1 (SL-1).

These responses appear to be negative manifestations of the reinforcement mechanism. While there is no clear data on how to avoid this in the design of systems, the Literature Review suggests that incorporating independent quality assurance into EIPM systems may also reduce the risk of symbolic or political uses of evidence (ICAI 2014).

Organisational-level mechanisms can stimulate enablers of EIPM in terms of organisational procedures, practices and norms that support EIPM. Mechanisms at this level can result in tangible improved policy products (1-88; 4-3), valuing of EIPM (1-88; 5-2), potential adoption of EIPM principles (2-79), greater endorsement by senior figures (4-26) and increased use of evidence in policy processes (3-17; 4-2; 4-30; 5-3; SL-2). Outcomes of organisational-level interventions also help to enable other mechanisms, for example

'learning by doing' (ICMO 9) and creating demonstrators (ICMO 14), and potentially enhancing the prestige of working with evidence that may translate into resource allocation in the future.

6.6. Institutional (systems) change and links to policy quality

Institutional change refers to the higher-levels of the CToC, and includes how the whole 'system' of EIPM works, increasing demand for the use of evidence, embedding the routine use of evidence and improving the quality of policy development processes. Institutional-level change encompasses change in the wider operating environment of individuals or organisations that affect the use of evidence. This includes the role of external actors such as international donors, civil society and the media in debating and promoting the use of evidence, as well as and the influence of external factors such as crises, global events, political and economic change, and broader social change (e.g. in culture, norms, collective beliefs, attitudes, values).

At this level, the CToC changes extend beyond behaviour change; they represent an accumulation of changes in capacity, behaviours, relationships, specialist agencies, systems and processes, as well as the activation of institutional enablers of EIPM, to support the ultimate aims of the BCURE programme: improved policies that have the potential for reducing poverty and enhancing the quality of life.

6.6.1 Institutional-level outcomes

In Stage 1, data gathering on institutional-level outcomes was piloted through the Impact Case Study. The BCURE evaluation Terms of Reference require the evaluation to gather evidence on how and why capacity building for EIPM can influence *system-wide* shifts in government institutions – including changes in how policy is made and the quality of policies.

The Impact Case Study was developed because it was recognised that it may be difficult to demonstrate these system or institutional-level shifts as a result of specific BCURE projects, within the three-year life of the project and within the resources available for the evaluation.

The study provided an opportunity to pilot how we might approach the study of a 'whole system' context, complementing data from the country case studies and the non-BCURE case study. It was hoped that the Impact Case Study would produce specific data and insights into the effect of high-level incentives and reinforcement mechanisms for EIPM.

Data was collected in Stage 1 but proved to be too fragmented to support a stand-alone report. The Impact Case Study produced interesting findings on these topics in its own right. The primary data was fed into the overall synthesis, and provided important insights into institutional-level enablers/barriers to EIPM (see Section 5). It also informed the development of the organisational ICMOs just discussed. However, there were insufficient resources to conduct a study to sufficient depth across the whole government system.

The impact case was not sufficiently relevant to the CToC to provide complementary evidence for BCURE. On reflection, the evaluation team felt that the South African case study was not sufficiently aligned to the CToC, and so the data proved less complementary for the synthesis than hoped. The NES, while broadly about building capacities for EIPM, does not use any BCURE-like interventions. Its focus is strengthening the performance of departments through evaluations, rather than the broader use of evidence.

In addition, changes in DFID's strategy mean that South Africa is now less appropriate as the setting for the Impact Case Study. For Stage 2, the evaluation will be reviewing the options for gathering data on institutional-level theories.

6.6.2 Process of developing theories about institutional-level change

Change at the institutional level represents an accumulation of changes in capacity, behaviours, relationships, specialist agencies, systems and processes, as well as the activation of institutional enablers of EIPM.
At the inception stage, the Literature Review identified a number of enablers/barriers at the institutional level that were discussed in Section 5.

Institutional factors relate to the wider environment in which individuals and organisations operate, and how this affects the use of evidence in decision making. This includes the role of external actors (such as international donors and civil society), and the influence of external factors such as crises, global events, political and economic change, and donor influence. The Literature Review found a large number of studies suggesting that institutional factors play an important role in both enabling and constraining evidence use within a wide variety of contexts, as discussed in Section 5.

From the Literature Review, we developed three programme theories to help explain institutional change.

Institutional change programme theories

PT 8. Where civil society, the media and/or the public have (a) sufficient freedom to publish and speak up, (b) sufficient capacity to engage effectively with decision makers, (c) sufficient influence over political decision making, and (d) the desire to engage in an evidence agenda, then these groups becoming more active and vocal around EIPM (using evidence themselves and/or pressuring government to use it more) will incentivise public sector decision makers to use evidence more / more effectively in their day-to-day work.

PT 9. Where (a) processes are sufficiently institutionalised, resourced, invested in, (b) the right staff have the capacity and ongoing professional support to access and appraise evidence, and (c) there are external pressures for EIPM, then this will enable and motivate public sector organisations to produce policies / instigate practices that are informed by evidence.

PT 10. Where evidence is appraised and applied (a) well (based on knowledge and skills about what evidence is appropriate, appraisal, retrieval, quality etc.), and (b) to an appropriate extent alongside other factors that influence decision making, then this will enable groups and organisations to finalise better quality policies / make better quality plans for implementation

Stage 1 did not produce sufficient evidence to suggest refinements to these programme theories.
It is not yet possible to drill down beyond the enablers/barriers that have been identified (see Section 5) into ICMO configurations. Although we have a large amount of data on institutional-level factors and how they affect evidence use in policy processes, we have not yet worked through the best way to conceptualise institutional-level ICMOs and their interlinkages with other levels of the system, including the links to policy quality and improved development outcomes.

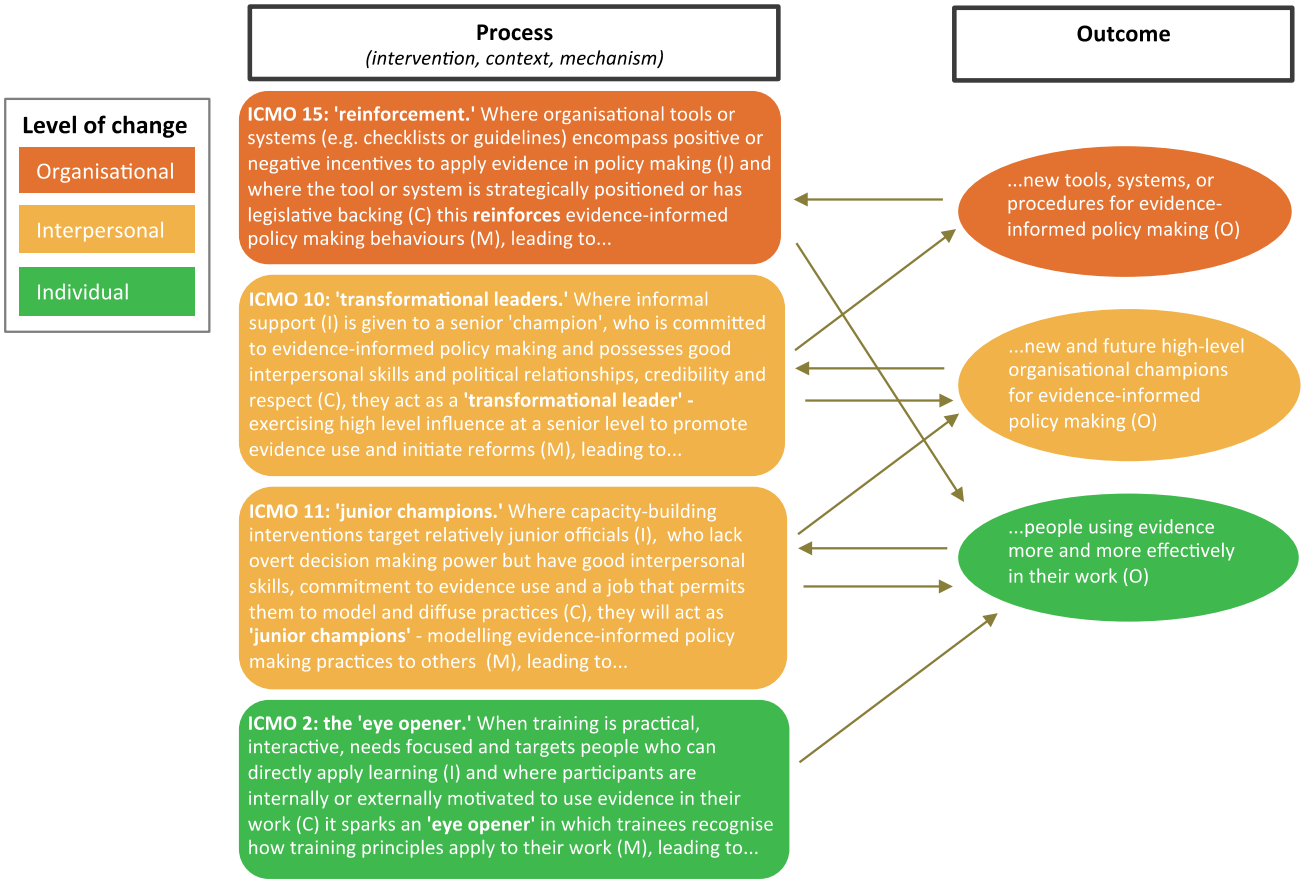
However, there is emerging evidence at Stage 1 to suggest that outcomes at one level contribute to contextual factors at another level, potentially showing how ICMOs might interrelate to influence systems change.
One of the challenges of developing theory at this level is that institutional-level change is not influenced by a distinguishable set of interventions. Systems change emerges from the accumulated effects of all the

ICMOs at the other levels, working through effects that cannot be disaggregated into component parts, as complex systems theory suggests.

However, given that there is evidence of interconnections, the realist literature offers a potential approach to conceptualising these combined effects. It is possible to conceptualise mechanisms in terms of 'levels of a system' (Jagosh et al. 2015; Westhorp 2012). Theories can be 'layered', with the *outcome* at one level becoming the *context* at the next level up, creating a ripple effect up the chain (Jagosh et al. 2015).

Our data from Stage 1 suggests that ICMO configurations at different levels of our CToC are indeed interconnected in this way, with feedback loops operating at different levels. Figure 11 illustrates how outcomes emerging at different levels of the CToC, stimulated by a range of interventions, can start to create conditions for change at another level, with feedback and reinforcement. The dynamics of these interrelationships will need to be reflected in the next iteration of the CToC.

Figure 11: Interconnections between ICMOs at individual, interpersonal and organisational levels



6.7. Conclusions

This section has discussed emerging evidence from Stage 1 on how, why, in what circumstances, and for whom the BCURE interventions lead to change, which has helped to develop more refined ICMOs.
Stage 1 has produced a good range of evidence on early and emerging change resulting from the BCURE interventions. There are some well-supported patterns of outcomes that have enabled us to develop more nuanced and more grounded ICMO configurations to explore more fully in Stage 2.

The strongest evidence at Stage 1 is around individual change, with emerging evidence of behaviour change.
As anticipated, the strongest evidence so far is around individual change, with patterns of improved awareness, motivation and commitment among participants in the BCURE activities. There are promising examples of behaviour change, involving the application of EIPM and changes in practice, arising from training and mentoring interventions. These outcomes reflect well on the BCURE programmes and enabled the evaluation team to develop contextually relevant theories from which to explore further what it is about training and mentoring interventions, and the context they are implemented in, that sparks behaviour change.

However, the data proved insufficiently detailed to enable close examination of cognitive processes that spark an increase in confidence or skills. The in-depth data collection this requires is beyond the scope of the evaluation. Nevertheless, the data that has been produced helps to inform theories explaining the link between increased skills and behaviour change, and how these changes might be sustained in the wider environment (levels 3–4 in the Kirkpatrick framework). The longer-term aims of the BCURE programme suggest that this may be the appropriate balance of effort – understanding how to embed and sustain positive EIPM behaviour changes that arise from capacity change, in the BCURE settings.

Stage 1 has produced partial but promising evidence of early change as a result of interpersonal interventions.
There are emerging patterns of improved or new partnerships between policy makers and researchers, as key barriers to EIPM identified in Section 5. The initial data seems to suggest that interpersonal interventions may be catalytic, as the outcomes associated with them may help to create the conditions for future institutional embedding of EIPM practices.

Champions in BCURE work across the four 'levels of change' and may prove to be a significant mechanism.
The evaluation found a good range of evidence to suggest that champions have considerable transformative potential, if they emerge. The initial data suggests that they may represent an important mechanism at all levels of change in the CToC, potentially sparking change at multiple levels – interpersonal, individual, and organisational. Changing mind-sets about EIPM, especially among senior leadership, begins to create the environment for future initiatives. Given these initial insights, ICMOs relating to champions are now placed in their own category as a central mechanism in the ToC, to enable more specific exploration in Stage 2.

There is limited data from Stage 1 relating to some of the organisational ICMOs, so these should be viewed as tentative.
Stage 1 found only partial evidence of early and emerging change across the BCURE programmes as a result of organisational change interventions, reflecting the fact that fewer programmes have interventions at this level, and there are very few observed outcomes at this early stage in the programmes. However, the evidence suggests that early signs are promising, with examples of concrete changes in practice and enthusiasm in the BCURE partners. Stage 1 has produced a more developed set of ICMOS at the organisational level, although these are still heavily based on the findings of the Literature Review and will be further developed in future stages of the evaluation.

At this stage, there is insufficient evidence to suggest refinements to institutional (system) level programme theories.
It is not been possible in Stage 1 to drill down beyond the enablers/barriers that have been identified and discussed. Although there are some insights from our analysis of the enablers/barriers, this has not yet coalesced into a firm basis for developing theories about institutional-level change. These need to be further developed in Stage 2.

The CToC will be revised to reflect the insights about ICMOs and their interconnections, to provide the framework for exploring how interventions combine and accumulate to influence the desired outcomes around EIPM capacities and behaviours, and, ultimately, the desired improvements in policy quality (see Annex 5 for more on the revised methodology for Stage 2).

7. Overall Conclusions and Recommendations

The overall conclusion is that Stage 1 of the BCURE evaluation provides useful insights into how and why capacity-building approaches support evidence-informed policy. The findings form a robust foundation for Stages 2 and 3 of the BCURE evaluation.

There was a good breadth of evidence that identified deep-seated barriers to and potential enablers of EIPM in the BCURE settings.
The findings largely confirmed the insights from the Literature Review, but they also identified critical barriers specific to the BCURE settings that may constrain the potential for sustained change.

Most of the dynamics identified act as barriers, although most barriers also have the potential for a positive flip-side if the right conditions can be stimulated. Key barriers were the pressures of short political cycles and basic critical gaps that remain, such as access to relevant data in appropriate formats to support the use of evidence in decision making, lack of productive connections between research and policy communities, and basic capacity (skills) gaps in accessing, appraising and using evidence. Finally, individuals' own biases and previous practices can all block the use of evidence, especially if this has not been used before. However, there are grounds for optimism, as some respondents suggest that once the 'evidence mind-set' starts to develop, there is no going back.

