
2009

Capacity building: Creating a culture of evidence-based decisionmaking

Frontiers in Reproductive Health

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Legacy Series: CAPACITY BUILDING

Creating a Culture of Evidence Based Decision-making

For research to have significant impact, it is important to have not only trained individuals and institutions capable of conducting research, but also program managers and donors who believe in making decisions based on evidence (Foreit 2006a). Building operations research (OR) capacity has two major tasks therefore: building skills in conducting research and creating a culture of evidence based decision-making. This focus on fostering research utilization through capacity building has been a major contribution of the FRONTIERS legacy.

Box 1. Overview of FRONTIERS Capacity Building:

- ✓ Courses taught in 63 venues
- ✓ 1,171 participants from 72 countries trained
- ✓ 34 proposals developed at workshop and funded by non-FRONTIERS sources
- ✓ 24 WTP surveys funded by non-FRONTIERS sources
- ✓ OR training capacity institutionalized in five organizations

Over the course of 10 years, the results of FRONTIERS capacity building efforts (*Box 1*) yielded important lessons about ways of building capacity, the effectiveness of capacity building efforts, and approaches for institutionalizing the capacity to conduct and use OR.

This paper is part of a series of eight *Legacy Papers* synthesizing major lessons learned through research conducted under the Frontiers in Reproductive Health Program (FRONTIERS).

The full set of *Legacy Papers* includes the following:

- **Capacity Building**
- **Family Planning**
- **Female Genital Mutilation/Cutting**
- **Gender**
- **Integration of Services**
- **Sustainability of Services**
- **Utilization of Research Findings**
- **Youth Reproductive Health**

The complete reports referenced in these papers are available online:

www.popcouncil.org/frontiers

The FRONTIERS capacity building initiative began in 1999 in response to the need for developing-country partners and institutions to conduct research, understand study findings, and develop policies and programs based on evidence. Five courses were developed:

- OR for Managers (5 days)
- OR Proposal Development Workshop (10 days)
- Scientific Writing for Reproductive Health (3 days)
- Financial Sustainability Workshop (5 days)
- Willingness to Pay (WTP) Course and Manual (1 day)

Meeting Demand for Capacity Building

Demand for OR training is great. The FRONTIERS capacity building approach, with emphasis on applied research, generated significant demand for courses, making capacity building a relatively inexpensive component. Organizations both within and outside the USAID community were willing to heavily leverage OR and Scientific Writing Workshops. FRONTIERS provided materials and instructors, while co-sponsors covered venue and participant costs. Resource leveraging ranged from 50 percent or more in Asia to almost 100 percent in Africa, Europe, US, and with World Health Organization (WHO) (Khan et al. 2005).

Capacity building activities attract users beyond traditional USAID partners and reproductive health. Courses included participants among groups such as the World Wildlife Fund and US Centers for Disease Control, as well as USAID collaborating agencies (CAs) and developing country partners. Demand for training exists among large donor and technical assistance organizations such as the World Health Organization (WHO) and the Global Fund to fight AIDS, TB and Malaria, as well as among nongovernmental organizations (NGOs), universities, and research organizations. In addition, organizations specializing in HIV, malaria, nutrition, tuberculosis, and maternal and child health requested and participated in courses (Population Council 2003; Foreit 2006a).

Increasing Availability of Training Materials

OR training should be made available to both program managers and researchers. To use OR findings for decision-making, managers must understand the OR process and how research can guide program development and strengthening. Likewise, many researchers, especially in academia, may need to learn to work with managers to undertake research and communicate findings with clear and explicit programmatic applications. Experience, particularly in capacity building for OR around economic analysis, has shown the importance of having at least two participants per organization at trainings to help create critical mass of expertise. Participants from each organization should have complementary skills—such as management, research, financial planning, and service delivery (Bratt et al. 2008; Foreit 2006b).

Materials posted online reach a large audience. Adapting course-based training curricula and materials for use as “distance-learning” on the web greatly increases availability and use, thus increasing individuals and organizations benefiting. OR materials posted online (Box 2) account for about 25 percent of page views on the FRONTIERS website—between 1,000 and 1,500 page views per month.

