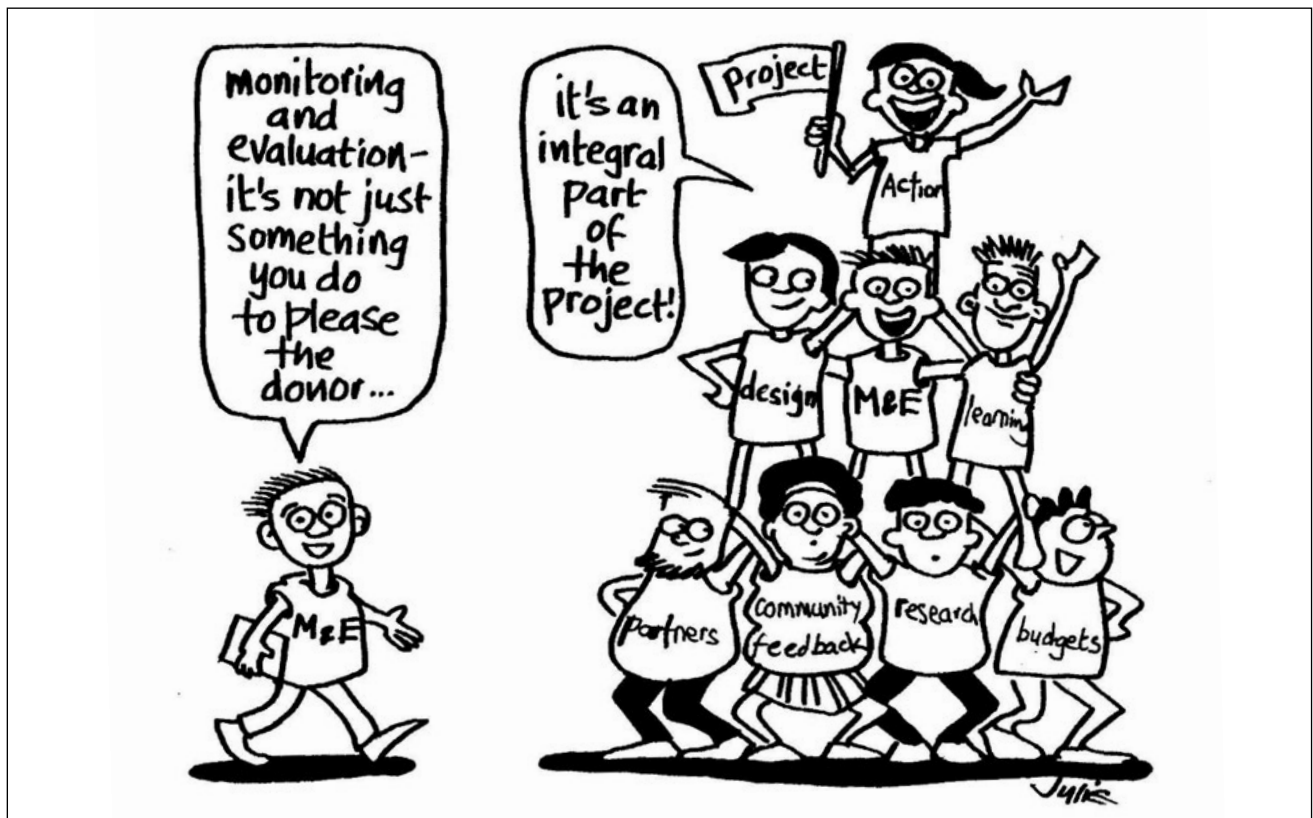


BRIEF 4: Engaging funders and formal systems on evaluations of social power in health

Shared and different motivations between funders, policy makers and communities



Source: J Smith under creative commons in International Federation of Red Cross and Red Crescent Societies, 2011, p5

Evaluation involves information and judgment, and judgements are not value neutral. As noted in *Brief 1*, it is thus relevant who wants the evaluation and what motivates it.