The analysis of EIPM dynamics has implications for EIPM capacity building, highlighting the need to have a deeper understanding of factors likely to block positive behaviour change over time.
The evidence on enablers and barriers suggests that the BCURE programmes are targeting the right factors, especially the real needs for improved capacities and networks. However, taking a broader view of the dynamics of policy making has identified deeper barriers, for example the issue of 'missing foundations', which are not currently being targeted by the programmes. The barriers related to missing foundations seem to be particularly acute in fragile and post-conflict settings, but need to be considered carefully by all the BCURE partners as they may limit the longer-term results of EIPM capacity-building initiatives, if not taken into account.

There is a good range of evidence of early change across all the levels of change in the CToC.
Although the programmes are at an early stage, there are well-supported patterns of outcomes, with promising signs of early behaviour change among individuals, involving the application of EIPM and changes in practice as a result of the BCURE capacity-building interventions. There are also good examples of changes in policies, improvements in decision making processes and new collaborations between policy makers and researchers arising from BCURE interpersonal interventions, which may be sowing the seeds for organisational change. There is important, if still only partial, evidence that champions may have considerable transformative potential to influence change at all levels of the CToC. The evidence of emerging positive outcomes reflects well on the BCURE programmes' progress in their early stages.

The synthesis data has enabled us to develop a refined and more robust set of the ICMO configurations that are grounded in the specific BCURE contexts.
The aim at Stage 1 was not to test the theories about how the BCURE interventions influence change, but to examine their relevance and resonance in the BCURE contexts and to build a more evidence-based and expanded set of ICMO configurations to enable testing at Stages 2 and 3. This has been achieved, and the second iteration of ICMO configurations is now more reflective of the BCURE interventions and contexts. For Stages 2 and 3, we will develop an approach to testing our refined ICMOs by demonstrating links between context, mechanism and outcome factors, and describing the strength of evidence behind our judgements.

7.1. Recommendations for BCURE and the wider community

The synthesis findings highlight two sets of recommendations: the first for BCURE programme teams and other practitioners in the wider community; and the second for the BCURE evaluation.

The evidence at Stage 1 suggests some high-level recommendations, reflecting the broader lessons obtained through the evaluation.
Although there are clear implications for the design and implementation of capacity-building strategies, it is only possible at this stage to make recommendations about high-level framing of capacity development and understanding EIPM as a dynamic process. More specific insights into models and options will emerge at Stage 2. Nevertheless, the BCURE teams and other programmes aiming to develop capacity for EIPM would benefit from considering the following issues in their work:

- **Framing capacity development as multidimensional, encompassing change at individual, interpersonal, organisational, institutional, and system levels, and the interrelationships between them.**

- Developing a deeper analysis of EIPM as a dynamic system and ensuring that contextual factors, such as power, politics and institutional history, and their implications for programmes have been fully identified. For example, factors that were highlighted by respondents, such as 'missing foundations', which may be particularly acute in fragile and post-conflict settings, need to be fully researched as they may limit the longer-term results of EIPM capacity-building initiatives, if not taken into account. Given the rapidly changing nature of political and governmental contexts that respondents and BCURE programme teams have highlighted, this analysis would be important to do at regular intervals throughout implementation to support the adaptation and refinement of capacity development strategies.

- **Designing multi-level strategies to influence change at individual, interpersonal, organisational, institutional and system levels that respond to the realities of political EIPM dynamics**. For example, at the individual level, the analysis at Stage 1 suggests that a wider set of attitudes and skills may be needed to stimulate the 'evidence mind-set' and build up 'soft skills' alongside technical EIPM skills. This has implications for the EIPM skill-set that is being taught, which could be strengthened by the inclusion of an overview of policy process dynamics and political challenges; drawing out the implications of non-use of evidence; and building up confidence, motivation and skills in advocacy, debating and defending evidence. At an organisational level, the analysis suggests that factors relating to a 'culture' of evidence use could be tackled explicitly through, for example, engaging senior stakeholders and leaders by demonstrating the value of evidence, as well as tackling some of the structural issues identified, particularly the 'missing foundations'.

7.2. Recommendations for Stage 2 of the BCURE evaluation

Stage 1 has successfully trialled the gathering of data on ICMOs to build explanations of how, why, in what circumstances and for whom the BCURE interventions lead to change. There have been considerable lessons learned on how to operationalise this approach. Key challenges are to keep the evaluation framework manageable, and to meet both evaluation purposes within the same framework: the programme evaluation as well as the ICMO enquiry. Recommendations for Stage 2 evaluation include the following:

- **Revise the CToC to reflect the new ICMOs and the interrelationships between them**

    - The CToC has proved to be an effective framework for guiding the data collection and analysis. The CToC (narrative and diagram) will be revised to reflect more explicitly the revised ICMOs.

- **Restructure and simplify the evaluation framework**
    - The Stage 1 evaluation framework proved to be unwieldy. It will be revised to a core set of four or five EQs to reflect the four 'levels of change' and the 15 ICMOs associated with each area.
- **Validate the ICMOs with BCURE partners prior to Stage** 2
    - The engagement with the BCURE programmes has enriched the refined ICMOs, ensuring that they reflect the programme teams' theories about how their interventions influence change.
    - Engaging the teams in the evaluation and the ICMO discussions also supports their own learning and critical reflection to improve their programmes.
- **Review other modules such as the external case studies and the Impact Case Study to ensure relevance of additional data**
    - One of the challenges in Stage 1 has been to ensure that the other evaluation modules are sufficiently aligned with the CToC to provide complementary data for the synthesis. The additional modules will be reviewed with DFID to ensure they are optimised for Stage 2.

References

Atkins, S. et al., 2008. Conducting a meta-ethnography of qualitative literature: Lessons learnt. *BMC Medical Research Methodology*, 8(1), p.21. Available at: http://www.biomedcentral.com/1471-2288/8/21

Britten, N. et al., 2002. Using meta ethnography to synthesise qualitative research: a worked example. *Journal of Health Services Research & Policy*, 7(4), pp.209–215. Available at: http://www.ncbi.nlm.nih.gov/pubmed/12425780

Coffman, J. 2007. *A Framework for Evaluating Systems Initiatives*. http://www.buildinitiative.org/Whats-New/ViewArticle/tabid/96/ArticleId/621/Framework-for-Evaluating-Systems-Initiatives.aspx

Dalkin, S.M. et al., 2015. What's in a mechanism? Development of a key concept in realist evaluation. Implementation science : *IS*, 10(1), p.49. Available at: http://www.implementationscience.com/content/10/1/49 [Accessed April 21, 2015].

El-Jardali, F. et al., 2014. A retrospective health policy analysis of the development and implementation of the voluntary health insurance system in Lebanon: Learning from failure. *Social Science & Medicine*, 123, pp.45–54.

Hunsmann, M., 2012. Limits to evidence-based health policymaking: policy hurdles to structural HIV prevention in Tanzania. *Social Science & Medicine*, 74(10), pp.1477–1485.

ICAI, 2014. *How DFID Learns*, Report 34. Independent Commission for Aid Impact.

Jacobs, J. et al., 2014. Capacity building for evidence-based decision making in local health departments: scaling up an effective training approach. *Implementation Science*, 9(1), p. 124.

Jagosh, J. et al., 2015. A realist evaluation of community-based participatory research: partnership synergy, trust building and related ripple effects. *BMC Public Health*, 15(1), p.725. Available at: http://www.biomedcentral.com/1471-2458/15/725

Kirkpatrick Partners, The New World Kirkpatrick Model. www.kirkpatrickpartners.com. Available at: http://www.kirkpatrickpartners.com/OurPhilosophy/The NewWorldKirkpatrickModel/tabid/303/Default.aspx

Nisbett, N. et al., 2014. *What are the Factors Enabling and Constraining Effective Leaders in Nutrition? A Four Country Study*, IDS Working Paper 447.

Noblit, G. & Hare, R., 1988. *Meta-Ethnography: Synthesizing Qualitative Studies*, SAGE Publications. Available at: http://www.uk.sagepub.com/booksProdDesc.nav?prodId=Book2416 [Accessed April 6, 2014].

Pawson, R. & Tilley, N., 1997. *Realistic Evaluation*, London: Sage.

Peirson, L. et al., 2012. Building capacity for evidence-informed decision making in public health: a case study of organisational change. *BMC Public Health*, 12(1), p.137.

Pope et al., 2007. S*ynthesising Qualitative and Quantitative Health Evidence: A Guide to Methods: A Guide to Methods*, McGraw-Hill International. Available at: http://books.google.com/books?id=L3fbE6oio8kC&pgis=1 [Accessed April 6, 2014].

Ramalingam, B., 2013. *Aid on the Edge of Chaos: Rethinking International Cooperation in a Complex World*, OUP Oxford. Available at: http://www.amazon.co.uk/Aid-Edge-Chaos-International-Cooperation/dp/0199578028 [Accessed April 1, 2014].

Waldman, T., 2014. The Use of Statebuilding Research in Fragile Contexts: Evidence from British Policymaking in Afghanistan, Nepal and Sierra Leone. *Journal of Intervention and Statebuilding*, 8(2-3), pp.149–172.

Walter, I., Nutley, S. & Davies, H., 2005. What works to promote evidence-based practice? A cross-sector review. *Evidence & Policy: A Journal of Research, Debate and Practice*, 1(3), pp.335–364.

Westhorp, G., 2012. Using complexity-consistent theory for evaluating complex systems. *Evaluation*, 18(4), pp.405–420.

Westhorp, G., 2014. *Realist Impact Evaluation: An Introduction*, London. Available at: http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9138.pdf

Wong, G. et al., 2013. *Realist Synthesis: Rameses Training Materials*, London: Health Research Health Services and Delivery Research Program. Available at: http://www.ramesesproject.org/media/Realist_reviews_training_materials.pdf

World Bank, 2015. *World Development Report 2015: Mind, Society, and Behavior*, Available at: http://www.worldbank.org/en/publication/wdr2015

Yost, J. et al., 2014. Tools to support evidence-informed public health decision making. *BMC Public Health*, 14(1), p.728.

Annex 1. Terms of Reference and BCURE Logframe

ITT Volume 3
Terms of Reference for Evaluation of Approaches to Build Capacity for Use of Research Evidence

Title:	Evaluation of Approaches to Build Capacity for Use of Research Evidence

A. Introduction

1. DFID is committed to supporting research and its effective use by policy makers and practitioners. This commitment is driven by the assumption that making more effective use of evidence will enable countries to make better policy and programme decisions, ultimately enabling them to develop more rapidly and sustainably. In the past DFID has focused on the supply of high quality research, with less work done to ensure that there is a corresponding demand for research evidence in developing countries. However, emerging evidence suggests that there are significant gaps in capacity of decision makers in the south to use research effectively, which is hampering research uptake.

2. In response to these gaps, DFID has recently launched a programme called Building Capacity to Use Research Evidence (BCURE). This is a three-year £13 million programme aimed at increasing the ability of policy makers, practitioners and research intermediaries in the South to use research evidence for decision making. The overall goal of the BCURE programme is for 'Poverty reduction and improved quality of life', and its overall purpose is for 'Policy and practice to be informed by research evidence'.

3. Improving the use of research evidence in decision making is a relatively new area for donor support, meaning that the evidence base on what works is limited. Therefore, a significant component of the BCURE programme is an evaluation of both – the wider challenge of supporting evidence-based decision making and the value of the BCURE programme itself, drawing comparisons to other capacity-building programmes where appropriate. In doing so, the primary objective of the evaluation is to **help strengthen the global evidence base on whether capacity-building approaches to supporting evidence-informed policy making can be a cost effective way to reduce poverty and, if so, how can they be implemented to achieve the greatest impacts.**

4. The direct recipients of the services will be DFID's Research and Evidence Division and governance cadre. The published final report is expected to be of value to donors and practitioners in the Research Uptake community.

B. Building Capacity for the Use of Research Evidence (BCURE)

5. The BCURE programme was procured in 2012/2013 through open competition. A large number of initial proposals were received, of which twelve were selected to develop into full proposals, including theories of change, work plans and logical frameworks. Of these twelve proposals, five were selected for funding and have now progressed to the contracting stage. A sixth proposal is still under discussion.

6. Each of the five successful proposals will employ a different approach to capacity building. The five projects will begin between September 2013 and January 2014, last three years each and end between August and December 2016. Each project is worth between £1.3 and £3.4 million. Three of the projects have already been issued contracts, with the remaining two projects expected to receive contracts within the next month.

	Primary Provider	Description	Focus countries
A	Adam Smith International	Support African cabinets to implement evidence-based decision processes, focusing on post-conflict states.	Sierra Leone, Liberia and South Sudan
B	Finalising contract	African-led programme to strengthen use of research evidence for health policy making.	Kenya and Malawi
C	Finalising contract	Develop online training on use of evidence aimed at policy makers.	India, Pakistan and Afghanistan
D	INASP	Develop and implement courses on use of evidence, focusing on civil servants and parliamentarians.	Ghana, Zimbabwe and South Africa
E	University of Johannesburg	Develop and implement courses on evidence, focusing on civil servants.	South Africa and Malawi

7. A decision will be made on whether to progress with the sixth proposal shortly; further details on this proposal may therefore be shared with those bidders invited to progress to the ITT stage.

8. A short overview of each project is provided in Annex 1. The full project proposals will be will be shared with those invited to submit a full tender. The BCURE programme business case and intervention summary provides further background to the overall programme design, including the original theory of change. It can be accessed on the project pages of DFID website. This ToR should be considered as DFID's definitive thinking on this evaluation, rather than the BCURE business case.

C. Purpose, Scope and Evaluation Questions

9. The primary purpose of this evaluation is to 'strengthen the evidence base to support evidence-informed policy making in developing countries'. This assessment will help DFID and others make better choices in the future, when deciding whether and how to support and implement capacity-building programmes on evidence use. In order to make this assessment, the evaluation is expected to draw on both the BCURE programmes and the existing body of evidence related to building capacity to use evidence for decision making.

10. The secondary purpose of this evaluation is to 'evaluate the success and value for money of the BCURE projects in building capacity to use research evidence for decision making'. This assessment will help inform DFID decisions about whether to provide additional funding to these projects beyond the original three-year contract.

11. The provisional evaluation questions are:

i) What different factors influence the extent to which policy-making organisations in developing countries use research evidence for decision making?

- What organisational structures, processes and systems help or inhibit the use of evidence by policy making institutions?
- What characteristics help or inhibit the use of evidence by individuals within those organisations? Including (but not limited to):

- Educational history (including subject focus, level of attainment, location of education, predominant pedagogical approach, etc.)
- Existing skills or knowledge
- Cultural or attitudinal behaviour

- What wider institutional factors support or inhibit the use of evidence by policy-making institutions, including the role of civil society?

ii) How effective are the BCURE projects in achieving their stated outcome of increasing the use of research evidence in decision making?

- In each project, what were the observable changes in …
  - organisational policies, systems or process;
  - individuals' knowledge and skills;
  - the wider institutional environment (including civil society);

… and how effective were these in increasing the use of research evidence in decision making processes?