Box 2. FRONTIERS Online Courses and Manuals

- *OR for Managers of Reproductive Health Programs*
- *Scientific Writing for Reproductive Health Programs*
- *Systematic Screening: A Manager's Manual*
- *Designing HIV/AIDS Intervention Studies: An Operations Research Handbook*
- *Willingness to Pay Surveys for Setting Prices for Reproductive Health Products and Services*
- *Handbook for Family Planning Operations Research Design*
- *Assessing Integration Methodology (AIM): A Handbook for Measuring and --Assessing the Integration of Family Planning and Other Reproductive Health Services*
- *ECP Handbook: Introducing and Mainstreaming the Provision of Emergency Contraceptive Pills in Developing Countries*
- *Balanced Counseling Strategy Toolkit*
- *Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High HIV/STI Prevalence Settings*

Utilization and Effectiveness of Training

Workshops are an effective method of producing fundable OR proposals, and the results of OR projects developed at workshops are utilized.

As of 2008, about 40 proposals prepared by course participants had been funded by non-FRONTIERS sources including other donors, private

foundations, and USAID Missions. In Bolivia,

successful interventions initially developed at OR workshops were still in place or scaled up in several organizations three years after conclusion of the studies (González and Vernon 2005). A regional project in Asia training professionals in developing, implementing, costing, and monitoring reproductive health projects attracted 157 participants from 17 countries. Support from other CAs contributed over half (52%) of the costs of the nine training workshops conducted (Khan et al. 2005).

"In real life it is always a problem to find money and it is really long-long process. But interest is now... and University has decided to arrange the course with own resources."

--National Academy of Postgraduate Study,
Kiev, Ukraine

Most trainees use the skills they acquire. Follow-up surveys of trainees show most used acquired skills for program development, conducting OR, teaching, organizing similar trainings and paper writing. For example, a survey of workshop participants in South Asia conducted four to 38 months after training revealed 70 percent were using their newly acquired skills: specifically, 48% used the training in conducting OR, 37 percent in strengthening programs through using research results, and 15 percent in teaching. In addition, participants share skills with their colleagues (Khan et al. 2005).

Box 3. Why Institutionalization of Capacity Building Can Fail

Not all capacity building efforts succeed. Factors inhibiting success of OR capacity building include the following in specific countries:

- Administrative changes that remove managerial support for OR
- Administrative limitations that prevent institutionalization
- Personnel changes that remove trained personnel from the organization
- Failure of organization to offer capacity building without technical or financial support
- Political change and physical disasters that prevent implementation of projects
- Barriers to retaining research professionals for work in service delivery organizations

A vital element in institutionalization is continued commitment to the use of OR by management.

Khan et al. 2005; PSTC 2008; RHRU 2003

Institutionalization of Capacity Building

Institutional capacity building requires a long-term commitment. Effective capacity building is a long-term process in which staff from research or educational institutions undergo formal training, conduct OR, teach training courses, adapt and test training materials, and introduce OR into institutional curricula (Foreit 2006a). This entails a lengthy collaboration: nine years, for example, with the Cairo Demographic Institute, and seven years with WHO and the International Program for Population Studies in India (Foreit 2008).

Organizations can institutionalize capacity to teach OR and scientific writing.

Universities, research organizations, and individual researchers desire to increase quality and programmatic relevance of scientific output. Five organizations¹ have added training in OR or scientific writing to routinely offered curricula; and WHO has created an OR training center within the University of Kaunas, Lithuania. Not all institutions can incorporate OR training, for a variety of reasons (*Box 3*). However, the availability of online materials and use of course materials by trainees has a multiplier effect. Organizations that began using training materials after attending FRONTIERS workshops include:

- Ministry of Health and Family Welfare, India
- Assiut University School of Public Health, Egypt
- The University of Witwatersrand, South Africa
- Dhaka University, Institute of Health Economics, Bangladesh
- The Ukrainian National Academy of Post Graduate Study, Ukraine
- The University of Washington School of Public Health, USA
- The Tulane University School of Public Health, USA

¹ The Center for Operations Research Training, India Center for Medical Research, International Institute of Population Studies (India); Cairo Demographic Center (Egypt); Integrated Health Coordination Program (Bolivia)