Monitoring and evaluation efforts can assist communities, implementers, funders and others to understand 'what works' in ways that can enhance effective practice. Communities and those who implement have an immediate understanding and expectation of ownership of processes they are directly involved with. Funders and managers are often preoccupied with making best use of resources in a way that has an impact, to ensure that limited funds have greatest benefit, to report to trustees or constituents and to inform their decisions on future funding. Communities and implementers bring organic intelligence and experience to programmes, while those who fund or make policies on programmes can play a role in enabling or constraining the degree to which this intelligence is used. Low level, short-term and project-specific funding can lead to a 'hand-to-mouth' existence for those implementing participatory work, limiting opportunities for organisational growth and strategic inquiry, unless funders and policy actors appreciate and support the longer term processes needed for meaningful social and institutional change.

There is thus a need to explicitly recognise these different concerns in thinking about the evaluation of programmes on social participation and power in health, and the different forms of evidence this implies. Desirably policy-makers and funders should be “more supportive of evaluation designs that fit with community realities” (Judd et al. 2001 p369), while community stakeholders should address funder and manager concerns on best use of resources to achieve greatest benefit.

In *Briefs 1 and 2* we described how a theory of change connects evaluation processes to the thinking behind, design, planning and implementation of programmes, as a means for review and learning. Equally, for funders and communities engaging on evaluation, building this mutual appreciation of the different concerns, assets and experience that each brings cannot only be applied at a late stage, in summative evaluations. A more engaged collaboration and dialogue between funders, implementers, the community and those directly involved in programmes calls for all to be involved and in dialogue across the entire process, from planning to evaluating.

The European Union’s [Community Led Local Development programme](#), for example, involves public authorities, non-state institutions and organisations and interested communities across the work from the onset, in setting the aims and goals, preparing, evaluating proposals, implementing projects and designing evaluation. While complex procedures may still raise barriers to community inputs, the process involves the broader society in decisions, establishes accountability mechanisms to the community and informs funders of conditions at the local level.

Addressing tensions between funders and communities

In practice, however, this sustained dialogue is often not in place. A tension has been voiced within Shaping health processes also noted by Judd et al., (2001), that the focus on participatory practice and power as a value, right and as intrinsic to peoples’ identity, together with the collaborative, participatory and reflexive methods they imply may be viewed “...as being in opposition to equally powerful notions of evidence-based decision making and accountability, and with funders’ and government decision-makers’ preoccupation with measuring outcomes” (Judd et al., 2001 p367). As noted by Judd et al., 2001 p367), “these tensions may be fuelled when community practitioners and lay participants feel evaluations are imposed upon them in a manner that fails to appreciate the uniqueness of their community, its programme, and practitioners’ skills and experience”.

Some funders build formal evaluations into their regular activities, sometimes engaging various stakeholders, including the community (Preskill and Jones 2009). Many, however, do not understand or see the value of the participatory forms of evaluation described in the earlier briefs.

The linear, logical frameworks (or logframe referred to in *Brief 1*) promoted by many development institutions and funders tend to emphasize upward accountability to outside institutions and the idea of pre-planned outcomes and linear cause-effect frameworks that are often not relevant to the complex multifactor interventions and systems in social change, as discussed in an earlier brief (UNESCO 2009; Tacchi and Lennie 2014).

Funding with conditionality incentivises processes that respond to perceived funder expectations, at the cost of other interests. While participatory evaluation may be accepted in principle, it may be (under)funded and focused on outputs or immediate outcomes, stripped of the real conceptual basis, and processes needed for genuine strategic reflection and the longer term engagement for people to generate self-determined change (Adams and Garbutt 2008).

This is especially so if those involved in the programme have “unwittingly fallen into the trap of seeing the provision of reports for an external donor as more important than the process for the participants” (Adams and Garbutt 2008 p31). This is exacerbated when implementers report to funders that have little knowledge of the realities on the ground.

The conditions outlined in the previous paragraph represent a challenge for those working on social participation and power in health. However, as Judd et al., (2001) notes, "...there is little benefit to be gained from forcing RCT-type designs to be used in circumstances where they do not fit. Both the process and outcomes of community-based evaluations must be relevant to community stakeholders, policy-makers and/or funders" (p378). This makes it important to get the understanding and support of funders and decision makers, to show how participatory evaluation may be less costly, may better deal with political, social, and interpersonal factors in the community and bring unique returns in terms of empowerment and transferable skills, especially when the goal of the interventions is to empower people and build their skills (Community tool box 2017). The various examples cited in the boxes in the earlier briefs highlight that such participatory evaluations can reinforce and support innovative practice and build greater local capacities to sustain it. Demonstrating reach, quality and benefit from the processes (including in terms of longer term 'value for money'), raises the possibility of further support for similar work in the future (Aggett et al., 2012).