- To what extent were these changes driven through local leadership/ownership (i.e. how endogenous was the process) and what effect did this have on the projects' effectiveness?
- What is the relative quality of support provided by the project when designing and implementing changes to organisational policies, systems and processes? Including (but not limited to):
  - How well did this support and the final changes meet organisational needs? (i.e. to what extent did the projects implement a 'best fit' approach?)
  - What is the likely medium and long-term sustainability of these changes?
- What is the relative quality of training and pedagogy in the capacity-building approach adopted by each project? Including (but not limited to):
  - To what extent to the pedagogical approaches used match with 'best practice' for supporting adult and organisational learning?
  - How well does this support meet individual learning needs? (i.e. to what extent did the projects implement a 'best fit' approach?)
- What approaches are most effective in building the capacity of local civil society organisations? Including (but not limited to):
  - How effectively did the projects increase the capacity of local civil society organisations to use effective pedagogical approaches in training?
  - How effective were multi-country networks in increasing the local capacity of civil society organisations?
- Overall, how does each project's model of capacity building relate to other models of capacity building – both within and outside of the BCURE programme – in terms of value for money?

iii) Drawing on the lessons from the BCURE programmes and other relevant interventions, what factors influence the effectiveness of capacity-building interventions in increasing the use of research evidence?

- What organisational-level changes introduced by capacity-building interventions are most effective at increasing the use of research evidence in a policy-making institution?
- What programmatic factors help or inhibit the uptake of these changes? Including (but not limited to):
  - Which roles in an organisation should capacity-building interventions target, in order to maximise the uptake of evidence in decision making?
  - How should senior decision makers be involved in designing and/or overseeing capacity-building interventions?
  - How can organisational-level changes best help support efforts to increase individual capacity to use research evidence and vice versa?

- What programmatic factors influence how effective capacity-building interventions are at increasing an individual's ability to use research evidence effectively? Including (but not limited to)
  - What pedagogical approaches to increasing individual capacity to access, appraise and use research evidence are most effective in increasing objectively measured capacity?
  - Looking at different types of capacity building (e.g. training, mentoring, secondments etc.) what features predict success in increasing individual capacity to use research?
- To what extent can a capacity-building programme influence the wider institutional environment, in order to help support the greater uptake of research evidence in decision making? Including (but not limited to)
  - How effective are efforts to strengthen civil society networks in supporting greater uptake of research evidence?
- What factors are important for the long-term sustainability of changes implemented by capacity-building interventions? Including (but not limited to)
  - To what extent do changes in individual capacity affect the overall culture of evidence use in a policy making institution?

iv) What impacts do capacity-building interventions that are specifically aimed at increasing the use of research evidence have on …

- Increasing the use of research evidence in actual policy and programme decision making?
- Improving the relative quality of policies and programmes, in comparison with other technical assistance programmes aimed at improving policy making and/or supply side research evidence interventions?[11]

12. In order to answer these questions, it is expected that the evaluation will develop a methodology or framework for measuring the degree to which research evidence has been used in policy-making process.

13. There is some scope to amend or add to evaluation questions. Short-listed bidders will be invited to suggest what (if any) changes that they would make to the evaluation questions, as part of the ITT. Further guidance on this may be provided in the ITT pack.

D. Design and Methodology

14. Those tenderers invited to submit a full tender are invited to propose an evaluation design and methodology that best delivers the purpose and required outputs. This should also cover the potential risks and challenges for the evaluation and how these will be managed. DFID has not endorsed particular methodology(ies) for the conduct of research on capacity-building programmes. We would expect a design that takes a mixed methods approach, combining primary data collection from the BCURE projects and secondary evidence synthesis and analysis from existing sources. Primary data collection in non-BCURE countries and/or interventions may be proposed.

15. Tenderers should spell out with the approach and methods which they will use. It would be helpful if bidders explain why they selected the options they propose to use and briefly outline what other options they considered, if any. Please note that we are committed to quality and rigour in line with international good practice in evaluation.

[11] Technical Assistance programmes could include sector or organisation specific support aimed at improving the relative quality and/or effectiveness of programmes or policies. Supply side research evidence interventions refer to support to online research portals and other research uptake activities.

16. The successful tenderer will refine their proposal within the first six months of the contract, in consultation with DFID, the BCURE project providers and other relevant stakeholders.

17. Proposed designs should clearly show how they will address well-known challenges with evaluating the impact of capacity-building programmes aimed at long-term cultural and institutional changes. These challenges will include:
    - Complexity and time lag: The pathway from increased beneficiary skills/knowledge to embedded changes in practice can be long and complex. In addition, the duration between 1) beneficiaries acquiring new skills and/or knowledge, 2) the application of these skills when designing policies and programmes, and 3) benefits to poor people from improved policies can be long and variable, and may be outside the span of this evaluation. While these two challenges affect all evaluations of capacity-building programmes, they are particularly relevant to this evaluation because the BCURE projects are being implemented simultaneously with (rather than preceding) the evaluation. This means that the proposed designs should acknowledge the degree to which they expect to be able to answer the evaluation questions within the timeframe.
    - Contribution/attribution: the BCURE capacity-building support may well not be the only factor impacting on the changes observed.
    - Context: the evaluation will need to draw lessons from across a wide range of countries and contexts.

18. The evaluation is expected to focus on the use of research evidence in a broad sense, i.e. published academic research papers; statistical databases; 'established' (i.e. widely debated and accepted) policy papers and positions; and evaluation findings. It does not include experiential evidence (i.e. evidence based on professional insight, skills or experience) or all types of contextual evidence (i.e. evidence based on likely uptake or impact within a given community), though some type of contextual evidence may be usefully included. Tenderers are welcome to include a definition of research evidence in their proposals, where they feel this may be helpful to clarify their proposed research design and approach.

Specific requirements: evaluation design

19. The evaluation must include the development of a programme-level Theory of Change (ToC) during the inception phase. While we have not taken a view on the whether this ToC should or should not have a central role in the evaluation approach and analysis, this will be a valuable tool for DFID and other organisations considering designing or funding similar types of capacity-building programmes. At a minimum, this ToC should draw upon the initial Theories of Change presented in the BCURE business case and the five BCURE project proposals.

20. The evaluation should include at least one case study per BCURE project.

21. Secondary evidence synthesis and analysis should be conducted in line with DFID's guidance on 'Assessing the Strength of Evidence' (2013). The Literature Review should include an examination of the different analytical frameworks used to evaluate capacity for use of research evidence.

Section 1. Sources

22. Sources of data that will be used in the evaluation would, at a minimum, include:
    - **Background documentation:** BCURE business case and project proposals
    - **Secondary data and literature:** a document review and analysis of existing evidence. This should include research evidence on interventions to build capacity to use evidence. Research/evaluations carried out in low income contexts will be particularly relevant, though tenderers should also consider what lessons can be drawn from research carried out in other contexts. The analysis may also draw relevant lessons from research on related themes – for example research into effective approaches to supporting adult learning or research into organisational learning and change.

- **Primary data gathered by the Evaluation team:** e.g. interviews with key partners and users – including face-to-face meetings – surveys or other data collection methods with beneficiaries and stakeholders.
- **Primary data gathered by the BCURE project providers:** e.g. data from the projects' monitoring frameworks, progress reporting etc.

In choosing an approach and methods, the tenderer should as far as possible, set out the different data sources they expect to use – including types of primary data – and what weighting they would expect to attribute to data when forming their evaluation conclusions.

23. The BCURE projects will be an important source of data. The evaluation is therefore expected to work closely with BCURE project providers, in order to:
    - Support providers to suggest amendments to their draft monitoring frameworks, in order to maximise alignment with the evaluation objectives;
    - Comment on monitoring tools developed by providers, such as training assessment forms, and the information gathered from those tools; and
    - Participate in annual BCURE lesson learning meetings.

24. BCURE projects were made aware in advance of DFID's plans for independent external evaluation; good levels of cooperation can be anticipated with regard to reasonable requests to support the evaluation. Input from projects does not need to be costed.

25. Noting the volume and quality of applications to the BCURE programme, tenderers invited to submit an ITT may wish to suggest a role within the evaluation for certain unsuccessful applicants (of full proposals and/or concept notes). Further information on this will be included in the ITT information pack.

Ethics

26. The evaluation should ensure that it adheres to the ethical evaluation policies of DFID and the evaluation principles of accuracy and credibility.

E. Timing and Scope

27. The evaluation should start as soon as possible, in order to facilitate early engagement with BCURE projects. Taking into consideration logistical and procurement requirements, our anticipated start date is around April 2014. The evaluation will last approximately three years and three months (39 months), ending mid-2017. However, bidders may suggest a later completion date in 2017, where they believe that this will significantly strengthen the evaluation findings, given their research design. There is the option of a one-year extension in case of unforeseen circumstances, though DFID's strong preference is for the evaluation to conclude no later than December 2017.

28. DFID also reserves the right to scale up/scale back the evaluation programme depending on the requirements.

29. The evaluation is expected to include some assessment of project activities in all 11 of the BCURE beneficiary countries. We do not have a view as to what level of engagement in each country would be most appropriate, nor whether engagement should be split equally between all countries or focus on particular countries. The successful provider will be responsible for arranging their own logistical arrangements. However, the BCURE project providers will provide some support with identifying and contacting key contacts.

30. The primary focus of this evaluation is approaches to increase the systematic use of research evidence to inform policy making. Efforts to *influence* particular policies with a given piece of research are not the focus of this evaluation. Tenderers are welcome to include a definition of 'policies' in their proposals, where they feel this may be helpful to clarify their proposed research design and approach.

31. Capacity building/development refers to the capacity of individuals, organisations and the broader institutional framework within which individuals and organisations operate to deliver specific tasks and mandates.

32. The evaluation is expected to focus on Lower-Income Countries and those Middle-Income Countries with a high poverty burden. However, the evaluation may consider evidence from other countries where this is helpful.

F. Outputs

33. The Evaluation team will produce the following outputs:

- **Inception Report and initial literature assessment** within six months. This should include refinements/amendments of evaluation questions and full methodology; overarching theory of change; suggested amendments to the monitoring frameworks for the BCURE projects; identified sources of data and risk management strategy; communications strategy; work plan and any proposed budget revisions (within the agreed total contract value).
- **Stage 1 of the evaluation** within twelve months**,** comprising findings from secondary data and initial collection of primary data. This report should focus on evaluation question 1, though may helpfully include findings for the other evaluation questions, as available.
- **Stage 2 of the evaluation** by April 2016, comprising an initial report on evaluation question 2, in order to inform decisions on future DFID support under the BCURE programme. The exact format for stage 2 will be agreed during the inception phase. As the projects will have only completed between 28 and 32 months of their 36 month contracts, this will impose some constraint on the strength of conclusions possible at this stage.
- **Draft stage 3 of the evaluation** within 36 months (approximately December 2016), comprising a draft report of all the evaluation questions. This report will be commented on by DFID, with areas for revision and further research highlighted.
- **Final stage 3 of the evaluation** within 39 months, comprising the full report (maximum of 150 pages with a maximum six-page Executive Summary) that incorporates feedback obtained on the draft report. This report will be externally peer reviewed, to be organised by DFID.
- Appendices with details on the methodology, informants, etc.

34. DFID's intention is for the evaluation findings to be available and shared widely within the international community, in order to strengthen the evidence base in this area. This means that publication of the evaluation findings – in particular, stages 1 and 3 – will be required to comply with DFID's Enhanced and Open Access Policy. In addition, tenderers are invited to suggest how they would share findings through peer reviewed publications and other communication outputs and channels, as part of the ITT.

G . Management, Reporting and Financial arrangements

Management arrangements

35. The evaluation will be overseen by a Steering Group, who will be responsible for approving the evaluation outputs and commenting on draft reports. The steering group shall comprise:

- Jessica Prout and Nathanael Bevan from DFID's Evidence into Action team, who are managing the BCURE programme
- A DFID evaluation adviser and/or governance specialist not directly involved in BCURE
- One or two external representatives

36. Day-to-day management of the study will be undertaken by Jessica Prout and the deputy programme manager of the Evidence into Action team.

Financial and Reporting arrangements

37. Bidders are invited to explain how they would link payment to results, as part of the ITT. DFID's preference would be for payment to be made against achievement of quarterly or bi-annual milestones, as a form of output-based contract. Payments must be accompanied by short technical reports, detailing progress against the milestones, work plan and budget.

38. In addition to technical reports, the successful bidder is expected to meet bi-annually with the steering group. As part of these meetings, they will be expected to deliver up to four presentations to the steering group (one in presenting the inception report; one in presenting stage 1; one in presenting stage 2; and one in presenting the draft stage 3 report). Meetings at which the successful bidder is presenting will take place in London; other meetings will take place either in London or via telephone, depending on logistics.

39. Mandatory financial reports include an annual forecast of expenditures (the budget) disaggregated monthly for the financial year April to March. This should be updated either quarterly or bi-annually, in line with the agreed payment schedule, alongside a report of actual expenditure over the period. The successful bidder must also submit yearly external audit reports on their annual financial statements.

40. Key Performance Indicators (KPIs) will be agreed with the successful bidder during the inception phase.

Inception phase

41. The evaluation will have an inception phase of up to eight months, during which the inception report and initial literature will be finalised, submitted to and agreed by DFID. There will be a formal contract break at the end of the inception phase and DFID reserves the right to terminate the contract at that point if the work undertaken during the inception phase is unsatisfactory or agreement cannot be reached on the remainder of the evaluation (budget / detailed methodology and work plan).

H. The Evaluation team

42. Pre-Qualification Questionnaires (PQQ) from suitably qualified organisations and consortia are equally welcome. Lead organisations for the consortiums contracted to deliver the BCURE projects are not eligible to apply (as set out in 41. in the BCURE terms of reference). Other BCURE consortium members are eligible to apply, but must fully explain in an Annex to their PQQ how they would manage any conflict of interest that may potentially arise. The proposed evaluation team may not include any individual who is contracted as part of a BCURE project.

43. The supplier will design, co-ordinate and draw together the evaluation findings in a final report. They will quality assure the outputs and validate the data collected.

44. The BCURE project providers will also seek to facilitate access to stakeholders who have direct links with the programme, but the evaluation team will have to make direct approaches to other stakeholders and beneficiaries who are in scope of their evaluation design.

45. DFID welcomes proposals that:
    - Where the evaluation is being conducted by one organisation from a high income country, includes plans in the PQQ for helping to build local capacity to conduct high quality evaluations.
    - Where the evaluation is being conducted by a consortia, that this either includes member organisations from low or middle-income countries (preference), or includes plans in the PQQ for helping build local capacity to conduct high quality evaluations.

Skills and qualifications

46. As outlined in the PQQ, the essential competencies and experience that the contractor will need to deliver the work are:
    - Extensive knowledge and application of evaluation methods and techniques, preferably with experience in implementing evaluations of a similar scope and size to this ToR
    - Strong qualitative and quantitative research skills
    - A good understanding of capacity building
    - Strong analysis, report writing and communication skills, preferably with experience in publishing evaluation and/or research findings in peer reviewed publications
    - Experience of engaging with Southern partners

47. Desirable competencies and experience are:
    - Experience in evaluating, research or delivering capacity-building interventions
    - A good understanding of research uptake
    - Expertise in assessing value for money

Further advice

48. Enquiries regarding these Terms of Reference can be submitted as dialogue questions via the DFID supplier portal. Where appropriate, answers to these questions will be posted and will be visible to all potential suppliers.

Duty of Care

49. The Supplier will be responsible for the safety and well-being of their personnel and Third Parties affected by their activities, including appropriate security arrangements. They will also be responsible for the provision of suitable security arrangements for their domestic and business property. The Supplier is responsible for ensuring that appropriate arrangements, processes and procedures are in place for their personnel, taking into account the environment they will be working in and the level of risk involved in delivery of the Contract (such as working in dangerous, fragile and hostile environments, etc.). The Supplier must ensure their personnel receive the required level of training and where appropriate complete a UK government approved hostile environment or safety in the field training prior to deployment.

50. Tenderers must develop their PQQ Response and Tender (if Invited to Tender) on the basis of being fully responsible for Duty of Care. They must confirm in their PQQ Response that:
    - They fully accept responsibility for Security and Duty of Care.
    - They understand the potential risks and have the knowledge and experience to develop an effective risk plan.
    - They have the capability to manage their Duty of Care responsibilities throughout the life of the contract.

If you are unwilling or unable to accept responsibility for Security and Duty of Care as detailed above, your PQQ will be viewed as non-compliant and excluded from further evaluation.

51. Acceptance of responsibility must be supported with evidence of Duty of Care capability and DFID reserves the right to clarify any aspect of this evidence. In providing evidence, interested Suppliers should respond in line with the Duty of Care section in Form E of the PQQ.

52. DFID will provide risk assessments for the relevant countries when issuing the ITT pack. Bidders will be expected to prepare Duty of Care plans as part of their technical response.

I. Budget

The budgeted expenditure for this work over a three-year period is between £700,000 and £950,000.[12] Value for money will be a key criterion in selection and the final budget will be agreed with the successful provider.

[12] The BCURE business case budgeted for up to £2 million to be split between three evaluations on research capacity building and uptake.

BCURE Joint Logframe

PROJECT NAME	Building Capacity to Use Research Evidence (BCURE) programme						
IMPACT	**Impact Indicator 1**		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**	
Better design and implementation of government programmes and policies leads to reduced poverty	Worldwide governance indicator on government effectiveness	**Planned**	From 2012 dataset, listing by rank: South Sudan: 3 Afghanistan: 7 Zimbabwe: 11 Sierra Leone: 11 Liberia: 12 Bangladesh: 22 Pakistan: 23 Kenya: 35 Malawi: 38 India: 47 Ghana: 52 South Africa: 64				
		Achieved					
			Source				
	Impact Indicator 2		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**	

	Inequality-adjusted Human Development Index (IHDI)	**Planned**	From 2012 dataset, listing by IDHI score South Africa: 0.629 Ghana: 0.558 India: 0.554 Kenya: 0.519 Bangladesh: 0.515 Pakistan: 0.515 Malawi: 0.418 Zimbabwe: 0.397 Liberia: 0.388 Afghanistan: 0.374 Sierra Leone: 0.359 South Sudan: unranked				
		Achieved					
			Source				

OUTCOME	**Outcome Indicator 1**		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**	**Assumptions**
Strengthened and embedded in-country capacity (skills, systems and culture) to access, appraise and apply research evidence and data, which influences international best practice.	Changed skills and/or processes in partners have led to an increased use of evidence in policy and programme decision making, as detailed in case studies (cumulative)	**Planned**	No data available	Six case studies (one per project)	12 case studies (two per project)	18 case studies (three per project)	Evidence-informed policy leads to better decision making and greater poverty reduction.
		Achieved					
			Source				
			Project reports, verified by DFID technical leads				
INPUTS (£)	**DFID (£)**		**Govt (£)**	**Other (£)**	**Total (£)**	**DFID SHARE (%)**	
						100%	
INPUTS (HR)	**DFID (FTEs)**						
	1.5						

OUTPUT 1	Output Indicator 1.1		Baseline	Milestone 1	Milestone 2	Target (date)	Assumption
Greater use of evidence in cabinet decision making in Africa, with a focus on Sierra Leone, Liberia and South Sudan (see nested logframe 1)	Cabinet secretaries have improved ability to oversee revised Cabinet processes, as measured by: - Revised Cabinet manuals are developed and used - Tracking systems developed and used to oversee implementation of Cabinet decisions - Number of trained policy analysts (or equivalent) in Cabinet Secretariats that are able to review evidence use - Proportion of strategic* proposals that are reviewed for quality by the Secretariats	**Planned**	* Cabinet manuals out of date * No effective process for tracking implementation * No policy analysts * No proposals reviewed by Cabinet Secretariat	* Revised cabinet manuals in Sierra Leone and Liberia * New tracking systems developed for monitoring cabinet proposals * At least 3 trained policy analysts in place over 3 countries * 15% of strategic proposals are reviewed	* Revised cabinet manual in South Sudan and support in place in Sierra Leone and Liberia * New tracking system approved and being used in all 3 countries * At least 6 trained policy analysts over 3 countries * 50% of strategic proposals are reviewed	* Cabinet secretariat processes conducted in line with revised manuals * Cabinets have accurate data on implementation progress * At least nine trained policy analysts over 3 countries * 75% of strategic proposals are reviewed	1) Cabinet Secretariats have sufficient budgets and political backing to implement project activities 2) High-level support from Presidents and Ministers to agree and implement reforms, including providing the necessary staff time and resources from ministries 3) Cabinet Secretaries and other senior officials are available to participate in international workshops on given dates. 4) That political or other external events does not prevent programme implementation; in particular, that South Sudan remains stable enough to engage meaningfully in project
		Achieved					
		Source					
		Quarterly reports; Cabinet Secretariat monitoring tools and data; training records; discussions with beneficiaries					
	Output Indicator 1.2		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**	
	Ministers have greater ability to interrogate the quality of proposals submitted to Cabinet, as measured by: - Proportion of strategic* Cabinet proposals that are circulated to Ministers prior to Cabinet - Cabinet committee structures implemented - Proportion of relevant Cabinet items considered by Cabinet committee - Percentage of all Ministers who participate in workshops	**Planned**	* Between 0 and 15% compliance with proposals circulated to cabinet members * No sub-committees of cabinet * No Ministers trained	* 15% compliance with country target for circulating cabinet proposals * Committee structures approved * 10% of Ministers attend training and rate it good or excellent	* 30% compliance with country target for circulating cabinet proposals * Committees interrogate proposals * 30% of cabinet agenda items considered by committees	* 50% compliance with country target for circulating cabinet proposals * Committees functioning without external support * 40% of items considered by committees * 40% of Ministers attended	

	and describe it as 'good' or 'excellent' (cumulative)				* 25% of Ministers attended		
		Achieved					
		Source					
		Quarterly reports; Cabinet Secretariat monitoring tools and data; training records; discussions with beneficiaries					
	Output Indicator 1.3		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**	
	Line ministries are better able to develop evidence-informed proposals, as measured by: - Network of Cabinet Focal Persons (CFPs) in Ministries established and functioning - Percentage of Ministries with trained CFPs (cumulative) - Number of training days delivered to CFPs	**Planned**	*No cabinet focal persons (CFPs) in Sierra Leone and Liberia * 7.6% of ministries with trained CFPs * No training	* CFPS nominated * Purpose of CFPS agreed by Ministers * Training strategies agreed	* CPFs in place and supported * 60% of ministries with a trained CFP * 1,000 person training days delivered	* CFP network self-sufficient * 75% of Ministries with trained CPFs * 2,500 person training days	
		Achieved					
		Source					
		Quarterly reports; training records; discussions with beneficiaries					
IMPACT WEIGHTING (%)	**Output Indicator 1.4**		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**	
20%	Project guidelines, advice and training materials are shared effectively with others, particularly African Cabinet Secretaries, as measured by: - Participants in African Cabinet Development (ACD) network who assess international activities as 'good' or 'excellent' - Number of high-level workshops held - ACD Evidence-based Policy	**Planned**	* No materials	* 35 participants in ACD network who rate as good or excellent * 1 high-level workshop * proto-type toolkit * 9 articles on programme activities, of	* 70 (culm.) participants in ACD * 2 high-level workshops * toolkit developed * 18 news articles, 12 in beneficiary countries	110 (culm.) participants * 3 high-level workshops * toolkit upgraded and subject to at least 40 requests * 25 news articles (18 in beneficiary countries)	

	Toolkit is developed and disseminated - Number of media articles covering programme activities (cumulative)			which 6 are in beneficiary countries			
		Achieved					
		Source					**RISK RATING**
		ACD reports and feedback; newspaper or electronic articles					High, given instable operating environment (South Sudan) and high levels of political buy-in required.
INPUTS (£)	**DFID (£)**		**Govt (£)**	**Other (£)**	**Total (£)**	**DFID SHARE (%)**	
INPUTS (HR)	**DFID (FTEs)**						

OUTPUT 2	**Output Indicator 2.1**		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**	**Assumptions**
Greater use of evidence to inform policy decisions in India and Pakistan (see nested logframe 2)	High quality assessment report completed, as measured by: - Survey and data instruments developed - Data collected and analysed	**Planned**	No available assessment	* Assessment instrument draft, piloted and refined (February 2014) * At least 250 observations * Analysis of training needs of initial training cohorts completed	* Instruments rolled out and further refined * Additional 150 observations * Preliminary data analysis from other instruments	* Instruments made public * End data set of 500 observations * End-line data analysed and assessment report complete	1) Partner organisations willingly participate in data collection and training activities 2) That training participants return to an environment that allows them to use their learning 3) Increased capacity to understand and produce evidence-based policy proposals leads to increased number of
		Achieved					
		Source					
		Assessment instrument developed for the project					

Output Indicator 2.2		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**	evidence-based policy proposals.
Curriculum materials developed, as measured by: - Number of online modules developed and tested - Number of civil servants trained in full set of modules - Level of proficiency in technical skills - Attitudes towards use of evidence in decision making	**Planned**	No materials developed for the country contexts	* 2 modules developed (1 day training) * At least 80 civil servants * Specific measures for learning rubric developed to assess changes in trainees' technical skills and attitudes * Baseline data collected among initial training cohorts in all focus countries	* At least 120 civil servants * 6-8 modules developed (3 to 4 training days)	* At least 300 civil servants	
	Achieved					
	Source					
	Course materials developed					
Output Indicator 2.3		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**	
Pilot projects successfully implemented, as measured by: - Number of demonstration and pilot projects selected for funding and completed due diligence process (cumulative) - Number of case studies developed, based on demonstration / pilot projects	**Planned**	No pilot projects	* At least 5 demonstration projects	* 3 pilot projects selected	* 6 pilot projects selected * 6+ case studies	
	Achieved					
	Source					
	Data and reporting on demonstration projects and pilot projects					
Output Indicator 2.4		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**	

	Policy dialogues held, as measured by: - Number of policy workshops held - Number of people attending workshops, including number of female presenters (cumulative) - Number of policy dialogue reports	**Planned**	None	* 2 policy workshops held by December 2014 * 60 attendees to workshops with 4 female presenters by December 2014 * 2 policy dialogue reports by July 2014	* 4 policy workshops held by December 2015 * 120 attendees to workshops, with 8 female presenters by December 2015 * 4 policy dialogue reports by July 2015	* 6 policy workshops held by July 2016 * 180 attendees to workshops with 12 female presenters by July 2016 * 6 policy dialogue reports by July 2016	
		Achieved					
IMPACT WEIGHTING (%)		**Source**					**RISK RATING**
15%		Records of policy dialogue workshops through quarterly reports and beneficiary feedback					Medium
INPUTS (£)	**DFID (£)**		**Govt (£)**	**Other (£)**	**Total (£)**	**DFID SHARE (%)**	
INPUTS (HR)	**DFID (FTEs)**						

OUTPUT 3	**Output Indicator 3.1**		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**	**Assumptions**
Improving the skills, systems and environments to use evidence within the governments and parliaments in Ghana, South Africa and Zimbabwe (see nested logframe 3)	Policy making staff from selected countries have improved skills for and understanding of Evidence-Informed Policy Making (EPIM), as measured by: - Tailored course for Civil Service Training College (CSTC) in Ghana developed and implemented - Number of public institutions participating in training in Zimbabwe - Changes to South African Government processes to increase the use of evidence - Support provided to Ghanaian	**Planned**	*No existing courses that support the skills for EPIM *Facilitators do not receive pedagogy training or refresher courses on a regular basis *Facilitators have not worked on courses for EIPM in the past	*MOUs signed with CSTC in Ghana and departments (where appropriate) *EIPM course content developed or adapted from existing *Trainers in civil service colleges identified	*Trainers at the CSTC receive pedagogy and EIPM training *EIPM course/modules trialled with 1 cohort	*EIPM course/modules trialled with 2 cohorts and adopted by CSTC in Ghana	1) Elections in three target countries and other external events do not result in a change of political or high-level support 2) That participants on the course return to an environment that allows them to use their new skills 3) That there is sufficient public appetite for discussions around EIPM in Zimbabwe 4) That consortium

	and South African parliaments - Number of policy dialogues and knowledge cafés held in Zimbabwe		Needs assessment demonstrates: - Lack of awareness of benefits of EIPM - Demand from policy makers for support for their staff - Lack of expertise & skills to use & manage research - Poor communication of research	* Agreement reached with 3 institutions in Zimbabwe * EIPM course content developed	* EIPM course content trialled with 3 cohorts * EIPM champions identified (at least 2 per institution) * Mentoring programme designed	* 6 EIPM champions mentored in how to improve use of evidence in their departments * EIPM course delivered to 3 institutions in Zimbabwe	partners have sufficient skills to deliver project activities effectively
			Current state of evidence use in South African ministries to be determined through baseline survey	* Collaborating departments selected, with project engagement starting in at least one department * Improved capacity of Human and Social Research Council (HSRC) in South Africa to facilitate processes	* Approaches to improve management of the evidence base developed and reviewed * Second government department identified * HSRC share process of supporting govt departments with other consortium partners	*Lesson learning documents for work with government departments articulating the benefits of using evidence management approaches/tools *HSRC capacity developed to be able to handle future demand	

			Baseline to be set following review of parliamentary research structure in year 2 (Ghana) and engagement with portfolio committee (South Africa)	Familiarisation meetings with parliament and parliamentary research directorate in Ghana	* Review of parliamentary research structure in Ghana * EIPM awareness for MPs in Ghana * Parliamentary staff trial EIPM course in Ghana * Engagement with relevant portfolio committee to explore how to scrutinise the use of evidence in the policy making process in SA	*Increased capacity of staff to use evidence + further demand for capacity building from GH parliament *Parliamentary committees engage to explore how to better scrutinise policy and the use of evidence in SA
			Zimbabwe: 2 knowledge cafés in 2012	1 Policy dialogue and 1 knowledge café in Zimbabwe	3 Policy dialogues and 1 knowledge café in Zimbabwe	*6 policy dialogues and 3 knowledge cafés, with 50% focused on issues that disproportionately impact women. *Media coverage of policy dialogues *Café and dialogues routinely attended by a wide range of stakeholders
		Achieved				
		Source				
		Annual project reports; end of project evaluation; civil service school course list; formal and informal media reports				