Doing this means that from the earliest stages of work there is need to talk to the different stakeholders involved, including funders and managers and build an understanding of the reasons for and values of the choices made on the methods used. Where there are divergent views, it is useful to triangulate different forms of evidence to establish findings that are credible for and stand up to scrutiny from diverse groups. It is also useful to provide opportunities for peer review of design, process and findings and to be transparent on the limitations of and assumptions made in the processes applied (Segone 2008).

Box 4.1 Negotiating diverse interests in evaluations

McHardy (2003) conceptualizes the negotiation of participation in evaluation as a "dance of collaboration" across those involved. He asserts that participatory evaluators must consider the larger social analysis that encompasses an evaluation to understand the hierarchies and power negotiations between the various collaborators. He uses the metaphor of a Strauss' waltz as the dance of collaboration, negotiating and resolving differing interests and swaying between encouragement of participation, the profiling of often excluded voices, and the interests around the information arising from evaluations.

Judd et al (2001) propose a health-promoting values-based approach that depicts evaluation as being mutually beneficial to both funders and practitioners, based on models which better fit with community realities and perceptions, designed in a manner that is being mutually beneficial to both funders/government and practitioners. A values stance for health promotion is proposed as a foundation for evaluation. The authors propose incorporating elements of each others' standards in an inclusive manner .

This situation indicates the need for those working with social power to communicate the value of and methods for participatory approaches and findings in a manner that generates greater understanding of their value in evaluation. Such communication can build on the understanding that some funders already have of the complexity of these processes, the longer time frames needed for change and the need for more locally owned and strategic forms of evaluation (IOM 2014). The World Health Organisation (WHO) European Working Group recommends, for example, that policymakers encourage the adoption of participatory evaluation approaches that provide meaningful opportunities for involvement, applying a mixture of process and outcome information, multiple methods and suitable approaches for such participation (WHO 2006).

On the other hand, it is also important that funders share the findings of evaluations that they commission with the communities involved, and engage them in meaningful dialogue on the conclusions in a way that acknowledges community views and explains how they will be used. This was, for example, integrated in the consultations on Scotland's standards for community engagement (as shown in the adjacent infographic).



From one funder's perspective, those who commission evaluations also need to understand that the multiple goals for evaluations may require distinctly different approaches. There may be a desire to evaluate value for money, process efficacy for course corrections and impacts, but a single evaluation cannot meet all three goals at the same time. This funder advises "If someone asks you for all three, you have to tell them that they are different things and they are going to have to pay more and probably have to do it by at least two different mechanisms," as a discussion that has to take place up-front (IOM 2014, p22). In prioritising what to focus on, UNDP (2009) calls for a balance between the outcomes expected by support agencies and those prioritised locally. The outcomes and measures of success need to include those that are important for local communities, including as a contributor to capacities that build change. As an example, the EU [cross border cooperation funds](#) invest in these process outcomes, where cross border cooperation, tolerance, widening appreciation of diverse culture and languages of neighbouring states are the main goals, contributed to by investments in tourism or transport infrastructures.

Building shared frameworks

The challenges to building shared frameworks may be significant, especially in contexts where there are strong interests and limited communication between funders and those involved community processes. However, where dialogue is built from early stages, there are ways of bridging diverse interests in the design of evaluation, to integrate and build evidence on effective use of resources and management of processes, while also building downward accountability to those involved (Nabatchi 2012).

As noted earlier, these interests and the values and theory of change that underpin the work being evaluated need to be discussed at the onset, from the planning stages of the work onwards and in the design on the evaluation, as they may imply different processes and diverse forms of evidence to be generated for different groups in the process.

The methods and indicators discussed in *Briefs 1, 2 and 3*, as linked to a credible ToC may be endorsed by funders. However it is also important to take on board and prepare for the fact that the interests and motivations may differ. This may call for approaches that manage this diversity, including through methods that help to negotiate between different sets of values and interests.