Output Indicator 3.2		Baseline	Milestone 1	Milestone 2	Target (date)
Number of case studies and other communication outputs from the small grants programme and project consortium on building capacity for research use.	**Planned**	0	4 small grant projects identified and funded	3 case studies published from small grant projects 8 projects identified and funded since start of programme	6 case studies published (cumulative)
		N/A	3 communication outputs	6 communication outputs (cumulative)	*12 communication outputs (cumulative) * Consortium symposium and learning conference held
	Achieved				
	Source				
	Blogs; case studies; annual reports				
Output Indicator 3.3		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**
Consortium partners are better able to deliver capacity-building activities, as measured by: - Improvements in partners' systems, processes and/or staff kill levels - Demand from others for support (outside of project beneficiaries)	**Planned**	Organisational assessment demonstrates: - Partners have limited capacity (skills and experience) implementing M&E plans and strategies (Ghana and Zimbabwe) - Partners have some capacity (skills and experience) using project & financial management	* All partners have a M&E plan in place * All consortium staff who will be directly responsible for delivering training refresh their training skills.	* Partners use collaborative project management tools * Partners use M&E tools and templates to collect data	* Partners improve their capacity to develop and implement an M&E plan * Partners show clear improvement in financial and project management * Partners show improvement in their pedagogical skills and knowledge on EIPM

			systems - Partners have sufficient pedagogical skills, capacity and knowledge of EIPM				
IMPACT WEIGHTING (%) 20%			* Partners have limited capacity (skills and experience) designing and implementing communication plans and strategies (Ghana and Zimbabwe) * Partners have limited capacity (skills and experience) to develop and use some communications tools	* South Africa: Identification of appropriate personnel in HSRC and training by ODI in application of demand-side toolkit * Communications strategy work plan developed	* HSRC team leads on application of the toolkit in at least one Ministry * Zimbabwe partner identifies champions in key ministries for mentoring support * Ghana partner works with parliamentary resource department to develop training plan	* Partners show capacity to develop and implement a communication plan * Request to support capacity building from at least one non-project department or committee in all consortium partner countries	**Risk rating** Medium: Elections are expected in all partner countries. The range (types, location and organisations) of consortium activities is spread out which should go some way to mitigating this risk. The potential impact of the risk in a specific area is high e.g. elections may impact on the feasibility of policy dialogues in Zimbabwe or change the priorities of the civil service in any one country
		Achieved					
		Source					
		Consortium inception phase capacity assessment report; members post-consortium work plan; end of project evaluation					

IMPACT WEIGHTING (%)	DFID (£)	Govt (£)	Other (£)	Total (£)	DFID SHARE (%)
20%					
INPUTS (HR)	**DFID (FTEs)**				

OUTPUT 4	Output Indicator 4.1		Baseline	Milestone 1	Milestone 2	Target (date)	Assumptions
Civil servants in South Africa and Malawi have improved capacity and support to use evidence to inform policy (see nested logframe 4)	Project governance and the Africa Evidence Network, as measured by: - Number of needs assessments and partnerships with public policy and delivery partners - Core resources on capacity building developed, including new mentoring and secondment functions	**Planned**	No governance arrangements in place	* Landscape reviews and needs assessments completed * Existing resources (training materials) on capacity building and mentoring systems published * 150 members of Africa Evidence Network, participation at colloquium & use of website	To be agreed once baseline is set: number of secondments for South Africa and Malawi To be agreed once baseline is set: number of partnerships with institutions to deliver capacity-building activities	To be agreed once baseline is set	1) That mentored personnel at government levels will go on to mentor others 2) Sufficient senior-level buy-in to gain traction for reforms with ministries. 3) That participants return to an environment that allows them to use their new skills, following training/mentoring etc.
		Achieved					
		Source					
		Data collected from landscape reviews, needs assessments and other fieldwork.					
	Output Indicator 4.2		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**	

	Project raises awareness of evidence-informed policy making and enhancing capacity in research use among civil servants, as measured by: - Number of training workshop places - Examples of increased use of evidence in policy documents - Improved ability of workshop participants to assessment and synthesise research	**Planned**		* Pilot workshops delivered in South Africa for 40 people (min 30% female) and learning integrated into year 2 plans * At least 1 policy paper reviewed or developed using BCURE support using research evidence in conjunction with partner agency * Engagement with senior personnel	To be agreed once baseline is set: percentage able to assess and synthesise research	To be agreed once baseline is set: number of examples of use of evidence in policy documents
		Achieved				
		Source				
		Pre- and post-training surveys, Follow-up surveys, Stakeholder interviews, Policy documents				
IMPACT WEIGHTING (%)	**Output Indicator 4.3**		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**
15%	Further support mechanisms established that enhance the application of learning among civil servants, as measured by: - Number of male and female civil servants mentored - Number of male and female civil servants seconded on experiential work placements - Case studies of good practice developed and shared	**Planned**	* 0 mentoring relationships * 0 secondments * Invited to present at review of the 2-year national policy-research-nexus meeting (4/14); Invited to contribute to annual reflection meeting of National	Five pilot mentoring relationships complete Two secondments complete Invitations to one key national-level meeting per quarter; membership of one strategic steering group	To be agreed during inception phase	* 20 women and 20 men mentored * Other targets to be agreed during the inception phase

			Evaluation Strategy (4/14); Invited to strategic review of PSPPD (5/14).				
		Achieved					
		Source					**RISK RATING**
		Mentorship reports; follow-up surveys; email records					Medium

INPUTS (£)	**DFID (£)**	**Govt (£)**	**Other (£)**	**Total (£)**	**DFID SHARE (%)**	
INPUTS (HR)	**DFID (FTEs)**					

OUTPUT 5	**Output Indicator 5.1**		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**	**Assumption**

Improved use of evidence for health policy in Kenya and Malawi (see nested logframe 5)	Optimised institutional leadership and capacity to enhance evidence use: - Number of leaders in MoH and parliament and evidence champions engaged to advocate for their active role in addressing bottlenecks to evidence use - Number of research evidence use sessions held at high-level symposia/meetings in MoH and parliament and health research conference/seminar - Number of sessions held at existing regional fora to promote research prioritisation - Number of activities linking policy institutions, research institutions, policy makers and researchers	**Planned**	* 0 * 0 * 0 * 0	* 22 leaders in MoH engaged (9 & 13 in Kenya & Malawi, respectively); 18 leaders in Parliament respectively (11 & 7 in Kenya and Malawi, respectively); recruited 20 evidence champions (12 & 15 in Kenya and Malawi, respectively) * 1 research evidence meeting held in Kenya; 0 held in Malawi * 1 sessions held at Directors' Joint Consultative Committee (DJCC) * 4 policy science cafés held (3 in Kenya and 1 in Malawi)	* 20 leaders in MoH engaged (10 in each country); 14 leaders in Parliament engaged (7 in each country); 20 evidence champions engaged (10 in each country) * 2 meetings held (1 health research conference in each country) * 2 sessions held (1 session at DJCC & 1 session with Health Ministers) * 4 policy science café (2 in each country); at least 80% participants giving positive assessment of the policy science cafés	* 20 leaders in MoH engaged (10 in each country); 14 leaders in Parliament engaged (7 in each country); 20 evidence champions engaged (10 in each country) * 4 meetings held (2 health research conference in each country) *5 sessions held (2 sessions with DJCC & 2 sessions with Health Ministers and 1 Best Practices forum) * 12 policy science cafés held (7 in Kenya and 5 in Malawi); at least 80% participants giving positive assessment of the policy science cafés	1) Enhanced evidence use in decision making will result in an increase in evidence-informed health policies 2) Increased capacity of mid-level policy makers to use research evidence/data in decision making will result in an increase in evidence-informed health policies 3) Effectively managing and coordinating the programme will result in its effectiveness in improving the capacity of policy makers to use or consider research evidence in their decision making processes
		Achieved					
		Source					
		To be agreed in inception phase					
	Output Indicator 5.2		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**	

Enhanced capacity of mid-level policy makers in MoH and Parliament in use of research evidence, as measured by: - Number of mid-level policy makers from MoH and parliament trained in use of research evidence - % trainees reporting that the training workshop improved their knowledge and skills immediately after the training workshop and 1 year after workshop - Number of parliamentary clerks participating in UK POST internship program	**Planned**	* 0 * 0 * 0	* 40 mid-level policy makers trained (20 in each country consisting 15 from the MoH and 5 from parliament) * 80% * 2 parliamentary clerks/research officers (1 in each country); 2 briefs generated by interns; 2 workshops facilitated by interns	* 30 mid-level policy makers trained in both Kenya and Malawi * 80% * 2 parliamentary clerks/research officers (1 in each country); 2 briefs generated by interns; 2 workshops facilitated by interns	* 40 mid-level policy makers trained (20 in each country consisting 15 from the MoH and 5 from parliament) * 80% *4 parliamentary clerks/research officers (1 in each country); 4 briefs generated by interns; 4 workshops facilitated by interns
	Achieved				
	Source				
	To be agreed in inception phase				
Output Indicator 5.3		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**
Effective Programme Management and Coordination: - Number of Consortium planning meetings and DFID BCURE Partners Planning meetings held to assess progress and plan for the coming year - Number of meetings of the Programme Advisory Committee (PAC) and mid-term review of the programme in each country - Introduction of a robust financial and programme management systems	**Planned**	*0 *0 *0	*2 meetings held (1 SECURE Health Program Partners Planning meeting & 1 DFID BCURE meeting); record of programme enhancements as a result of attendance of BCURE meeting. * 6 meetings held (2 meetings for PAC (1 in each country); 4 steering	*2 meetings held (1 SECURE Health Program Partners Planning meeting & 1 DFID BCURE meeting); record of programme enhancements as a result of attendance of BCURE meeting. * 6 meetings held (2 meetings for	*6 meetings held (3 SECURE Health Program Partners Planning meeting & 3 DFID BCURE meeting) * 19 meetings held (3 in each country for PAC and 12 Steering committee meetings; 1 mid-term review meeting) * Efficient financial and programme management

				committee meetings) *Financial and programme management systems procured and operationalised	PAC (1 in each country); 4 steering committee meetings; 1 mid-term review meeting) * Financial and programme management systems monitored and evaluated	systems in place	
		Achieved					
IMPACT WEIGHTING (%)		**Source**					**RISK RATING**
15%		To be agreed in inception phase					Medium
INPUTS (£)	**DFID (£)**		**Govt (£)**	**Other (£)**	**Total (£)**	**DFID SHARE (%)**	
INPUTS (HR)	**DFID (FTEs)**						

OUTPUT 6	**Output Indicator 6.1**		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**	**Assumption**
Improved use of evidence in government decision making in Bangladesh (see nested logframe 6)	Government Policy formulation procedures are evidence based, as measured by: - Policy development procedures produced centrally which mandate the use of evidence - Methodologies, guidelines and templates to support the evidence-based policy development procedures are produced	**Planned**	Current procedures do not mandate this and documents do not support evidence-based approach	To be confirmed during inception phase	To be confirmed during inception phase	Target ministries adopted procedures and guidance	1) There is sufficient senior-level buy-in to gain traction with Ministries for training 2) Local research organisations are able and willing to work with government ministries 3) Senior-level buy-in from Cabinet Secretary and
		Achieved					
		Source					
		To be agreed in inception phase					
	Output Indicator 6.2		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**	

	Improved ability in line ministries to follow evidence-based policy formulation process, as measured by: - Number of policy proposals produced in target line ministries which incorporate evidence in their development - Scores of Line Ministry officials on pre- and post-training tests for training on ex-ante assessments and evidence literacy	**Planned**	0 officials achieving a 25% increase	Milestones on policy proposals to be agreed during inception phase 30 officials achieve 25% increase	Milestones on policy proposals to be agreed during inception phase 60 officials achieve 25% increase	Milestones on policy proposals to be agreed during inception phase 90 officials achieve 25% improvement on their capacity to use evidence	Ministers to agree and implement government-wide processes and systems to increase use of evidence
		Achieved					
		Source					
		To be agreed in inception phase					
	Output Indicator 6.3		**Baseline**	**Milestone 1**	**Milestone 2**	**Target (date)**	
	Greater collaboration between line ministries and local research providers, as measured by: - Number of policy proposals in target line ministries which featured evidence or inputs from local research providers - MoUs signed between target line ministries and local research providers	**Planned**	To be confirmed - Based on number of proposals in target line ministries that include evidence or inputs from local researchers	Baseline +5 MOU milestones to be agreed during inception phase	Baseline +8 MOU milestones to be agreed during inception phase	Baseline +10 MOU milestones to be agreed during inception phase	
		Achieved					
		Source					
		To be agreed in inception phase					
IMPACT WEIGHTING (%)	**Output indictor 6.4**	**Planned**					
15%	Research is made available on factors which influence the uptake of evidence-based policy making within each of the line ministries, as measured by: - Assessment frameworks are developed for each target line ministry - Assessment frameworks are	**Planned**	To be confirmed - based on assessment frameworks which will be developed for each ministry	3 frameworks	6 frameworks developed	6 frameworks and assessments undertaken	
							RISK RATING

	applied at mid-point and end point of support to target line ministry	To be agreed in inception phase				Medium
INPUTS (£)	**DFID (£)**		**Govt (£)**	**Other (£)**	**Total (£)**	**DFID SHARE (%)**
INPUTS (HR)	**DFID (FTEs)**					

Annex 2. Stage 1 CToC, evaluation framework and programme theories

BCURE Evaluation: CToC narrative

The BCURE CToC gives the evaluation a consistent and robust overarching framework to frame the BCURE interventions and the evaluation activities. This initial version of the CToC (December 2014) is preliminary and will be refined at stages as the evaluation progresses. The evaluation team developed the current version of the CToC, following a review of the BCURE partners' proposals and documentation. We also drew on the Evidence Review, as well as on the team's expertise and knowledge of the field.

The Theory of Change depicts the **activities** (interventions and outputs) of BCURE providers. These involve **individual-level interventions** (such as training); **interpersonal-level interventions** (such the use of 'evidence champions' in organisations, and the development of policy and evidence networks); and **organisational interventions** (including the development of policies, systems and procedures for evidence use). These activities predominantly target high-level government policy makers (such as ministerial staff) and mid-level government policy makers (such as mid-level civil servants).[13]

These interventions are anticipated to lead to change at **individual, interpersonal, organisational and institutional** levels. Change at each of these four levels is expected to influence changes in others, in non-linear ways.

At **individual level**, BCURE activities will improve the skills and knowledge of targeted stakeholders, increasing their capacity for EIPM. Activities will also result in increased positive intention among and commitment of individuals to use evidence, and in individuals placing greater value on evidence in their work. At **interpersonal level**, organisational 'champions' will endorse EIPM and help move the agenda forward in their institutions; and networks will be developed and strengthened between national and international institutions, providing an environment for learning and engagement.

Both direct interventions and short-term changes are expected to contribute to **organisational level change**, including the development of systems and procedures, policies and guidelines, and professional development opportunities, which together will support and incentivise EIPM. Individual, interpersonal and organisational level change will also contribute to change at **institutional level**, including increased interest in EIPM within civil society, the media and the public, facilitating these actors to more effectively engage with EIPM.

Finally, the combination of individual, organisational, network and institutional change will **increase demand for and use of evidence** among targeted stakeholders, which will result in **policy and practice being increasingly informed by evidence**. This in turn will lead to **improved quality of policies and programmes**. These long-term changes will lead to the programme impact: **poverty reduction and improved quality of life.**

The Theory of Change can be summarised in two sentences as follows:

Developing the capacity of decision makers to use research evidence (through building knowledge, skills, commitment, relationships and systems) will allow them to access, appraise and apply good quality evidence more effectively when forming policy. This will improve the quality of policies, ultimately benefitting more poor people.

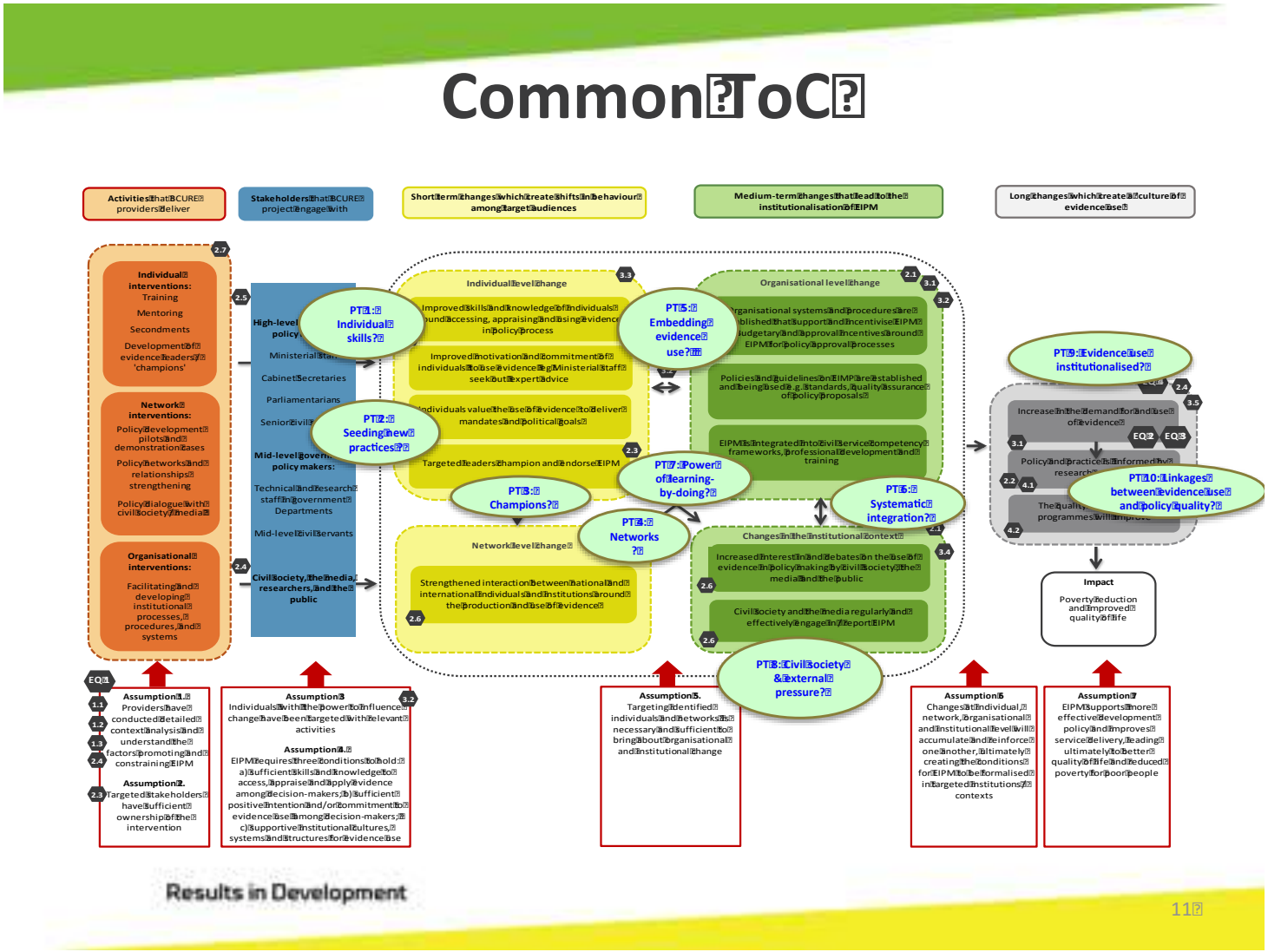
[13] Although we have presented these at the left-hand side of the diagram for ease of reading, BCURE partners are planning interventions at different entry points across the Theory of Change.

BCURE Programme Theories Stage 1

BCURE Stage 1 programme theories (PTs)
PT 1. Where public sector teaching and training courses are designed around (a) participatory and applied learning techniques, (b) generating skills that can be immediately used in the workplace, (c) mandatory rather than optional attendance, and where (d) individuals have sufficient prior skills and knowledge, then participants' desire for self-efficacy will lead them to gain new knowledge and skills for evidence access, appraisal and use.
PT 2: Where individuals have (a) sufficient prior skills and knowledge, (b) sufficient positive intention and/or commitment to evidence use, (c) sufficiently supportive organisational cultures, systems and structures, (d) buy-in to the intervention, (e) a job in which evidence is relevant, and (f) the informal power to change their ways of working, then new skills, knowledge and confidence developed through a combination of knowledge transfer and ongoing support (e.g. training, mentoring and secondments) will enable and enthuse individuals to use evidence more / more effectively in their day-to-day work.
PT 3: Where champions have (a) the power and mandate to promote change, (b) the time, space and resources to promote change, (c) sufficient respect among other staff members, and (d) sufficient commitment and enthusiasm, then champions will push for, establish and promote more supportive organisational cultures, systems and structures for evidence use.
PT 4: Where (a) individuals are motivated to engage in networking and dialogue activities, (b) individuals have the time, permission and incentives to engage, (c) networks are high quality and involve high profile individuals, and (d) network activities are relevant to individuals' work, then new knowledge and inspiration through networks and dialogues will enthuse and enable people to use evidence more / more effectively in their day-to-day work.
PT 5. Where systems, procedures, policies and guidelines (a) are designed or revised based on a sufficient understanding of organisational needs, (b) are implemented with appropriate support based on the needs of the organisation, and (c) have sufficient buy-in within an organisation, then new/revised organisational systems, procedures, policies and guidelines that support evidence use will become embedded into the organisation.
PT 6. Where (a) individuals have the relevant knowledge, skills and confidence for EIPM, (b) individuals have sufficient support from peers or informal networks, (c) there is supportive leadership, and (d) people have the informal power to change their ways of working, then new/revised organisational systems, procedures, policies and guidelines will create a mixture of incentives and sanctions that will motivate and enable people to use evidence more / more effectively in their day-to-day work.
PT 7. Where (a) a sufficient number of individuals or groups are using evidence in new/more effective ways, (b) there are positive examples or demonstrations of success relating to evidence use, (c) the impacts of evidence use are being shared sufficiently widely, and (d) organisational systems, processes and structures are sufficiently supportive of evidence use and there is a clear institutional purpose for it, then demonstration that EIPM processes can produce positive results will incentivise other individuals and groups to use evidence more / more effectively in their work.
PT 8. Where civil society, the media and/or the public have (a) sufficient freedom to publish and speak up,

(b) sufficient capacity to engage effectively with decision makers, (c) sufficient influence over political decision making, and (d) the desire to engage in an evidence agenda, then these groups becoming more active and vocal around EIPM (using evidence themselves and/or pressuring government to use it more) will incentivise public sector decision makers to use evidence more / more effectively in their day-to-day work.
PT 9. Where (a) processes are sufficiently institutionalised, resourced and invested in, (b) the right staff have the capacity and ongoing professional support to access and appraise evidence, and (c) there are external pressures for EIPM, then this will enable and motivate public sector organisations to produce policies / instigate practices that are informed by evidence.
PT 10. Where evidence is appraised and applied (a) well (based on knowledge and skills about what evidence is appropriate, appraisal, retrieval, quality, etc.) and (b) to an appropriate extent alongside other factors that influence decision making, then this will enable groups and organisations to finalise better quality policies / make better quality plans for implementation.

Diagram of the Stage 1 CToC and programme theories



Stage 1 Evaluation Framework

Overarching PEQs	Indicators	Overarching realist evaluation question	Data source
	Evidence that organisations have the policies, procedures, systems and staff support for **routine use** of evidence in policies and implementation planning		
A. What has been the contribution of the BCURE intervention(s) to increasing evidence use of different types in their intended settings, and to longer-term effects on policy quality?	Evidence that evidence is being appraised and applied well and to an appropriate extent in policy debates/processes	**How, why, and for whom does capacity building for evidence use work to influence institutionalised/routine evidence use of different types and support longer-term effects in terms of policy quality in process and content? (Reformulated EQ 4.2)**	
	Evidence of **quality** in policy processes		
B. To what extent have the BCURE programmes provided effective interventions and offered VfM in achieving their outcomes?	Evidence of **quality** in policy content		
	Evidence that organisations and groups of individuals engaged through BCURE have been enabled and supported to use evidence in decision making		
Programme evaluation sub-questions (PEQs)		*Realist evaluation sub-questions (REQs)*	
PEQ 1.1: Was the design and support to individual change relevant and appropriate in each BCURE project?	Evidence that the project training content and delivery approach was geared to the learning objectives around accessing, appraising and using evidence in policy processes	REQ 1: What factors influence how effectively individuals acquire new skills in using research evidence in policy making? REQ 1.1 What individual, organisational and training intervention factors influence to what extent individuals use evidence more effectively in their day-to-day work?	

PEQ 1.2: What were the observable changes in individuals' knowledge and skills?	Evidence that the project training content and delivery approach was geared to the learning objectives around improving motivation and commitment of individuals to use evidence	**ICMOs to be tested: ICMO 1, 2 and 3**	**Document reviews** of training materials, participant data, attendance data, targeting of invitations, selection criteria for individuals
PEQ 1.3: Were the results of individual change sustainable?	Evidence that the training content and approach was relevant to individuals' work and organisational context		**Focus group/interviews** with BCURE teams, management and delivery
	Evidence that individuals have improved understanding of EIPM		**Observation**: of training delivery events
	1.2.4 Evidence that gender and social difference was taken into account in the design and delivery		
	1.2.5 Evidence that the design and delivery of the interventions optimised VfM and effectiveness		**Individual case studies with training participants** over time, within the case country, using life history ('river of life') and similar reflexive methods in individual interviews
	1.2.3 Evidence that individuals demonstrate improved motivation and commitment to using evidence		**Key informant interviews** with leaders and trainees
	1.3.1 Evidence that individuals have developed new personal practices around evidence use in their day-to-day work, after 3 and 9 months [Stages 2 and 3 of data collection]		
PEQ 2.1: Was the design and the support to champions for organisational change relevant and appropriate?	2.1.1 Evidence that the project identified the right people to champion changes to organisational systems and procedures to support and incentivise EIPM	REQ 2: What factors enable/constrain champions and/or senior influencers to establish and promote more supportive organisational cultures, systems and structures for evidence use?	**Document and data reviews:** of BCURE partners' M&E and follow-up of champion-led activities (for relevant projects
	2.1.2 Evidence that the champions' activities targeted the right bottlenecks to establish policies and guidelines on EIPM	**ICMOs to be tested: ICMO 4, 5 and 6**	**Observation:** of champions (individuals) at work?

PEQ 2.2: What were observable changes to organisational systems that arose from champions' activities?	2.2.3 Evidence that gender and social difference were taken into account in the design and delivery 2.2.4 Evidence that the design and delivery of the interventions optimised VfM and effectiveness		**Interviews and/or focus groups/workshops** with champions to discuss linkages between influencing organisational contexts and behavioural outcomes around using evidence, using SUPPORT tool
PEQ 2.3: Were the results sustainable?	2.3.1 Evidence that champions/influencers have been able to establish and promote more supportive organisational cultures, systems and structures for evidence use		**Key informant interviews** with government stakeholders and leaders
PEQ 3.1: Was the design of network interventions relevant and appropriate?	3.1.1 Evidence that the project activities to motivate and incentivise individuals to engage in networking activities	REQ 3: What factors make networks an effective capacity-building strategy?	**Document reviews:** network activities, online activity, meeting records, participant profiles and activity data
PEQ 3.2: What results were observed?	3.1.1 Evidence that the project seeks to strengthen interaction between individuals and institutions around the production and use of evidence	**ICMOs to be tested: ICMOs 7, 8 and 9**	**Observation:** of network activities e.g. Africa Cabinet Secretaries network (ASI); Africa Evidence Network (UoJ)
PEQ 3.3: Were the results sustainable?	3.3.1 Evidence that networking activities have influenced outcomes around EIPM for members		**Individual interviews and/or focus groups/workshops** with network members to discuss potential linkages between networking and dialogue activities, organisational contexts and outcomes around using evidence
PEQ 4.1: Was the design and support to policy dialogues, policy pilots and other modelling/demonstration processes relevant and appropriate?	4.1.1 Evidence of policy-relevant agendas selected	REQ 5: What factors affect the influence of modelling/ learning-by-doing demonstrations and examples of positive results from EIPM on the use of evidence?	**Document reviews:** demonstration activities, meeting records, participant profiles, selection criteria for participants
PEQ 4.2: What were the observable results of policy dialogues, etc.?	4.1.2 Evidence of policy stakeholders' ownership of the agendas	**ICMOs to be tested: ICMO 20**	**Observation:** of network activities, e.g. Policy Dialogue, Science Café
PEQ 4.3: Were the results sustainable?	4.2.1 Evidence of projects' convening power and reach, relevance of stakeholders participating		**Individual interviews:** participant/stakeholder interviews
	4.2.2 Evidence of stakeholders' responses to		

	activities		
	4.2.3 Evidence that the design and delivery of the interventions optimised VfM and effectiveness		
	4.2.4 Evidence that individuals demonstrate improved motivation and commitment to using evidence		
	4.3.1 Evidence of results from policy dialogue-type activities		
PEQ 5.1: Was the design and the support to capacity of national knowledge brokering organisations to deliver EIPM training and support packages relevant and appropriate?	5.2.1 Evidence of knowledge brokering organisations' understanding and skills in delivering EIPM support	REQ 6: What factors affect the capacities for external knowledge brokering organisations to deliver training and support packages to government and public sector organisations on EIPM?	**Document reviews:** activities to support knowledge brokers, content and approach of training curricula, target groups profiles and targeting, etc.
PEQ 5.2: What were the observable results?	5.2.2 Evidence of observable results	**ICMOs to be tested: ICMOs 10, 11**	**Observation:** of training the trainers' activities, or other appropriate activities
	5.2.3 Evidence that the design and delivery of the interventions optimised VfM and effectiveness		
	5.2.4 Evidence that individuals demonstrate improved motivation and commitment to using evidence		
PEQ 5.3: Were the results sustainable?			**Individual interviews:** partner, participant/stakeholder interviews
PEQ 6.1: Was the design and the support to organisational change relevant and appropriate?	6.1.1 Evidence that support to organisational systems, tools, procedures, policies and guidelines was relevant and appropriate to the context and needs	REQ 4: What factors support/constrain the local ownership, embedding and sustainability of organisational systems to support evidence use?	**Document reviews:** organisational policies, procedures and manuals, staff performance policies, incentives and opportunities for professional development, quality assurance unit review documents
	6.2.1 Evidence that organisational systems, procedures, policies and guidelines that support and incentivise EIPM were		

	established, embedded and used		
PEQ 6.2: What were the observable changes in organisational policies, systems or processes?	6.2.2 Evidence that EIPM integrated into civil service competency frameworks, professional development and training	**ICMOS to be tested: ICMOs 13, 14 and 15**	**Review of organisational systems to support evidence use,** using SUPPORT tool for EIPM readiness
	6.2.3 Evidence that the design and delivery of the interventions optimised VfM and effectiveness		
	6.2.4 Evidence that individuals demonstrate improved motivation and commitment to using evidence		
PEQ 6.3: Were the results of organisational level change sustainable?	6.2.3. Evidence of local ownership and embedding of organisational systems to support evidence use		**Observation:** of policy decision-oriented discussions (e.g. ASI)
	6.3.1 Evidence of sustainability of systems reforms (e.g. able to survive changes in staff and leadership)		**Key informant interviews** with leaders and officials, and BCURE stakeholders, e.g. Policy Analysts (ASI and ECORYS)
			Delphi Panel Stage 1, 2 and 3 – diverse stakeholders within government systems

Annex 3. Stage 1 methods, analytical tools, rubrics and strength of evidence

Methods

Lead evaluators for each programme selected a sub-set of EQs to reflect the characteristic of the programme. Data collection was then carried out through a country visit, workshops with implementing partners and document reviews.