The **Delphi method** is one method that enables interactions on diverse views, where different key stakeholders provide their opinions about what they see as important, then respond to the aggregated results (Rogers 2012). Each person involved completes a questionnaire and is then given feedback the aggregated responses. With this information in hand, (s)he then fills in the questionnaire again, this time providing explanations for any views they hold that were significantly divergent from the viewpoints of the others participants. The explanations serve as useful intelligence for others. In addition, (s)he may change his/her opinion, based upon his/her evaluation of new information provided by other participants. This process is repeated as many times as is useful. The idea is that the entire group can weigh dissenting views that are based on privileged or rare information. Thus, in most Delphi processes, consensus increases across rounds and recommendations made on the basis of more complete information. Slocum 2003 provide detailed methods steps in [Participatory methods toolkit: A practitioner's manual](#).

Box 4.2a Stories from the field: documenting and evaluating urban engagement for health

As an example of a diverse mix of approaches, Dekha Andekha (the Seen and the Unseen) in India has a long history of working with slum populations in participatory ways. This project engaged communities in an urban slum for ten months to explore participants' lives and health through art, photography, clay and textiles. The evaluation of the process was iterative throughout the project and generated both qualitative and quantitative evidence. Researchers counted the number of people involved in the dialogue, the number of discussions that took place and the number of people visiting the exhibition of the final products as a means of quantifying outputs relative to resources used. At the same time a photojournalist followed the process and their photos illustrated stories of change in the evaluation, used to both support strategic reflection on the process and to communicate it more widely (Aggett et al. 2012).

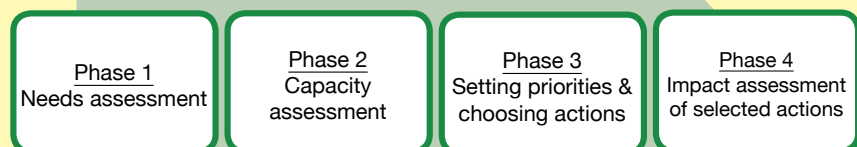
Box 4.2b Stories from the field: documenting and evaluating urban engagement for health

In Slovenia's Pomurje region, community associations and various sectors engaged on health as a key element of the economic and development agenda through an informal mechanism termed the [Regional action group \(RAG\) Mura](#). The assets, capacities and interests of all involved were used to identify and prioritise actions that could improve health equity. The planning process is based on needs assessment, implemented by the institutions and people engaged in the activities through working groups at RAG meetings.



Inaugural RAG meeting, Slovenia © CHD 2012.

These needs assessment inform the changes and actions to close the gap between the present and desired situation in a seven year planning and implementation cycle that includes constant evaluation of the activities. The planned programmes inform proposals that are adapted to tenders from different funders, creating partnerships around proposals and negotiating consistency with agreed directions. Under the RAG more [comprehensive efforts were made to assess the impact of the participatory interventions](#) on health and development, using evidence from national health monitoring surveys from 2001 to 2008. These assessments found positive changes in the region in terms of: increased consumption of fresh fruits and vegetables; reduced use of animal fats in cooking; reduced smoking and consumption of unhealthy foods (fried foods, sweets, beverages and salt), and an increase in physical activity. This was backed by qualitative reports from services and community members of improvements in awareness and practices in both local people and policy makers, and perceived changes in institutional practices towards intersectoral co-ordination and participatory planning and decision-making in the RAG (Beznic et al., 2017)



Source: HE2020 (no date) [Health Equity 2020 Toolkit](#)

Dialogue with funders, through both formal and informal processes, is important to build an understanding that evaluation provides a critical opportunity to learn what is or is not working for those involved, including funders, and is not a tick box activity for because you 'have to do it'." (Liz Allen, Wellcome Trust in Aggett et al 2012 p3). This starts with dialogue on the ToC, to clarify the current situation, the power and gender dynamics; the desired change and objectives and the strategic choices, assumptions and change pathways; and how the ToC has been or will be used during implementation and in the evaluation.