Table 1 provides an overview of the methods used in Stage 1 with different categories of respondents and data sources.

Table 1: Overview of methods used in BCURE programme evaluations

EQs, PTs and level in CToC	Data collection methods and stakeholders interviews	Data processing	Analytical methods
Programme overview	**Workshops and interviews** with BCURE implementing team and partners	Application of quality grading and scales for strength of evidence (explained below) Tagging of verbal data for ICMO configurations Thematic pro formas for document reviews	• ICMO Analysis • Benchmarking against programme outcomes • Contribution Analysis
Individual change	**1a. Individual semi-structured interviews with intervention participants** **1b. Key informant interviews** with individuals in different roles in government and outside, involved and not involved. **2. Delphi panels** – junior officials, supervisors and senior leaders in different roles in the 'system'. **3. Document, data and content reviews** e.g. govt organisational procedures; or training materials, participant data, attendance data, targeting of invitations, selection criteria for individuals.		
Organisational change			
Interpersonal change			
Institutional change			
Changes in systematic evidence use and policy quality			

Sampling

Sampling was purposive, driven by the CToC. Respondents were identified purposively according to their relationship to the BCURE programmes, their role in the government system and their ability to comment on particular domains of change in the CToC, for example, organisational change.

As well as speaking to individuals who had participated in programme activities, we also sought the perspectives of officials in senior management positions and high-level stakeholders in key government, parliament or other positions, who could comment on how policy making works in their settings and patterns of evidence use. Each country case study produced between 25 and 30 interviews.

Table 2 provides an overview of the categories of respondent.

Table 2: Programme evaluation respondents

Category of respondent	Purpose and potential topics
BCURE Programme teams and partners	To understand their views on how their interventions influence change.
Training and mentoring participants	To understand how their skills and use of skills have developed over three years. **Example topics**: reflection on skills and confidence change; opportunities to apply learning, enablers/barriers to applying learning; positive/negative effects of participating in training; future personal and career prospects, among others.
Supervisors, leaders and senior management in line ministries and focal units	To collect perceptions from senior stakeholders in focal ministries and departments on EIPM. Ideally, we would return to the same individuals at each stage. **Example topics**: political/administrative context for policy making; benefits/disadvantages of EIPM; of staff being trained; enablers/barriers to EIPM; political and bureaucratic incentives/disincentives for EIPM; how evidence is used/not used in policy making and why.
High-level stakeholders, e.g. senior leaders in national government; national research community; others	To collect wider perceptions of stakeholders. Ideally, we would return to same individuals at each stage. **Example topics:** political/administrative context for policy making; benefits/disadvantages of EIPM; of staff being trained; enablers/barriers to EIPM; political and bureaucratic incentives/disincentives for EIPM; how evidence is used/not used in policy making and why.

Analysis

Data was analysed against the selected evaluation questions and indicators, and the realist ICMO configurations. Data from primary and secondary sources was synthesised within the programme evaluation to draw conclusions. An overall assessment was made using the evaluative judgement ratings described below.

Relevance rating

Based on our definitions of **relevance and appropriateness** outlined in Section 1.2, we developed the following rating scale to make evaluative judgements on the relevance and appropriateness of BCURE intervention design and delivery, against each EQ:

Evaluative judgement: Relevance of design and delivery

Very relevant: well-matched to needs, context and intended effects;
Relevant: adequately matched to needs, context and intended effects;
Limited relevance: some match to needs and context but significant limitations to intended effects;
No relevance: weak match to needs and context, major limitations to intended effects;
Insufficient evidence: There is insufficient evidence to make a judgement;
Not applicable.

Contribution Analysis

At Stage 1, there is insufficient data to conduct a full Contribution Analysis. However, where there is evidence of change, we conducted an assessment of the extent of change at Stage 1 and the evidence to suggest the programme's contribution to it.

To capture this systematically, we developed a rubric to capture the extent of change observed, and the significance of the programme's contribution to it, at each evaluation stage. Capturing change from Stage 1 will facilitate tracking of programmes' contributions to outcomes over time.

Evaluative judgement: Extent of change

Significant change: evidence that change has scale, depth and sustainability.
Established change: evidence of change at scale, and sustainability of change.
Moderate change: evidence of change and/or improvement, but not widespread.
Early change: some evidence of scattered change, but not consolidated.
No evidence of change.

Contribution rating

Green: Evidence that programme made a crucial contribution to observed change / observed change is directly attributable to the programme.
Amber: Evidence that programme made an important contribution.
Amber/Red: Evidence that programme made some contribution.
Red: Evidence of no contribution or no improvement evident.
Not applicable: either insufficient evidence to make an assessment, or assessment not relevant to the EQ.

Strength of evidence

An indication of the strength of evidence underpinning evaluation findings and judgements is made using two criteria**: 1) reliability of data sources; 2) extent of triangulation between data sources.**

These are then brought together into a rubric that enables us to rate the strength of evidence in a systematic way.

1) Reliability of data sources

We have grouped data sources for the programme evaluation into four categories. The sources have been **ranked** in increasing order of robustness, with 1 representing the least robust – anecdotal evidence from programme staff which may not be independent and exhibit various biases – and 4 the most independent and robust – primary data from a range of programme stakeholders, which, although may also exhibit biases, has been collected by the evaluation team using robust methods to mitigate biases.

M&E data is included in category 3 **only** if the evaluation team have judged the data to be robust. Where M&E data is less reliable, we have categorised it as 2.

Data sources (1 = least robust, 4 = most robust)

1. **Verbal reports from programme staff** (through interviews conducted as part of the evaluation)

2. **Strategy and implementation documents** (e.g. proposal, inception report, training materials, online resources, workshop reports, quarterly reports). This category also includes less reliable M&E data.
3. **M&E data** collected by the programme (reviewed by the evaluation team and judged to be reliable, e.g. pre-/post-testing data; needs assessments; baseline reviews)
4. **Primary evaluation data** (largely consisting of interview data with project stakeholders and evaluators' observation, not including programme staff interviews)

2) Extent of triangulation

During data collection and analysis, we have used **triangulation** as a technique to assess the strength of evidence underpinning a finding. Triangulation is applied internally to the primary data set (4) and externally between the four respective data sources. The extent of triangulation between data sources allows us to make a judgement about the strength of the evidence underpinning evaluation findings.

Other factors affecting the strength of evidence, for example **prevalence**, are discussed in the narrative within Section 6 in order to further nuance findings.

There are different configurations of triangulation between sources of varying reliability in our data set. For example, evidence for a finding may derive from one of the most reliable sources (4) and one of the least reliable (1), or from three of the least reliable sources (1, 2 and 3), or from primary data only (4). In some cases, there may be triangulation between all four sources, which gives us the strongest evidence.

Strength of evidence rating

In order to communicate the strength of evidence in a transparent and systematic way, we have brought the two criteria of **reliability** and **extent of triangulation** together into a rubric to enable rating of the strength of evidence underpinning our evaluative judgements. Our aim is to give the reader an indication of our judgement of the strength of evidence behind our findings. This approach provides a transparent basis for the evaluation findings and judgements and enables systematic rating across the different programme evaluations. However, the approach is limited, as it is only an approximation and there are combinations of sources which do not fit neatly within the rubric.

'Strong evidence' consists of evidence from strategy and implementation documents, confirmed by reliable M&E data, verified by primary evaluation data. 'Reliable' and 'partial' evidence consists of various combinations of less reliable or less well triangulated data sources.

Strength of evidence rating

Strong evidence: Evidence exists from data sources 2 + 3 + 4: strategy and implementation documents, confirmed by reliable M&E data, verified by primary evaluation data.

Reliable evidence: Evidence exists from data sources 1 + 2 + 3 **OR** from 4 + 1 + 2 **OR** from 4 + 3 (for example, verbal team reports, supported by strategy and implementation documents, confirmed by reliable M&E data or primary evaluation data; or primary evaluation data confirmed by reliable M&E data).

Partial evidence: Evidence exists from data sources 1 + 2 only; **OR** 1 + 3 **OR** 2 + 3 **OR** from 4 only (for example, verbal team reports, supported by strategy and implementation documents).

Evidence from only one source*:* Evidence exists from only one of data sources 1, 2 or 3; **OR** evidence exists from only one stakeholder in 4.

No evidence: There is insufficient evidence to make a judgement.

Each findings section begins with a summary table that describes the evaluative judgements against the evaluation questions, the contribution ratings, and the strength of evidence behind these assessments.

Annex 4. List of people interviewed

Name	Family name	Organisation	Role	Country
Harvard BCURE Programme				
Sharon	Buteau	IFMR	Executive Director	India
Ali	Cheema,	Harvard University	BCURE Pakistan Lead	Pakistan
John	Floretta	J-PAL South Asia	Deputy Director	India
Deanna	Ford	Harvard University	Programme Director	Cambridge, USA
K.	Ganga	Professional Practices Group, Comptroller and Auditor General	Additional Deputy Comptroller and Auditor General	India
AsimIjaz	Khwaja,	Harvard University	BCURE Pakistan Director	Cambridge, USA
Beryl	Leach	3ie, India	Deputy Director	India
Arqam	Lodhi	CERP	Programme and Planning Manager	Pakistan
Santhosh	Mathew	MoRD	Joint Secretary	India
Prashant	Mittal	MoRD of India	Senior Technical Director: Information Systems	
Dr S.P.	Pal	President, Development Evaluation Society of India	Adviser, Programme Evaluation Organisation (retd)	India
Varad	Pande	MoRD	Former Officer on Special Duty	India
Jo	Puri	3Ie	Deputy Executive Director and Head of Evaluation	India
Madhav	Raghavan	DDU-GKY	Monitoring & Evaluation Consultant	India
Dr Pronab	Sen	Ministry of Statistics and Programme Implementation	Chairman, National Statistical Commission	India
Hardik	Shah	GPCB	Secretary	India
Meenakshi	Sharma	Professional Practices Group, Comptroller and Auditor General	Director General	India
A.K.	Shiva Kumar	National Advisory Committee	Former member	India
Urmy	Shukla	J-PAL & CLEAR South Asia	Capacity Building Manager & Director	
Tejveer	Singh	LBSNAA Musoorie	Joint Director	India
Dr R.K.	Singh	Ministry of Social Justice & Empowerment	Chairman and Managing Director, National Scheduled Castes Finance & Development Corporation	India
Montek	Singh	Planning Commission	Former Deputy Chairman	India
Shakti	Sinha	Senior Media Columnist	Former India representative at the World Bank, former private secretary to Mr Atal Bihari Vajpayee while he was the Prime Minister of India	India
Jitendra	Srivastava	Government of Bihar District Administration East Champaran	Collector and District Magistrate	India

Reddy	Subrahamanyam	MGNREGA, MoRD	Joint Secretary	India
Charity	Troyer Moore	Harvard University	BCURE India Country Lead	India
Madhup	Vyas	Ministry of Commerce	Director: Special Economic Zones	India

VakaYiko Consortium				
T.	Bhowa	Southern Africa Research and Documentation Centre, Harare	Knowledge Manager	Zimbabwe
Yotamu	Chirwa	BRTI	Researcher on Health Policy	Zimbabwe
KM	Chokuda	Parliament	Clerk of Parliament	Zimbabwe
Charles	Dhewa	Knowledge Transfer Africa	Executive Director	Zimbabwe
Tendai	Garwe	Zimbabwe Youth Council: Mashonaland East	Vice Chair & Independent Feminist and Women's Rights Activist	Zimbabwe
Emily	Hayter	INASP	Programme Manager	London
Ibrahim	Inusah	GINKS	Network Coordinator	Ghana
Joseph	Kpetigo	GINKS	Assistant Network Coordinator	
Ayan	Kachepa	Ministry of Industry and Commerce	Principal Economist	Zimbabwe
Jan	Liebnitzky	INASP	M&E Officer	London
Chiedza	Mabhiya	Ministry of Industry and Commerce	Principal Economist	Zimbabwe
T.	Machirori	Ministry of Youth, Indigenisation and Economic Empowerment (MoYIEE)	Research Officer	Zimbabwe
Tinos	Madondo	Parliament	Informatics Project Database Administrator	Zimbabwe
Christine	Mafoko	Parliament	Research Director	Zimbabwe
Theresa	Mamvura	Parliament	ICT Director	Zimbabwe
Colator	Maoko	Ministry of Industry and Commerce	Chief Economist	Zimbabwe
Kenneth	Maregere	ZIPAM	Training Consultant	Zimbabwe
Violet	Moyo	Hope Worldwide Zimbabwe	Programme Manager	Zimbabwe
Gift	Mugano	Presidency	Senior Economic Policy Adviser	Zimbabwe
Martin	Mugova	Parliament	Principal Research Officer	Zimbabwe
Ronald	Munatsi	ZeipNET	Programme Manager	Zimbabwe
Charline	Munemo	Parliament	Hansard Reporter	Zimbabwe
T.	Mutare	Parliament	Principal Public Relations Officer	Zimbabwe
Farai	Mutindindi	Harare Polytechnic	Lecturer	Zimbabwe
F.	Myambo	Ministry of Industry and Commerce	Acting Director	Zimbabwe
Gilchriste	Ndongwe	ZeipNET	Programme Manager	Zimbabwe
Lindiwe	Ngwenya	Zimbabwe Women Resource Centre and Network	Programme Manager	Zimbabwe