'Outsider' perspectives may notice things that those close to an issue take for granted (Aggett et al 2012). External agencies may give useful comments on inconsistencies, gaps and weaknesses that they see in the ToC, that may help to sharpen the strategies, make implicit assumptions explicit, and improve the overall quality of thinking that guides operational decisions this can be useful to feed into discussion with those involved to make agreed revisions (Es et al., 2015). Such early dialogue provides useful perspective for funders and managers on the implementation of interventions, the challenges faced and the assets within the community. This may help to build an understanding and appreciation of the participatory methods used in the interventions, their value in producing health improvements, and the similar value of the type of participatory evaluation approaches described in *Briefs 1-3* for the quality, relevance, ownership and uptake of the findings.

Expectations of the evidence from evaluations

Applying the processes and measures described in this brief depend in part on the relationships and reputations of all those involved and their knowledge of and trust in each other. Positive relations between funders and communities are a product of communication and frequent interaction. Building this takes time and faces competition from other activities and demands, including for a stability of personnel that is not always there (Saegert 2004). This assists to manage different expectations of the evidence from evaluations.

Within the dialogue with funders and other stakeholders, for example, it is important to address expectations of reliability, rigour and validity of the evidence, and to explain how these are addressed within the evaluation design, especially when it is participatory. Traditional criteria may be less applicable. Gilson (2012) in the [Methods Reader on Health Policy and Systems Research](#) notes that the criteria used to make judgments of research quality and rigour differ between paradigms of knowledge. Realist evaluation, participatory approaches and other paradigms that apply critical theory and constructivism consider the trustworthiness of the analysis and whether it is widely recognized to have value beyond the particular examples considered (Labonte and Robertson 1996; Gilson 2012). This calls for an active process of questioning and checking during the inquiry; a constant process of conceptualizing and re-conceptualizing throughout the process; with explicit statement of any assumptions used that may influence interpretation.

The evaluation team would thus be expected to address questions such as:

- Was the process through which the community interrogated and validated the evidence well described? Were the findings reviewed after actions?
- Was the process participatory for all key members of the group involved, logical and well documented?
- Was the process for validating and analysing findings participatory of all key members of the group, and did it adequately review outliers and differences?
- Do the findings generate insights or motivations for action or reflection that are transferable to other settings? (Loewenson et al., 2014).



Community discussions on health programmes, El Salvador. C Hoastedt 2014

Expectations from funders that the costs and benefits of participation can be assessed may be more difficult to address, for a range of practical and ethical reasons. Analyses of the costs and risks of participation have included:

- Monetary costs, including staff time (paid and unpaid), staff expenses, external staff / consultants, fees to participants, participants' expenses, training for staff and participants, administration, venue hire, other event costs (e.g. refreshments, equipment), newsletters, leaflets, monitoring and evaluation fees; and
- Non-monetary costs, including time contributed by participants, and skills needed for the new approach (taking time from other work), and risks, including separate risks to reputation (from bad participatory practice), stress, uncertainty and conflict (Loewenson 2016).

In general, evaluations have looked at four main domains: resource allocation, contracts, cost and spending, and performance verification, with finance data focusing on budgets or planned expenditures, and actual expenditures and costs (IOM 2014). However for processes that build social participation and power in health, as raised earlier it is difficult to quantify the benefits of participation and changes in social power determined through qualitative approaches. It is even more difficult to assign a monetary value to these benefits through statistical approaches. There is thus caution on 'measuring' or attributing impact and cost benefit to participatory measures (Involve 2005).

Involve and Consumer Focus have developed a simple [toolkit to capture costs and benefits](#) to address some of these concerns, differentiating costs and benefits that can be given a monetary value and those that cannot be expressed in monetary terms. This tool is designed to help those involved in evaluation processes to both assess and make a convincing case to internal and external audiences on the possibilities for and limitation in assessing costs and benefits. The toolkit is aimed at those who manage, design, deliver, plan or commission public engagement projects. It is not intended for research and does not require the reader to have detailed knowledge of economics (Aggett et al., 2012)

Addressing the diverse and sometimes divergent expectations of those engaged in some way on evaluating social participation and power in health is, however, not an issue that can be met by tools alone. Community processes and the actions of those seeking to build social participation and power are in essence about identity, values, rights and politics. At its heart discussions on evaluation are about whose story about the situation, initiatives and changes is being told, what and whose learning and capability are being built and shared.

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