Mr	Nyoni	MoYIEE	Deputy Director	Zimbabwe
Auxilia	Piringondo	Centre for Development Research International Africa	Programme Manager	Zimbabwe
Clara	Richards	INASP	Programme Manager	London
Andreas	Rukobo	Parliament	Principal Director	Zimbabwe
R.	Rutsito	MoYIEE	Programme Officer	Zimbabwe
UJ-BCURE				
Sunet	Jordaan	UJ-BCURE	Acting Director	South Africa
Yvonne	Erasmus	UJ-BCURE	Programme Deputy Director and Country Manager - Malawi	South Africa and Malawi
Russel	Wildemann	UJ-BCURE	Project Manager South Africa	South Africa
Louis	Maluwa	UJ-BCURE	M&E Adviser	South Africa and Malawi
Janine	Mitchell	UJ-BCURE and Independent consultant	Mentor	South Africa
Valerie	Fichart	HSRC	High-level stakeholder and workshop participant	South Africa
Ian	Goldman	DPME	High-level stakeholder	South Africa
Christel	Jacob	DPME	High-level stakeholder and workshop participant	South Africa
Tamara	Kredo	MRC Cochrane Centre	Mentor	South Africa
Taryn	Young	Stellenbosch University, Department of Health	High-level stakeholder	South Africa
Gemma	Wright	SASPRI	Mentor	South Africa
Nonhlanhla	Mkhize	Chief Director: Innovation for Inclusive Development, Department of Science and Technology	Mentee and workshop participant	South Africa
Henry	Kavuma	Chief Education Specialist: Department of Basic Education	Workshop participant	South Africa
Kabeya Claude	Chimanika	Assistant Director (e-Learning) Department of Basic Education	Mentee	South Africa
Neo	Mothobi	Chief Education Specialist: Department of Basic Education	Workshop participant	South Africa
Randall	Faulman	Deputy Director of Curriculum Innovation & e-Learning at the Department of Basic Education	Workshop participant	South Africa
Servaas	van der Berg	University of Stellenbosch, Economics Department	Delphi	South Africa
Lindumzi	Komle	Parliamentarian researcher	High-level stakeholder	South Africa
Andile	Mphunga	Portfolio: Core Business, National Parliament	High-level stakeholder	South Africa
Harsha	Dayal	Research Director at Department of Planning Monitoring and Evaluation, Presidency	Mentee and workshop participant	South Africa
Phil	Mnisi	Director Curriculum Innovation and e-Learning, DBE	Mentee and workshop participant	South Africa
Ephraim	Phalafala	Deputy Director, Department of Science and Technology	Workshop participant	South Africa

SECURE Health Programme				
Jones	Abisi	AFIDEP	Policy and Advocacy Coordinator, AFIDEP, SECURE Health Team	Kenya
Annceta	Gacheri	Kenya National Assembly	Research Officers	Kenya
Kimani	Gacuchi	KEMRI	Acting, Assistant Director Research, KEMRI	Kenya
Eric	Kariuki Gachoki	Kenya National Assembly	Research Officer	Kenya
Daniel	Kavoo	Ministry of Health	Community Health	Kenya
Hellen	Kiarie	Ministry of Health	Monitoring and Evaluation Unit	Kenya
David	Kilang'at Ng'eno	Kenya National Assembly	Research Officers	Kenya
Peter	Kimuu	Ministry of Health	Director, Policy, Planning & Finance	Kenya
Charles	Kiplagat Kandie	Ministry of Health	Head, Health Standards and Quality Assurance	Kenya
Ruth	Kitetu	Ministry of Health	Strategic Health Planning & Policy Unit	Kenya
Gilbert	Kokwaro	Strathmore University	Director, Institute of Healthcare Management, Strathmore University	Kenya
Abiba	Longwe	AFIDEP	Knowledge and Translation Scientist, SECURE Team	Mala wi
Bonnie	Mathooko	Kenya National Assembly	Head, Research Services	Kenya
Mwau	Matilu	Consortium for National Health Research	Executive Director	
James	Muguna	Kenya National Assembly	Research Officers	Kenya
Bernard	Mui	Nairobi County Government	Nairobi County Executive Member for Health	Kenya
Violet	Murunga	AFIDEP	Senior Knowledge Translation Scientist, AFIDEP	
Nissily	Mushani	AFIDEP	Policy and Advocacy Coordinator, AFIDEP, SECURE Health Team	Mala wi
Susan	Musyoka	Kenya National Assembly	MP, Machakos County	Kenya

James	Mwitari	Ministry of Health	Senior Officer, Health Research and Development	Kenya
Rose	Mwongera	Ministry of Health	Youth Development	Kenya
Charity	Naserin Tauta	Community Health & Development	Project Officer	Kenya
Paul	Ngetich	Kenya National Assembly	Director, Research and Information Services	Kenya
James	Nyikal	Kenya National Assembly	MP, Member of Health Committee Parliament of Kenya	Kenya
Charles	Nzioka	Ministry of Health	Head of Research and Development	Kenya
Esther	Ogara	Ministry of Health	Senior Assistant Director Research and Development Department	Kenya
Erick	Oiko Ososi	Kenya National Assembly	Research Officers	Kenya
Elkana	Ong'uti	Ministry of Health	Head of Policy and Planning Division	Kenya
Rose	Oronje	AFIDEP	Senior Policy & Communications Specialist, SECURE Team	Kenya
Vetus	Paul Okech Owino	Kenya National Assembly	Research Officers	Kenya
Humprey	Rinegra	Kenya National Assembly	Research Officers	Kenya
Rotino	Sharon Cherono	Kenya National Assembly	Research Officers	Kenya
Joseph	Sitenei Kimagat	Ministry of Health/Kenyatta Hospital	Communicable Disease & Prevention	Kenya
Marsden	Solomon	FHI 360	Reproductive Health Adviser	
David	Soti	Ministry of Health	Head, Division of Informatics and M&E	Kenya
Rose	Wangechi Kuria	Ministry of Health	Head of Nursing	Kenya
Ruth	Wayua Muia	Ministry of Health	Training Coordinator	Kenya
Alphonce	Werah	AFIDEP	Finance and Administration Manager, AFIDEP	Kenya
Eliya	Zulu	AFIDEP	Executive Director, AFIDEP and SECURE Team	Kenya

ACD Programme			
Dr Ernest Surrur	Sierra Leone government	Cabinet Secretary	Sierra Leone
Paul Kamara	Sierra Leone government	Minister of Sports	Sierra Leone
Sonia Karim	ASI	Sierra Leone National Adviser	Sierra Leone
Beth Mander	ASI	Project Director	UK
Dr Mark Johnston	ASI	Team Leader and Sierra Leone International Adviser	Sierra Leone
Josie Stewart	ASI	South Sudan International Adviser	South Sudan
John Templeton	ASI	Liberia International Adviser	Liberia
Peter Grant	Africa Governance Initiative	Project Director	UK

Annex 5. Stage 2 revised evaluation framework and method

i) Introduction

The methodology for Stage 2 has been revised in the light of experience and data in Stage 1. The core remains the same, but there has been an overall streamlining of the evaluation framework and modules to strengthen the focus of the evaluation.

Our starting point is the evidence of outcomes that have emerged from Stage 1 – what has actually happened. Then the evaluation will focus on:

a) verifying and expanding on outcome evidence from monitoring and implementation data;
b) looking at why outcomes have occurred – how the programme has contributed to change, and through which ICMOs.

ii) Revisions to the Stage 2 evaluation framework

The two overarching evaluation questions (EQs) remain the same:

1. How effective are the BCURE Projects in achieving their stated outcome of increasing the use of evidence in public sector decision making, and influencing longer-term changes in policy quality?
2. How and why does capacity building for evidence use work and not work, for whom, to what extent, in what respects and in what circumstances?

For Stage 2, the evaluation framework has been streamlined to focus on:

i) Five evaluation questions that relate to the five outcome domains in the CToC (individual, interpersonal, organisational, institutional and policy quality change);
ii) Exploring causal explanations for the specific outcomes identified within each outcome domain identified through Stage 1, as well as other outcomes, positive/negative, intended/unintended;
iii) Additional cross-cutting themes, including:
- gender and inclusion issues;
- changes in government and political contexts and implications for programmes;
- perceptions of role of EIPM in BCURE contexts;
- value for money issues;
- lessons for EIPM capacity-building programme commissioners, implementers and evaluators.

Table 1 presents the evaluation framework for Stage 2.

Table 1. BCURE Stage 2 Evaluation framework

BCURE Stage 2 Evaluation Framework			
Evaluation Questions	**Outcomes to be explored**	**Data and sources**	**Analysis**
EQ 1. How and why did BCURE contribute to individual-level change? 1.1 What outcomes were achieved? 1.2 How did the interventions lead to outcomes? (ICMOs) 1.3 How sustainable were the outcomes? 1.4 What was BCURE's contribution to the outcomes?	Increased awareness and enthusiasm Increased knowledge and skills Behaviour change: people using evidence more and more effectively in their work Other individual-level outcome(s) – positive or negative, intended or unintended	Primary data from country case study: - Individual semi-structured interviews with intervention participants. - Key informant interviews with individuals in different roles in government and outside, involved and not involved. - Delphi panels – junior officials, supervisors and senior leaders in different roles in the govt system. - Document, data and content reviews e.g. policy products; govt organisational procedures. Secondary data from BCURE partner: Pre- and post-tests or surveys, follow-up surveys, case studies, interviews, written examples / evidence of behaviour change (correspondence, memos, policy briefs), results trackers	Assessment against rubrics for: - extent of change; - programme's contribution to change; - quality and strength of evidence. ICMO analysis Contribution analysis Analysis of cross-cutting themes

EQ 2. How and why did BCURE contribute to interpersonal-level change? 2.1 What outcomes were achieved? 2.2 How did the interventions lead to outcomes? (ICMOs) 2.3 How sustainable were the outcomes? 2.4 What was BCURE's contribution to the outcomes?	New champions for EIPM Improved relationships to promote EIPM Other interpersonal-level outcome(s) – positive or negative, intended or unintended	Primary data: As above Secondary data from partner: - Follow-up surveys, case studies, interviews, written evidence of 'championing' in action (correspondence, examples of initiatives started or groups convened) - Networking event write ups, post-event surveys, documents demonstrating new initiatives or improved relationships	Assessment against rubrics for: - extent of change; - programme's contribution to change; - quality and strength of evidence. ICMO analysis Contribution analysis Analysis of cross-cutting themes
EQ 3. How and why did BCURE contribute to organisational level change? 3.1 What outcomes were achieved? 3.2 How did the interventions lead to outcomes? (ICMOs) 3.3 How sustainable were the outcomes? 3.4 What was BCURE's contribution to the outcomes?	New/improved organisational tools and systems High-level buy-in and support Other organisational/institutional-level outcome(s), positive or negative, intended or unintended	Primary data: As above Secondary data from partner: Documents describing design / development / evolution of new tools and systems Written evidence of high-level buy-in, e.g. correspondence, minutes of meetings, examples of new initiatives with high-level support, media reports	Assessment against rubrics for: - extent of change; - programme's contribution to change; - quality and strength of evidence. ICMO analysis Contribution analysis Analysis of cross-cutting themes

EQ 4. How and why did BCURE contribute to institutional/system level change? 4.1 What outcomes were achieved? 4.2 How did the interventions lead to outcomes? (ICMOs) 4.3 How sustainable were the outcomes? 4.4 What was BCURE's contribution to the outcomes?	New/improved organisational tools and systems High-level buy-in and support Other organisational/institutional-level outcome(s), positive or negative, intended or unintended	Primary data: As above Secondary data from partner: Documents describing design / development / evolution of new tools and systems Written evidence of high-level buy-in, e.g. correspondence, minutes of meetings, examples of new initiatives with high-level support, media reports	Assessment against rubrics for: - extent of change; - programme's contribution to change; - quality and strength of evidence. ICMO analysis Contribution analysis Analysis of cross-cutting themes
EQ 5. How and why did BCURE (and similar EIPM capacity-building interventions) contribute to changes in policy quality? 5.1 What outcomes were achieved? 5.2 How did the interventions lead to outcomes? (ICMOs) 5.3 How sustainable were the outcomes? 5.4 What was BCURE's contribution to the outcomes?	Better use of evidence in policy process / policy documents Other policy level outcome(s), positive or negative, intended or unintended	Primary data: As above and from Impact Case study country. Secondary data: Formal and informal documentation which demonstrate use of evidence - e.g. policy briefs, correspondence, media reports, public speeches or statements; as well as draft and final policy documents.	Assessment against rubrics for: - extent of change; - programme's contribution to change; - quality and strength of evidence. ICMO analysis Contribution analysis Analysis of cross-cutting themes ICMO analysis Contribution analysis Analysis of cross-cutting themes

iii) Revisions to programme evaluations

The programme evaluations will focus on the following topics:

- Outcomes achieved
- Sustainability or likely sustainability of outcomes
- BCURE programme's effectiveness and contribution to the outcomes.

The programme evaluation reports will be short (15 pages) and will focus on providing management recommendations.

iv) Revisions to Country Case Studies

The country case studies will remain focused on gathering primary data on outcomes and potential ICMOs through the following sources:

- Individual semi-structured interviews with intervention participants.
- Key informant interviews with individuals in different roles in government and outside, involved and not involved.
- Delphi panels with individuals in different roles in the government system (junior officials, supervisors and senior leaders).
- Document, data and content reviews e.g. policy products; govt organisational procedures.

Selection of countries
There are two changes to the original selection countries. For the Harvard programme, India has been removed and Pakistan added, as changes in DFID policy have meant a refocusing of the programme.

The ECORYS programme is now in its first stages of operation, delayed from last year, so there will be a country case study in Bangladesh. Table 2 gives an overview of the country selection and rationale.

Table 2: Country Case Study selections

BCURE country case study	Case replication logic
Harvard BCURE: India *Changes to Pakistan*	(India: 'Favourable' case (*literal replication*)) Pakistan: 'Challenging' case (*theoretical replication)*
UJ-BCURE: South Africa Impact Case: South Africa	'Favourable' case (*literal replication)*
SECURE Health: Kenya	'Typical' case (*literal and theoretical; both similar and contrasting results possible)*
ACD: Sierra Leone (though Stage 1 Evaluation data collection will be difficult)	'Challenging' case (*theoretical replication)*
ECORYS: Bangladesh	'Typical' case (*both similar and contrasting results possible)*
VakaYiko: Zimbabwe	'Challenging' case (*theoretical replication*)

iv) Revisions to the Impact Case Study

The Impact Case study remains an important module, despite the limitations to the data collection in Stage 1.

The Impact Case study is researching EQ 5 to understand how EIPM capacity-building interventions contribute to changes in policy quality, as a link towards ultimately contributing to improved development outcomes. (This link is at the impact level in the BCURE CToC, hence the name of the case study.)

The South Africa setting for the Impact Case Study proved less effective than hoped, due to the breadth of the government contexts it attempted to encompass given evaluation resources, difficulties in accessing stakeholders and data and alignment with the BCURE CToC. South Africa is also not a country setting that aligns with DFID priorities.

However, discussions with the DFID team suggested that any potential alternative settings are likely to be even less suitable and more challenging for implementing the evaluation.

The Itad team are currently re-designing the impact case and re-testing the feasibility of South Africa and another case study setting, as well as exploring complementary data sources in order to answer EQ 5. A final decision will be made in April 2016.

v) Value for Money

TBC